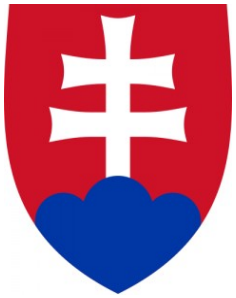
PUBLIC DEFENDER OF RIGHTS



The Annual Report of the National Preventive Mechanism for 2024

Submitted to the National Council
of the Slovak Republic by:

Róbert Dobrovodský
Public Defender of Rights

Bratislava, March 2025

In accordance with Section 23(2) of Act No. 564/2001 Coll. on the Public Defender of Rights, as amended, the Public Defender of Rights shall annually prepare a special report on the course and the outcomes of visits carried out under the National Preventive Mechanism pursuant to international treaties by which the Slovak Republic is bound.[1]

For this purpose, the Public Defender of Rights shall receive assistance from the authorities performing the functions of the National Preventive Mechanism – the Commissioner for Children and the Commissioner for Persons with Disabilities.[2]

In accordance with the provision quoted above, I hereby submit to the National Council of the Slovak Republic

The Annual Report of the National Preventive Mechanism for 2024.

[1] The Convention against Torture and other Cruel, Inhuman or Degrading Treatment or Punishment (ordinance No. 143/1988 Coll. of the Ministry of Foreign Affairs) as amended by the Optional Protocol to the Convention against Torture and other Cruel, Inhuman or Degrading Treatment or Punishment (notification No. 448/2023 Coll. of the Ministry of Foreign and European Affairs of the Slovak Republic)

[2] The second sentence of Section 23(2) of Act No. 564/2001 Coll. on the Public Defender of Rights, as amended; Act No. 176/2015 Coll. on the Commissioner for Children and the Commissioner for People with Disabilities and on amendments to certain acts, as amended.

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The report has not been proofread or undergone a stylistic review. The responsibility for individual parts of the report is borne by each respective body of the National Preventive Mechanism separately.

1 Introduction

Dear Members of Parliament,

The 2023 ratification of the Optional Protocol to the United Nations Convention against Torture and other Cruel, Inhuman or Degrading Treatment or Punishment was a major step towards the strengthening of the protection of rights and freedoms in Slovakia, including through the country's commitment to establish the so-called **National Preventive Mechanism.** This mechanism is an innovative instrument in the Slovak Republic, which enables us to systematically monitor the conditions in places where **persons deprived of their personal liberty are or may be placed.** Our objective is to ensure that these persons are placed in dignified and safe environments, and to minimize the risk of torture and other forms of cruel, inhuman, or degrading treatment or punishment as much as possible.

Through our relentless and unceasing work, we aim to shed light on the dark corners of our society, and we believe that, together, we can bring positive change to the lives of the most vulnerable. After the ratification of the aforementioned Optional Protocol, our task now is to carry out the mandate of the National Preventive Mechanism to the best of our ability and competence, while coordinating our efforts at the same time because the legislator has divided the tasks arising from this mandate among the three existing human rights institutions.

"I consider the year of 2024 groundbreaking because, for the first time during my term, the mandate of the National Preventive Mechanism was implemented for an entire year. As the Public Defender of Rights I also focused, in addition to intensively monitoring the facilities that fall within my authority, on promoting and pursuing system-level changes in order to improve the application of the standards governing the treatment of persons deprived of their liberty. Jointly with my colleagues from the Office of the Public Defender of Rights, we prepared a summary report on police custody cells. The report contains a summary of system-level findings under the National Preventive Mechanism, as well as recommendations to improve the conditions of persons deprived of their liberty. The 2024 also showed that the legislator should have been more precise when setting out the coordination powers of the Public Defender of Rights. Both my own experience and the experience of the Office of the Public Defender of Rights revealed that the existing legislative arrangement due to its vagueness does not facilitate the exercise of coordination powers of the Public Defender of Rights acting as the coordinating body of the National Preventive Mechanism. Therefore, it is my hope that the legislator will offer answers to the questions that have surfaced during the exercise of the coordination powers. I am equally hopeful that, in addition to answering the questions stemming from the vaguely defined legislation, the state will increase funding for the Public Defender of Rights and the Office of the Public Defender of Rights to exercise their coordination powers."

JUDr. Róbert Dobrovodský, PhD., LL.M. (Tübingen)
Public Defender of Rights

"I consider 2024 to have been an exceptional year. It was exceptional because, for the first time in Slovakia's history, we had the opportunity to use the mandate given to us by the National Preventive Mechanism for the full 12 months. It was a year of exploring, or researching, where Slovakia stands in terms of ill-treatment. It was a year of searching for,

as well as finding solutions. I also consider it a year of opportunities to pursue and promote the interests of persons with disabilities. I made use of the National Preventive Mechanism mandate in health care facilities delivering inpatient psychiatric care and in year-round social care establishments. I have summarised my findings in this report. I believe it will be an enriching read for you, as well as for everyone who will open this report. Allow me to conclude with a quote: "Treat people as if they were what they ought to be, and you will help them become what they are capable of being. (Johann Wolfgang von Goethe, German writer, artist and politician, 1749–1832)"

JUDr. Zuzana Stavrovská
Commissioner for Persons with Disabilities

"The idea behind LET'S UNITE FOR CHILDREN encapsulates everything that forms the foundations of the genuine protection of children's rights. Only through our joint efforts can we ensure that every child in our country feels safe, enjoys dignified conditions for growth and development, and receives adequate care. The 2024 was the first year of full application of the National Preventive Mechanism by the Commissioner for Children. My and our goal was not only to monitor and inspect facilities where children are placed but, above all, to prevent ill-treatment, neglect and violations of the rights of the children. One of the milestones was the launch of a preventive anti-bullying initiative at primary and secondary schools by our office. Based on our monitoring, we identified both the key risks and examples of good practice that could inspire further changes that are necessary on the system level. This report presents a summary of our findings and recommendations that are an important tool for improving conditions for children not only in re-educational centres, centres for children and families and other institutional facilities. We see that it is important to not only amend the legislation and standards of care but, above all, to improve relationships between children and those who should provide them with care. Only where there is respect and understanding, where good relationships are a priority, can the children grow up in a safe environment."

prof. MUDr. Jozef Mikloško, PhD.
Commissioner for Children

2 National Preventive Mechanism

2.1 Optional Protocol to the Convention against Torture and other Cruel, Inhuman or Degrading Treatment or Punishment

The obligation to establish a National Preventive Mechanism (hereinafter only referred to as the "NPM") arises from the Optional Protocol to the Convention against Torture and other Cruel, Inhuman or Degrading Treatment or Punishment (hereinafter only referred to as the "Optional Protocol"), which became effective in Slovakia on 19 October 2023, following its ratification by the Slovak Republic on 4 July 2023.

Member states of the United Nations (hereinafter only referred to as the "UN") negotiated and agreed on the Optional Protocol on the basis of the UN Convention against Torture and other Cruel, Inhuman or Degrading Treatment or Punishment (hereinafter only referred to as the "UN Convention against Torture"). Articles 2 and 16 of the UN Convention against Torture require the state parties to take effective legislative, administrative, judicial or other measures to prevent acts of **torture**[3] in any territory under their jurisdiction, as well as to prevent **other acts of cruel, inhuman or degrading treatment or punishment** which do not amount to torture as defined in the convention, when such acts are committed by or at the instigation of or with the consent or acquiescence of a public official or other person acting in an official capacity.

Upon ratification of the Optional Protocol, a **preventive system of regular visits** carried out by independent international and national bodies was therefore established. **In order to ensure fulfilment of the preventive purpose of systematic visits, the state parties intentionally agreed on a broad definition of places** where persons are or may be deprived of their liberty (places of detention), as well as on a broad definition of **the actual concept of 'deprivation of liberty'.**[4] **The 'deprivation of liberty'** is defined by the Optional Protocol as any form of detention or imprisonment or the placement of a person in a public or private custodial setting which that person is not permitted to leave at will by order of any judicial, administrative or other authority.[5]

At the international level, the functions of the preventive mechanism are carried out by the **Subcommittee on Prevention of Torture and Other Cruel, Inhuman or Degrading Treatment or Punishment of the Committee against Torture** (hereinafter only referred to as the "SPT").[6] At the national level, the preventive functions should be carried out by an NPM. **The Optional Protocol, therefore, requires the state parties** to set up, designate or maintain one or several bodies with a preventive function to prevent any acts which could be characterised as ill-treatment. [7]

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[3] According to Article 1 of the UN Convention against Torture the term 'torture' means any act by which severe pain or suffering, whether physical or mental, is intentionally inflicted on a person for such purposes as obtaining from him or a third person information or a confession, punishing him for an act he or a third person has committed or is suspected of having committed, or intimidating or coercing him or a third person, or for any reason based on discrimination of any kind, when such pain or suffering is inflicted by or at the instigation of or with the consent or acquiescence of a public official or other person acting in an official capacity.

[4] According to the Optional Protocol, a place of detention is any place under the state's jurisdiction and control where persons are or may be deprived of their liberty, either by virtue of an order given by a public authority or at its instigation or with its consent or acquiescence (Article 4 of the Optional Protocol).

[5] Ibid.

[6] Article 2 et seq. of the Optional Protocol.

[7] Articles 3 and 17 of the Optional Protocol.

In order to assess whether any ill-treatment, as defined by the UN Convention against Torture, occurred or could have occurred, the NPM makes use of all available "standards", i.e., a set of principles applied to assess ill-treatment, issued both at the national and international level, which are based on the practices of the international mechanism and NPMs of individual state parties to the UN Convention against Torture, as well as on the established case-law of the European Court of Human Rights (hereinafter only referred to as the "ECHR").

To carry out the tasks arising from the aforementioned international conventions, the NPM must be able to exercise its mandate free of any restrictions, incentives, coercion, intimidation, undue influence, or interference – direct or indirect – or legitimate exposure to civil, criminal, or other liability. When carrying out its monitoring function, the NPM acts in compliance with the Istanbul Protocol[8], issued as a methodology guideline by the Office of the United Nations High Commissioner for Human Rights in 2001 and revised in 2022.

In order to collect as much objective evidence as possible for the documentation of allegations of incidents of torture or ill-treatment, the NPMs can draw sketches and make photographs and/or video recordings.[9] When carrying out their mandate, the NPM members must act in a professional manner at all times and uphold the highest standards of integrity, decency, honour, dignity, competence, and diligence.

2.2 NPM in Slovakia

The NPM is an independent body that serves solely a **preventive** function. The main task of the NMP is to carry out **regular, systematic and, above all, unannounced visits** to places where people are or may be deprived of their liberty in order to strengthen their protection against ill-treatment. Hence, the NPM's objective is not to investigate or decide on individual complaints regarding ill-treatment, **but rather to identify the risk of ill-treatment resulting from shortcomings and deficiencies at a system level and from routinely applied practices and procedures, and to seek to prevent ill-treatment at the system level in order to avert its occurrence in the future as well.**[10]

According to the Optional Protocol, the NPM shall be functionally independent. Its staff should also be independent in the exercise of their functions. The staff and experts cooperating with the NPM need to have the required capabilities and professional knowledge. The Optional Protocol further invites the state parties to strive for a gender balance and the adequate representation of ethnic and minority groups in the country, and obligates them to make available **sufficient financial resources** for the functioning of the NPM.[11] In addition to these

[8] The Istanbul Protocol also provides detailed rules for conducting interviews with visited persons, such as choosing a suitable place for conducting an interview or building trust with the interviewee. Building trust and rapport with the interviewed person is prerequisite to obtaining information about torture or ill-treatment. If they want to win the trust of the interviewed person, it is important that the visiting team members treat them with politeness, respect, regard and empathy; they should actively listen and express interest, communicate with care and honesty, and adapt to the style of communication of the interviewed person.
[9] The NPM documents the chain of custody involved in recovering and preserving physical evidence in order to use such evidence in future legal proceedings, including potential criminal prosecutions.
[10] Preventing Torture, The Role of National Preventive Mechanism, a practical guide, 21st edition, page 5. Available at: https://www.ohchr.org/sites/default/files/Documents/Publications/NPM_Guide_EN.pdf.
[11] Article 18 of the Optional Protocol.

criteria, the Optional Protocol also enumerates a list of powers the NPM should be granted in order to be able to duly fulfil its mandate.[12]

The NPM was established in Slovakia with effect from 1 May 2023, that is, from the moment when an amendment to the Act on the Public Defender of Rights and to the Act on the Commissioner for Children and the Commissioner for Persons with Disabilities[13] came into force. The Slovak Republic decided to divide the NPM's competences among **three existing bodies** that are already entrusted with carrying out tasks related to the protection and promotion of human rights. They include the Public Defender of Rights, the Commissioner for Children and the Commissioner for Persons with Disabilities. At the same time, the legislator decided to divide their competences with respect to individual types of facilities. Pursuant to the applicable legislation, individual NPM bodies carry out systematic visits at the following places:

The Public Defender of Rights:[14]

- ✓ in remand prisons, prisons or detention facilities;
- ✓ in asylum-seeker/immigration centres; and
- ✓ other places where persons deprived of liberty by public authorities are or may be placed, especially police custody cells (hereinafter only referred to as "PCCs") and police detention centres for foreign nationals.

The Commissioner for Persons with Disabilities:[15]

- ✓ in facilities where persons are deprived of their liberty *de jure* but, for therapeutic reasons, they are subject to **substantial restrictive measures** which actually deprive them of their personal liberty (e.g., voluntary placement in a mental health hospital);
- ✓ in facilities where persons are deprived of their liberty *de facto*, that is, as a result of the **person being dependant on the provided institutional care** to such a degree that the person, from their subjective point of view, lacks the freedom to leave the facility in which they are held or placed (e.g., social care homes or long-term care hospitals). *Based on this definition, the Commissioner for Persons with Disabilities is also entitled to exercise her powers **vis-à-vis private entities** provided they operate a facility to which the commissioner's extended powers apply.[16]

[12] These permissions mainly include the following: access to all information concerning the number of persons deprived of their liberty in places of detention, as well as the number of such places and their location; access to all information referring to the treatment of those persons as well as their conditions of detention; access to all places of detention and their installations and facilities; the opportunity to have private interviews with the persons deprived of their liberty without witnesses, either personally or with a translator if deemed necessary, as well as with any other person who the NPM believes may supply relevant information; the liberty to choose the places they want to visit and the persons they want to interview; the right to have contacts with the SPT, to send it information and to meet with it (Article 20 of the Optional Protocol).

[13] Act No. 110/2023 Coll. amending Act No. 564/2001 Coll. on the Public Defender of Rights as amended and on amendments to certain acts.

[14] Section 3(3) of the Act on the Public Defender of Rights.

[15] Section 10(2)(h) of Act No. 176/2015 Coll. on the Commissioner for Children and the Commissioner for Persons with Disabilities, as amended.

[16] Activities of the NPM of the Office of the Commissioner for Persons with Disabilities are based on a biopsychosocial approach to the protection of rights of people with disabilities, while reflecting the need for systematic monitoring, identifying system-level shortcomings and drafting recommendations to improve their conditions. Monitoring is carried out through visits in facilities, interviewing patients and/or clients and the personnel, analysing documentation and assessing the compliance with international standards of treatment of persons deprived of their liberty.

