



REPUBLIC OF CROATIA
Ombudsman

REPORT ON THE PERFORMANCE OF THE ACTIVITIES OF THE NATIONAL PREVENTIVE MECHANISM FOR 2024

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1. INTRODUCTION

The 2024 report on the work of the National Preventive Mechanism for the Prevention of Torture and Other Cruel, Inhuman or Degrading Treatment or Punishment (NPM) includes an assessment of the situation and the recommendations based on unannounced visits to 17 locations where persons deprived of their liberty are or may be placed. During 2024, we visited two police stations, one detention unit, three centres for foreigners, one centre for registration of applicants for international protection, one border police station, three prison institutions, two psychiatric departments of general hospitals, one psychiatric hospital and three older persons' homes. In addition to the established situation and 26 recommendations aimed at protecting persons deprived of their liberty or persons whose freedom of movement is restricted, at the end of the report we also present the international activities and cooperation of the National Preventive Mechanism.

During the visits to the police stations, accommodation conditions, transport vehicles and official records were inspected. As in previous years, most of the recommendations are related to accommodation conditions, which are still not fully aligned with the national and the international standards. In relation to procedural rights during arrest, it was found that the interpreter's signature was missing from the official records relating to foreign citizens, and that the cases files did not contain the prescribed forms in the language spoken or understood by the person deprived of liberty.

Due to the increased number of applicants for international protection in the area of the Karlovac Police Department, a Center for the Registration of Applicants was opened. We visited it in 2024 and found that there was no record of the treatment of detained persons, as well as the time of arrival and release of persons from the Center. At the same time, the material conditions for the accommodation of persons were not adequate, and detention in such conditions, especially if it concerns children and other vulnerable groups, may constitute a violation of Art. 3 of the ECHR.

Bearing in mind the need to ensure the preconditions for the persons placed in reception centers for foreigners to be able to access to all of the guaranteed rights, which includes information about their rights in a language they can understand, anonymous surveys were conducted during the visits, which indicated that in all three centers there is a problem in identifying vulnerable persons and providing basic information about their rights to them. Furthermore, only one civil society organization has access to reception centers for foreigners, even though Directive 2008/115/EC guarantees the possibility of visiting the centers for domestic and international non-governmental organizations.

In relation to the visit to the border police station, it is necessary to emphasize a positive change regarding the provision of access to the Ministry of Interior Information System, which was not the case in the previous years. The accommodation conditions in the premises for irregular migrants and applicants for international protection at that border police station were not satisfactory.

The multiannual trend of increase in the prison population was even more present during 2024, and the situation was particularly alarming in closed wards. Although the planned construction of new penal institutions is necessary, increasing accommodation capacities without comprehensive measures that, among other things, should include changes to the legislation, crime prevention measures and activities, including better reintegration of prisoners into society after serving their sentences, will not solve the existing overcrowding of the prison system on its own. The situation is further aggravated by the insufficient number of officers. The quality of health care in the prison system and its availability remain a major problem. The reason for this is the still unregulated provision of health care in the prison system

in accordance with the Health Care Act. Normative shortcomings that make this impossible and that we have been pointing out for years have not been eliminated in 2024.

The visits to the institutions of the prison system were focused on the respect for the rights of persons deprived of liberty in the area of accommodation conditions, insight into the performance of the work of the prisoner health care department, the performance of the work of the treatment department, and on the maintenance of order and security.

During the visits to psychiatric institutions, as in previous years, we determined that patients are not sufficiently familiar with their rights or with the informed consent to treatment, which they can withdraw during their stay in the hospital. There is no practice of keeping an individual treatment plan, and the records of the application of coercive measures are still not being completed in full. Most of the rooms in the psychiatric departments and institutions that we visited meet the spatial conditions that create a positive therapeutic environment; however, there are still rooms that do not meet the standards in terms of the number of beds and patient privacy. Due to the lack of support from social institutions, forensic patients sometimes remain in hospitals even though the conditions for outpatient treatment are met.

During visits to the homes for the elderly, a lack of staff was observed, which we also pointed out as one of the biggest problems in last year's report. During a control visit to one home, it was determined that a physiotherapist had been hired based on the recommendation of the Ombudswoman. Physiotherapists in this home come three times a week and take persons with dementia and immobile persons for a walk, which is an example of good practice. Accommodation conditions in inpatient wards are still not in line with the domestic and the international standards.

The UN Subcommittee on Prevention of Torture and Other Cruel, Inhuman or Degrading Treatment or Punishment (SPT) submitted a report on its regular visit to the Republic of Croatia in 2024. In addition to recommendations to the competent authorities regarding the treatment of persons deprived of their liberty, the document also contains recommendations for the strengthening of the capacities of the National Preventive Mechanism and its greater visibility.

During 2024, we participated in several international events and activities, including meetings of the South East Europe Network of NPMs (JEE NPM Network), the Independent Police Complaints Authority Network (IPCAN), the Council of Europe, and cooperated with the Association for the Prevention of Torture (APT). Regarding migration, we participated in meetings of the FRA, the FRONTEX Fundamental Rights Office, as well as meetings with representatives of the Council of Europe Group of Experts on Action against Trafficking in Human Beings (GRETA) as part of their fourth evaluation visit. As part of a bilateral study exchange, we were visited by colleagues from the Slovenian NPM, who we introduced to the methodology of visiting psychiatric institutions and organized a joint visit to two institutions.

2. Police system

Based on the ombudsman's mandate and the mandate of the national institution for the protection of human rights, per the powers from the Ombudsman Act, the Ombudswoman acts on complaints about police conduct and in cases initiated on her initiative. Based on the mandate of the National Preventive Mechanism (NPM), in accordance with the powers from the Act on the National Preventive Mechanism for the Prevention of Torture and Other Cruel, Inhuman or Degrading Treatment or Punishment, it preventively visits places where there are persons whose freedom of movement is restricted, i.e. police stations and detention units. The work by objects is shown in the first part, and in the second, the insight gained through preventive visits.

2.1. Protection of citizens' rights in police proceedings

The complaints received related, among other things, to the conduct of police officers in determining misdemeanours, for example, in interventions in disturbing public order and peace and in determining the circumstances of traffic accidents. Citizens often complain about omissions in conducting eyewitnesses and failure to conduct informative interviews with all participants in the event. They also point out the bias of police officers during interventions and the inability to take all measures and actions to establish the facts, which results in the filing of an indictment against all participants in the event.

Citizens also point to unprofessional and impolite communication of police officers when filing reports and during interventions, as well as inadequate conduct of police officers when reporting harassment, often stating that police officers relativise the report and that there is then no appropriate reaction and treatment.

In 2024, the problem of identifying police officers suspected of unprofessional/illegal conduct has recurred, which we also pointed out in the 2022 Report, when we recommended that an effective way of identifying police officers during police treatment be introduced. A video was published in the media, from which it is evident that police officers approached the vehicle that was the subject of a police chase and flew off the road, pulled the driver out and knocked him to the ground, after which several police officers kicked the driver, which continued even after the driver was fixed on the ground. It follows from the statement of the Police Directorate that they cannot establish the identity of police officers and that they will use the video for educational purposes to point out the unprofessional behaviour of officers.

About the recommendation from the Report for 2022, the Opinion of the Government of the Republic of Croatia states that Art. 17 degrees 2 of the Law on Police Affairs and Powers prescribes that every police officer in uniform is obliged to present himself by showing a badge and an official ID card at the request of the person to whom he or she will apply the authority, while in para. 3 stipulates that a police officer shall not present himself if the circumstances of the application of police authority indicate that this could jeopardise the achievement of their objective. It was also pointed out that the Ministry of the Interior is implementing a pilot project, e-Kiosk, the completion of which will facilitate the identification of police officers in the application of police powers.

In doing so, in essence, in the Report, we did not point out the obligation of a police officer to present himself or herself to the person about whom he or she exercises police powers. However, there is a need to identify a police officer suspected of having acted unprofessionally or illegally after the application of police powers by the authorities to determine possible liability, given that there are disputable cases when police officers remain unidentified, like the above.

Therefore, we reiterate the importance of identifying police officers who may be acting illegally. Following the standards of the European Committee for the Prevention of Torture and Inhuman or

Recommendation

Ministry of the Interior and the Police Directorate, to introduce an effective way of identifying police officers who are suspected of unprofessional or illegal conduct

Degrading Treatment or Punishment (CPT), the erosion of trust in police treatment can be based on impunity, i.e. the inability to identify police officers for disciplinary and criminal liability, which tacitly sends a message that such actions can be tolerated in the future. The CPT emphasises that any prohibition of torture and other forms of ill-treatment loses its persuasiveness if the officials who committed

such acts are not held accountable for their actions. Therefore, we reiterate the need to introduce an efficient way of identifying police officers in case of suspicion of unprofessional or illegal conduct to determine possible liability.

In this sense, the announcement of the project that plans the procurement and use of the so-called body cameras, as one of the possible solutions to the problem of identification of police officers, which also allows for a subsequent insight into the procedure itself, is positive. Their application can reduce the risk of violating citizens' rights and facilitate proceedings against officers who act unprofessionally, but also protect police officers in case of unfounded complaints about their work, as well as reduce the risk of attacks on police officers.

The implementation of the pilot project "E-police" in 2015 also included the wearing of cameras on the uniforms of police officers, precisely for better supervision of the treatment of citizens, but also the possibility of protecting officers from unfounded complaints. The experience from the project shows the necessity of a higher level of technical preparation and education before implementing a new project, so that police officers are trained in the proper use of cameras and are aware of their use. Otherwise, there is a risk that the result of the new project will not fulfil its purpose. In this regard, we would like to point out that in the cases in which we requested the submission of a recording of the proceedings at the time of the implementation of the project in 2015, we did not receive them, with the explanation that the proceedings were not recorded. Therefore, it is necessary to ensure that the use of so-called body cameras is mandatory in all police proceedings, to eliminate suspicion of their selective use and affect citizens' trust in the correctness of police procedures. It is also important to determine the appropriate period of retention of video recordings, especially concerning interventions for which complaints have been received, and consider the duration of the complaint procedure determined by the Police Act and other possible procedures.

Citizens continue to complain to us that when they try to file a criminal complaint with the police, they are discouraged by being told that these are not criminal offences that are prosecuted ex officio or criminal offences in general. The CPC stipulates that a criminal complaint filed with the police will be received and immediately delivered to the State Attorney. The qualification of a criminal offence

prosecuted ex officio and whether it is a criminal offence is within the competence of the State Attorney's Office. From the complaints received, it can be established that the police carry out a kind of "preliminary procedure" to assess whether it is a criminal offense for which they are prosecuted ex officio, which in the event of an incorrect assessment can lead to inadequate prosecution of the perpetrator and violation of the rights of victims. However, it follows from the provisions of the CPC that the assessment of whether the reported act is a criminal offence that is prosecuted ex officio belongs to the State Attorney, who, when this is not the case, issues a decision on the dismissal of the criminal complaint based on Art. 206 par. 1. point 1 of the ZKP. Therefore, we still consider it necessary for the police to consult with the State Attorney beforehand and record the same before assessing whether it is a criminal offence that is prosecuted ex officio and about the justification of the criminal complaint.

We also acted in the case of the arrest of activists of a civic initiative in Pula and the detention of several of them in a room intended for the accommodation of one person and in which the use of the sanitary facilities is not obscured from the view of other persons, which resulted in the violation of their privacy. Earlier, the police issued a statement stating that the premises were in line with the standards and that a 2018 report by the NPM confirmed this. This is true, but it is not clarified that the premises meet the standards when used to accommodate one person. We warned that such conduct is a violation of CPT standards.

Commission for the Work of Complaints

Citizens often state that they were unaware that, after receiving a response to a complaint regarding police treatment with which they are not satisfied, they have the right to file a complaint with the Internal Control Service, and then with the Commission for Work on Complaints.

The Police Act does not prescribe the obligation to inform the party about the possibility of further complaint, so citizens remain convinced that the procedure has been completed. This can also be brought into the context of the number of complaints received annually by the Commission for Work on Complaints (approx. 25), which is almost six times less than the number of complaints received by the Internal Control Service (approx. 150), and their number is ten times lower than the number of complaints received annually by police departments (approx. 1,500). In addition to the lack of information of citizens about the complaint procedure, a possible reason for the small number of cases that arrive at the Commission may also be the assessment of the Internal Control Service on non-compliance with the formal requirements, which is why they are not forwarded to the Commission, or due to the assessment that the complaint does not meet the requirements of the Police Act, which is why the Law on the State Administration System is applied.