The Commissioner for Children:[17]

- ✓ **in special educational facilities and facilities for the social and legal protection of children and social guardianship;**[18]
- ✓ other places where children deprived of their liberty by public authorities or **as a result of their dependence on the care provided** are or may be placed.[19]

After carrying out a systematic visit to a facility and collecting and analysing all available documents, the NPM publishes an individual report in which it provides a description of the conditions in the facility, the standards it used for the assessment of ill-treatment, and ensuing findings and recommendations for all entities concerned, which usually include the facility's management, its founding authority, and competent public authorities. The aim of measures/recommendations is to **address the risk factors and underlying causes** of ill-treatment so as to eliminate their occurrence or future recurrence. The measures/recommendations primarily focus on system-level issues in line with the purpose of the Optional Protocol.[20] **The state party is obliged to examine the recommendations** proposed by the NPM and engage in a dialogue on their implementation.[21] Individual reports from systematic visits and responses by the entities concerned are published on the websites of individual institutions that carry out the tasks of the NPM. Annual NPM reports are published on the website of the Office of the Public Defender of Right's NPM (hereinafter only referred to as the "NPM OPDR").

At the same time, the NPM cooperates with all relevant stakeholders in the area of prevention of ill-treatment. The NPM organises meetings, conferences and roundtable discussions with relevant public authorities, founders and managers of relevant facilities as well as civic society stakeholders to engage them in active dialogue and share knowledge and enhance the effectiveness of prevention. Providing comments on the existing and draft laws is also an important part of the NPM's mandate. As part of its educational function, the NPM raises awareness of ill-treatment and the ways of its prevention, including by training individuals who are in contact with persons deprived of their liberty, for example.

2.2.1 Coordination of NPMs

In view of the fact that the legislator had divided the NPM mandate among the three existing institutions, it became necessary to ensure uniform implementation of the Optional Protocol and the uniform functioning of the NPM. For this reason, the legislator entrusted the Public Defender of Rights with coordination powers.[22]

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[17] Section 4(2)(h) of the Act on the Commissioner for Children and the Commissioner for Persons with Disabilities.
[18] This category includes such facilities as diagnostic centres, re-educational centres, therapeutic and educational sanatoria, centres for children and families, inpatient health care facilities or social rehabilitation facilities.
[19] This category includes places where children deprived of their liberty are or can be placed, for example, juvenile prisons, juvenile remand prisons, police detention centres for foreign nationals, police custody cells and designated areas, asylum-seeker centres, and quarantine or isolation establishments for minor children.
[20] The Office of the Commissioner for People with Disabilities informs the facility concerned about the proposed corrective measures, giving it an opportunity to comment and agree on their final wording. Measures and recommendations are always highlighted in a different colour in the text of the report. The NPM of the Office of the Commissioner for Persons with Disabilities is also responsible for reviewing the implementation of measures and recommendations imposed under the UN Convention against Torture.
[21] Article 22 of the Optional Protocol.
[22] Section 3(2) of the Act on the Public Defender of Rights.

The fact that 2024 was the first year of the full implementation of the NPM mandate brought new experiences and challenges for all three institutions. The role of the coordinating body has proven crucial for the application of the mandate in practice, as well as for adjusting the framework of mutual cooperation and the methodology for exercising the mandate, and for the content of the activity report, too.

Despite – or perhaps because of – the relatively broadly defined legal framework, the role of the coordinating body offers a choice to make use of such procedures that will help fulfil the mandate of all the three institutions to the greatest extent possible. Naturally, the coordinating body holds a pivotal position in this process. Therefore, it is the joint responsibility of the three institutions to build on their experience from the first year of carrying out NPM tasks in order to purposefully and adequately configure processes for the upcoming years, including those concerning the coordination of the institutions that carry out NPM functions.

Examples include the standards used for the assessment of ill-treatment or the methodology guidelines for systematic visits. General principles common to all the three institutions must serve as the basis in both cases, while also taking into account differences resulting from the diversity of target groups which these institutions serve under their NPM mandate. A professional, respectful, and cooperative approach to designing and choosing procedures is the only way we can achieve the desired and legitimate outcome together.

2.2.2 Evaluation of the scope of coordination powers by the Public Defender of Rights[23]

As far as the coordination powers of the Public Defender of Rights are concerned, the currently applicable legislation only contains a relatively vague provision pursuant to which the Public Defender of Rights, acting in the capacity of the NPM coordinating body, shall publish conclusions, reports and recommendations, including a special report on the course and outcomes of visits to facilities or places referred to in Section 3(3) of the Act on the Public Defender of Rights, and communicate with a competent international contractual authority.[24]

Therefore, the leaders of all the three institutions agreed at the very beginning of exercising the NPM mandate that the coordination function of the Public Defender of Rights would primarily involve representing the NPM in communication with the National Council of the Slovak Republic, international bodies such as the SPT, the Council of Europe Committee for the Prevention of Torture and Inhuman or Degrading Treatment or Punishment (hereinafter only referred to as the “CPT”), the Organization for Security and Co-operation in Europe (hereinafter only referred to as the “OSCE”), the Council of Europe, etc., as well as organising joint training workshops and other events. At the same time, the individual institutions maintain their autonomy in setting their own priorities in the area of carrying out

[23] According to the applicable legislation, the Public Defender of Rights acting in the capacity of the NPM coordinating body must fulfil his/her statutory obligations, including providing relevant stakeholders, especially the National Council of the Slovak Republic and the SPT, with detailed information about the state of NPM coordination and the main related challenges. Therefore, the text of this sub-chapter only describes the Public Defender of Rights’ views and experience based on the files and documents of the competent OPDR department on the exercise of the NPM coordination function in 2024.
[24] Section 22a(1) of the Act on the Public Defender of Rights.

systematic NPM visits, development of methodology guidelines and drawing up conclusions from particular visits.

Even though the three institutions cooperate on the basis of mutual respect and trust, coordinating activities have already proved to be one of their greatest challenges. This is partially also due to the fact that the Public Defender of Rights, or the Office of the Public Defender of Rights (hereinafter only referred to as the "OPDR"), which is the legal person in charge of ensuring expert, organisational and technical resources for the Public Defender of Rights to deliver his/her activity, **was not granted sufficient financial resources to perform this function**.[25] For example, the OPDR acting as the coordinating body had to spend its own financial resources on the preparation of the 2023 annual report, including its graphic design and translation, which was then sent to the SPT secretariat and to the Council of Europe.

There are also some **specific competencies** missing, especially as regards harmonisation of procedures applied by individual bodies in the exercise of their NPM mandate, as well as outcomes of their NPM activities. For instance, the law does not address at all **how to proceed in the event** that individual institutions fail to agree on such principal issues as the standards used for the assessment of ill-treatment or the methodology of carrying out systematic visits, or the procedure to push through changes at the system level.[26]

For this reason, we consider it crucial that the scope of coordination powers be specified in more detail in the legislation; additionally, the institution in charge of this function should be granted sufficient financial resources, as well as management and decision-making competencies which will be binding upon all NPM bodies.

2.2.3 Organisational structure

All bodies exercising the NPM mandate in Slovakia had their own permanent monitoring teams in 2024, which, in addition to making systematic visits, also organised advocacy meetings,

[25] The Public Defender of Rights provided details about the funding of the NPM in the Slovak Republic in the Report on the Activities of the Public Defender of Rights for 2023, pg. 238 – 240; available at: https://vop.gov.sk/wp-content/uploads/2024/03/sprava_2023_final.pdf.The problems with the underfinancing of the Public Defender of Rights' coordinating function were also mentioned in the Annual Report of the National Preventive Mechanism for 2023. Available at: https://vop.gov.sk/wp-content/uploads/2024/03/vyrocna_sprava_NPM_2023_final.pdf, pg. 14.

[26] Some of the coordination issues were already mentioned in the Annual Report of the National Preventive Mechanism for 2023, available at: https://vop.gov.sk/wp-content/uploads/2024/03/vyrocna_sprava_NPM_2023_final.pdf , pg. 14, as follows: *„Moreover, regard must be taken also of the fact that in case of division of the mandate of the NPM between several institutions, the leading representatives could perceive the function of the NPM and its mandate differently. Even though the legislator considered two situations in which disputes could arise between individual institutions regarding who should conduct systematic visits to a particular facility, these two situations does not have to be the only scenario in which the individual institutions could find themselves in conflict. For example, the law does not provide any solutions at all on how to proceed with the harmonisation of the standards for the assessment of ill-treatment, methodical procedures for conducting the systematic visits, or in other disputes concerning their jurisdiction. Will the Public Defender of Rights have the final say in these situations, will it be another of the institutions that are entrusted with the exercise of the NPM mandate, or will it be a completely different, fourth institution, and/or will the decision be made by a vote? Neither the law nor the explanatory memorandum provides an answer to this question. For this reason, we consider it crucial that the scope of coordination powers be specified in more detail in the legislation and that the institution in charge of this function should also be granted sufficient financial resources."*

engaged in dialogue with relevant stakeholders and worked to raise awareness of the NPM mandate and the prevention of torture and other forms of ill-treatment.

The Public Defender of Rights established a separate organisational unit to carry out the tasks of the NPM – the Department for the Supervision of Deprivation of Personal Liberty, with the planned headcount of six public servants. The permanent team has now five members. All members are lawyers with several years of professional experience in the area of the protection of human rights. The Public Defender of Rights has experience cooperating with external experts who can participate in systematic visits along with the lawyers of the department for the supervision of deprivation of personal liberty in accordance with international recommendations and, subsequently, cooperate on preparing individual reports from the visits. The department is planning to continue cooperating with external experts in 2025, especially with medical professionals such as general practitioners, traumatologists, psychologists, psychiatrists, medical nurses. The OPDR's Department for the Supervision of Deprivation of Personal Liberty is led by JUDr. Tímea Stránská, LL.M.

For the purposes of carrying out the NPM tasks in the areas falling within the authority of the Commissioner for Persons with Disabilities (hereinafter only referred to as the "NPM OCPD"), the Office of the Commissioner for Persons with Disabilities has established six systematic positions for employees with completed second-level university education in accordance with the budget proposed upon the adoption of the relevant legislation in the following structure: three employee with university degree in law, two employees with university degree in social work, and one employee with university degree in economics to perform administrative tasks. When exercising her NPM mandate, the Commissioner for Persons with Disabilities closely cooperates with experienced external experts on mental health and psychology. The team leader for NPM is JUDr. Kristína Čahojová.

The Office of the Commissioner for Children has a separate NPM team established (hereinafter only referred to as the "NPM OCCh"), which consists of full- and part-time employees of the office, as well as contracted external experts. The team was strengthened by three new full-time employees in 2024. This has considerably expanded the team's capacity, enabling it to deliver its tasks more effectively and to enhance professional activities of the NPM. The core NPM team consists of a lawyer specialising in the family law and protection of the rights of children, a social worker, a psychologist experienced in working with children and families, a therapeutic educator, and a peer worker who brings in their own unique experience from living with disability. External experts in the NPM team primarily provide consultancy services; the team currently also cooperates with an expert on international law and assessment of the best interests of the child. The head of the NPM team at the Office of the Commissioner for Children is Mgr. Gabriela Cabanová.

3 NPM activities in Slovakia in 2024

3.1 Systematic visits

The bodies carrying out the NPM mandate in Slovakia had prepared their 2024 systematic visit plans in advance. These plans were based on such criteria as the geographical location and size of a facility, as well as human rights issues known from previous experiences. For some facilities, the plans also considered the level of security and the division of persons deprived of their liberty by gender or age. The plans were prepared so as to allow taking into account the current dynamics in the development of human rights issues in individual facilities and, if necessary, to additionally include some facilities into the plan. The objective of the plans is to ensure that visits can be and are carried out repeatedly and without exception in all places where people deprived of their liberty are or can be placed.

Because the Optional Protocol and/or other international documents[27] do not contain any specific methodology to be used for the identification of risk factors and underlying causes leading to ill-treatment or its recurrence in future, each NPM team has its own **internal methodology guidelines** designed for conducting systematic visits, specifically adjusted for places under its responsibility. Additionally, each methodology guideline contains practical information about, for example, how to organise monitoring visits, the basic principles to observe during the visits, the areas on which the monitoring visit should focus, or a set of sample questions for individual respondents. The methodology guidelines are updated regularly to reflect practical insights, knowledge, as well as the most recent developments in international standards concerning the prohibition of torture or other forms of ill-treatment.

For example, the NPM OCPD has chosen a holistic approach to the assessment of the risk of ill-treatment, designed to understand and describe the stay of patients in mental health facilities and/or clients in social care homes in its entire complexity, thus enabling to identify all potentially problematic situations where such a risk may occur. This approach focuses on assessing ill-treatment in six basic areas/categories:

- ✓ admission of patients/clients;
- ✓ means of restraint/means of physical and non-physical restraint;
- ✓ electroconvulsive therapy/not used in social care homes and facilities;
- ✓ material conditions in the facilities and therapies;
- ✓ contacts with the outside environment;
- ✓ resolution of disputes and complaints;
- ✓ working conditions of the personnel.

[27] For example, the UN Convention against Torture, the European Convention for the Protection of Human Rights and Fundamental Freedoms, the Istanbul Protocol.

The regular systematic visits carried out under the NPM mandate are primarily of a **preventive nature,** i.e., their purpose is to eliminate and prevent future incidents of torture and other forms of ill-treatment, resulting mainly from system-level problems or routine procedures applied in places where persons deprived of their liberty are or can be placed. In accordance with the applicable methodology guidelines and international recommendations, the **NPM teams do not investigate specific cases** but, instead, they address the so-called allegations that arise from the findings made during individual systematic visits. Therefore, they apply a so-called "sufficiently reliable" standard of proof on all information they obtain through interviews with persons deprived of their liberty (or other source persons). The standard is based on the "balance of probability", meaning that there is more evidence in support of the finding than against it (51%). The criteria facilitating this assessment include the level of detail of individual reports, coherence of information, existence of patterns, and other affirmative information and evidence. Only when the information is assessed as "sufficiently reliable", it is included in an analysis to serve as the basis for drawing up recommendations.

At the same time, the NPM bodies are committed to adhere to the so-called *do no harm principle* (i.e., not to harm or worsen the situation of a particular individual) in the discharge of their activities, which puts them under the obligation to always act in such a way as not to put at risk the life or safety of persons deprived of their liberty, and/or of witnesses and other persons that are in contact with the NPM body, and to avoid any potential harm or injury. The principle emphasises that the action and/or inaction of the NPM body must not worsen the situation of the person concerned.[28]

3.1.1 Public Defender of Rights

In 2024, the NPM OPDR carried out a total of 19 monitoring visits under its NPM mandate; of that, 11 visits to PCCs, four to prison facilities, one to a remand prison facility, one to a police detention centre for foreign nationals, and two so-called follow-up visits to police detention centres for foreign nationals. A separate monitoring report was prepared by the NPM team from each visit. In order to effectively pursue system-level changes, the NPM published a summary report containing the findings from the PCC visits as a thematic report on the conditions in the prison facilities for life-sentenced prisoners.

Conditions in PCCs and designated areas

Between May 2023 and June 2024, the monitoring team carried out 22 visits to police departments in total, from which separate reports were prepared containing the findings and recommendations to improve practices and conditions in the PCCs and treatment of persons deprived of their liberty. The NPM team decided to draw up a summary report because, during individual visits, it had repeatedly obtained information suggestive of shortcomings of a largely systemic nature. The summary report[29] was published on 30 July 2024 and presented to the public at a press conference on 30 October 2024.[30] It contains mainly systemic

[28] In its Ninth Annual Report, the SPT says that in those cases where legislation requires the NPM or its officials to report crimes and/or share information, the principle of confidentiality as provided for in the Optional Protocol must be prevail (available at: https://documents.un.org/doc/undoc/gen/g16/059/73/pdf/g1605973.pdf).