An example is the case of a foreign citizen who complained to the Ministry of the Interior that the border police often stop him unjustifiably when crossing the state border. After the Directorate and the Internal Control Service responded to him, he requested that the case be referred to the Commission for consideration. The Internal Control Service rejected this, considering that the complaint was acted based on the Law on the System of State Administration, and not the Law on the Police, and the assessment that the submissions did not contain information on the place and time of application of police powers that violated the rights or freedoms of the complainant and his signature. Such an assessment did not consider that it is evident from one of the letters that the complaint under Art. 5a

of the Police Act was sent to the head of the organisational unit of the Ministry of the Interior for consideration, which indicates that, although it may have contained formal deficiencies, this did not constitute an obstacle to the conduct of the procedure under the Police Act at that time (even without inviting the complainant to correct the formal deficiencies within a certain period). The reference to a possible formal defect became topical only when the case was to be forwarded to the Commission.

According to the Judgment of the Administrative Court in Zagreb Uszp-4/19-5 of December 2, 2021, under the General Administrative Procedure Act, the Ministry of the Interior is obliged to ensure that the ignorance or ignorance of the party and other persons participating in the procedure are not to the detriment of the rights to which they are entitled by law. Therefore, the complainants should be warned of the deficiency by a conclusion and given a deadline within which they are obliged to remedy it, with a warning of the legal consequences if they fail to do so, and not deny the right to further action for formal reasons, i.e. for legal protection under the Police Act.

2.2. Performing the tasks of the NPM

In accordance with the authority, to prevent torture and other cruel, inhuman or degrading treatment or punishment, in 2024, the NPM visited police stations in Zadar and Biograd and the detention unit in the Zadar Police Department unannounced. Cooperation with police officers during visits was satisfactory, there were no restrictions on implementing the mandate, and the NPM could inspect the data and records kept in written or electronic form without restrictions.

During the tours, the conditions of accommodation and transport vehicles were inspected, and official records were inspected. As in previous years, most of the recommendations are related to accommodation conditions, which are still not fully aligned with the Standards of Premises for Deprived Persons of Freedom of Movement of the Ministry of the Interior (Standards) and the applicable standards of the European Committee for the Prevention of Torture and Inhuman or Degrading Treatment or Punishment (CPT Standards). After the tours, eight recommendations and one warning were sent.

Accommodation conditions

During the tours, it was found that the police stations have sufficiently spacious rooms to accommodate the OLS, with daylight and artificial light, ventilation and heating provided. However, there are still rooms without sanitary facilities and directly accessible drinking water, so OLS depends on police officers, which is contrary to the Standards.

The walls and floors of some rooms need repair, because there are tiles on part of the floor and on part of the wall, i.e. material that can be broken, which is contrary to the Standards. Since large investments are not required to eliminate the identified shortcomings, it is unclear why measures have not already been taken to align the accommodation conditions with the prescribed standards.

For several years, we have also been pointing out the need to introduce video surveillance or its upgrade in all rooms and spaces where OLS move or in which OLS are located (except for the toilet), but the corridors and rooms in which OLS move are still not fully covered by video surveillance. This would be an additional measure of protection against their possible abuse, as well as the protection of police

officers from unfounded allegations of physical or psychological abuse or inhumane treatment. Therefore, introducing or upgrading video surveillance is a priority to address.

The detention unit in the Zadar Police Department does not have a promenade for the OLS to stay in the fresh air, which is contrary to the Standards which state that persons who are in police custody for 24 hours or longer should be provided with a day care and recreation in the fresh air, to the extent possible.

The detention unit does not have a room for the reception of the arrestee, so it is carried out in the room of the detention supervisor. Furthermore, the room for communication with the lawyer also serves as a room for the examination and medical examination of the arrestee. All of the above contradicts the Standards, which provide for a separate search room.

Rights of persons deprived of liberty

During the visits, we continue to notice that the OLS, although, they have the option of using the temporary BPP in accordance with the CPC, rarely call a lawyer, i.e. that most of them waive the right to a defense attorney, which is surprising because access to procedural guarantees in the first hours of police deprivation of liberty ensures a fair trial under Art. 6 of the ECHR, and at the same time it is an effective way of preventing possible violence. Therefore, further efforts should be made to inform the OLS about the importance of using BPP.

Medical assistance is provided upon request or when a person has visible injuries. It was established that police stations and the detention unit cooperate well with the Emergency Medical Service, which comes on call, or police officers take the person for examination.

Although police stations have a list of authorised interpreters and defence attorneys, it still happens that in cases of OLS of foreign nationals, the prescribed forms lack the signatures of the interpreters. In addition, the cases do not contain the prescribed forms in a language spoken or known by the OLS (Arrest Report, Letter of Rights) nor specify which language was used. Although it is explained that in the cases in question the police officer probably communicated in a language spoken by the OLS, we point out that the absence (of the signature) of the interpreter and the lack of forms in languages that the OLS understand, may raise doubts as to whether translation was provided during the arrest.

Recommendation

Ministry of the Interior and the Police Directorate, to establish video surveillance in all police premises and areas, except for the sanitary facilities, where persons deprived of liberty are located and move

Recommendation

Ministry of the Interior and the Police Directorate, to ensure the conditions of accommodation in police premises for persons deprived of liberty, following the Standards of Premises in which persons deprived of freedom of movement reside.

Recommendation

Ministry of the Interior and the Police Directorate, that in the event of deprivation of liberty of a foreign national, a document shall be submitted to the case file showing that he or she has been provided with a translation into a language he or she understands.

Recommendation

The Ministry of the Interior and the Police Directorate must equip vehicles for transporting detained or arrested persons with appropriate security equipment.

Most police stations have transport vehicles in working order. However, it is still observed that the vehicles in the part intended for OLS are not equipped with handrails and seat belts, which would reduce the risk of injury during transport to a minimum, which would be in line with CPT standards.

3. Asylum seekers and irregular migrants

The Ombudswoman protects the rights of applicants for international protection and irregular migrants through several mandates. Based on the Ombudsman's mandate and that of the national institution for the protection of human rights, per the powers prescribed by the Ombudsman Act, it also acts on complaints in cases that we have initiated on our own initiative. Based on the mandate from the Law on the National Preventive Mechanism for the Prevention of Torture and Other Cruel, Inhuman or Degrading Treatment or Punishment, it preventively visits places where there are applicants for international protection and irregular migrants whose freedom of movement is restricted. The work by objects is shown in the first part, and in the second part, the insight gained through preventive visits is shown.

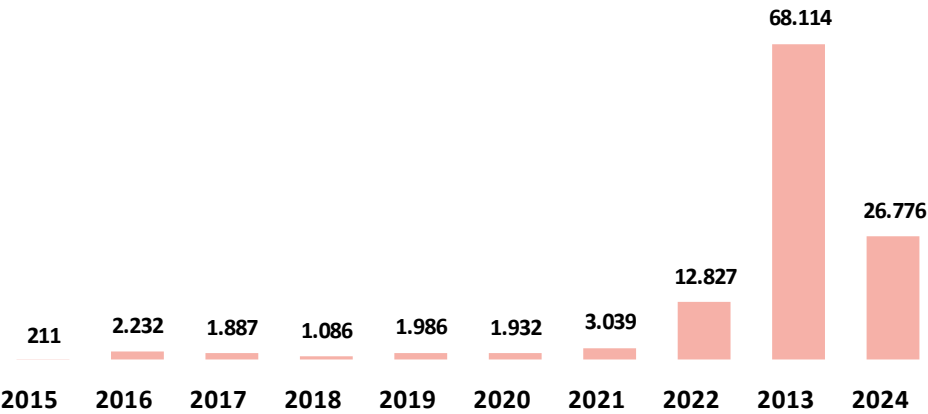
3.1. Protecting the rights of applicants for international protection and irregular migrants

Migration movements in the Republic of Croatia

According to data from the Ministry of the Interior, in 2024, 29,294 irregular migrants were registered in the Republic of Croatia. Of these, 5,950 people received a decision with a deadline for voluntary return, and 2,457 left the country. This means that 41.3 % of people who received voluntary return decisions left the country, which is more than in previous years (19.6 % in 2023; in 2022, 1.92 %; and in 2021, 5.63 %). Decisions on expulsion in which forced removal was ordered were received by 6,015 people.

In 2024, significantly fewer people expressed their intention to seek international protection, 60 % less than in 2023, which saw the largest increase in the number of people expressing their intention since the adoption of the first Asylum Act in 2004. In 2024, 26,776 intentions were expressed, and 1,419 applications for international protection were submitted. Eighty international protections (71 asylum and 9 subsidiary protection) have been granted. On the other hand, the procedure for 15,338 applications for international protection (regardless of the year of application) was suspended, which is in line with the trend in the past few years. Two hundred seventy-nine applicants' applications were rejected because the international protection conditions were unmet.

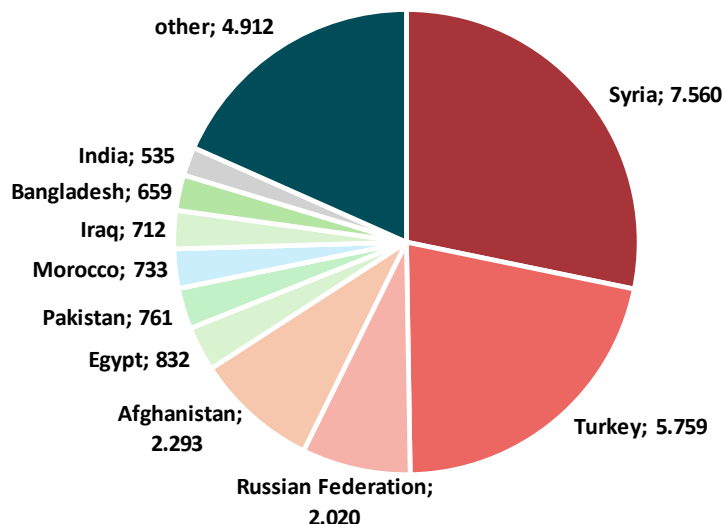
INTERNATIONAL PROTECTION SEEKERS



In most cases, intentions were expressed on the territory of the Republic of Croatia, and 3,362 were expressed during border control at the border crossing.

Most persons who intend to seek international protection in the Republic of Croatia are citizens of Syria, Turkey, the Russian Federation and Afghanistan, among whom there are 19,907 men and 6,869 women. Also, out of the total number of applicants, 4,706 are children under 13 and 2,731 are children between 14 and 17.

INTERNATIONAL PROTECTION SEEKERS STRUCTURE PER CITIZENSHIP



Despite the decrease in applicants in 2024, ensuring adequate reception capacities and material reception conditions is necessary. In addition, to ensure all reception and subsequent procedural safeguards in accordance with EU and national rules, and to identify vulnerabilities in the context of an increase in the number of applicants, an adequate number of reception officers should be recruited, as well as those dealing with international protection procedures.

In the 2023 Report, we recommended that CSOs be allowed to enter shelter facilities, which was temporarily limited by the introduction of measures during the epidemic. Although the Ministry of the Interior stated that (some) organisations are provided with access, in accordance with the needs of the applicants and appropriate spatial conditions, while others can carry out activities in their premises, interested CSOs indicate that, given the needs of the applicants who turn to them, they could more easily provide them with assistance and support in the reception facilities themselves, especially free legal aid.

In the 2023 Report, we recommended that the Ministry of the Interior increase the number of accommodation units for applicants for international protection, which should be done in cooperation with local communities, to find locations to construct new reception facilities or repurpose existing facilities. While we understand that this is a demanding process that takes a long time, it is necessary to continue making efforts that will lead to the expansion of accommodation capacities.