[29] The summary report is available from the OPDR website at https://vop.gov.sk/wp-content/uploads/2024/09/Suhrnna-sprava-zo-systematickych-navstev-CPZ-a-urcenych-priestorov-2023-2024.pdf.

[30] Press release "Persons detained at police stations face a lack of outdoor exercise, high temperatures, or the removal of medical aids. They are often kept on a wooden bench overnight without any action being taken."

recommendations to improve the conditions in the PCCs and designated areas, primarily addressed to the Police Presidium and the Ministry of the Interior of the Slovak Republic (hereinafter only referred to as the "Ministry of the Interior").

The recurring shortcomings identified, which are mainly **systemic in nature, include:** long-term confinement in designated areas lasting several hours, including at night (even for longer than 13 hours!); confiscation of information documents and/or medical aids; the lack of outdoor exercise; material conditions: e.g., handcuffing persons to fixed objects for capacity reasons, excessively high temperatures in the detention premises, shortcomings in respecting the privacy of detained persons during body searches and in PCCs (toilets not separated from the rest of the cells, toilets under CCTV surveillance, etc.); missing body cameras for police officers.

In August 2024, a meeting was held with the 1st state secretary of the Ministry of the Interior and the Police Presidium representatives to discuss, among other things, the methods of implementation of individual recommendations included in the summaryreport.[31] According to a statement on the recommendations in the summary report sent by the Ministry of the Interior after the meeting, a majority of recommendations will be subject to discussion and analysis by a special working group set up to prepare an internal regulation on designated areas at police departments.

Competent authorities did not accept the recommendation to refrain from handcuffing persons instead of placing them into a designated area and/or a PCC, citing the insufficient capacities of designated areas and PCCs. **This practice, however, goes against international recommendations.** Since 2000, the CPT has repeatedly urged the competent Slovak authorities to implement effective measures to eliminate the practice of handcuffing people deprived of their liberty to wall fixtures or similar objects at police departments. In a democratic country where the rule of law is respected, no action of a public authority that does not comply with the legislative provisions can be justified by any operational, organisational, technical, financial or any other institutional needs. Persons deprived of their liberty shall not bear the consequences for the lack of state's capacity.

With respect to the use of police body cameras, the Ministry of the Interior specified in the statement that it had long sought to implement them to make video-recordings from police interventions. The ministry is currently analysing the needs of the police according to specifications and technical requirements.

Conditions in prison facilities for life-sentenced prisoners

The NPM OPDR team paid unannounced visits to prisons with units for life-sentenced prisoners in Banská Bystrica, Ilava and Leopoldov on 9 May, 20-21 May and 10-11 June 2024, respectively. A thematic report was prepared based on the outcomes of these visits. The NPM OPDR monitoring team found that the visited prison facilities had recently installed CCTV

of 30 October 2024 is available here: https://vop.gov.sk/wp-content/uploads/2024/10/Tlacova-sprava-VOP-30.-10.-2024.pdf.
The press conference of 30 October 2024 is available on the Public Defender of Right's Facebook account: https://www.facebook.com/verejnyochrancaprav/videos/2939125672930477.

[31] More at: https://www.facebook.com/verejnyochrancaprav/posts/1046851287037958?ref=embed_post.

systems to all cells of the D1 subgroup, which, as must be noted, does not comply with the requirements for the protection of the life-sentenced prisoners' right to privacy. **The NPM team assessed the installation of the surveillance systems as a severe shortcoming,** even a step backward, and recommended that sentenced prisoners be only monitored based on an individual decision and for a specified period of time, and that the law clearly specify how to handle the data obtained from surveillance cameras.

Keeping prisoners serving a life sentence isolated from society remains, however, the guiding principle for the execution of their punishment. The law itself specifies that the primary purpose of a life sentence is to protect society from further criminal activity of sentenced prisoners by isolating them in a prison facility. The monitoring visits have revealed that due to their long-term isolation, many of the life-sentenced prisoners no longer wish to associate with other inmates and/or seek a conditional release because, in that case, they would sooner or later be placed among the general prison population, and they fear they will not be able to handle such a situation. On the upside, a 2019 amendment to the Penal Code brought the Slovak law into compliance with the ECHR's established case-law by removing the possibility to impose a life sentence with no option to request a conditional release.

Other identified shortcomings include a lack of meaningful activities for prisoners, an excessive use of coercive means without prior risk assessment on a case-by-case basis, interference with the right to privacy, a lack of specialised personnel, limited access to medical care (including insufficient access to medical care for persons with disabilities), and neglected mental health services. Dividing the prisoners serving a life sentence into two subgroups, D1 and D2 (strict and moderate regime), also appears to be problematic. The problems with isolation and the lack of out-of-cell activities are even greater for the D1 subgroup. Similar shortcomings, which are largely systemic in nature, that is, they **require system-level solutions**, were also pointed out to Slovakia by the CPT following its 2018 visit. Due to the severity of the punishment and its significant interference with human rights and freedoms, as well as the complex conditions of a conditional release for **life-sentenced prisoners**, the NPM team recommended paying proper attention to these findings and reviewing the possibilities for better integrating life-sentenced prisoners into the general prison population.

<u>Conditions in the police detention centres for foreign nationals</u>

An unannounced visit to the police detention centre for foreign nationals in Medveďov was carried out in January 2024, with the focus on the treatment of detained foreign nationals and overall conditions in the facility. Subsequently, a monitoring report was published in which the NPM described several partial issues conflicting with the human rights standards. The key problematic issues included a lack of activities and not observing the time the detainees are permitted to spend away from the centre, limited possibilities of phone contacts with relatives, insufficient information for the foreign nationals about the detention regime and house rules, limited access to medical care and a ban on wearing their own clothing. **The report published by the NPM team contained a total of 37 recommendations** for the centre, as well as other competent authorities. The monitoring team carried out the visit together with the NPM OCPD which formulated its recommendations in the joint report. A so-called follow-up visit at the Medveďov detention centre took place in December 2024 in order to evaluate how the conditions in the centre had changed since the first monitoring visit by the NPM team and to

verify whether the recommendations contained in the first monitoring report had been implemented.

The positive outcomes of the NPM's follow-up visit included an increase in the number of social workers, Istanbul Protocol-based training for medical workers, and the publication of a guideline on addressing hunger strikes, as well as enabling the foreign nationals to communicate with their families more frequently using their own mobile phones. Improvements have also been made in how thorough body searches are performed, which are currently carried out using a so-called two-step method, and in how the placement under a separate detention regime is justified. Despite the progress made, there still remains room for improvements and for reforming the existing system, especially with respect to free-time activities, leave from the centre, and the provision of suitable clothing and footwear. The overall atmosphere in the centre is greatly affected by unsatisfactory material conditions and an excessive focus on security without considering the actual risk on case-by-case basis. The NPM team recommended **making changes in these areas to better adapt to the purpose of the centre, which should not resemble a prison environment.**

An unannounced follow-up visit was carried out at the Sečovce police detention centre for foreign nationals in July 2024 to verify **the progress in the implementation of 43 recommendations** proposed by the NPM teams based on the outcomes of its several days long visit conducted in June 2023. After the follow-up visit, the NPM team positively assessed the increase in the number of social workers, the increased availability of free-time activities, and the opportunity for foreign nationals to communicate more frequently with family and loved ones using their own mobile phones, as well as being allowed to wear their own clothing. There have also been improvements with respect to their material conditions, the introduction of the two-step method for thorough body searches, better justification for their placement under a separate detention regime, and better overall information provided to foreign nationals. We also greatly appreciate **the shift in the centre's overall atmosphere toward a more relaxed regime**, especially given the presence of families with children. However, in the follow-up monitoring report, the NPM team emphasised that **alternatives to detention should always be considered first when minor children are involved**. The team recommended that the Ministry of the Interior introduce a system-level obligation to better justify the detention of minors in decisions on their detention, as well as an obligation to consider alternatives to detention in every case involving the detention of minor foreign national.

<u>Conditions in other remand and prison facilities</u>

- *Remand and Prison Facility in Košice*

The NPM monitoring team carried out an unannounced visit at the Remand and Prison Facility in Košice on 16-18 July 2024. During the monitoring visit, serious suspicions arose that the convicted and accused persons – especially members of the Roma minority placed in a special treatment section and juvenile remand prisoners – are exposed to physical and verbal violence by some prison officers. **In response to these serious findings,** the Public Defender of Rights presented a protocol containing these allegations to the prison director during a systematic visit and **urged the prison administration to take immediate corrective actions.**

No records of injuries were found during the review of medical documentations of persons who reported physical violence. Several of these persons also stated that they had not sought medical treatment either because they had not considered their injuries visible or significant, or they had feared the consequences of reporting them. Because they feared their situation could deteriorate, they were willing to speak about the alleged physical and verbal violence by the prison officers to the NPM OPDR team only after having been repeatedly assured that their identities and testimonies would remain anonymous. In keeping with the do no harm principle, the NPM OPDR team exercised extra caution during the interviews and did not reveal identities of the interviewed individuals to the prison administration to avoid their possible retribution.[32]

Driven by its previous findings, the NPM OPDR team carried out an unannounced follow-up visit on 5 November 2024 to investigate the current situation in the prison together with the NPM OCCh as the alleged cases of violence also involved juveniles. Interviews with the convicted persons in the special treatment section carried out by the NPM OPDR team during the November visit revealed that the situation had improved and physical violence, in the form as described during the previous visit, no longer occurred. However, the NPM OPDR identified one specific case of ill-treatment of a juvenile and reported it to the prison director immediately. Despite overall improvement with respect to the treatment of persons deprived of their liberty, the NMP OPDR and NPM OCCh teams jointly consider the original allegations extremely significant, indicating the need for system-level changes.

- *Prison Facility for Women in Levoča*

The NPM OPDR monitoring team carried out an unannounced visit at the women-only prison facility in Levoča between 11 and 13 March 2024. Key identified shortcomings included **poor material conditions** which are largely caused by the fact that the prison is located in the premises of the former remand prison. For example, **there are no** communal rooms or smoking rooms in the facility. The prison also lacks a separate exercise yard, which would allow inmates to meaningfully spend their free time outdoors. The monitoring team also recommended the prison administration to rebuild the shower room **which currently provides absolutely no privacy to inmates**. In addition, the NPM OPDR team also recommended that the prison make more activities available to inmates, provide social rehabilitation programmes and **set up a separate release section,** which the prison lacked. We also noted limited personnel capacities in the prison (medical, mental health staff, etc.).

The NPM OPDR team pointed out the need to pay special attention to the mechanisms for the protection of the inmates' rights; specifically, it recommended implementing a more accessible and private system for filing complaints, as interviews revealed that a significant proportion of the inmates were illiterate. These women often had to rely on assistance from other inmates, which interfered with the privacy of their complaint and increased the risk of tampering or misuse, which could impair their basic right to submit complaints or requests.

[32] See also Chapter 3.1. of this report.

3.1.2 Commissioner for Children

The NPM OCCh team carried out 11 monitoring visits in total, lasting between 1 and 4 days. These visits took the form of in-depth, announced visits lasting several days[33], as well as unannounced monitoring visit in compliance with its internal methodology guidelines. The NPM conducted five unannounced and six announced visits altogether.

As a follow-up to a 2023 monitoring visit in the Centre for Children and Families in Pezinok (hereinafter only referred to as the "CCF Pezinok"), the Commissioner for Children has found that the centre did adopt the measures imposed, which enable regular contacts between parents and the minor child in the case under review and, at the same time, case-study workshops were organised to specify concrete family-saving tasks both for parents and the CCF Pezinok. Subsequently, a court decided that the minor child would be placed in the father's custody. The Central Office of Labour, Social Affairs and Family announced it would provide a guideline to the centre with respect to procedures for limiting contacts of parents with their children placed in the centre so that they do not violate the rights of the minor children and their parents. In 2024, a comprehensive monitoring visit was carried out at the CCF Pezinok, which did not find any violation of the rights of the children and identified examples of good practice. The NPM OCCh team intends to monitor the implementation of its recommendations in 2025, too.

Monitoring in centres for children and families (hereinafter only referred to as "CCFs")

Eighteen measures were imposed following visits to centres for children and families, which should provide care similar to that provided in a family environment to the greatest extent possible. The CCFs accepted most of the measures as justified and said they would seek to implement them. The OCCh currently does not have final figures on accepted and rejected measures because the subsequent verification of the measures taken has yet not been completed for all monitored centres.

Centres for children and families are not institutional facilities such as re-educational centres or diagnostic centres, therefore, it is not appropriate to interfere with a child's privacy more than, or in any other way than, would be considered healthy for the child's privacy in the family.[34] Children are also guaranteed the freedom of thought, expression and opinion, therefore, there should be no reason to interfere in their private correspondence or when making phone calls to their family and relatives. It needs be noted that taking children away from the family and placing them in a CCF is an extreme measure which, under the Convention

[33] According to the NPM Guide ("PREVENTING TORTURE: A PRACTICAL GUIDE, Professional Training, Series No. 21, The Role of National Preventive Mechanisms", pg.15), NPMs must have the power to independently determine which visits will be announced and which will be unannounced. Taking inspiration from the gradual development of the best NPM, which is the NPM Slovenia, it is important during the first years of monitoring to carry out unannounced as well as in-depth announced visits, the aim of which is to request extensive documentation in advance, identify pitfalls in the functioning of individual facilities, and verify factual compliance on site. Based on the in-depth findings, repeated unannounced and ad hic visits are subsequently carried out. Since changes in management or personnel replacements can have real impacts, a facility that was positively assessed may deteriorate, and a facility with a negative rating may improve its practices. However, the NPM's objective is to repeatedly monitor the situation and treatment of children over time.

[34] According to the SPT case reports (the UN Committee against Torture), the following practices may be considered ill-treatment: excessive and unjustified interference with the child's privacy, in particular the inability to freely dispose of their pocket money and their own property; the restrictions on the freedom to take leave from the centre while respecting the age and mental maturity of the child and the rules of a given facility.

on the Rights of the Child, must not be taken if there are other options and forms of working with the family available, with the main objective of state authorities always being to save the original family and return the children back to their family. The Commissioner for Children emphasises the importance of building relationships, maintaining emotional bonds, and forming secure attachments, especially during the first three years of a child's life. Subsequently, strengthening these relationships is also crucial for a healthy development of the child's personality.

While exercising his NPM mandate, the Commissioner for Children **identified serious allegations of ill-treatment** of children placed in the custody of a professional family in the Centre for Children and Families in Slovenské Nové Mesto. The key findings included concerns about possible excessive consumption of alcohol by professional parents, improper disciplinary practices and restrictions of children's free movement. In light of these facts, **the Commissioner for Children immediately filed a criminal complaint**, but law enforcement authorities stopped the investigation as ungrounded. The Commissioner for Children notes in this respect, that the police did not verify the allegations of excessive alcohol consumption by the professional substitute parents at all. For these reasons, the Commissioner for Children took further actions aimed at thorough verification of the situation of the children placed in the respective CCF, which are described in more detail in a separate monitoring report, and will further be actively monitoring this case, as well.

Monitoring in re-educational centres (hereinafter only referred to as "RCs")

Based on the monitoring outcomes in the RCs, the Commissioner for Children imposed a total of 32 measures which were aimed at ensuring compliance with the rights of the child, even though the identified shortcomings did not amount to torture or cruel, inhuman and degrading treatment.