Recommendation

Ministry of the Interior, to enable a wider circle of civil society organisations to work in reception centres for applicants for international protection

This year, we have also recorded a decrease in the number of complaints about "push-back", i.e. the practice of refusing entry and removal of persons who have irregularly crossed the border without an individualised assessment of the need for protection. CSOs continue to report testimonies of people

about "push-back", and since such actions can lead to human rights violations, all allegations of these violations need to be effectively investigated.

Investigations

During 2024, we conducted several investigations on the conditions of accommodation and the exercise of rights in reception centres for applicants for international protection, access to the international protection system during deprivation of liberty in reception centres for foreigners, the length of detention of applicants, the reasons for deprivation of liberty and access to rights.

Thus, for example, we continued with the investigation initiated in 2023 regarding the complaint of the applicant for international protection, V.A., about the inadequate conditions of stay in the Reception Centre for Applicants for International Protection in Zagreb, after which we visited the reception centres in June and October of the same year. We have identified insufficient reception capacities, resulting in difficult stay conditions. Applicants were exposed to hygiene, health and other risks, especially infectious diseases due to frequent itching and bed bugs, which we wrote about in more detail in the 2023 report. In addition to sending complaints to the Ministry of the Interior and the Ombudsman, the complainant published recordings of the conditions on his YouTube channel, which was also reported by some media in the Republic of Croatia. Although the decision of the Ministry of the Interior determined that the legal conditions for granting asylum were met, his request was rejected, and one of the reasons for the refusal was the recording and public publication of recordings from the Reception Centre, which violated privacy and the right to personal data protection. The explanation also states that in public announcements, he made unfounded claims about insufficient nutrition and health care for applicants in the Republic of Croatia, which did not show a sufficient level of respect for institutions and undermined the international reputation of the Republic of Croatia. We also write about the case of this complainant in the chapter on human rights defenders. The proceedings before the Administrative Court in Zagreb regarding the lawsuit against the decision of the Ministry of the Interior rejecting the applicant's application for international protection were ongoing at the time of the preparation of this Report.

Although in 2024 the reception capacities were not as burdened as the year before due to the smaller number of applicants, complaints about accommodation conditions continued to arrive. One applicant complained that after thoroughly cleaning and painting the walls of his room in the Shelter, for reasons unknown to him, he was moved to another room, which had parasites on the bed. Another complained that as a citizen of Ukraine, he was accommodated with citizens of the Russian Federation. Procedures initiated on complaints have resulted in solving problems in individual cases. However, systematic attention should be paid to the problems of exposure to hygiene, health and safety risks, gender and age characteristics of applicants, their vulnerability, as well as measures that could affect the prevention of assaults, gender-based violence and harassment.

Migrants and their lawyers complained that they were denied access to the international protection system in reception centres for foreigners. Thus, the migrant placed in a reception centre for foreigners stated that he feared returning to his country of origin due to a possible violation of human rights, for which he asked for asylum at the reception centre, but police officers, as he stated, ignored him. Another migrant stated that he expressed his intention to apply for international protection to the police officers of the reception centre, but they did not register it, but hit him and, fearing further

injuries, he signed a document waiving his application for international protection. Both migrants could only apply for asylum after turning to a lawyer and/or the Ombudsman.

Recommendation

Ministry of the Interior, following the Ombudsman Act, is to submit all data, acts, and other documentation related to the submitted complaint to the Ombudsman.

Recommendation

Judicial Academy shall conduct training of judges of administrative courts on the prerequisites and duration of deprivation of liberty of applicants for international protection.

Recommendation

Ministry of the Interior, to conduct training of police officers on the prerequisites and duration of deprivation of liberty of applicants for international protection

We have also investigated an applicant for international protection placed in a reception centre for more than eight months, although Art. 54 par. 9 of the ZMPZ provides for a maximum restriction of freedom of movement of three months, with the exceptional possibility of further extension of a maximum of three months. Upon the expiration of the maximum period, instead of being released from the reception centre for foreigners, he was deprived of liberty under the Law on Foreigners (ZOS), because in the meantime, his application for international protection was denied. The High Administrative Court of the Republic of Croatia annulled the decision on deprivation of liberty, stating that the ZMPZ does not apply to him, but, given that he is an applicant for international protection until the decision on the

application is enforceable, the ZMPZ applies, based on which he was previously deprived of liberty for the maximum duration. At the same time, the Ministry of the Interior, when explicitly asked to provide us with all decisions on the deprivation of liberty of that applicant, did not provide us with the verdict of the High Administrative Court of the Republic of Croatia, which determined that the last measure of deprivation of liberty was illegal, although more than six months have passed since the verdict was issued. It should be noted that the High Administrative Court had issued a verdict with this legal understanding a year earlier. Therefore, it is necessary to educate police officers and judges of administrative courts about the prerequisites and duration of deprivation of liberty of applicants for international protection, following the practice of the High Administrative Court.

Reform of the Common Asylum System

Given the importance of a common European response to the issue of migration for the Republic of Croatia as an EU member, it should be noted that in 2024, the reform of migration and asylum policies at the EU level was finally implemented with the adoption of the Pact on Migration and Asylum (Pact). The Pact establishes a legal framework whose primary objective is to respond to the EU's long-standing challenges in migration and asylum by strengthening trust, equalising treatment and cooperating between Member States.

It is clear that EU countries start from different starting points and face different challenges. At the same time, it is unquestionable that the countries on the external borders of the EU, including the Republic of Croatia, have an extremely complex task of managing migration, as those where irregular migrants

first enter. By December 2024, all Member States had to provide an overview of the national context and existing capacities in their National Implementation Plans of the Pact and submit them to the EC. Given the extent of the changes that the Pact requires, and the challenges related to geographical circumstances, by mid-2026, when the Pact will begin to be applied, the Republic of Croatia will need to strengthen the system with additional manpower significantly, find the necessary infrastructure and operational solutions, and involve numerous stakeholders in the implementation. Given that applying the Pact as part of EU law in the coming period is a legal obligation, and it will be necessary to change the legislative framework, we consider it useful to point out the key changes it brings.

The Pact contains 10 regulations (nine Regulations and one Directive: *Regulation (EU) 2024/1351 of the European Parliament and of the Council of 14 May 2024 on the management of asylum and migration, amending Regulations (EU) 2021/1147 and (EU) 2021/1060 and repealing Regulation (EU) No 604/2013; Regulation (EU) 2024/1348 of the European Parliament and of the Council of 14 May 2024 establishing a common procedure for international protection in the Union and repealing Directive 2013/32/EU; Regulation (EU) 2024/1349 of the European Parliament and of the Council of 14 May 2024 laying down a return procedure at the border and amending Regulation (EU) 2021/1148; Regulation (EU) 2024/1359 of the European Parliament and of the Council of 14 May 2024 on crisis and force majeure situations in the field of migration and asylum and amending Regulation (EU) 2021/1147; Regulation (EU) 2024/1356 of the European Parliament and of the Council of 14 May 2024 introducing screening of third-country nationals at the external borders and amending Regulations (EC) No 1356/2024 of the European Parliament and of the Council of 14 May 2024 introducing screening checks on third-country nationals at the external borders and amending Regulations (EC) No 1356/2024 of the European Parliament and of the Council of 14 May 2024 introducing screening of third-country nationals at the external borders and amending Regulations (EC) No 1356/2024 of the European Parliament and of the Council 767/2008, (EU) 2017/2226, (EU) 2018/1240 and (EU) 2019/817; Regulation (EU) 2024/1352 of the European Parliament and of the Council of 14 May 2024 amending Regulations (EU) 2019/816 and (EU) 2019/818 as regards the introduction of screening checks on third-country nationals at the external borders; Regulation (EU) 2024/1358 of the European Parliament and of the Council of 14 May 2024 establishing Eurodac; Regulation (EU) 2024/1347 of the European Parliament and of the Council of 14 May 2024 on standards for the qualification of third-country nationals or stateless persons as beneficiaries of international protection, for a uniform status for refugees or for persons eligible for subsidiary protection, and for the content of the protection granted, amending Council Directive 2003/109/EC and repealing Directive 2011/95/EU of the European Parliament and of the Council; Directive (EU) 2024/1346 of the European Parliament and of the Council of 14 May 2024 laying down standards for the reception of applicants for international protection (recast); Regulation (EU) 2024/1350 of the European Parliament and of the Council of 14 December 2024 May 2024 establishing a Union framework for resettlement and humanitarian admission and amending Regulation (EU) 2021/1147*)tag. They regulate all stages of asylum and migration management, from the screening of irregular migrants upon entry into the EU, the collection of biometric data, the procedures for submitting and processing asylum applications, the rules on determining which Member State is responsible for dealing with asylum applications and cooperation and solidarity between Member States, to the rules of procedure for dealing with crisis and force majeure situations.

The treatment of irregular migrants upon entry into the EU will be significantly changed. The newspaper was introduced by the so-called Namely, all migrants who have crossed the border irregularly and those who have expressed their intention to apply for international protection during border controls will be

registered and subjected to the so-called screening checks. These include verification of identity, security aspects, health status, vulnerability of individuals and registration of biometric data.

Depending on the due diligence results, migrants will be directed to the appropriate procedures. The procedure for those who apply for asylum can be carried out at the border or within the country's territory. The border procedure will be applied to migrants who have expressed their intention to apply for international protection (intention) at a border crossing point at the external border or transit area; those arrested for irregular border crossings; landed in the territory of a Member State following a search and rescue; or transferred from another country. The border procedure is mandatory for those who threaten national security, have misled the competent authorities, or come from third countries with an international protection approval rate of less than 20 %. These provisions allow large numbers of migrants to be subjected to border procedures, while exceptions are limited. Those whose applications are rejected in the border procedure will be returned to the border procedure. For migrants whose asylum applications will still be processed within the territory, a wide use of fast-track procedures is envisaged. If migrants do not apply for asylum during the screening, they are generally referred to regular return procedures.

The pact also changes the rules for determining the member states responsible for applications for international protection. If applicants fail to fulfil their obligations, they retain all their rights to material and other reception conditions only in the Member State where they must be present.

For countries on the external border, such as the Republic of Croatia, the issue of solidarity is particularly important, with the Pact introducing a permanent and mandatory solidarity mechanism between member states, replacing the previous *ad hoc* solutions. According to the adopted provisions, states can choose between relocating applicants for international protection to their territory, making financial contributions or implementing alternative solidarity measures. Member States facing a "serious migratory situation" may request a reduction in solidarity contributions. In crisis and force majeure situations, derogations from certain rules provided for in the asylum acquis and greater solidarity between Member States are foreseen.

In short, to reconcile the different and sometimes conflicting demands of the Member States, the Pact has designed a system that will carry out several asylum and return procedures without entering the territory, allow for more frequent deprivation of liberty or restrictions on freedom of movement, and provide only basic needs for non-compliant applicants for international protection. It remains to be seen to what extent the implementation of the Covenant in practice will simultaneously maintain the levels of protection of fundamental rights guaranteed, among other things, by the Charter of Fundamental Rights of the EU, but also by international human rights standards.

Furthermore, each Member State will have to ensure an independent monitoring mechanism that monitors compliance with Union and international law, including the Charter, during the due diligence, in particular as regards access to the asylum procedure, the principle of non-refoulement, the best interests of the child and the relevant detention rules, including the relevant detention provisions of national law. The independent monitoring mechanism shall also ensure that substantiated allegations of non-compliance with fundamental rights are dealt with effectively and without undue delay in all relevant due diligence activities, investigations into such allegations are initiated where necessary, and the progress of such investigations is monitored. National institutions with the mandate of the Ombudsman and national human rights institutions, including the National Preventive Mechanisms

(where all three of these mandates in the Republic of Croatia are assigned to the institution of the Ombudsman), should participate in the functioning of the independent monitoring mechanism or may be assigned part or all of the tasks of the independent monitoring mechanism, and if one or more of these institutions are not directly involved in the independent monitoring mechanism, They should establish and maintain close relationships. The independent monitoring mechanism may also include relevant international and non-governmental organisations and public authorities independent of the due diligence bodies. Also, each Member State must provide a mechanism for monitoring fundamental rights concerning the border procedure, following the same criteria.