The NPM carried out monitoring visits at re-educational centres in Sološnica, Zlaté Moravce, Tornaľa and Mlynky. RCs focus on re-education of socially, morally and emotionally disturbed children with such a lack of social adaptation skills, personality traits and character development that their upbringing and education in other institutions or in a natural family setting would not lead to correction. In none of the visited RCs were identified any practices that would amount to torture or cruel, inhuman and degrading treatment. This information needs be viewed in the context of the findings made by the General Prosecutor's Office of the Slovak Republic in previous years, which resulted in a forced closure of several RCs. The Ministry of Education, Research, Development and Youth of the Slovak Republic (Education Ministry) is currently developing a new concept for RCs and the NPM OCCh will continue to monitor institutional practices in these centres.

The Commissioner for Children **particularly notes the use of restrictions of contacts with relatives as a form of disciplinary sanctions** which the re-educational centres sometimes apply in practice (e.g., restricting face-to-face and/or phone contacts with relatives). The Commissioner for Children unconditionally **insists that this form of disciplinary measures** imposed on children **must be removed,** as it is also prohibited by law. He emphasises that promoting and preserving family bonds is one of the basic rights of the child, and reinforcing relations with their primary family is one of the tools of re-educating minor children. In other words, taking away love and affection has never been an effective disciplinary

measure, and its repeated and general use could amount to cruel and inhuman treatment of children as defined in the Convention against Torture.[35] The Commissioner for Children will continue to consistently examine this issue in 2025 as well.

As far as disciplinary aspects of education are concerned, the Commissioner for Children emphasises that disciplinary sanctions must be set in a clear and transparent manner. He especially notes that the duration of sanctions must be clearly specified and that they should always be imposed with a specific end date. Using vague wordings, such as "until further notice", may result in ambiguity and uncertainty of children which can negatively impact their motivation and perception of justice in the educational process. We especially note the importance of properly evaluating individual re-educational programmes with the participation of the child and competent authority for the social and legal protection of children and social guardianship concerned, introducing uniform procedures for working with the children in individual facilities, providing them with information on the possibilities of filing complaints and suggestions, and publishing contact details of supervisory, control and preventive mechanisms. The Commissioner for Children also recommends that the reasons for the placement of a child in the centre be regularly reviewed and reassessed to ensure that they do not spend more time in the re-educational centre than necessary and essential to achieving the purpose of such placement.

As far as children's privacy is concerned, it is necessary to make sure that their intimacy during personal hygiene is protected (while observing safety measures), e.g., by means of a time schedule, and ensure the privacy of their correspondence and phone calls (while observing safety measures). The Commissioner for Children strongly discourages using nicknames, labels and other forms of improper generalisation when addressing children in order to avoid violating their integrity. The Commissioner for Children also recommended meeting the legal requirements for equipping the protective room, providing a toilet in the quarantine room, and installing a camera system to prevent conflicts.

A key system-level finding noted by the Commissioner for Children is the lack of both individual and group supervision of personnel, which has a direct impact on how children are treated; the commissioner recommends introducing training on bullying prevention, training on therapeutic and psychological approaches to working with individual groups of children, with the consistent monitoring of integration of these approaches in practice, training on implementation and support for the use of de-escalating techniques; and training on resolving crisis and incidents.

Monitoring in diagnostic centres (DCs)

Diagnostic centres provide diagnostic, psychological, psychotherapeutic and educational care. They provide diagnostics of children whose psycho-social development is impaired or at risk in order to specify an appropriate follow-up educational, resocialising or re-educational care, prepare diagnostic reports on children, underlying documents for the preparation of individual re-educational programmes, and recommendations for the placement of children after their stay in the centre.

[35] This does not apply to cases where the contact between a parent/relative with the minor child is restricted or even prohibited by a court's decision.

The Commissioner for Children has praised the Diagnostic Centre Ružomberok for its highly professional approach to carrying out its function. Even though the centre has very strict rules and regulations in place, the children said they were happy and content there. The Commissioner for Children found no major issues in its functioning, the recommendations made in a separate report on this centre rather reflect the lack of legislation pertaining to diagnostic centres.

The DC Lietavská Lúčka has good systemic processes in place, which we discuss in more detail in the section on the examples of good practice. It should be noted, however, that the centre should give more respect to children's privacy, especially with respect to pocket money, which, under the applicable legislation, shall not be deducted to pay for phone calls between the child and their relatives. This violates the children's right to preserve family bonds because their contact with family is limited by how much pocket money they have.

Monitoring in the Remand and Prison Facility in Košice

During a joint OCCh and NPM OPDR visit to the prison that also houses juveniles, the Commissioner for Children noted the importance of respecting a child's development. Children under 18 are still children and cannot be treated as adults. Children lack the mental capacity and maturity to understand all actions taken during criminal proceedings without a special explanation. He also emphasised that it is essential to respect the dignity of children, even juvenile delinquents; such children must not be treated with contempt, and their criminal history does not give the personnel any right to degrade them by calling them improper names, ridiculing or insulting them. Such practices amount to cruel, unhuman and degrading treatment. As regards the juvenile inmates, we are critical of the fact that they have virtually no chance of being visited by their relatives (if employed, family members cannot come during the official visiting hours that collide with their usual working time).

Good practice examples

In 2024, we identified **a total of 30 examples of good practice** in the visited facilities, which, if properly implemented, can significantly contribute to preventing ill-treatment and supporting a healthy mental development of children, while strengthening their sense of belonging and helping them develop stable relationships. Based on his findings, the Commissioner for Children recommends that other centres implement these good practices as well so as to ensure the highest possible quality of childcare.

Centres for children and families

The CCF Necpaly has made a good use of an effective approach involving creation of individually organised groups. This approach allows the children to privately name their preferred caregivers with whom they would like to be included in a group. The centre's management than takes this information into consideration when creating individually organised groups. This practice helps build strong relationships between children and their caregivers, which is crucial for their mental and social development.

A good practice observed in the CCF Trnava involves its rules for leaves and visits. Family visits are allowed on a daily basis; the children can meet with their families not only during official visiting hours (each day between 14:00 and 18:00), but also outside of them, if possible. If parents of a child are serving a prison sentence, the centre ensures they can regularly meet in the prison. The centre also allows children to stay with their family throughout the summer school holidays whenever possible. This approach is considered a positive step to supporting family relationships, which are extremely important for the children placed in CCFs. The CCF Trnava also promotes preserving sibling relationships and seeks to act in the children's best interests. During a monitoring visit, we met a group of four siblings where the youngest child was only three years old, which means the child should have been placed in the custody of a professional substitute family. Since professional substitute families can only take custody of up to three children, the centre decided to keep all the siblings together as a group, including the youngest child, to allow the children to preserve their mutual bonds.

Re-educational centres

In the Re-educational Centre Tornaľa, the concept of a 'student parliament' has proved successful, with the parliament regularly meeting once a week. Each of the six groups (when the centre is at its full capacity) has its own representative who voices the views and suggestions of the other group members. At 'parliamentary' sessions, the children actively express their views concerning the functioning of the centre. Most of their proposals and comments are usually accepted. The sessions are also attended by the director of the centre, a psychologist and other experts from among the personnel, where necessary, to ensure a professional and holistic approach to the children's proposals.

Another example of good practice is integrating sports activities into the educational process, as observed at the Re-educational Centre Biele vody in Mlynky. Sport is here considered integral to children's development, and the centre personnel pay much attention to organising regular sports activities and events. The centre also operates an outdoor ice rink in the winter, which serves not only the children, but also visitors and people from the surrounding areas. In addition, the children regularly participate in international sports events. In the past, the children had even made their own sports equipment in a workshop, which helped them acquire practical skills and boosted their creativity.

Diagnostic centres

At the DC Lietavská Lúčka, the use of so-called canistherapy for children was positively evaluated, which is carried out either through visits to a local dog shelter, or directly on the premises of the centre. Canistherapy, as an innovative form of therapy in such facilities as diagnostic centres, has a proven positive effect on emotional and social health of the children placed in these establishments. In addition, the DC Lietavská Lúčka also established a 'student parliament' (as did the RC Tornaľa), which regularly meets once a week. Each of the four groups has its own representative who voices the views and suggestions of the other group members, with most of the proposals and comments being usually accepted and implemented by the centre's management.

Building an intensive relationship with a psychologist by means of regular sessions (at least once a week) was noted by the Commissioner for Children as an example of good practice at

the DC Ružomberok, which was also confirmed during the interviews with children. The centre's psychologists are very flexible, trying to be available to children every day and even on weekends, if necessary. In addition to working with the children individually, the centre also organises community sessions which serve to assess the children's behaviour, welcome newcomers, prepare a weekend programme, etc. The children seemed to be content and happy during these activities as observed during a monitoring visit, which confirms that this practice should be introduced in other special educational facilities as well. The preparation of a guideline for the personnel setting out a uniform procedure for using a protective and quarantine room is also an example of good practice.

The DC Ružomberok also puts an emphasis on multidisciplinary consultations attended by all experts working with the children, including a teacher, psychologist, social worker and caregiver, to ensure a holistic approach to the diagnostics and planning of further work with children. Based on the consultation outcomes, an IRP is drawn up, containing the complete diagnostics of the child and a recommended plan of re-educational and psychotherapeutic work.

3.1.3 Commissioner for Persons with Disabilities[36]

Mental health facilities

In 2024, the NPM of the Commissioner for Persons with Disabilities (CPD)/the Office of the Commissioner for Persons with Disabilities (OPCD) carried out monitoring visits in six mental health establishments:

Mental Health Hospital Sučany	Hradská 23, 038 52 Sučany	01.02.2024 to 02.02.2024
Philippe Pinel Mental Health Hospital Pezinok	Malacká cesta 63, 902 18 Pezinok	18.03.2024 to 20.03.2024
2nd Psychiatric Clinic at University Hospital of L. Pasteur Košice	Rastislavova 43, 041 90 Košice	22.07.2024 to 23.07.2024
AGEL Hospital Levoča a. s. / Mental Health Department	Probstnerova cesta 2/3082, 054 01 Levoča	24.07.2024 to 25.07.2024
St. Lucas Hospital Galanta, a. s., Mental Health Department	Hodská 373/38, 924 22 Galanta	21.11.2024 to 22.11.2024
Psychiatric Clinic of the Slovak Medical University and the Bratislava University Hospital, Ružinov Hospital, Bratislava University Hospital	Ružinovská 6, 826 06 Bratislava	27.11.2024 to 28.11.2024

Table No. 1

[36] On 18 February 2025, when the preparation of this annual report was in progress, the Commissioner for Persons with Disabilities informed the NPM OPDR team that she would not stick to the structure and scope of the annual report as they had been proposed and communicated to all NPM bodies at a coordination meeting in December 2024. At the same time, she delivered the underlying information after the deadline which was originally set to 31 January 2025. For these reasons, the NPM OPDR, as the coordination body and chief editor of this annual report, had no time to review and edit the delivered text in detail and, therefore, the text has been left in its original wording as delivered by the OCPD on 19 February 2025.

1. *Patient admission*

The assessed category entitled “patient admission” identifies all possible situations where there is a risk of torture, inhuman or cruel treatment or punishment. This covers circumstances under which the patient has been admitted to a facility, such as who has brought the patient, which doctor and how has admitted the patient, whether the patient has been properly informed, whether the patient has given consent to hospitalisation and/or, where the patient has no full legal capacity, whether his/her legal guardian has provided such consent. In cases where no consent has been given, compliance with legal time limits for reporting an involuntary hospitalisation to a court is checked. The use of means of restraint within 24 hours of admission is observed and assessed, as well. The monitoring team further investigates the circumstances under which the patient has been placed in a room if the room is shared with several other patients, and whether the patient has been properly introduced in order to avoid possible later conflicts.

The most frequent shortcomings identified during the monitoring visits include the following:

- **Unclear patient admission system** – some mental health facilities lack the rules for their individual sections, causing confusion for patients already during the admission process (e.g., the rules on the use of mobile phones, leaving the facility, etc.;)
- **Lack of information for patients** – patients often do not receive sufficient information about the house rules/treatment regime. Many decisions are made at the discretion of a particular doctor;
- **Deprivation of personal liberty on admission** – some patients in some facilities have been placed in cage bads immediately after admission;
- **Long-term hospitalisation not supported by medical reasons and with no efforts by social workers to engage with the patient to offer an appropriate social care service;**
- **No separation of patients under a court-ordered treatment from regular patients** – patients under a court-ordered treatment are placed together with regular patients, which increases the risk of possible conflicts;
- **Unclear rules of hospitalisation under court-ordered treatment** – patients do not know how long they will be staying in the hospital, which causes mental strain and a sense of hopelessness.
- **Failure to ascertain the opinion of a patient with limited legal capacity,** which results in the de facto involuntary hospitalisation of the patients on behalf of whom the consent has formally been signed by his/her guardian;
- **Various formal shortcomings regarding the granting of informed consent** – for example, disputable granting of informed consent in the case of some patients; the documentation on patients with limited legal capacity missing an up-to-date court

ruling demonstrating who is the patient's legal guardian; incompletely filled informed consent forms, making it impossible to establish who has signed the consent and when, or when the consent has been granted.

On the other hand, some mental health establishments have been found to have in place, and praised for, positive practices which contribute to the general protection of patients against ill-treatment. Specifically, the Philippe Pinel Mental Health Hospital in Pezinok presented the monitoring team with official forms entitled "Informed consent of the patient with a limited capacity to decide on medical treatment upon admission to institutional care", which the attending doctor hands out both to the legal guardian and the patient for signature. Both of them have the option to refuse or accept hospitalisation. The monitoring team highly praised this practice of ascertaining the opinion of patients with a limited legal capacity, which is not a common standard in inpatient health care facilities, even though this is not required under the applicable laws of the Slovak Republic. Also, at the 2nd Psychiatric Clinic in Košice, the monitoring team found that all patients without limited legal capacity had been admitted with their consent and placed in rooms according to their diagnoses. This was rated very positively by all patients. This approach helped to reduce the risk of conflicts and ensuing ill-treatment to a minimum. The NPM OCPD monitoring team gladly welcomed this practice, which is clearly focused on the protection of the rights of the patient.

2. *Means of restraint*

The "means of restraint" category covers and identifies all possible situations where there is a risk of torture, inhuman or cruel treatment or punishment. This includes the circumstances prior to the use of means of restraint, the actual use of means of restraint, and the measures taken after the use of means of restraints in order to avoid the recurrence of circumstances that have led to their use.

During its monitoring visits, the monitoring team identified particularly the following shortcomings:

- **The missing registers of means of restraints** required under Section 9b(15) of Act No. 576/2004 Coll. on health care, healthcare-related services, and amending and supplementing certain acts;
- **Insufficient records on the use of means of restraints** – medical documentation often lacks the details of the use of means of restraints in the scope required under Section 9b(1) of the Health Care Act (for example, duration, how the patient was monitored, etc.);
- **Regularly missing records on the use of chemical** means of restraint;
- **Missing designation by the patient of the person** to whom the mental health facility should report the use of means of restraint in accordance with Section 9b(17) of the Health Care Act;

- **The use of means of restraint for a disproportionately long time without adequate supervision** – in some cases, the means of restraint were applied even for several days; in one extreme case, it was fourth months and, moreover, the patient had not been checked upon regularly;
- **The lack of a clearly defined strategy to minimise the use of means of restraint or the number of cage beds** – no plan exists to limit their use in favour of alternative solutions (e.g., psychotherapeutic interventions);
- **Poor use of de-escalating techniques –** the personnel is insufficiently trained in preventing escalation of conflicts.

Even though the aforementioned shortcomings were found in the majority of the visited facilities, the monitoring team highly praised the Mental Health Department of the AGEL Hospital Levoča, a. s., which had presented complete and clear documentation regarding the means of restraint. The monitoring team particularly praised very clear and detailed records of the use of means of restraint. As the only mental health institution in Slovakia, this department has been recording the use of chemical restraints, whether used alone or in combination with other means of restraint, ever since the relevant legislation was adopted in March 2023. Approximately from the end of 2023, the facility has been using for this purpose the form prepared by the Ministry of Health of the Slovak Republic, entitled "Record of the use of means of restraint in the register of means of restraint". Even before that, they used their own form, very well drafted and informative, entitled "Record of the use of means of restraint", which had already contained all information required under the Health Care Act.

As a result of the detailed recording of means of restraint - the purpose of which was to adopt a legislative amendment, the average duration of the use of restraint was 2 to 3 hours, which the monitoring team assessed as highly positive given the very difficult cases treated at this department.

The 2nd Psychiatric Clinic in Košice, too, presented clear and complete records of the use of means of restraint which showed the low frequency of their use in practice, driven by the clinic's effort to make sure that patients are admitted for hospitalisation with their consent and voluntary in as many cases as possible. This approach is in full compliance with international standards for the protection of rights of patients with mental disorders and, at the same time, a very important factor in preventing the risk of ill-treatment of such patients.

3. *Electroconvulsive therapy (ECT)*

Electroconvulsive therapy ("ECT"), formerly known as electroshock therapy, is a biological treatment that involves stimulating the brain using short impulses of electric current, with the aim of treating selected mental disorders.[37]

[37] According to the standards of the European Committee for the Prevention of Torture (document titled "Involuntary Placement in Psychiatric Establishments", 1998), ECT is a recognised form of treatment for psychiatric patients suffering from certain specific disorders. However, it must be ensured that ECT corresponds to the patient's treatment plan and that its use is accompanied by necessary safeguards. Patients should, as a rule, be in a position to **provide free and informed consent to treatment**. **The admission of a person to a psychiatric facility on an**

The monitoring visits revealed that all of the visited facilities were equipped with modern devices for administering ECT. However, there are differences between the facilities in that some of them were administering ECT treatment more frequently than the others, and the criteria they applied were not necessarily clear.

Despite the above-mentioned comprehensive management and international standards, **clear procedures for obtaining informed consent are lacking** as well. According to medical records, patients are not always sufficiently informed about the possible side effects or their right to withdraw consent to treatment.

It would be highly beneficial if psychiatric facilities paid greater attention to **open communication with patients regarding the benefits of ECT**. Historically, this treatment was perceived negatively, particularly due to its forced administration in the absence of informed consent, with patients feeling humiliated, frustrated, and in many cases physically resisting the treatment. These past experiences contributed to the adoption of human rights regulations that now protect the physical integrity and free will of patients.

However, if the patients are properly informed and allowed to ask questions, and if they trust their doctor, ECT can undoubtedly provide significant therapeutic benefits. It is therefore important to actively work on destigmatising this treatment through better communication between doctors and patients. Providing opportunities to explain the procedure, answer their questions, and allay their fears can greatly contribute towards receiving calm and trusting response from patients. It is unfortunate that, in practice, this aspect is given insufficient attention, since better awareness and confidence in the therapeutic process can significantly enhance treatment outcomes.

Additionally, it was found that facilities keep insufficient records on follow-up care after ECT, without regular neurological and cognitive examinations of patients being carried out after the

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involuntary basis should not be understood as authorisation to administer treatment without their consent. This means that every mentally competent patient, whether admitted on a voluntary or involuntary basis, should have the right to refuse treatment or any other medical intervention. Any derogation from this basic principle must be grounded in law and should only apply to clearly and strictly defined exceptional circumstances. Consent to treatment can, of course, be regarded as free and informed only if it is based on complete, accurate, and comprehensible information about the patient's condition and the proposed treatment; describing ECT as "sleep therapy" is an example of incomplete and inaccurate information about this form of treatment. Therefore, all patients should systematically be provided with relevant information about their condition and the proposed therapy. Relevant information (e.g. outcomes) should also be provided after the treatment has been completed. Based on guidance by the WHO and the Office of the United Nations High Commissioner for Human Rights, non-consensual ECT may be considered a human rights abuse. "International human rights standards clarify that ECT without consent violates the right to physical and mental integrity and may constitute torture and ill-treatment. The guidance further opposes any use of ECT for children and calls for the adoption of laws prohibiting it: "ECT is not recommended for children, and thus should be prohibited through legislation."
In the Slovak Republic, the Health Ministry has issued, within the framework of approved standard procedures, the "Comprehensive Management of Patients Undergoing Electroconvulsive Therapy", with many specialists in psychiatry as its authors. According to this document, in cases where, due to the severity of a mental disorder, the patient is not capable of making a decision regarding the proposed treatment (such as lethal catatonia, severe depressive states with psychotic symptoms, or the risk of suicide), ECT may be administered without the patient's consent, provided that the valid legal framework for such situations is complied with – in particular, the requirement set forth in Section 6(9) of Act No. 576/2004 Coll.

procedure. Moreover, due to inadequate or unsuitable material conditions in some facilities, there is no dedicated recovery room following ECT, and what is even worse, the room used for ECT is also used as storage space or for writing records in the medical documentation.

4. *Material conditions in the facilities and therapies*

Conditions in the facility and the daily routine represent a specific area consisting of several sub-areas: material conditions, food, clothing, patients' privacy and hygiene, cameras, therapies, daily schedule, and the reward system. These sub-areas may be a direct or indirect source of torture, ill-treatment, cruel treatment, or punishment. Within this area, the monitoring team observes whether a patient, as a person deprived of liberty, is informed about the therapies available in the facility and whether such therapies are actually provided to the patient; whether the patient has been informed about the facility's internal rules and daily schedule; whether the food provided is appropriate to the patients' health condition; whether patients' privacy is adequately ensured; what the staff's attitude towards patients is and whether the facility has a reward system in place, as well as whether it uses a CCTV system.

During the monitoring visits, it was found that facilities operate under varying material conditions. The findings can be summarised as follows:

- **Insufficient hygiene conditions** –peeling plaster, mould in bathrooms.
- **Overcrowded rooms** – in some rooms, there are 5 to 6 beds, thus exceeding hygiene standards and breaching national legislation.
- **Sterile and impersonal environment** – absence of decorations that would contribute to patients' improved mental wellbeing.
- **Limited access to therapies** – music therapy, occupational therapy, and art therapy are available to a small proportion of patients only.
- **Absence of individual psychotherapy** – only a few patients have access to one-on-one psychotherapy.
- **Insufficient privacy in showers and toilets** – particularly in acute mixed-gender wards with a high concentration of patients.

The conditions in the Psychiatric Hospital in Sučany and the 2nd Psychiatric Clinic in Košice, located in a building dating from the 1920s, were identified by the monitoring team as the most concerning. However, material conditions were also poor in the Ružinov Hospital and the Levoča Hospital. The monitoring team highly praised the efforts of facilities to apply for funding from various projects and grants, specifically from the Recovery and Resilience Plan. In the course of the monitoring, renovation work was already underway at the Mental Health Department of the AGEL Hospital Levoča, where an entire floor is being added to provide rooms with fewer beds and access to an outdoor terrace for the acute ward patients. Similarly, the management of the 2nd Psychiatric Clinic in Košice was working together with the management of the Louis Pasteur University Hospital on plans to relocate the clinic with a view to improving the material conditions.

By contrast, the Philippe Pinel Mental Health Hospital has beautiful grounds, with individual clinics situated in separate buildings, and its overall amenities can be described as the best among all of the monitored facilities.

Low availability of psychotherapy – be it individual or group therapy – for patients in acute wards was the most serious finding across all of the monitored facilities. Regardless of the type of facility (ward, clinic, hospital), the prevailing practice is that an acute ward patient is treated mainly with medications, and psychotherapy is only started after being transferred to a semi-open or open ward, even if admitted on a voluntary basis. In some cases, those patients who voluntarily sought help from an inpatient psychiatric facility were literally just waiting to be transferred so they could start receiving psychotherapy.

In fact, the average length of stay in an acute psychiatric ward is three weeks to one month. Early provision of psychotherapy at acute wards would contribute to stabilising the patients – helping them to understand their situation, reduce anxiety, and regain a sense of safety. It would also reduce the need for excessive pharmacotherapy, improve their ability to cope with stressors, boost motivation for treatment, and help prevent retraumatisation.

Another serious finding was that the right of patients under the Health Care Act to take a daily walk in designated outdoor areas of the healthcare facility[38], if their health condition allows it, is actually upheld in very few facilities. The problem lies in inadequate outdoor areas or insufficient healthcare staff to accompany the patients on their walks. For example, in the Philippe Pinel Mental Health Hospital, patients may not leave the acute ward for walks at all, despite beautiful and spacious hospital grounds.

Therefore, the Office of the Commissioner for Persons with Disabilities especially values the facilities' efforts to address this issue, for instance, through the ongoing construction at the Mental Health Department of the AGEL Hospital in Levoča. The monitoring team also praised the fact that acute patients at the 2nd Psychiatric Clinic in Košice are allowed to leave the premises of the clinic and walk around in the hospital park surrounding the building. Moreover, at the time of the monitoring visit, the clinic was in the process of completing a small, enclosed courtyard so that even patients hospitalised without their consent or in the most acute phase of illness could spend some time outdoors in the fresh air.

The monitoring team also highly appreciated that the Psychiatric Department at the Ružinov Hospital allows patients to leave the acute ward for several days on so-called trial leave when accompanied by family members or close persons. This kind of approach contributes towards effective and humane psychiatric care that not only stabilises the patient's condition but also develops their ability to manage the illness in the future with the help of their family or close persons.

5. *Contacts with the outside environment*

One of the rights granted by the Health Care Act to patients in an inpatient healthcare facility is the right to receive visitors on a daily basis, provided that their health condition allows it, and

[38] Section 11a(h) of Act No. 576/2004 Coll. on health care, health care related services and on amendments to certain act.

to receive and send postal items, as well as the right to privacy when reading and writing letters, including the right to have daily telephone contact using their own telephone device or a device designated by the healthcare facility.

As regards the positive obligations of the Slovak Republic towards vulnerable individuals suffering from mental disorders, the European Court of Human Rights has confirmed in its case law that mental health must be considered a key part of private life, one that is linked to moral integrity. Maintaining mental stability is, in this context, an essential precondition for effective exercise of the right to respect for private life.

In most of the monitored facilities, the monitoring team found **restricted access to telephones**, and in some facilities, calls were permitted only in certain intervals, often with no clear rules. Mobile phone calls are usually taking place in the nurse room, with mobile phones given to patients during a certain period of time to make a call. Patients are not allowed privacy during the phone conversation and often make their calls in the presence of staff. **Indigent patients are unable to make calls on their own initiative** due to lacking support in terms of providing the basic call credits. They are thus dependent on incoming calls. Visits are generally regulated in the internal rules of the facilities, and visiting hours are respected.

6. *Resolution of conflicts and complaints*

In the assessed area called “Addressing conflicts and complaints”, the conflicts between patients themselves or between patients and healthcare staff, including conflicts between healthcare staff members, are discussed as the common cause of ill-treatment, punishment, torture, or inhuman treatment. Within this area, the monitoring team also examines whether the patients are able to lodge an ill-treatment complaint with the facility management, as well as whether they are allowed to object to certain measures which have been imposed by the facility and are negatively affecting the patients (e.g. prohibiting contact with family). Having an effective procedure in place for the submission and handling of complaints is an important preventive mechanism against ill-treatment or abuse of patients. Patients should be sufficiently informed about the possibility of making a complaint and how their complaint will be dealt with.

In the monitored facilities, it was found that **adverse events in the provision of healthcare** are recorded and reported by the facilities. According to Methodological Guidance No. 03/2014 on the introduction of systems for reporting errors, mistakes, and adverse events in inpatient healthcare, as issued by the Health Care Surveillance Authority, any inpatient healthcare facility should have two reporting systems in place, depending on the type and organisational structure of the facility. These reporting systems use the reports from healthcare staff:

a) *Voluntary reporting system*, in which own errors and mistakes, which have occurred during the provision of inpatient healthcare, are recorded, reported and analysed by healthcare staff themselves. In addition to self-education, this system is aimed at mapping the culture of safety in the relevant inpatient healthcare facility.
b) *Mandatory reporting system,* in which healthcare staff are required to report serious adverse events which have occurred in connection with the provided inpatient

healthcare. These include unexpected deaths, incidents resulting in permanent disability, and other serious events as defined by the facility's management.

By law, serious extraordinary events must always be reported to the competent district prosecutor's office.

In addition, under Act No. 9/2010 Coll. on complaints as amended, patients may file an official complaint and, typically, all facilities have also prepared their internal systems for evaluating patient satisfaction.

General findings from the monitoring carried out in all facilities:

- **Failure to record conflicts, especially verbal aggression and minor incidents** - minor physical altercations between patients are not documented as they do not meet the severity threshold.
- **Absence of a system for making a complaint**, because patients fear the consequences if they file an official complaint.

As implied by many interviews with staff and patients, ill-treatment of patients by staff occurs rarely; instead, tensions tend to arise between patients. Facilities are attentive to the arising conflicts between patients in everyday personal interactions and try to prevent them, for example by transferring patients to other rooms. However, in order to better prevent situations leading to verbal and physical conflicts and, consequently, to ill-treatment, the monitoring team recommends that a box for informal complaints or suggestions be always placed in acute wards and emptied daily, so that even those patients who might be facing a problem would be able to verbalize their concerns. Such patient suggestions – however insignificant they may seem – are an important communication tool and build mutual trust, especially if analysed by a psychologist. Where such informal suggestions or complaints are assessed as posing a risk, it would be possible, for example, to recommend a consultation with a psychologist or to develop risk management plans for preventing situations that are risky both for the patients and staff.

In this regard, the monitoring team described as good and inspiring the practices applied in the Philippe Pinel Mental Health Hospital which is using a system of patient diaries in open and semi-open wards B and C that are evaluated by a psychologist. A similar system could also be applied in acute wards, thus strengthening the protection of patients and preventing the occurrence of tragic situations at an early stage.

7. *Working conditions of the personnel*

According to international legal standards, staff perception of the quality of their working life and the way they are treated by managers and colleagues has a significant impact on the atmosphere in psychiatric establishments and on the treatment of patients. Employees who feel valued, trusted, and respected at work are more likely to apply these values when dealing with clients. Favourable working conditions are also important for attracting and retaining suitable personnel.

The general findings from the monitoring visits carried out in all of the monitored facilities are as follows:

- **Staff overload** – some wards are understaffed, which reduces the quality of care.
- **High administrative burden** – even with electronic documentation in place, staff do not have the time for working with the patients individually.
- **Absence of crisis management training** – staff are insufficiently prepared for working with aggressive patients.
- **Inadequate material conditions** – wards are not equipped with staff changing rooms or sufficient toilets for employees.

On the basis of the visits carried out, the NPM OCPD highly commends and values the dedicated work of staff with patients in all facilities, as well as the efforts of the facilities to improve the working conditions, for example by providing accommodation (Philippe Pinel Mental Health Hospital) or recruitment bonuses (Mental Health Hospital Sučany). The shortage of high-quality staff is a problem that is currently faced by Slovakia's healthcare sector in all areas, not only in psychiatric care.