Likewise, each Member State will need to put in place appropriate safeguards for the independence of the Mechanism, such as respect for the Paris Principles, adopted by United Nations General Assembly Resolution 48/134, the Venice Principles, adopted by the Venice Commission of the Council of Europe, the UN General Assembly Resolution on the role of ombudspersons and intermediary institutions, good governance and the rule of law, and the Optional Protocol to the Convention against Torture and Other Cruelty, Inhuman or Degrading Treatment or Punishment (OPCAT). In September 2024, the EU Agency for Fundamental Rights issued guidelines on independent monitoring mechanisms to assist Member States in discussing the parameters and safeguards for the establishment or designation of the mechanism.

Independent Oversight Mechanism in the Republic of Croatia

In addition to the existing institutional oversight mechanisms, such as the State Attorney's Office of the Republic of Croatia, the Ombudswoman and the Internal Control Service of the Ministry of the Interior, in 2021 the Independent Mechanism for the Supervision of the Conduct of Police Officers in the Field of Illegal Migration and International Protection (NMN) was established in the Republic of Croatia, which includes the associations Academy of Medical Sciences, the Academy of Legal Sciences, the Croatian Red Cross, the Centre for the Culture of Dialogue and an independent legal expert, with whom the Ministry of the Interior signed a Cooperation Agreement in June 2021. In November 2022, a new Cooperation Agreement was concluded to continue the work of NMN between the same stakeholders.

In the 2022 report, we welcomed in principle the establishment of the NMN for additional insight into the actions of police officers in the field of illegal migration and international protection, but pointed out that after the initial phase of the introduction of the Croatian NMN, it will be necessary, if the European legal obligation is adopted, to establish a Mechanism in the Republic of Croatia following the Pact. In the meantime, with the adoption of the Pact, there has indeed been an EU obligation to establish independent monitoring mechanisms for the observance of fundamental rights, with these mechanisms having newly defined tasks, including background checks and border procedures.

The Ombudswoman, together with the EC, FRA, the Frontex Fundamental Rights Officer, IOM Croatia, UNHCR Croatia and the Ombudswoman for Children, participated in the work of the NMN Advisory Committee, with the task of providing guidelines for improving the independence and efficiency of this body. However, in the current phase of the NMN and the NMN Advisory Board development and operation, the Ombudsman institution withdrew from the NMN Advisory Board membership in March 2025. In doing so, it informed stakeholders that it will continue to cooperate with the NMN and the NMN Advisory Board appropriately, but as a stand-alone and independent national institution. Therefore, given its national role on this occasion, we report to the Croatian Parliament on the work of the NMN in protecting fundamental rights in 2024.

Although the Agreement provides for the obligation to publish a semi-annual and annual report, the Independent Oversight Mechanism (NMN) did not publish a single report in 2023. The NMN's semi-annual report, which covers the period from November 2022 to July 2024 (and observation activities were carried out from June 1 to December 31, 2023), was published in July 2024.

To improve the operation and effectiveness of the NMN, in addition to the regular publication of reports, it is necessary to define the mandate and powers currently specified in the Agreement more precisely and improve the methodology of observation and reporting.

For example, NMN does not refer to international standards in its findings, nor does it refer to the findings of international bodies and independent institutions, and it is noticeable that these findings differ significantly. Thus, as part of the visit to the Republic of Croatia in 2023, the UN SPT visited TPCS Tovarnik and emphasised concern about the fact that "although the basic legal guarantees were formally established, they were ineffective in practice" and recommended that the Republic of Croatia inform migrants in a timely and accessible way, in a language they understand, about their situation, including the legal situation. Based on the visits to the said centre, the Croatian NPM also determined that foreigners were not adequately informed about their rights, including the right to file a complaint; that complaint mechanisms involving effective investigation procedures are not ensured, while respecting the principles of independence, impartiality and confidentiality; No translation is provided. On the other hand, the NMN, based on observations in TPCS Tovarnik, a few days before the tour of the SPT, concluded that the accommodation capacities at the monitoring locations meet the requirements of the standard for a longer stay of the found persons, that police officers treat the found persons with full respect for their human rights, enabling them to communicate with an interpreter and informing them about their rights in languages they understand, and by providing them with adequate health care and psychosocial support.

Also, acting on the complaint about "push-back", the NMN concluded that the procedure prescribed by law was fully implemented and that the human rights of persons were fully respected. However, this conclusion was reached based on an insight into various official sources before the aforementioned "push-back", while the allegations of the actions of police officers after the "push-back" allegedly occurred were not examined. Therefore, insight into these data sources is not necessarily suitable or sufficient to determine the (non)existence of "push-back".

The role of the NMN in the handling of complaints remains unclear. On the one hand, the NMN website, which was established in 2024, states that "the NMN is not a prosecutorial or judicial mechanism and is therefore not authorised to resolve individual complaints. NMN is not a 'complaint mechanism'".

However, it is evident from the Report that the NMN acted on the complaints. Already in the 2022 Report, we emphasised that the NMN, as a mechanism established by the agreement, should not take responsibility for the legally established institutions responsible for investigating allegations of illegalities or irregularities in the work of the police, on the contrary, each (new) mechanism should have clearly and transparently regulated powers.

Finally, the recommendations from the semi-annual report of the NMN mainly relate to the operation and functioning of the NMN, and less to the assessment of the situation and the improvement of the protection of fundamental rights, which is the purpose of its establishment.

3.2 Performing the tasks of the NPM

In 2024, in accordance with the powers of the NPM, we visited the Reception Centre for Foreigners Ježevo, the Transit Reception Centre for Foreigners Tovarnik, the Transit Reception Centre Trilj, the Centre for the Registration of Applicants for International Protection in Dugi Do and the Border Police Station in Slavonski Brod.

Centre for Registration of Applicants for International Protection Dugi DoI

The Centre for the Registration of Applicants for International Protection Dugi DoI (Centar Dugi DoI) was established in the area of the Karlovac Police Department due to the increased number of applicants in that area to register applicants who will then be referred to reception centres for applicants or, according to estimates, to reception centres for foreigners. The establishment of the Centre was intended to relieve the PP/CRP in the Police Department area because they did not have sufficient capacity for the increased number of applicants. The centre was opened at the end of 2023; its housing containers can accommodate a maximum of 500 applicants.

During the visit, the representatives of the NPM were not provided with full access to all relevant data, because there were no police officers in the Centre authorised to provide such information, so the representatives of the NPM conducted a telephone conversation on the spot with the competent person, who informed them about the work of the Centre, however, even a telephone conversation could not collect the necessary data, because the Centre did not keep special records of the treatment of detained persons. Thus, data on the number of persons or their structure (e.g. age, gender, citizenship, etc.) were unavailable. No records were kept about the time of arrival and dismissal from the Centre. According to the police officer, the Centre only recorded data on the registration of the intention to apply for international protection, took a statement on the personal data of foreigners, and made an official note on the inspection and seizure of objects. The police station keeps all other information on persons detained at the Centre at the place of arrest through the event diary, physical objects, and relevant records. The basic mechanism of protection in the event of deprivation of liberty is to keep a single and comprehensive record within which all aspects of their stay or deprivation of liberty and all actions taken in connection with it are recorded. The absence of such records makes it impossible to control the work and oversee the treatment of detained persons.

Recommendation

Ministry of the Interior, to keep a single and comprehensive record of detained persons in the Centre for Registration of Applicants for International Protection, Dugi DoI



Given the nature and possible length of detention, as well as the fact that families with children and other vulnerable groups are also detained in the Centre, the material conditions for the accommodation of persons were not adequate. The containers are equipped only with bunk beds without mattresses and bedding; there are no showers or hot water in the Centre, and only chemical toilets are available. Detention in such conditions, especially if it applies to children and other vulnerable groups, may violate Art. 3 ECHR.

It is particularly worrying that during the tour, it was impossible to determine the length of the applicant's stay at the Centre.

At the same time, in the Centre, which has a planned accommodation capacity for 500 people, the registration procedure for six people caught during the NPM tour did not begin in a period longer than 12 hours.

Recommendation

Ministry of the Interior, to harmonise the conditions of accommodation in the Centre for the Registration of Applicants for International Protection, Dugi Dol, with international standards

Therefore, after the visit, we warned the Ministry of the Interior that the conditions of accommodation should be harmonised with CPT standards (provide enough space, mattresses, bedding, access to toilets, showers and hot water, etc.), and that the representatives of the NPM, under Art. 5 of the ZNPM and Art. 20 of the Optional Protocol to the Convention against

Torture and Other Cruel, Inhuman or Degrading Treatment or Punishment, it is necessary to provide free access to all the requested data regardless of the manner of their storage, that for applicants detained in the Dugi Dol Centre, it is necessary to determine the legal basis for detention clearly, and in this regard the longest possible period of detention in the Centre, and provide them with all guarantees under international standards.

Reception Centres for Foreigners

It has been established that accommodation conditions are systematically improving in all three centres, and it is positive that the recommendations for improving the reception conditions given during previous NPM visits have been largely adopted. In the Trilj Centre, the conditions for the stay of persons deprived of liberty in the fresh air have not yet been provided, and in the Tovarnik Centre, no canopies have been built in the yard.

Irregular migrants and applicants for international protection placed in reception centres are generally unfamiliar with the Croatian legal system, their rights and obligations, and the Croatian language. In addition, members of vulnerable groups, including children, are not exempt from deprivation of liberty in the centres.

It is of the utmost importance that accommodated persons have guaranteed access to all rights, including information about rights in a language they understand. Namely, guaranteed rights are of little importance if people are unaware of their existence. Therefore, during the visits, we focused special attention on access to the following rights: legal aid, complaint mechanisms, health care, visits, telephoning, staying in the fresh air, food, respecting religion, receiving written mail and packages, disposing of funds, information about the reasons for accommodation, the estimated duration of accommodation, contacting family and seeking international protection.

During the visits, we conducted an anonymous survey of accommodated persons to provide additional insight into their information about the possibilities of access to these rights. The questionnaires were translated into nine languages (Arabic, English, French, Russian, Turkish, Farsi, Urdu, Kurdish and Pashto). In Trilj and Tovarnik, all accommodated persons took part in the survey, 45 people in Trilj and 26 in Tovarnik, and Ježevo due to the lack of questionnaires in a language that 26 out of 46 accommodated persons understand. The questionnaires contained 20 questions, and the survey was anonymous and voluntary.

According to the results of surveys in all three centres, there is a problem in recognising vulnerable people and providing basic information about their rights. According to the answers given in the surveys, most of the respondents were not asked about possible traumatic experiences, such as whether they were victims of torture, rape or other forms of violence, which is worrying because the timely identification of such persons is key to ensuring adequate protection and assistance. In the Ježevo Centre, 82.6 % of respondents stated that they had not been asked about traumatic experiences, in the Tovarnik Centre, 61 %, and in the Trilj Centre, as much as 96.6 %, which indicates a serious lack of systematic assessment and, if necessary, support. At the same time, the structure of employees in the centres is not adequate for the implementation of these assessments, so it is recommended to employ professionals such as social workers, psychologists or social pedagogues in jobs that

Recommendation

Ministry of the Interior, to highlight information on rights in reception centres for foreigners in an accessible, visible and clear way, in writing, in several languages

Recommendation

Ministry of the Interior, to ensure adequate translation in reception centres for foreigners

require such competencies, and it is necessary to develop procedures for identifying vulnerable groups.

According to the answers given in the surveys, there are also shortcomings in collecting information about their health status and the information provided about the possibility of obtaining medical care. For example, in the Ježevce Centre, 47.8 % of respondents were not asked whether they suffered from a serious physical or mental illness, in the Trilj Centre, this was stated by 96.6 %, and in the Tovarnik Centre by 61.5 %. In one centre, the only nurse is employed part-time, while in the other, these jobs are filled by persons whose competencies do not correspond to the jobs described in the Ordinance on Internal Order of the Ministry of the Interior, such as persons with economic and administrative-legal professions.

In addition, we point out that, according to the new rules from the Pact, all persons who have crossed the border irregularly will be subjected to so-called due diligence, including health and vulnerability checks.

It is also worrying that the survey shows that the accommodated persons are not sufficiently informed about their rights during their stay in the centre. For example, according to the responses, 86.5 % of people in the Trilj Centre were not informed about the right to contact the embassy or consulate, and only 17.8 % stated that they could contact a lawyer, family or friends by phone, while the rest stated various reasons why they were not allowed to do so. The situation is similar in other centres, and it is worrying that many of the accommodated people do not even know the reasons for their placement in the centre, or how long they will be deprived of their liberty. In the Ježevce Centre, 39.1 % of respondents stated that they do not understand the staff who address them, and the situation is similar in Trilj and Tovarnik.

Therefore, we recommend that information on the rights of accommodated persons be highlighted in a visible and understandable way, using, among other things, image and audio techniques such as posters, info leaflets or video displays. In addition, it is important to provide a translation service in the centres, to enable the persons accommodated to be informed of their rights and obligations, and to prevent problems in communication with staff. Therefore, we recommended that printed rights information be translated into as many languages as possible used by foreigners and that translation be provided for all procedures carried out. Communication with staff is also a problem.

Recommendation

Ministry of the Interior, to introduce procedures for easier and faster access for lawyers to reception centres for foreigners

Recommendation

Ministry of the Interior, to provide access to international protection in reception centres

In addition, accommodated persons should be able to contact a lawyer, family and friends, and free legal aid. Access by lawyers to the centres remains difficult. Namely, lawyers who are not on the list of providers of free legal aid, and do not have a power of attorney because they are coming to clients for the first time, must announce the visit two days in advance and come as visitors, and not in the capacity of lawyers. Another problem is that due to coordinating appointments with translators, very short deadlines for filing legal remedies

may be missed. Telephone communication is also difficult, especially in the initial phase when lawyers need to obtain a power of attorney, and later, when the accommodated persons have to wait for a call

from a lawyer in front of the phone booth. These conditions are contrary to international standards that guarantee unhindered access to a lawyer from the very beginning of the restriction of freedom.

According to the results of surveys, irregular migrants are not adequately informed about their right to seek asylum. In the Trilj Centre, 77.8 % of respondents stated that they had not received information about the right to seek asylum, in the Tovarnik Centre, 84.6 %, while the situation was slightly better in the Ježevce Centre (52.2 %). When asked if they could have applied for asylum, 97.5 % of those surveyed at the Trilj Centre said no, and 96.2 % at the Tovarnik Centre. The situation is much better in the Ježevce Centre, where 17.4 % of respondents said so.

Given the survey results on access to asylum and the procedures we have carried out in response to migrants' complaints about their access being denied, we recommend providing access to international protection in the centres.

During the visits, we found that CSOs' entry to the centres is still conditioned by a signed cooperation agreement, which is the only one the HCK has, although Directive 2008/115/EC guarantees the possibility of visiting the centres for domestic and international non-governmental organisations. In all three centres, only UNHCR, whose access is based on the organisation's mandate, is allowed access without a cooperation agreement, but assists only asylum seekers, not irregular migrants. Until June 2024, the Centre in Tovarnik was visited by representatives of the HCK on two occasions, while representatives of the UNHCR visited once. On the other hand, the Centre in Trilj during 2024 had four visits by representatives of the HCK and the poor UNHCR. The situation is far better in the Ježevce Centre, where representatives of the Croatian Red Cross visit the Centre every Thursday, and representatives of the UNHCR once every three months.

Recommendation

Ministry of the Interior, to enable a wider circle of civil society organisations to work in the reception centres for foreigners

Given the number of applicants for international protection and irregular migrants placed in the centres during 2024, as well as their structure by age and gender, it would be good to allow a wider range of stakeholders to enter the centres, especially CSOs that provide additional support, legal assistance, organise education, workshops, playrooms for children, etc., which was also recommended in the 2022 Report.

Border Police Station Slavonski Brod

As a significant positive change, we would like to point out that during the tour of CRP Slavonski Brod, NPM representatives were given access to the Information System of the Ministry of the Interior, which was not the case in previous years. The police officer provided access to the records of irregular migrants and the Event Diary, which also records data on deterrence procedures, including the time, place, number of persons and the manner of conducting the procedure.



The accommodation conditions in four rooms for irregular migrants and applicants for international protection were not satisfactory. The rooms were intended to accommodate 40 people, but the beds had no bedding or were dirty. The walls were in poor condition, and traces of moisture were visible in the toilets.

Recommendation (reiterated)

Ministry of the Interior, to harmonise the detention facilities in all border police stations with international and national standards

Therefore, we recommended the purchase of new equipment for accommodation rooms, the provision of a special room for the accommodation of vulnerable people and its equipping with appropriate facilities, such as those for children. Given that migrants cross the river in this area, their clothes are very often wet and muddy, which is why we recommend

the organisation of a reception for people that would include the provision of showers and a set of clothes before the accommodation itself.

4. Prison system

The Ombudswoman protects the rights of persons deprived of liberty and in the custody of the prison system through several mandates. Based on the ombudsman's mandate and the mandate of the national institution for the protection of human rights, in accordance with the powers from the Ombudsman Act, it also acts on complaints in cases initiated on its own initiative. According to the mandate from the Law on the National Preventive Mechanism for the Prevention of Torture and Other Cruel, Inhuman or Degrading Treatment or Punishment (ZNPM), it preventively visits places where persons deprived of liberty are located.

The work by objects is shown in the first part, and in the second part, the insight gained through preventive visits is shown.

Overcrowding of the prison system, lack of officials, insufficient quality and availability of health care and normative deficiencies are just some of the problems that we continuously point out. Despite this, these problems are still present, and some are further exacerbated in 2024.

The trend of increasing the number of persons deprived of liberty (OLS), which began in 2020, is further pronounced in 2024, and the situation is alarming, especially in closed conditions. According to the position of the European Committee for the Prevention of Torture and Inhuman or Degrading Treatment or Punishment (CPT), overcrowding can jeopardise all efforts by the state to prohibit torture and other forms of ill-treatment, as the lack of personal space and privacy puts all prisoners at risk, especially the most vulnerable. Half of all OLS are pre-trial prisoners. According to available data, about 25 % of all OLS are in the prison system due to a certain pre-trial detention or conviction for a criminal offence under Art. 326 of the Criminal Code (Illegal entry, movement and stay in the Republic of Croatia, another EU Member State or signatory to the Schengen Agreement), many of whom are foreign citizens, which requires adapting the prison system.

According to MPUDT data, the construction of new penal authorities, standardised modular annexes and several separate infrastructure projects is planned. Although constructing new penal bodies is necessary, taking other measures besides these is important. Therefore, we reiterate that increasing accommodation capacities without comprehensive measures that include, among other things, changes in legislation, crime prevention, and better reintegration of prisoners into society, will not solve overcrowding on its own.

In addition to overcrowding, the situation is further aggravated by the lack of officials (judicial police officers, health workers, and officials treating prisoners). The data presented by the relevant minister in the Croatian Parliament during the presentation of the Report on the Condition and Operation of Penitentiaries, Prisons, Correctional Institutions and Centres for 2023 is encouraging, as at the end of 2024, 106 judicial police officers were employed for an indefinite period based on a public tender. It is also positive that there has been the largest number of judicial police officers in the system since 2007. However, it is important to point out that the existing job systematisation was made according to the accommodation capacity of the penal authorities, and the (existing) overcrowding of the prison system was not taken into account.

The quality of health care in the prison system and its availability remain major problems. The reason for this is the still-unregulated provision of health care in the prison system, according to the Health Care Act. The Ministry of Labour and Social Affairs informed us that the Draft Ordinance on Norms and Standards for the Provision of Health Care in the Prison System has been drafted, and that it has been submitted to the Ministry of Health for its opinion. The prison hospital in Zagreb does not yet have the approval of the Ministry of Health to provide health care. It is also necessary to resolve the status of the so-called outpatient clinics, i.e. health care departments that operate within the penal authorities. These and similar unresolved organisational issues significantly complicate providing adequate health care to prisoners. Due to insufficient capacity, the prison hospital in Zagreb often cannot accommodate prisoners needing hospital treatment, and there is a continuous shortage of health workers employed in penal bodies.

Normative deficiencies of the Prison Sentence Enforcement Act (ZIKZ), especially in the part relating to order and security, the Criminal Procedure Code (CPC), in the part relating to disciplinary proceedings against pre-trial prisoners and the acceleration of criminal proceedings, and Art. 44 of the Criminal Code (CC), which refers to the execution of prison sentences in a home, which we have been pointing out for years, have not been eliminated even in 2024.

4.1. Protection of the rights of persons deprived of liberty

Although the reasons why the OLS and their family members turned to us in 2024 are varied, from requests for assistance regarding transfers, complaints about the actions of officials, to insufficient effectiveness of legal remedies, problems in the provision of health care and inadequate accommodation conditions are still the most common reasons for complaints.

OLS most often complain about insufficient access to health care - waiting for a medical examination, not conducting physical therapy, not referring to specialist examinations, and the like.

During 2024, doctors employed in criminal authorities were also faced with disconnection from the Central Health Information System of the Republic of Croatia (CEZIH), which we have been pointing out to the Ministries of Justice and Health for years. Until November 2024, doctors could not inspect the OLS e-Card, which often comes without medical documentation, significantly hindering the continuity of necessary health care provision. As a result, we welcome the introduced change.

Regarding the failure to refer to specialist examinations, one prisoner complained that he had unsuccessfully requested a dermatological and psychiatric examination. He believed that after getting a rash in the Penitentiary in Požega, an examination by the Penitentiary doctor was insufficient, but that he had to be taken to a dermatologist. We understand that the doctors of the penal authorities determine which examinations they will refer prisoners to and that they set priorities. However, in cases where they believe specialist examinations are unnecessary, they should inform the prisoners of the right to a specialist examination under Art. 114 of the ZIKZ. It stipulates that a prisoner has the right to request an examination by a specialist if a doctor of the penal authority has not ordered such an examination, but that he will bear the costs if the specialist determines that there is no disease or new knowledge about the disease.

Some complaints also point to public health problems in criminal justice authorities. So, a group of pre-trial prisoners complained about bed bugs in the rooms. During the investigation procedure in the Split Prison in June 2024, by inspecting the Records of Court Supervision, we determined that the pre-trial prisoners complained about bed bugs as early as April 2024. After requesting information about what had been done, we were informed that in July 2024, employees of the National Institute of Public Health and the company for disinfection and disinfection implemented bedbug control measures.

"I don't have any health problems, but by being here, problems have arisen, especially with my teeth. The first dentist I got was after 16 months of waiting, and after that I was ordered at an interval of 2-3 weeks, which was not allowed to me at that interval but after 2-3 months, the reason is unknown, but I now have big problems with my teeth and of course I'm still waiting for the appointment, it's already in the 3rd month of waiting..., but it's URGENT for me because it hurts a lot, and no one cares here... Now it's Wednesday, September 4, 2024, I'm going to write openly that my teeth hurt greatly, and I'm worried about my health, and the gentlemen here don't care. I'm writing a request for a dentist non-stop and asking all the time, some unrealistic answers are coming... this turns into torture, and this does not solve Lekadol or Brufen, it is getting worse and worse... I'm writing to you with a big headache and toothache, and I'm angry at this system for how it works and would like to ask you for help...."

For years, we have been pointing out that the lack of officials also affects the respect of certain prisoners' rights. One inmate of the Rijeka Prison complained to us because he was taken to the dentist only after 16 months of writing applications. Due to overcrowding and an increased number of admissions, the available appointments at the Health Centre of Primorje-Gorski Kotar County do not meet the needs of the Prison, but some of the agreed examinations are not realised due to insufficient judicial police officers and an increased number of court hearings.

The continuous growth in the occupancy of the accommodation capacities of the prison system and insufficient investment in the maintenance and adaptation of the premises in which the OLS reside affect the increased number of complaints about the conditions of accommodation.

"I am in a room of 21 m² with 6 (six) other people. This square footage also includes a toilet that is not fenced off from the rest of the room, so that we can see each other while we defecate, and the stench that spreads through the room is unbearable.... They brought to our room a seriously mentally ill elderly man who defecates in his pants, has dementia, and who knows what other diagnoses. To make matters worse, the nurse brought us diapers so that we could put them on the gentleman if necessary..."

Since Art. 136 of the CPC stipulates that pre-trial detention must be carried out in such a way as not to offend the person and dignity of the prisoner, special attention was drawn to the allegations of some complainants that the persons with whom they are placed in the room, and who cannot take care of themselves, have to change diapers or help them shower or provide care (cutting toenails, etc.). We have not unequivocally established the validity of these allegations, but it is indicative that we have

received such complaints from various penal authorities (for example, from prisons in Zagreb, Zadar and Pula).