- ***Court-ordered treatment***

Court-ordered treatment is a specific type of inpatient or outpatient treatment imposed on persons who have committed a criminal offence or misdemeanour (in criminal law referred to as an "otherwise punishable act"), however, they are not fully criminally responsible due to a mental disorder, addiction, or other health condition. It can also be ordered to persons who are dangerous to themselves or to other persons, if there is a risk of repeating dangerous behaviour.[39]

Pursuant to Section 10(2)(h) of the Act on the Commissioner for Children and the Commissioner for Persons with Disabilities, for the purposes of exercising the NPM mandate, only the Commissioner for Persons with Disabilities is authorised to carry out systematic visits to facilities where court-ordered treatment is provided. In 2024, as part of the monitoring visits, the conditions for the exercise of this mandate were examined in two of the six monitored

[39] The purpose of compulsory treatment is to treat and control risky behaviour (to prevent recurrence of dangerous behaviour associated with a mental disorder or addiction), protect society (ensuring that such persons do not pose a threat to themselves or others), and resocialise patients, with the aim of gradually reintegrating them into normal life, where possible.
In the Slovak Republic, compulsory treatment is regulated by:
- the Criminal Code (Act No. 300/2005 Coll., as amended) – laying down the conditions for imposing compulsory treatment as a criminal law measure.
- the Criminal Procedure Code (Act No. 301/2005 Coll. as amended) – setting out procedural rules for imposing and terminating compulsory treatment.
- the Health Care Act (Act No. 576/2004 Coll. as amended) – regulating the provision of health care in general, with provisions applied accordingly to compulsory treatment.
- the Act on the execution of prison sentence and remand custody (Act. No. 475/2005 Coll. as amended) – applicable where inpatient treatment is imposed.
Compulsory treatment may be undertaken on an outpatient or inpatient basis.

facilities where court-ordered treatment is provided – namely, the **Mental Health Hospital Sučany** and the **Philippe Pinel Mental Health Hospital in Pezinok**.

On 20 November 2023, the Commissioner for Persons with Disabilities signed a memorandum of cooperation with the General Prosecutor of the Slovak Republic and, as part of this cooperation, they exchanged their findings with regard to the implementation of the task of the General Prosecutor's Office for 2024, namely mapping the situation in facilities providing court-ordered treatment. The monitoring visits were therefore carried out simultaneously with inspections conducted by the General Prosecutor's Office.

- ***Summary of findings relating to patients undergoing court-ordered treatment***

At the time when the monitoring was carried out, patients undergoing court-ordered treatment in the Mental Health Hospital Sučany accounted for more than half of all of its inpatients. Court-ordered treatment is **in fact undertaken under the same conditions** as treatment based on informed consent, and patients are not separated from other inpatients.

For newly admitted patients, there is no clear adaptation system in place, which can lead to their confusion and increased stress in the case of court-ordered treatment. Patients undergoing compulsory psychiatric and sexological treatment **do not have a clear idea of the length of their hospitalisation**, which increases their psychological burden.

In the Philippe Pinel Mental Health Hospital, the number of patients undergoing court-ordered treatment is lower than in Sučany, and they were concentrated in some selected wards.

Admission of patients takes place in separate buildings, which allows for clearer orientation and better control over their regime; however, there is no unified approach to informing patients about the conditions of court-ordered treatment – in some cases, patients have not been sufficiently advised of their rights.

As regards material conditions, the capacity of the wards in the Mental Health Hospital Sučany is exceeded and rooms are often overcrowded (with 5 to 6 patients per room). The monitoring team raised concerns over insufficient hygiene and considered the condition of the facility inadequate – with peeling plaster, damaged furniture, and mould found in bathrooms. On the mixed-gender ward (men and women), there was no privacy in sanitary facilities, offering limited opportunities to patients for personal hygiene in dignified conditions.

The most serious finding, however, was the absence of any access to recreational and therapeutic activities for patients undergoing compulsory psychiatric and sexological treatment; in practice, this prevented any resocialisation of patients under court-ordered treatment, as well as their prospects of being discharged. Court-ordered treatment has thus become their "life sentence".

In contrast, in the Philippe Pinel Mental Health Hospital, the material conditions are of a higher standard – patients have more space and better-equipped rooms. The facility is also located in a pleasant natural environment, which positively affects their mental state. The monitoring team also observed better hygiene and cleanliness of wards, regular maintenance of premises,

and sufficient sanitary facilities. In addition, the facility offers more opportunities for therapeutic activities; however – as noted above in the evaluation for all psychiatric facilities – the NPM OCPD sees the fact that psychotherapy is not provided already in acute wards as highly problematic. This means that patients undergoing compulsory psychiatric and sexological treatment may remain in acute wards for longer periods (several months) without being provided group or individual psychotherapy, as opposed to patients hospitalised on the basis of informed consent or by a civil court decision (involuntary hospitalisations), whose stay in acute ward usually lasts from days to weeks.

Findings related to contact with the outside environment are also assessed as very serious. Patients under court-ordered treatment in the Mental Health Hospital Sučany have less options for contact with the outside environment, as their access to outdoor walks is limited, strict rules are in place for visits and telephone calls, and indigent patients are often not able to contact their family.

In the Philippe Pinel Mental Health Hospital, patients undergoing court-ordered treatment have better access to outdoor walks within the hospital grounds, as the hospital buildings are situated in a park (except for patients in acute wards). Visits are clearly regulated; however, several patients complained about restrictions concerning mobile phone use, as there is no uniform policy in place for all wards.

Based on the findings from both facilities monitored, **system-level problems can be identified in the approach to patients under court-ordered treatment:**

1. Insufficient information provided to patients about the conditions of court-ordered treatment – the length of treatment, possibilities for family contact, and ward rules should be clearly communicated.
2. Inadequate material conditions – for safety reasons and in order to protect the rights of patients not subject to court-ordered treatment, it is essential to ensure that patients under court-ordered treatment be separated from regular psychiatric patients (for example, on different floors). Hygiene conditions and privacy must also be improved.
3. Limited contact with the outside environment – patients should be able to enjoy regular outdoor walks, better access to telephone calls, and resocialisation programmes.
4. Improving the therapeutic options – for court-ordered treatment that is intended to provide appropriate care, it is essential to involve patients in individual therapies and group therapies, which could reduce their sense of isolation and improve treatment outcomes.

However, in this respect, we consider it necessary to note that the identified system-level deficiencies are not occurring solely in the provision of court-ordered treatment in healthcare facilities.

A serious problem in the application practice of imposing court-ordered treatment also lies in a relatively long period of time between the court ordering the court-ordered treatment and the

actual commencement of such treatment (sometimes up to two to three years, taking into account the possibility of filing a remedy and the time limits for the courts to decide), during which the patient, as the perpetrator of an otherwise punishable act, remains predominantly at home. Therefore, the question remains whether such patients, upon admission for court-ordered treatment, are actually so dangerous to society that it is necessary to interfere with one of their most fundamental rights – namely, the right to personal liberty.

If presuming that, upon admission to a medical facility, the perpetrators are actually so dangerous to society that their liberty must be restricted, the facility is required to handle the hospitalisation of such patients with due care (facilities are not prepared for this in terms of material or therapeutic requirements). In the opposite case, the purpose of such a stay is merely to keep the patient "under lock and key". However, if the necessary therapies are not provided, "keeping under lock and key" may actually constitute unlawful deprivation of liberty within the meaning of Article 5(1) of the Convention for the Protection of Human Rights and Fundamental Freedoms. In practice, however, what occurs more often is that the perpetrator, as a patient, is admitted for court-ordered treatment that was ordered by a court some time ago and the facility finds, shortly after admission, that the patient actually poses no threat to society. In practice, the facilities handle this problem by transferring the perpetrator to an "open ward", even though in many cases the ward regime is not in line with the court's judgment imposing court-ordered treatment.

However, pursuant to Section 446 of the Code of Criminal Procedure, the facility may submit a proposal to change the manner in which court-ordered treatment is undertaken by the perpetrator if it finds that inpatient court-ordered treatment is no longer necessary. The monitored facilities made use of this legislative option in different ways – whereas the Mental Health Hospital Sučany has not submitted such a proposal even once in the case of a patient undergoing compulsory psychiatric and sexological treatment, the Philippe Pinel Mental Health Hospital attempted to change the treatment whenever any medical options had been exhausted. Even due to the lack of uniformity in practices applied when shifting from inpatient compulsory psychiatric and sexological treatment to outpatient treatment, or when discontinuing such treatment, clear and predictable rules should be established through legislation.

The issue is discussed in more detail in the Assessment by the General Prosecutor's Office of the Slovak Republic on the state of legality in facilities for court-ordered treatment and detention, as published on the Office's website. As regards individual facilities, more detailed information is provided in the NPM OCPD reports from the monitoring visits to the Mental Health Hospital Sučany and the Philippe Pinel Mental Health Hospital in Pezinok, which are published on the NPM OCPD's website.

- ***Inspection of measures imposed on psychiatric establishments after the monitoring visit in 2024***

From 11 to 13 December 2023, the NPM OCPD carried out a visit to the Children's Psychiatric Facility Hraň (hereinafter "DPL Hraň"). The findings from this visit were included in a report

published on the OCPD website[40] along with the imposed rectification measures. The link also contains a statement by DPL Hraň regarding individual measures that were evaluated on an ongoing basis during 2024.

On 4 December 2024, the Commissioner for Persons with Disabilities and the NPM OCPD visited the hospital to inspect the measures imposed in the above-mentioned report. During the inspection, a meeting was held with the director of DPL Hraň, members of its Supervisory Board, and the head physician MUDr. Terézia Rosenbergerová.

First of all, the NPM OCPD appreciated the changes that had been made. As revealed during a discussion with the management and especially with the paediatric patients, additional activities and therapies for children have been launched since the monitoring visit, and those which already existed are now used regularly and more frequently. The facility provides one-off activities (such as gingerbread decorating – family therapy), occasional activities (i.e. once every two or three months, such as first aid course), as well as regular activities organised either on a monthly basis (e.g. discussions with a police prevention officer) or weekly basis (such as canine therapy or ceramics). In January 2025, hippotherapy and bibliotherapy were to be added, including discussions. During the monitoring team's visit, a group of children was indeed using wellness facilities for relaxation.

The NPM OCPD further highlighted measures adopted to protect the privacy of child patients. Although cameras were not removed at DPL Hraň, they are switched off during the day except in necessary cases, and the windows on the doors to individual rooms have also been darkened. Even though the patients are performing their personal hygiene in one place at the same time, they say the personnel respect those who prefer washing themselves without the presence of others.

Interviews with minor female patients were conducted in a group, as decided based on their preference. During the interview, girls aged approximately 12-15 years praised the conditions at DPL Hraň; saying that they go outside every day for fresh air and also have the opportunity to go to the gym, if several of them request to do so. The conversation also covered the visits and contact with the outside environment. In this regard, they said they are allowed to have visits every day, and parents can take their children outside the facility, e.g. for a pizza or a coffee. If parents do not call their child for a long time, the facility staff will try contacting them on their own initiative. The NPM OCPD regards positively that the staff also proactively handle various situations and try to individually tailor the rules to the circumstances of the families concerned. For instance, there were cases when the child's parents could not travel to the facility because they live in western Slovakia and did not have enough money. In this case, the mayor of the municipality where they live was asked by the management of DPL Hraň for some financial support, and in cases where such attempts fail, the visit is paid for from the facility's own resources. Another alternative is conducting a family therapy session through a video call. Towards the end of the interview, a minor female patient stated that she had already been hospitalised at DPL Hraň roughly two years ago, and that she considered the current conditions (especially the activities and attitude of the head physician) to be significantly better compared to her previous experience.

[40] Office of the Commissioner for People with Disabilities Reports from NPM monitoring. Available at: https://www.komisarprezdravotnepostihnutych.sk/NPM/Monitoring?library=SpravyMonitoringNPM.

The monitoring team also visited the boys' ward of the facility, where they held a discussion with a group of minor male patients aged approximately 15-17 years. This ward actually has punching bags in place, which the patients consider beneficial for managing aggression.

However, the interviews revealed contradictory procedures applied by the wards for girls and boys in terms of access to education. According to the female patients, they have no opportunity to log in to their account in the EDUPAGE application, even though they consulted this with the social workers; however, for unknown reasons, they have been waiting for login details for more than a month, and are therefore falling behind in school. By contrast, minor patients from the boys' ward said they are being regularly logged in to EDUPAGE and thus enjoy uninterrupted studies. They also take written tests via this application. In this regard, it was found that secondary-school girls attend the school club, where, however, they do not devote themselves to studying but mostly listen to music or attend presentations on correct posture. In view of the above, the NPM OCPD encourages DPL Hraň to establish suitable conditions for studying as soon as possible, but no later than one week after the patient's admission, so that students do not fall behind in the curriculum.

Furthermore, as regards progress in terms of compliance with the imposed measures, the management of DPL Hraň informed the NPM OCPD that they are still seeking a solution and are in the process of carrying out a financial analysis on the continuous presence of a doctor in the facility. Although this situation has not been resolved to date, the management did its best to see at least partial improvement – and this has been achieved by arranging shifts in a way that the doctor could be present for as long as possible, i.e. until 4:30–5:00 p.m.

Finally, the NPM OCPD considers it essential to evaluate the facility's response to the most serious issue, which concerned an incident between a facility employee and a minor patient. According to the management, the incident in question was duly investigated using the following procedure: firstly, the employee concerned was summoned, and then he went on sick leave from work immediately after the monitoring visit. After three months of sick leave, he returned to the workplace and, during oral questioning, he stated that no incident between him and the minor patient had occurred. He claimed that the patient, who presented the allegations about violence against another boy to the monitoring team in December 2023, had a personal conflict with him in the past. By his account, the boy was perceived by other patients in the ward as their leader, and therefore all the boys and girls told the monitoring team the same statement concerning physical violence. Subsequently, the employee resigned at his own initiative.

The monitoring team then conducted several interviews with employees and called on the facility to substantiate the allegations. According to staff members, the then management of the facility issued a ban on speaking to children about the events. In doing so, it missed a unique opportunity to obtain information as to whether the allegations might have been true, or what motivation could have been behind fabricating false accusations against a particular person.

This course of action was perceived by the NPM OCPD with great concern and, in order to prevent similar situations from occurring in the future, it recommended incorporating an

obligation for employees to report any personal relationship with admitted patients in their employment contracts. This obligation is not only aimed at protecting the hospitalised minor patients but also employees. Another recommendation was to draw up guidelines on how to proceed in the event of an incident between staff and patients, or between patients themselves. Finally, the parties concerned agreed that the National Coordination Centre for Addressing Violence Against Children will be requested to provide training for the facility's staff.

The NPM OCPD will remain in close contact with the facility, inter alia through frequent personal visits, thus carefully supervising the implementation of recommendations imposed in the monitoring report.