The way the Central Office for the Prison System (SUZS) handles complaints from pre-trial prisoners about inadequate housing conditions is additionally worrying. For example, in the investigation we found that the SUZS replied to the complainant, although the pre-trial prisoners had only 2.8 m² of accommodation space at their disposal, that he was accommodated under the Ordinance on House Rules in Prisons for the execution of pre-trial detention, ignoring the fact that Art. 13 par. 6 of the Ordinance stipulates that for each prisoner in the dormitory there must be at least 4 m² and 10 m³ of space.

In the prison in Split, the pre-trial prisoner told us that he is in a large group of accomplices, which is why he can only walk for half an hour a day, while every third day he is granted an additional hour. Such conduct is contrary to Art. 138 degrees 1 of the CPC stipulates that pre-trial prisoners should have at least two hours of walking per day.

We continue to receive complaints from prisoners about being transported in inadequate vehicles, which are not equipped with seat belts. We have been pointing out this problem for years. We received information from the Ministry of Labour and Social Affairs that in 2023, the procurement process for special vehicles for the transport of OLS began, in which seat belts will be installed in all seats, which is positive. The vehicles should be delivered in the first quarter of 2025.

Some prisoners complain about the non-transparent approval of the benefits of staying with a spouse or common-law partner, or life or informal life partner, in a separate room without supervision (so-called marital visits). Some penal authorities are very restrictive in interpreting the conditions for entering an extramarital partner in the visit record (for example, common-law partners must have previously lived at the same address). Although benefits are not a prisoner's right, but a set of incentive measures, the criteria for granting them must be clearer.

Prisoners also complain about the lack of organised leisure time. The overcrowding of penal authorities is directly related to the possibility of organising leisure activities and certain general programs (courses, etc.) because most common areas in prisons have been converted into rooms for accommodation.

Prisoners often distrust the effectiveness of applications for judicial protection, stating that decisions on the merits are based solely on the statement of the penal authority. Although we have not been provided with data on the number of decisions of executing judges determining the application for judicial protection as well-founded during 2024 until the preparation of this report, the data from the Report of the Government of the Republic of Croatia on the Condition and Operation of Penitentiaries and Correctional Institutions for 2023 (as of January 9, 2025), according to which 147 applications for judicial protection were filed in 2023, will serve to illustrate a possible reason for distrust, according to which 147 applications for judicial protection were filed in 2023. of which 141 were rejected as unfounded.

Respecting the independence of the judiciary, in November 2023, we asked the Supreme Court of the Republic of Croatia to examine the conduct of the competent courts concerning respect for the confidentiality of communication between suspects or accused persons and their lawyers, which we

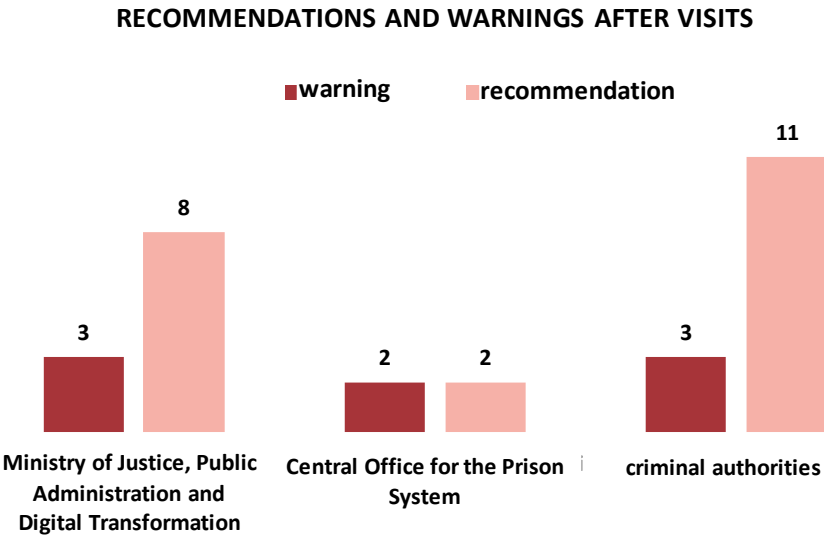
wrote about in the 2023 Report. This problem is also pointed out by the ECtHR judgment *Mafalani v. Croatia* 3646/May 17 21, 2024, in which, among other things, due to unjustified interference with the applicant's right to respect the confidentiality of his correspondence with his defence counsel, a violation of Art. 8 of the ECHR. Although we have not received information from the Supreme Court of the Republic of Croatia on what has been done, the position on this issue follows from the Conclusions of the meeting of the Supreme Court of the Republic of Croatia with the presidents of the chambers of the High Criminal Court of the Republic of Croatia and the presidents of criminal departments of county courts from March 2024, according to which Art. 139 par. 3 of the CPC on the supervision of correspondence does not apply to the correspondence between the pre-trial prisoner and the defence counsel. We believe this will further contribute to respecting the confidentiality of communications between suspects or defendants and their lawyers.

We have noticed that the complaints of pre-trial prisoners to the Ombudsman, in some cases, are submitted by the criminal authorities to the competent courts, which is contrary to Art. 139 par. 6 of the ZKP. Therefore, we recommended that the SUZS point out to all criminal authorities the need to act following the CPC, which was done consistently.

4.2. Performing the tasks of the NPM

Under the powers from the ZNPM, 2024, we visited the Zadar Prison, the Penitentiary in Lepoglava and the Diagnostic Centre in Zagreb. The visits were focused on respecting the rights of the OLS in the field of accommodation conditions, performing the tasks of the prisoners' health care department, performing the tasks of the treatment department and maintaining order and security. An independent expert, a nurse with a master's degree in nursing, participated in the tour of the Penitentiary in Lepoglava.

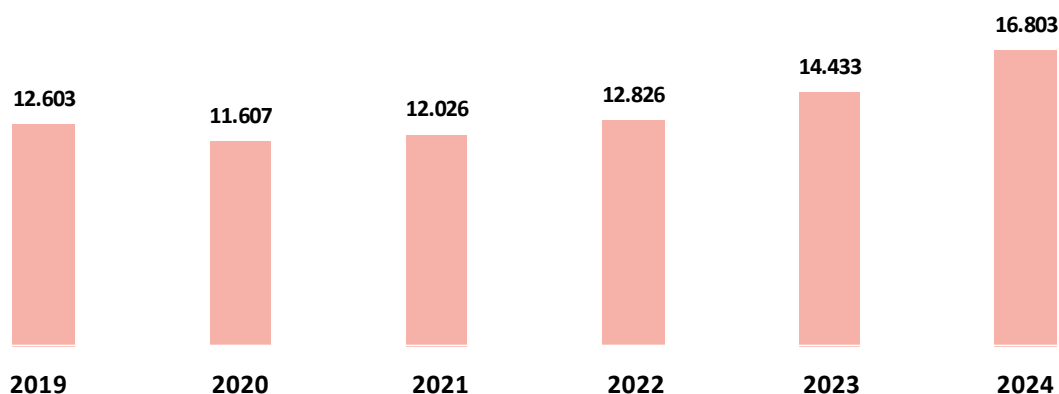
The data was collected through interviews with managers and other officials and group and individual interviews with the OLS. Relevant records and documentation were also inspected, and anonymous OLS surveys were conducted. In the tour reports, we gave eight warnings and 21 recommendations.



Accommodation conditions

Inadequate accommodation conditions are largely the result of a continuous increase in the occupancy of accommodation capacities and are still a burning problem of the prison system. According to MPUDT data, in 2024, 2,370 more people were in the prison system than in 2023.

PERSONS IN PRISON SYSTEM PER YEARS



The occupancy of the total accommodation capacities of penal authorities on December 31, 2024, was 125 %, and in closed conditions, as much as 141 %. The most difficult situation was in prisons in Varaždin (195 %), Karlovac (205 %) and Zadar (211 %). Staying in such conditions often results in a violation of the rights of the OLS, which is supported by the decisions of the Constitutional Court that emphasise the duty of the state to ensure conditions that respect human dignity and in which the person is not exposed to discomfort or suffering the intensity of which would exceed the unavoidable level, inherent in deprivation of liberty and imprisonment (U-IIIBi-7372/2022). According to the statement of the relevant minister in the Croatian Parliament on January 26, 2025, the Republic of Croatia has paid 1,260,000 euros in compensation for inadequate conditions in prisons and penitentiaries in the last four years.

The increase in overcrowding is a consequence, among other things, that many persons in the prison system have been ordered to pre-trial detention or have been convicted of committing a criminal offence under Art. 326 of the Criminal Code (Illegal entry, movement and stay in the Republic of Croatia, another EU Member State or signatory to the Schengen Agreement).

Many of these people are foreigners, who, due to different ethnicities and differences in language, culture, customs and religion, as well as other specifics, especially in overcrowding conditions, can pose various organisational, security, treatment, health and other challenges. It is indisputable that the increased number of foreign nationals requires an adaptation of the prison system, which is why we have asked the MPUDT for detailed information on the measures that are being taken or are planned to be taken to ensure that their rights are respected. As a further increase in the number of foreign nationals in the prison system is possible, we will continue to monitor the situation with special attention.

Given the continuous increase in the occupancy of the accommodation capacities of the prison system, we asked the MPUDT for information on the measures taken to reduce overcrowding and eliminate its

negative impacts on the observance of OLS rights. According to the received statement, the construction of new penal bodies in Lika-Senj, Sisak-Moslavina and Osijek-Baranja counties is planned, and at the same time, work will be done on medium-term infrastructure investments, the so-called modular construction. Namely, at the end of November 2024, Contracts were signed for the design and construction of standardised modular annexes in the Prison in Varaždin and the Penitentiary in Lipovica-Popovača, increasing the accommodation capacity by 300 places. As part of the future financial mechanism of the European Economic Area and the Norwegian financial mechanism, several separate infrastructure projects are planned: in the Penitentiary in Požega, the Prison in Požega, the Correctional Institution in Požega and the Prison Hospital in Zagreb.

When building and increasing capacity, it is necessary to consider compliance with legal and international accommodation standards, which are continuously evolving. For example, the 2024 Report of the UN Special Rapporteur on torture and other cruel, inhuman or degrading treatment or punishment (A/HRC/55/52), which addresses current issues and good practice in prison management, recommends that countries use innovative architectural design to ensure adaptation to climate change when renovating old penal institutions or building new ones. It is emphasised that high temperatures and heated rooms lead to an increase in violence, mortality and suicide and facilitate the spread of infectious diseases. It should be recalled that, according to the case law of the ECtHR, staying in overcrowded rooms with excessively high temperatures can be humiliating (*Štrucl and Others v. Slovenia*, Applications No. 5903/10, 6003/10 and 6544/10 § 87).

We assess the activities of building and increasing capacity as positive and necessary, but if we consider the multi-year overcrowding, it is evident that they should have been undertaken earlier. In addition, additional accommodation capacities, without taking other appropriate measures, will not solve the problem in the long term. For example, given the share of pre-trial prisoners in the total number of OLS, it is necessary to speed up criminal proceedings by amending the criminal legislation.

According to information from the Ministry of Labour and Social Affairs, in October 2024, a Working Group was established to draft the Draft Proposal of the Act on Amendments to the Criminal Procedure Code (Zid ZKP), the aim of which is to find legal solutions to speed up and increase the efficiency of criminal proceedings. The draft proposal of the Zid CPC should be sent to the legislative procedure in the fourth quarter of 2025. However, we cannot ignore that according to the information of the MPUDT (from October 2023), in November 2022, a Working Group was also established for the preparation of the Draft Proposal of the Zid ZKP, the aim of which, among other things, was also to speed up and increase the efficiency of criminal proceedings. The fate of this Working Group, as well as its results, is not known to us.

Although the MPUDT's statement points out that electronic surveillance has been introduced into the legal system of the Republic of Croatia, in the two years since the beginning of its application, there have been 56 convicts and prisoners under the supervision of the Electronic Monitoring Service. During 2024, electronic monitoring was applied only 35 times (24 conditional releases with electronic monitoring and 11 pre-trial detention centres in a home with electronic monitoring). Therefore, it is necessary to more strongly affirm the application of alternative sanctions, i.e. substitutes for prison sentences.

It is also necessary to limit the use of short-term prison sentences. For years, we have been warning that ensuring the prerequisites for implementing Art. 44 par. 4 of the Criminal Code that prescribes the execution of a prison sentence of up to one year in a home. This has not been done in 2024 either, although more than 12 years have passed since the entry into force of the CC.

In September 2024, the UN Human Rights Committee discussed the implementation of the International Covenant on Civil and Political Rights in Croatia (CCPR/C/HRV/CO/4). It recommended, among other things, that adequate prison conditions be provided, in line with international standards, and that the overcrowding problem be addressed, inter alia, by alternative detention measures.

It must also not be overlooked that the existing detention conditions can be decisive in executing a European Arrest Warrant (EAW). Namely, in the Aranyosi and Căldăraru case (C-404/15 and C-659/15 PPU) from 2016, the Court of Justice of the EU recognised for the first time the limitation of the principle of mutual trust and recognition between Member States and required the executing judicial authority to review the conditions of detention in the issuing Member State. That judgment established a framework for the exercise of supervision, which aims to ensure compliance with Art. 4 of the Charter (Prohibition of torture and inhuman or degrading treatment or punishment). If a generalised deficiency in the issuing Member State's prison system is identified, a case-by-case and detailed assessment of the risk to which the person would be exposed shall be carried out. As the Court has stated, the review may have a major impact on the execution of the EAW and may lead the executing judicial authority to postpone or suspend the surrender procedure of the person concerned.



During visits to the penal authorities, we found that the OLS stayed in inadequate and sometimes humiliating conditions. For example, in the Diagnostic Centre in Zagreb, whose occupancy on the day of the tour was 204 % (including additional rooms of the Zagreb Prison), as many as 27 people slept on mattresses on the floor, which is unacceptable. The rooms with an area of 21.1 m² (19.12 m² without toilets) accommodate up to nine prisoners with only 2.12 m² of personal space at their disposal. The rooms with an area of 10.06 m² (8.08 m² without toilets) accommodate up to three prisoners, and have 2.69 m² of personal space at their disposal. The "R-room" (former workshop), with an area of 43.71 m² (41.79 m² without toilet), accommodates up to 20 prisoners who have only 2.09 m² at their disposal.



In addition, there is a visible lack of investment and maintenance; the walls are dirty and damaged, and the tiles in the toilet are torn. We continuously point out the inadequate accommodation conditions, and the CPT did so in the Report on the Visit to the Republic of Croatia in 2022, recommending a significant improvement in hygiene in the rooms and a reduction in occupancy (item 43). In addition, there are not enough lockers or chairs in the rooms for personal belongings.

In addition, as we have repeatedly pointed out, the toilet is not completely separated from the rest of the room. For example, in a "small" room where three prisoners are housed, the toilet is separated from the rest of the room by a wall about 50 cm high. Inmates who sleep, eat and stay there 22 hours a day report that an unbearable stench often spreads through the room. Staying in such conditions, with the lack of privacy even when using the toilet, is inappropriate for human dignity and health standards.

We also found a lack of personal space in the Zadar Prison, where as many as 71 % of all OLS were in the status of pre-trial prisoners during the visit, and each of them, under Art. 13 par. 6 of the Ordinance on House Rules in Prisons for the execution of pre-trial detention, should have at least 4 m² and 10 m³ of space. Five pre-trial prisoners were accommodated in a room of 14.68 m² without toilets, so each of them had 2.9 m² at their disposal.



According to the ECtHR, less than 3 m² per prisoner in a room is considered a lack of personal space, resulting in a firm presumption of violation of Art. 3 (*Muršić v. Croatia*, §137). According to the Constitutional Court, the right to accommodation adequate to human dignity and health standards is violated when a person has less than 3 m² of personal space (*U-IIIBi-1616/2023*, February 1 2024).

This position is in line with Commission Recommendation (EU) 2023/681 of December 8, 2022 on the procedural rights of suspects and accused persons in pre-trial detention and on the material conditions of restriction of liberty, according to which States should guarantee that the absolute minimum personal space available to each prisoner, including in multi-bedrooms, is at least 3 m² of area.

Recommendation

Ministry of Justice, Public Administration and Digital Transformation, to consider other measures to reduce the overcrowding of penal authorities in addition to expanding the capacity of the prison system

It should be mentioned that during the tours, we noticed certain improvements in the material conditions of the accommodation. In the Zadar Prison, the sanitary facilities are now completely separated from the rest of the room and ventilation is adequate, iron windows have been replaced with aluminium ones, prison TV sets have been installed in all rooms, a room has been arranged for the use of the benefits of staying with a spouse or common-law partner or life or informal life partner in a separate room without supervision.

Health care for prisoners

During the tour of the Penitentiary in Lepoglava, we collected data on the organisation of health care for prisoners, and 37 prisoners filled out an anonymous survey on the provision of health care.

Nine positions with 16 executors have been systematised in the Department of Prisoners' Health Care, and 11 are currently filled. Work contracts were concluded with three medical doctors to ensure prisoners' health care. The shortage of nurses requires the occasional reassignment of other officials' duties so that all the envisaged tasks can be performed. Thus, during the tour, we found a trainee judicial police officer with a medical school degree and approval for independent work, who helps prepare therapy. Nurses are dissatisfied with the high workload and justify the identified shortcomings in their work because there are too few of them.

Prisoners who participated in the survey rated their health (perception of health status) with an average score of 2.8 (grades 1 to 5). They also complain that they wait too long for examinations ("I write to the doctor 10 times, and she doesn't call"; "I've been waiting for a psychiatrist to call me for months." Most of the prisoners who have taken or are taking substitution therapy and/or analgesics are dissatisfied with the work of the Penitentiary doctor. They state that he is "abolishing therapy on his own". After analysing the survey, an interview was conducted with a doctor, who stated that when she arrived, she analysed the type and amount of therapy prescribed to prisoners and that she reacted when she noticed the prescription of drugs that should not be taken together. She also stated that she was acting following all the instructions that the SUZS had submitted to the criminal authorities regarding the use of certain medications and that she was agreeing with the psychiatrist to reduce and gradually abolish substitution therapy for prisoners who were "barking" in therapy. We also talked about the data from the survey with the manager, who states that the reduction of substitution therapy and the abolition of this therapy have led to an improvement in safety indicators in the Penitentiary for some prisoners (for example, there are fewer physical conflicts among prisoners, etc.).

Therapy is distributed only in the morning and evening to facilitate nurses' work. For prisoners who are assessed as being able to take the therapy on their own, it is with them. They should promptly let you know when they need to replenish their therapy supply to make an appointment with a family doctor. If they do not report it promptly, they are without therapy for several days while waiting for a cure, which is unacceptable. Thus, a prisoner, a chronic heart patient, complained to us that he had been without therapy for a week. Considering the health and safety aspect, we have proposed reconsidering the decision on the independent disposal of therapy for individual prisoners.

It is necessary to ensure that vacancies in the Health Care Department are filled, and we have proposed the temporary engagement of a larger number of employees by concluding a service contract, to enable better organisation of work and ensure health care for prisoners. According to the data, job vacancies are being announced, but no one responds.

The records of examinations with the prison doctor are not updated and are kept on paper and the computer, but the data do not match. It is not visible how long the wait is for a medical examination. We recommended that nurses keep more precise records of when prisoners checked in and when they performed it.

There is no written protocol for nurses to administer prescribed medication to prisoners. The amount of medication that entered the Penitentiary is unknown because it is not recorded anywhere, which is unacceptable. It was established that when one prisoner was admitted, the nurse received a bag of medication from a judicial police officer, but did not document the type and amount of therapy received ("patient admitted, judicial police officer handed over a bag of tablets"). Subsequently, she did not have information about the medication with which the prisoner was admitted. To prevent such procedures, we proposed that a protocol be developed for the admission of prisoners and the takeover of therapy. Following our recommendation during the visit in 2018, a record of the narcotics book was established in the Penitentiary.

Recommendation

The Government of the Republic of Croatia has delegated the responsibility for the performance of health care or the provision of health care in the prison system to the ministry in charge of health.

Over the years, we have been monitoring the organisation of health care in the prison system, and the difficulties arising from the fact that the ministry responsible for justice is primarily responsible for its implementation. According to MPUDT data, in November 2024, doctors of the

prison system were allowed access to the CEZIH eCard, which we welcome, but they still cannot write prescriptions and referrals or enter data into the e-Card. Most organisational problems would be easier to solve if the responsibility for performing health activities, in the case of OLS health care in the prison system, were taken over by the ministry responsible for healthcare (while the MPUDT can provide the space and equipment). Finland, France, Italy, Luxembourg, San Marino, Slovenia and the United Kingdom already have such a solution, and Portugal is preparing for it.

The Treatment of Prisoners

In the Zadar Prison, the officers of the Treatment Department conduct initial interviews with all categories of OLS, where they introduce them to the relevant regulations, the daily schedule of activities, their rights and obligations, and if necessary, they are provided with psychosocial assistance and support. Such actions are an example of positive practice.

The survey on the performance of the tasks of the Department of Treatment was completed by 45 OLS, on average 42 years old (ranging from 23 to 66 years).

As the most negative prison experience, they cite "the very arrival at the Prison" and the fact that they are deprived of liberty ("every day is a bad experience because I am deprived of liberty"; "that I have to be here"; "when he unlocks the door and locks it again").

The pre-trial prisoners also cite poor accommodation conditions ("sleeping on the floor and unpleasant odors from the toilet, because when sleeping on the floor you are right next to the toilet"; "too many people in the room"; "that misdemeanour prisoners and detainees are mixed with pre-trial prisoners") and the behavior of other pre-trial prisoners, some of which are allegations and worrying ("staying in a room, for a short time, with an extremely difficult and rude prisoner; " problems in the room among prisoners"; "encounters with prisoners who, in my opinion, are mentally disturbed and perhaps should be placed in a mental institution rather than placed in prison"; "a sudden attack by an unaccountable person, who was in the process of being transferred to another institution, and his serious mental state").

They spend their time mostly in the room, unstructured ("in the cell 22 hours a day, and two hours on a walk"; "I watch TV, listen to the radio, read books"; "I drink coffee, sit and smoke tobacco"; "I think about the various traumatic situations I am burdened with"; "I'm practicing in my room"). All respondents, except for two, are satisfied with the work of the treatment officers ("all praise for the treatment"; "she is always ready to help", etc.).

With an average score of 3.9 (1 to 5), inmates rate the relationship between treatment officers and inmates more favourably than when visiting in 2017.

In the Penitentiary in Lepoglava, 24 positions with a total of 47 bailiffs in the Department of Treatment have been systematised, of which only 29 have been filled, three fewer than during the visit in 2017. Since the Penitentiary, in closed conditions, inmates who are serving long-term prison sentences, who are at high security risk and those who have been convicted multiple times, i.e. extremely demanding categories, complex in terms of treatment work, it is necessary to provide enough officials of appropriate professions (psychologists, social pedagogues, social workers). The treatment group has an average of 44 prisoners, more than at the 2017 tour, when there were 37. There are currently 18 officers working on the implementation of the prison sentence program (of which 13 lead treatment groups), and seven are missing. The lack of officials negatively impacts the respect of prisoners' rights, and it is necessary to fill systematised positions as urgently as possible.

During this tour, it was found that the presence of treatment officers in the prisoners' wards was lower than during the 2017 tour. The analysis of surveys indicates that the availability of treatment group leaders to prisoners mostly depends on which officer is in charge. Some state that they can talk to

officials whenever they need to, while others haven't seen them for a long time ("I haven't seen him in months"; "They don't talk to us, they just hand us mail"). According to information from the survey, officials are present in the department two days a week, while in 2017, they were present for three days. Most complaints were related to the duration of the interview (38 % of them state that the conversations last up to five minutes), and five state that the officials are not interested in helping and that they have not talked to them for a long time ("he is almost not in the department", "I only see him when he distributes mail", etc.). To increase accessibility, we proposed to consider organising the work of treatment officers to ensure their presence in prison wards at least three days a week.