Social care facilities

In 2024, the NPM OCPD carried out a monitoring visit in one social care facility:

"KAMILKA" Social Care Facility in Maňa	Nám. M. R. Štefánika 141/8, 941 45 Maňa	13 November 2024

Table No. 2

The area called "**Client admission and adaptation process**" identifies any potential situations that may pose a risk of torture, ill-treatment, cruel treatment, or punishment. Within this area, the NPM OCPD assesses whether the client's will was respected upon admission to the social care facility and whether the provision of a social care service was therefore based solely on the voluntary consent of the admitted client. It also examines whether clients sign the contract for the provision of a particular social care service themselves and voluntarily, or whether this was done by a guardian on behalf of a client with limited legal capacity. Within this area, the NPM OCPD primarily evaluates whether the clients were genuinely interested in receiving the social service, or whether they had no choice under the existing circumstances. In cases where the client did not grant consent to the provision of a social care service or he/she was not even aware of the relevant application being submitted and of the contract being signed because this was done by a guardian on his/her behalf, such action is formally in line with Slovak legislation (de jure voluntary admission), yet in practice the client is indeed placed in a facility and his/her personal liberty is de facto restricted because every client must adapt to the regime in the given facility. As social care facilities provide a variety of social care services for a broad spectrum of clients with different levels of dependency, it is not uncommon for a client to be placed in a facility chosen by his/her relatives or a guardian simply because of the lowest prices, regardless of the fact that the client's needs are entirely different. Such clients are particularly vulnerable when placed in social care facilities where their personal freedom and social contacts are restricted, or where they receive only minimum funds as per guardian's instructions.

The NPM OCPD is also very sensitive to the existence of an adaptation process which, if applied, can significantly contribute to preventing **ill-treatment**, **cruel treatment** or **punishment**. It is actually during the adaptation period when clients may encounter situations leading to such ill-treatment or cruel treatment. For this reason, the social care facility's approach to the client adaptation process is crucial, as it can reveal signs of discomfort and dissent with the provided social care service on the part of clients, thus allowing to prevent a situation when social care services are provided to clients against their will.

In the monitored facility, as shown by the monitoring, **the social care service is provided to all clients on a voluntary basis regardless of their legal status and they are satisfied with their stay in the facility**. In this regard, the NPM OCPD holds in high esteem the facility's good practices leading to client satisfaction and voluntariness of the social care service provided, and recommends that not only this facility, but also all social care establishments continue to apply such practices.

As regards the area examining the use of **means of physical and non-physical restraint in social services**, Act No. 448/2008 Coll. on social services and on amendments to Act No. 455/1991 Coll. on trade licensing (the Trade Licensing Act), as amended (hereinafter the "Social Services Act"), generally excludes the possibility of using means of physical and non-physical restraint on recipients of social services, as these are fundamentally directed against human dignity and are considered to be one of the instruments for restricting personal freedom and human integrity. At the same time, however, the Act relates them to certain risky situations in which the life or health of the recipient of social care services or of other persons could be in peril without the use of such means.

In light of the above, the NPM OCPD therefore examines in great detail the use of means of physical and non-physical restraint in social care establishments, as such means are highly prone to misuse. According to the summary report of the European Committee for the Prevention of Torture and Inhuman or Degrading Treatment or Punishment (hereinafter the "CPT") of 21 March 2017, the means of restraint are at the centre of the CPT's attention due to their invasive nature and the potential for misuse and ill-treatment. Furthermore, in its factsheet dated 21 December 2020, the CPT pointed out that prolonged application of mechanical restraint **may in itself amount to inhuman and degrading treatment** of residents.

In relation to this area, the monitoring team has found that the facility makes use of certain means of physical restraint and that there is also an isolation room in which every client must stay following their admission, regardless of whether there are grounds for this (e.g. the presence of an infectious disease). These practices were perceived by the monitoring team with great concern, and the NPM OCPD will address them in more detail in its monitoring report from the visit to this facility.

Conditions in the facility and everyday routine represent a specific area composed of several sub-areas that may constitute, due to their sensitivity, an indirect or direct source of risk of torture, ill-treatment, cruel treatment, or punishment. This entire area can therefore be broken down into individual sub-areas, such as material conditions of the facility, food, clothing, residents' privacy and hygiene, cameras, smoking rules, therapies and daily schedule, staff's attitude towards clients, and rewards. Within this entire area, the NPM OCPD focuses on whether the material conditions meet the needs of clients, whether the food served corresponds to their health condition, whether they are provided sufficient privacy and whether the facility interferes in their financial decisions, as well as whether a CCTV system is used in the facility and whether they have access to the necessary therapies, healthcare or activities offered by the facility. This area also examines the staff's attitude towards clients and whether

the facility favours a particular system of reward or punishment. The facility as a whole and the conditions therein form an important part of investigations conducted by the NPM.

In its Procedure for Performing Surveillance over Social Services, the Ministry of Labour, Social Affairs and Family of the Slovak Republic shares the following view: "It is also the environment of the institution itself that is considered one of the forms of ill-treatment in residential care, when … the regime of the institution is, in and of itself, abusive or neglectful" (Krug et al., World Report on Violence and Health, 2002: 133.[41]

Based on the monitoring carried out, it was found that the facility **had multi-bed rooms and an insufficient number of sanitary facilities.** While understanding the limitations of the facility, the NPM OCPD points out that such an absence of privacy may trigger stress and aggressiveness among clients. The facility, however, accepted this finding and **began addressing the issue immediately after the monitoring visit, which the NPM OCPD sees as a very important step** towards improving the provision of social services when it comes to the human rights of the facility's clients. Directly in the facility, the monitoring team highly appreciated both professional and humane approach of staff towards clients, which may serve as an example for other social care facilities.

The area called "**Contacts with the outside environment**" is also composed of several sub-areas. These are, however, important aspects where negligence or lack of attention towards this area may pose a risk of torture, ill-treatment, cruel treatment, or punishment in the long term.

Within this area, the NPM OCPD assesses whether the clients can communicate freely and within their capabilities with the outside environment beyond the facility; whether they are allowed free movement and access to fresh air; whether they can receive visitors within the premises and grounds of the facility at any time without restrictions; and whether they are allowed to integrate themselves into life outside the facility, for example through education or employment.
According to CPT standards, time outdoors should be available every day regardless of weather. Outdoor recreational areas should allow the clients to take shelter from rain and sun. A lack of suitable clothing should not be a reason for clients to be denied time outdoors. The aim is to ensure that access to the outdoors should be unrestricted for all clients. The CPT also points out that in all social care establishments, arrangements should be made to allow residents to have appropriate contact with the outside world, i.e. to send and receive letters, make telephone calls and receive visits.[42]

As found during the monitoring, the **entire facility is unlocked and accessible** to visitors from morning until evening. Clients without mobility issues actively use this opportunity and go to church or shopping. The facility provides unlimited internet access for clients with mobile phones by displaying login information on a notice board at the entrance to the facility.

[41] The Ministry of Labour, Social Affairs and Family of the Slovak Republic. Procedure for performing surveillance over social service providers' compliance with the obligation to provide professional-level social services within the provision of crisis intervention in community centres. Available at: https://www.employment.gov.sk/files/sk/uvodna-stranka/inspekcia-socialnych-veciach/postupy/postup-pri-vykone-dozoru-ss-krizovej-intervencie-kc-v3.pdf.
[42] European Committee for the Prevention of Torture and Inhuman or Degrading Treatment or Punishment (CPT). Social care establishments [Factsheet]. Available at: https://www.coe.int/en/web/cpt/social-care-homes.

The monitoring team expressed some concerns over the **amount of time that immobile clients spend outdoors**. Although the facility did have enough wheelchairs at the time of the monitoring visit, it did not appear to have a sufficient number of staff available to take immobile clients outside several times a week.

The area called "**Resolution of disputes and complaints**" focuses on conflict situations arising within an establishment, either between residents themselves or between the residents and staff, because failing to address such situations and underestimating them can lead to greater tensions and growing aggression. In particular, aggressive behaviour of a client or staff may even escalate into inhuman or degrading treatment or punishment of others.

Within this area, the NPM OCPD also examines whether the patients are able to file a complaint with the facility's responsible bodies in connection with the treatment in question, as well as whether they are allowed to object to certain measures which relate to the client's life in the facility and are negatively affecting the client (e.g. prohibiting the contact with family).

According to international standards, persons deprived of liberty should be able to lodge complaints with healthcare authorities and independent organisations. The most effective approach is to build positive relationships between staff and clients so that they can feel free to approach them informally with their concerns. However, there will always be problems that cannot be resolved at this level. For this reason, it is important for social care facilities to have formal procedures in place so that their clients would be able to lodge complaints concerning any aspect of their treatment or conditions within the facility. Such procedures can help build trust in the system, ensure compliance with rules and rights, and prevent problems from escalating into more serious issues. They can also act as a deterrent against abuse. When applied in a fair and transparent manner, complaints procedures can benefit clients, staff, and the facility management.[43]

As found during the monitoring visit, the facility has suggestion boxes that are allegedly used for comments and complaints from clients. However, the monitoring team could see only one such box, but it was placed on top of a closet, i.e. out of reach for most clients. According to the facility, **clients resolve their complaints within the community** where they can openly discuss everything. However, the NPM OCPD cannot consider this approach sufficient or effective, as it neither provides clients with an adequate sense of safety when submitting a complaint, nor can they be certain that such complaint will reach the facility's director. However, the facility does have the necessary boxes available; so, it is up to the facility how it will set up and put in place a functioning complaints procedure system.

The entire area called "**Working conditions of the personnel**" discusses employees because the psychological and physical burden they are facing is considerable and builds up over time. Such an excessive burden on staff may lead to inhuman or degrading treatment or punishment of clients – which is what the NPM OCPD seeks to prevent.

[43] Association for the Prevention of Torture (APT). Complaints procedures. Available at: https://www.apt.ch/knowledge-hub/dfd/complaints-procedures.

The monitoring team attempts to assess – when monitoring the conditions during the monitoring visit – the position, benefits, and needs of employees, their professional training, and opportunities for further development in the conduct of their profession.

During the monitoring visit, the facility expressed the need to employ a psychologist and a rehabilitation worker, at least on a part-time basis. The NPM OCPD fully subscribes to this vision, as the **specific needs of clients** (immobile clients, clients with psychiatric diagnoses) **highlight the fact that these very positions** across many social care establishments **need to be enshrined in legislation**.

The facility also presented its vision for the further professional development of its staff; the NPM OCPD praised this as a highly professional ambition for which the **facility deserves full support and acknowledgment**. More detailed information concerning the above monitoring visit will be summarised in a report which will be published on the OCPD's website later this year, i. e. 2025.

Prison facilities

The NPM OCPD started addressing this issue in the summer of 2024 based on information from the NPM OPDR, according to which the Levoča Prison had a high number of convicted women with addictions, as well as those with varying degrees of mental retardation. For this reason, the NPM OCPD made an in-person visit to the Levoča Prison where, based on an interview with the management and the documentation provided, the facts reported by the NPM OPDR have been confirmed.

Convicted persons with mental disorders or addictions are one of the most vulnerable groups within the prison system. Their condition requires a special approach aimed at preventing deterioration of their mental health and ensuring that their rights are respected. What they need the most is access to specialised psychiatric care, alternative forms of sentencing, staff training, and support upon release. When held in custody or serving a prison sentence, people with mental disorders are more prone to stigmatisation, violence, and isolation; it is therefore essential to protect them from ill-treatment.

Based on these findings, the NPM OCPD started paying more attention during the year to the conditions of convicted persons with disabilities during imprisonment. In this context, a special focus was placed on the conditions under which this type of sentence is served concurrently with the court-ordered treatment ordered (see chapter II above where the powers of the Commissioner for Persons with Disabilities in terms of court-ordered treatment are outlined), i.e. the conditions under which court-ordered treatment is provided during imprisonment.

In light of the above, the NPM OCPD deemed it necessary to ascertain the current situation of persons with psychiatric diagnoses across all of the 18 remand and prison facilities in Slovakia. To obtain more detailed information, all facilities received requests for information at the end of November 2024. The requests were identical in terms of content, asking each facility to provide the total number of convicted and accused persons as at the date of data collection. Of the total, facilities were also asked to provide the specific number of convicted and accused persons who were officially diagnosed with the following selected ICD-10 codes:

Codes	Description
F10 - F19	Mental and behavioural disorders due to psychoactive substance use
F20 - F29	Schizophrenia, schizotypal disorders, and delusional disorders
F30 - F39	Mood (affective) disorders
F70 - F79	Intellectual disability – mental retardation
F84	Pervasive developmental disorders (notably autism)

Table No. 3

Responses were received by the OCPD from 17 of the 18 facilities (no reply was received from the Želiezovce Prison), while statistical data submitted by the Žilina remand and prison facility have not been included in the table below, as the information was provided for a longer reference period than requested. Preliminary findings are presented in the table below which contains the total number of convicted and accused persons in each remand and prison facility, indicating the percentage of persons with the listed diagnoses out of the total number of convicted and accused persons, as well as separately by diagnosis. The table also provides information on the proportion of persons with an individual diagnosis within the overall prison population.

Remand and prison facility	Total number of convicted and accused persons with individual diagnoses, in %				
	F10 - F19	F20 - F29	F30 - F39	F70 - F79	F84
Levoča	3.33	3.33	6.66	15.55	0
Banská Bystrica (Sládkovičova 80)	9.09	5.53	1.78	2.77	0
Hrnčiarovce n/Parnou	11.27	2.77	1.72	0.86	0
Ružomberok	13.09	2.35	3.69	2.35	0
Trenčín	11.19	0	6.29	0	0
Nitra - Chrenová	5.58	0	12.75	5.98	0
Košice	50.97	12.74	27.42	23.27	0
Košice Šaca	3.35	1.01	1.51	1.34	0
Bratislava	23.24	0.31	2.45	0	0
Leopoldov	84.79	4.36	4.55	6.31	0
Prešov	34.05	3.75	10.19	1.07	0
Nitra	34.04	0	3.55	1.42	0
Dubnica n/Váhom	7.63	1.48	0.64	0.64	0.21
Banská Bystrica (Komenského 7)	18.13	1.17	22.81	17.54	0.58
Ilava	3.84	5.45	5.05	0.40	0.20
Sučany	70.08	6.47	5.93	9.43	0.27

Table No. 4

The above information confirms a significant number of persons with various mental disorders placed in remand and prison facilities, and therefore it is necessary to ensure their access to healthcare also when they serve a prison sentence or are held in detention. It is quite concerning that, in some facilities, nearly half or even more than half of the convicted and

accused persons suffer from one the above diagnoses, bearing in mind that these are selected psychiatric diagnoses only. In addition, there are also persons with other diagnoses placed in the individual facilities. However, the data submitted clearly indicate that these facilities recognize the seriousness and complexity of psychiatric diagnoses, as most of them employ a psychiatrist either full-time or at least on a part-time basis.

- ***Monitoring visit to the Hrnčiarovce nad Parnou Prison***

On 29 November 2024, the NPM OCPD carried out a monitoring visit in the Hrnčiarovce nad Parnou Prison. A member of the NPM ODPR participated as well.

The monitoring visit primarily focused on special treatment sections. These included: a section for convicted persons with a mental illness (one section), a section for convicted persons with adaptation difficulties (second section), and a section for convicted persons ordered by the court to undergo court-ordered treatment (third section). This prison provides court-ordered treatment for alcohol and drug addiction, as well as for pathological gambling, either for inpatients or outpatients. The main objective of the monitoring carried out in the section for court-ordered treatment was to assess the availability of therapies and activities, i.e. the scope of cooperation between the convicted person and the multidisciplinary team (educator, psychologist, therapeutic pedagogue, social worker, or other specialists).

The NPM OCPD highly acknowledges the psychological and pedagogical support provided in the court-ordered treatment section, which can serve as an example of good practice for other sections or even for all prison facilities in Slovakia. Such support is an inseparable part of both the therapeutic process and the stay in a remand or prison facility. Persons placed in remand prison or serving a prison sentence are in a vulnerable position, and therefore it is crucial to provide them with psychological support to help them handle their emotions. It is also important that meetings with a psychologist be regular and frequent, as the purpose of the imposed sentence cannot be achieved without mental wellbeing of a convicted person.

Inmates in this section sincerely appreciated and positively perceived the care, describing the psychological and pedagogical support as beneficial. The range of available therapies is both commendable and above average – inmates have access to group psychotherapy, art therapy, occupational therapy, etc.

During the monitoring, the team also visited a section with a security regime and the on-site medical facility where it focused on its 30-bed inpatient ward. On the one hand, the NPM OCPD praised the fact that a psychiatric outpatient clinic has been set up for inmates, but, on the other hand, continuous healthcare is not available at the prison. In this context, it is necessary to realise that these persons have been deprived of liberty and are entirely dependent, inter alia, on the facility where they are placed, even when it comes to the provision of healthcare. When the need arises, they cannot seek help (call the emergency medical service) or visit a doctor themselves. In acute situations, an inmate has to rely on the decision of the prison staff who must assess whether a critical situation can be handled by themselves or requires calling an emergency service. The NPM OCPD is currently unaware of any Slovak prison providing continuous healthcare, even by means of employing a general nurse. Clearly, this is a system-

level deficiency, and therefore this issue is due to be discussed with the General Directorate of the Prison and Court Guard Corps.

More detailed information concerning the monitoring visit referred to above will be summarised in a report which will be published on the OCPD's website this year (2025). The structure of this report will differ from the structure of reports from psychiatric or social care establishments. This is because the individual remand prisons and prisons are centrally managed, organised, and methodologically guided by the General Directorate of the Prison and Court Guard Corps. As a result, the monitored facilities cannot independently adopt certain measures to be proposed, as the shortcomings identified are systemic in nature and, therefore, the report will have to be consulted with the General Directorate of the Prison and Court Guard Corps. For this reason, the report will include primary recommendations aimed at suggesting the best possible solutions to achieve a system-level change in this area.

3.2 Cooperation at national and international level

3.2.1 Joint and coordination activities

On 25 October and on 7 November, the OPDR organised individual meetings with representatives of the Office of the Commissioner for Children and the Office of the Commissioner for Persons with Disabilities to present the new members of the NPM OPDR team, discuss the outstanding tasks for 2024, as well as prepare the NPM Annual Report for 2024.

Attended by the Public Defender of Rights, the Commissioner for Persons with Disabilities and the Commissioner for Children, the end-of-year coordination meeting of the NPM entities was held on 12 December 2024. At this meeting, the participants presented their findings and experience from the monitoring visits carried out in 2024. They also provided information about their plans for 2025 and raised questions related to the exercise of the NPM mandate in practice. Furthermore, the Public Defender of Rights, as the coordinating body of the NPM, presented the coordination plan for 2025 consisting of regular working meetings of the NPM entities aimed at discussing the current issues connected with the exercise of the NPM mandate, as well as of the NPM's main coordination meetings in a broader format.

In 2024, the NPM entities embarked on a closer cooperation in the form of joint visits to several facilities. The NPM OPDR and the NPM OCPD carried out a joint visit to the Medveďov detention centre for foreigners in January 2024, with a joint follow-up visit to this facility made in December 2024. In November 2024, the NPM OPDR and the NPM OCCH conducted a joint follow-up visit to the Košice remand and prison facility. The format of joint visits proved to be very beneficial; however, the NPM entities will need to agree on common procedures to be applied when processing their findings and drafting the monitoring reports from such joint visits.

3.2.2 Exchange of experience and awareness-raising

In addition to the joint activities mentioned above, the individual offices also engaged in meetings and cooperation within their respective competences.

- *Public Defender of Rights*

On 11 December 2024, the Public Defender of Rights met with the President of the Slovak Bar Association. At the meeting, findings from the NPM OPDR's summary report on PCCs and other related activities were also presented.

Subsequently, at the invitation of the General Prosecutor's Office of the Slovak Republic, the Public Defender of Rights attended, on 12 December 2024, a working meeting of prosecutors–specialists from the non-criminal section of the prosecutor's office. At their meeting, the Public Defender of Rights assessed and extended his gratitude for cooperation with the non-criminal section of the prosecutor's office in the protection of fundamental rights and freedoms during 2022 and 2023, and presented the NPM's activities. During the discussion, several joint topics were opened, and participants expressed their readiness to continue cooperation and mutual support in the protection of rights and freedoms in Slovakia.

- *Office of the Commissioner for Children*

On 19 June 2024, the Commissioner for Children organised a working meeting in Skalka nad Váhom, attended by directors and representatives of re-educational centres, representatives of the Ministry of Education, Research, Development and Youth of the Slovak Republic (hereinafter as the "Education Ministry"), the chair of the Forum for Employees of the Centres for Children and Families, the Executive Director of the Úsmev ako dar (Smile as a Gift) organisation, and the directors of regional school administration offices. The main purpose of the meeting was to provide information about NPM's activities and to set up a platform for an open discussion on key challenges in the training of pedagogical and professional staff in re-educational facilities.

The very existence of the monitoring and the publication of reports (public scrutiny) has an impact on the improvement of conditions for children in facilities. Therefore, at the invitation of the organisers, the NPM team attended the 24th annual conference Mosty (Bridges) on social and legal protection of children held in Častá-Papiernička. The main objective of the event was to present the tasks and competences of the NPM and provide information about its activities to professionals in the field of social and legal protection of children and social guardianship. The conference was attended by directors of centres for children and families, re-educational centres, representatives of the Ministry of Labour, Social Affairs and Family of the Slovak Republic (hereinafter as the "Labour Ministry"), the Central Office of Labour, Social Affairs and Family, the Education Ministry, the representatives of the General Prosecutor's Office, non-governmental organisations dealing with assistance to children, as well as experts in child psychology and child psychiatry.

On 28 November 2024, members of the NPM OCCH participated in a working meeting in Bratislava with a focus on key issues in special educational facilities. Discussions addressed the working climate, economic conditions, remuneration, professional development of staff, health and safety risks, as well as mechanisms for communicating the needs of employees through working groups. The meeting was attended by the representatives of the Education Ministry, the Labour Ministry, OPDR, OCCH, regional school administration offices, employees of re-educational and diagnostic centres, the chair of the Association of Secondary Schools,

and the representatives of the Trade Union of Education and Science Workers. As the main outcome, the problems and proposals for system-level solutions designed to improve the conditions and the quality of services in these facilities have been identified.

- *Office of the Commissioner for Persons with Disabilities*

Roundtable on the NPM mandate

On 21 May 2024, the NPM OCPD organised a roundtable on the monitoring of compliance with the rights of persons with disabilities. Through this meeting, the OCPD aimed to initiate a dialogue based on mutual respect and trust, as well as to define a general framework for cooperation in the monitoring of compliance with the rights of persons with disabilities.

The meeting was attended by representatives from the NPM of the Public Defender of Rights in the Czech Republic, the OPDR, the Office of the Commissioner for Children, the Slovak National Centre for Human Rights, the General Prosecutor's Office of the Slovak Republic, the Ministry of Health of the Slovak Republic (hereinafter as the "Health Ministry"), and the Ministry of Foreign and European Affairs of the Slovak Republic, as well as the chief expert of the Health Ministry.

In addition to the Commissioner for Persons with Disabilities, the participants were also addressed by Dr Dagmar Breznoščáková, PhD., a psychiatrist and a CPT Committee's expert in pharmacology, as well as the chairwoman of the Psychopharmacology Section of the Slovak Psychiatry Association, and by Dr Aleksandar Tomcuk, a psychiatrist and a CPT Committee member for Montenegro, as well as a former member of NPM in Montenegro, who both confirmed that good cooperation between the NPM and psychiatric facilities in carrying out the monitoring is of great importance in many respects.

During the meeting, the participants discussed the key role that NPM teams play as oversight mechanisms against torture and other cruel, inhuman or degrading treatment or punishment in terms of cooperating with international and regional bodies, in carrying out visits to places of deprivation of liberty, including follow-up reporting and recommendations for rectification, as well as awareness-raising activities. With a view to ensuring that the course of the monitoring visits be as smooth as possible, they agreed on the need to establish more detailed specifications concerning the exercise of the mandate vis-à-vis health care facilities, for example in the Health Ministry's journal. As the outcome of the meeting, a joint declaration of participants was published on the NPM OCPD's website.

Training for Bratislava's city districts on the rights of clients in the exercise of public guardianship

As a preventive measure against situations where the client's liberty is de facto restricted in a social care facility on the basis of a contract for the provision of social services signed by the guardian despite the client's dissent, the NPM OCPD organised a workshop in cooperation with the Ružinov borough on 11 December 2024 to discuss the subject of "International Legal Standards in the Exercise of Public Guardianship and their Application within the Remit of Local Government". A total of 23 participants registered for the workshop, coming from different

Bratislava city districts where they are directly involved in the exercise of public guardianship. The workshop was held in a professional atmosphere with a focus on discussion and presented contributions concerning the existing state of play in terms of guardianship, international legal standards related to human rights and the prevention of ill-treatment, as well as issues associated with direct guidance for clients within the exercise of public guardianship in a manner that their rights and will are respected to the maximum extent possible.

3.2.3 International cooperation

In March 2024, a training prepared by the OSCE Office for Democratic Institutions and Human Rights (ODIHR) on the monitoring of coercive and restrictive measures was held in Bratislava (from 25 to 26 March 2024). Focused on the monitoring of weapons and coercive means, the training was organised by the OSCE ODIHR in cooperation with the Omega Research Foundation and the University of Exeter. It was attended by the teams from the NPM OPDR, NPM OCPD, and NPM OCCH.

- *Public Defender of Rights*

Later during the year, the NPM OPDR team participated in the meetings of the European NPM Network which are regularly organised by the Council of Europe in Strasbourg. In June 2024, a workshop was held on the subject of monitoring the rights and material conditions of persons held in pre-trial detention. Subsequently, in October 2024, a joint conference on “Improvement and Safeguards of Health Conditions of Persons Deprived of Their Liberty with Substance-Use Disorders” was organised by the European NPM Forum and the Pompidou Group.

Additionally, on 2 December 2024, the NPM OPDR held a special meeting with the steering committee of the European NPM Network in order to deepen cooperation, propose the topics for future meetings of the European NPM Network, and explore the opportunities for networking and visits with other European NPMs.

From 16 to 18 October 2024, the Public Defender of Rights organised a three-day V4 Ombudsmen Summit in Smolenice to discuss the existing state of play in human rights and the topical issues in terms of strengthening the protection of human rights in the V4 countries. The final day of the summit was dedicated to discussing the current issues and NPM’s activities in the V4 countries[44], including the monitoring of detention facilities for foreigners and the situation in terms of prison population in individual countries.

[44] Press release of 16 October 2024: https://vop.gov.sk/wp-content/uploads/2024/10/Tlacova-sprava-VOP-16.-10.-2024.pdf.

4 Priorities for 2024

4.1 Public Defender of Rights

Many findings are pointing to system-level problems in the conditions and treatment of persons deprived of liberty. Therefore, in 2025, the NPM OPDR plans to continue conducting systematic visits to facilities falling under the remit of the Public Defender of Rights. To inspect the implementation of the recommendations proposed, the NPM OPDR also plans to carry out follow-up visits to places where NPM monitoring has already been conducted in the past. As regards the thematic focus, the NPM OPDR will pay special attention to remand prisons while continuing to monitor PCCs.

As the coordinating body, the NPM OPDR plans to regularly organise working meetings of NPM teams in 2025 to deepen mutual cooperation, align and standardise working procedures, and facilitate the exchange of practical experience. Joint visits with other NPM entities are also slated to continue, as this collaboration proved beneficial in 2024, while at the same time promoting the concept of a multidisciplinary approach in the exercise of the NPM mandate.

In addition to the key activities referred to above, the NPM OPDR plans to participate in the training and meetings with partner institutions in order to deepen the knowledge in the prevention of ill-treatment as much as possible. In cooperation with the Council of Europe, the NPM OPDR will facilitate the exchange of experience and knowledge with other European NPMs. Special attention will also be given to raising awareness of human rights protection, with an emphasis on the prevention of ill-treatment among responsible actors.

4.2 Commissioner for Children

Within the NPM framework, the Commissioner for Children intends to use training, lectures, and the professional exchange of information as one of the key means of preventing ill-treatment. In 2024, in line with its mandate, the NPM OCCH began work on developing a training system for entities involved in the care of children placed in facilities where they are deprived of their liberty, or where they are staying due to their dependency on care. The aim of this initiative is to strengthen the professional capacities of staff and support the implementation of good practices in child care provided within such facilities on an everyday basis.

In 2025, the NPM OCCH plans to continue this activity, focusing on strengthening the training system, with a particular focus on discussing emotional bonds. As part of this initiative, expert roundtables with the representatives of relevant professional groups including psychologists, pedagogues, social workers, and other child care experts will be organised. Long-term priorities of the NPM OCCH also include developing quality standards for relationships between children and staff in individual facilities, as well as raising awareness in this regard to prevent ill-treatment of children. The NPM OCCH will continue working on this system also in 2025.

- *Special priorities*

In 2025, the NPM OCCH team will continue conducting systematic monitoring visits. The primary goal of the NPM is not to address individual failures but to carry out a deeper analysis of system-level factors and the root causes of violations of the rights of children. Ill-treatment of children may occur not only due to external conditions but also the personality attributes and professional attitude of staff working with children.

In this context, the Commissioner for Children will focus, in 2025, on the need for building relationships and secure emotional bonds, especially in early childhood and primarily during the first three years of life. At the same time, however, the Commissioner for Children stresses the fundamental principle of the UN Convention on the Rights of the Child, according to which every child should grow up in an atmosphere of happiness, love and understanding. For this reason, it is essential that setting the conditions for ensuring a safe and stimulating environment both in substitute care, as well as when working with the primary family, should be actively supported.

4.3 Commissioner for Persons with Disabilities

The NPM OCPD will continue to focus on the monitoring of psychiatric and social care facilities. In monitoring the social care facilities, priority will be given to specialised institutions due to the specific composition of clients and complexity of care. As regards psychiatric facilities, the NPM OCPD will focus on monitoring the psychiatric facilities for children and for adults in 2025. The implementation of measures imposed in selected facilities will be inspected as well.

Regarding the remand and prison facilities, the NPM OCPD has learnt that neither the individual facilities nor the General Directorate of the Prison and Court Guard Corps have a definition of people with disabilities, which has repeatedly been a cause of misunderstandings in their communications with the OCPD. In some remand and prison facilities, only people with a physical disability would fall under the definition of persons with disabilities, whereas in other facilities, this definition covered only persons receiving invalidity pension under Act No. 461/2003 Coll. on social insurance, as amended. This definition is problematic, because persons with a disability may not necessarily become entitled to invalidity pension if they not do not meet the required number of years worked. While inconsistent practice is understandable given the absence of a unified nation-wide definition, it would be advisable to adopt, in order to protect the rights of the persons concerned, a unified definition at least within the prison system of the Slovak Republic so that vulnerable persons could be correctly identified as falling under this category, thus making it possible to adapt the conditions of imprisonment (or detention) to their needs.

Based on the collected statistical data, reviews of individual motions, and experience gained from visiting these facilities in the past, as well as based on the visits planned (in 2025) also in cooperation with the NPM OPDR, the NPM OCPD plans to convene a working meeting which will be attended by the General Directorate of the Prison and Court Guard Corps, prosecutors of the General Prosecutor's Office of the Slovak Republic, the Ministry of Justice of the Slovak Republic, the Health Ministry, and other relevant experts to discuss changes in the system for detention and imprisonment of persons with disabilities.