The survey was completed by 37 prisoners, from three departments and by case-selected inmates. The relationship with the treatment officer is assessed with the highest score (4.5) by prisoners from the so-called hospital ward. They are grateful for the help in solving personal problems (taking them to the bank, help with creating a protected account, etc.), and they cannot single out a single behaviour of the treatment officer that would bother them. Inmates engaged in work rate the relationship with treatment officers at 3.6. They have high expectations from officials ("rehabilitation while serving their sentence and preparing for external life", etc.), and they also listed several problems in which they helped them ("when he had a health problem", "going to a funeral", "giving an extra 10 minutes of phone when needed", "talking about a family problem, advice, work", etc.). They state that some "clerks" invest much effort in working with prisoners. Prisoners from one of the non-working departments rated the relationship with treatment officers the worst (1.5). 67 % of them rate the relationship with a grade of 1. They state that some officials "serve only to bring letters", "treat individual prisoners as if it does not exist", and express the need for more conversations. They would like the officials to be more engaged in solving their problems ("just to make an effort to take care of the prisoners, because we depend on them, every effort they make is good for us"). They are most bothered by unprofessionalism in communication – insolence, arrogance, "betrayal" of confidential information, and insincerity and lack of interest.

Recommendation

The Ministry of Justice, Public Administration and Digital Transformation and the Ministry of Science, Education and Youth, to enable prisoners to complete basic adult education

There are 71 prisoners who have not completed primary school, while 149 have only completed primary school. Primary education of prisoners has not yet been organised. However, we have been informed that the possibility of conducting primary education in cooperation with an external educational institution is in

progress, under the agreement from the meeting of representatives of the MPUDT and the Ministry of Education. Please note that the successful rehabilitation of prisoners is not possible without enabling the completion of primary education, because without it, it is not possible to enrol in various vocational training courses, and it is difficult to establish employment after release from a prison sentence. Therefore, it is necessary to systematically intensify activities in prisoner training, i.e. to provide all prisoners with the opportunity to complete basic adult education, so they can more easily enter the labour market after serving their prison sentence.

Maintaining order and security

Although we have been pointing out for years the need to amend Chapter XIX of the ZIKZ, which refers to order and security, it is worrying that our recommendation has not yet been implemented. Namely, the existing deficiencies and substandard provisions may violate OLS rights, i.e., humiliating or inhumane treatment. Although the ambiguities of certain provisions are sought to be eliminated by the instructions of the SUZS, without amendments to the ZIKZ, it is not justified to expect uniformity of treatment, and thus a greater respect for the rights of the OLS.

According to the Plan of Legislative Activities of the Government of the Republic of Croatia for 2025, in the fourth quarter, it is envisaged that the Law on the Judicial Police and Authorised Officials in the Prison System will be sent to the legal procedure. Since the adoption of this Act requires amendments to the ZIKZ, according to the information of the MPUDT, the ZIKZ will be sent to the legal procedure simultaneously, which will be an opportunity to eliminate the shortcomings of Chapter XIX.

The shortcomings of the CPC in the part on disciplinary proceedings against pre-trial prisoners, which we wrote about in previous reports and pointed out in e-consultations, have not been eliminated either. The ban on visits and correspondence is still the only disciplinary punishment that can be imposed on pre-trial detainees, whose maximum duration is not prescribed. According to the data from the tour

of the Zadar Prison, this sentence was imposed in the range of 10 to 120 days. Therefore, we hereby point out that it is necessary to prescribe in more detail the disciplinary penalties for pre-trial prisoners regulated by Art. 140 of the CPC. Namely, for the sake of legal certainty and predictability of the legal norm, and considering international standards, it is necessary to prescribe several types of disciplinary penalties, their framework (minimum and maximum duration) and the procedure for their imposition. Expanding and modernising the catalogue of behaviours that constitute disciplinary offences is also necessary.

Recommendation

To the Ministry of Justice, Public Administration and Digital Transformation, to propose an amendment to Art. 140. To prescribe disciplinary penalties for pre-trial detention in more detail.

Special measures to maintain order and security

Taking into account the shortcomings of the ZIKZ, which is the basis for the treatment of the OLS, special attention was paid to maintaining order and safety during the tours.

During the tour of the Zadar Prison, it was determined that the measure of separation from other prisoners towards one prisoner was carried out, with shorter intervals, for four months (from August 1 to December 6, 2023). Although such action is not contrary to the regulations, it indicates the inadequacy of the provisions relating to special measures to maintain order and security. Namely, except for a special measure of maintaining order and security – placement in a specially secured room without dangerous items (it can last up to 48 hours at a time), the ZIKZ envisages three different measures to separate prisoners from the group mode of serving their sentences. There are two special measures – separation from other prisoners (can last up to 30 days), solitary confinement (can last up to three months), and a disciplinary measure of solitary confinement (can last up to 14 days).

Although these three measures are most often carried out in the same premises and, with minor differences, essentially in the same way, the ZIKZ prescribes that solitary confinement may be applied no more than twice during a calendar year, and that the interval between the execution of two consecutive measures of referral to solitary confinement may not be less than eight days (except in the case of written consent of the prisoner). However, there is no time limit for the successive execution of separation from other prisoners.

In addition, the ZIKZ prescribes standards for the accommodation of the room in which the measure of solitary confinement is carried out and the one in which the disciplinary measure of referral to solitary confinement is carried out (it must meet health, hygiene and spatial requirements, be airy, adequately lit by daylight and artificial light, heated in line with climatic conditions, equipped with a bed and bedding, a table and a chair, and the prisoner must be provided with unrestricted access to drinking water and sanitary facilities). On the contrary, no prescribed standards exist for executing the measure of separation from other prisoners.

Following the ZIKZ, the measures of separation from other prisoners, placement in a specially secured room without dangerous items and placement in the department of increased supervision are carried out under the supervision of a doctor or nurse or technician, and the measure of solitary confinement, as well as the disciplinary measure of referral to solitary confinement, under the supervision of a doctor. However, the ZIKZ does not prescribe how often a doctor, nurse or technician must examine a person during separation, as is the case, for example, in solitary confinement and disciplinary measures of referral to solitary confinement (supervision by a doctor is mandatory at least twice a week). At the same time, during a tour of the Penitentiary in Lepoglava, one prisoner who was on the execution of a special measure of solitary confinement stated that the doctor did not examine him even once in two and a half months, which indicates the need for a clearer definition of the manner of performing this supervision.

Although the ECtHR in the case of *Vukušić v. Croatia* (application no. 37522/16, § 40), questioned the justification for tying up a person who is in a specially secured room free of dangerous goods (POPBOS), such a practice, which is not contrary to the ZIKZ, is still present. The CPT also pointed out this problem in the Report on the Visit of the Republic of Croatia in 2022, and recommended that the measure of restraint should not be applied to prisoners placed in POPBOS. In the response of the Government of the Republic of Croatia to the CPT (CPT/Inf (2023)31) to the said recommendation, it is stated, among other things, that the SUZS will warn the penal authorities that it applies the measure of restraint against persons placed in the POPBOS only in cases where it is not possible to ensure otherwise the physical integrity of the OLS and the person applying the measure.

Recommendation (reiterated)

Ministry of Justice, Public Administration and Digital Transformation, to prepare a proposal for amendments to Chapter XIX of the Law on the Execution of Prison Sentences

However, this warning will not affect existing practice without clear prescribed criteria for the additional application of the measure of restraint of persons in POPBOS. First of all, it is not clear who, in such situations, should assess the risk of a possible violation of bodily integrity for which the restraint measure is

cumulatively applied. All the more so because the measure of placement in POPBOS is very often determined to prevent self-harm. For example, in the Lepoglava Penitentiary, in 2024, until the day of

the visit, the measure of placement in POPBOS was determined three times, each time to prevent self-harm, while in 2023, the prevention of self-harm was the reason for determining the measure in seven, out of a total of nine cases. It should be emphasised that the legality of the procedure, i.e. the legality of the application of the measure of tying persons in POPBOS, will depend on the proper risk assessment (risk of violation of bodily integrity).

Furthermore, in some criminal authorities (for example, in the Penitentiary in Lepoglava), we have determined that data are inconsistently entered into the records of special maintenance and safety measures. For example, although in addition to the measure of accommodation in POPBOS, under the ZIKZ, the measure of enhanced supervision is mandatorily executed, this does not follow from the records, which we warned about in the Tour Report. Namely, inconsistent and incomplete data entry calls into question the correctness of the entire record, which is unacceptable because these measures can further restrict prisoners' rights.



In addition to normative deficiencies, the application of special measures to maintain order and security is also negatively affected by the conditions in which these measures are carried out in individual criminal authorities. For example, the POPBOS in the Pula Prison has not been adequately equipped since an incident occurred in 2015 during which an inmate set himself on fire and died of his injuries. Despite this, the measure of accommodation in POPBOS continues to be carried out in an identically equipped, insufficiently secure room.

Means of coercion

According to the data collected during the visits, coercive measures are rarely used, but their totality and comparison with previous years are not possible because we have not received MPUDT data for 2024 until the preparation of this Report.

To better understand the treatment of prisoners during the use of coercive measures, during our tour of the Lepoglava Penitentiary, we inspected the data and reports for 2023 and 2024. As with special measures to maintain order and security, the actions were not adequately recorded. For example, the Records of the Use of Coercive Means show that a spray gun with permitted harmless substances and a baton were applied to one prisoner. However, according to the report submitted by the Penitentiary in

Lepoglava to the SUZS and the executing judge, it follows that detention procedures were also applied that were not entered in the Register, which is inadmissible.

Furthermore, the prisoner was subsequently placed in POPBOS, where the next day, a means of coercion – a spray gun – was applied to him again. Since, according to the Records of the Use of Coercive Means, the prisoner was placed in the POPBOS at the time of the application of the sprayer, it is necessary to recall the position of the ECtHR in the case of *Perkov v. Croatia* (Application No. 33754/16) according to which "when the applicant is fully under the supervision of a representative of the State, the task of the Court is no longer to examine the severity of the injuries sustained during the proceedings, but the necessity of the treatment to which the applicant was subjected to determine whether he is the subject of the objection falls within the scope of Article 3. Convention. If such treatment is not considered strictly necessary, it constitutes degrading treatment and therefore an infringement of Article 3." (§ 31).

In the judgment of *El-Asmar v. Denmark*, the ECtHR found a violation of Art. 3 of the ECHR because the State has not proved that the application of the spray to the pre-trial prisoner in the observation room was strictly necessary. He also reiterated the concerns of international bodies about the use of nebulisers in confined spaces, in particular emphasising the position of the UN Committee Against Torture and the CPT, according to which the nebuliser is a potentially dangerous substance that should not be used in confined spaces, nor against a prisoner who has already been placed under control (§ 71).

Although the majority of judicial police officers, in the existing difficult working conditions, act professionally, prisoners, especially Roma, continue to state in interviews and anonymous surveys that they are exposed to physical or verbal violence. Such actions are unacceptable and, taking into account Art. We regularly warn about Articles 3 and 14 of the ECHR, i.e. Art. 14, 23 and 25 of the Constitution of the Republic of Croatia. This problem was also pointed out by the CPT in the Report on the visit to the Republic of Croatia in 2022, recommending the implementation of trainings to improve the skills of officials in dealing with high-risk situations, especially on ways to avoid crises and reduce tension, where the trainings should also include the prevention of discrimination and intolerance towards OLS of Roma origin (34).

In a survey during a tour of the Penitentiary in Lepoglava, all inmates from Department 1B (Department of Enhanced Surveillance) rated their relationship with the judicial police with the worst grade of 1, except for two who rated it with a grade of 3. While a few of them state that there are judicial police officers who behave professionally ("he always addresses you and strictly adheres to the rules"), most make worrying allegations and complain about their actions ("the police beat me and they didn't report it anywhere"; "They called me to the treatment department and beat me where there are no cameras"; "They beat me and insult me and are very arrogant towards all of us"; "They are very arrogant, they beat someone every now and then"; "Every month someone is beaten or slapped or in a room or where there are no cameras"). One inmate said he was taken to an area not covered by video surveillance and beaten there, which is extremely worrying.

In this context, we would like to remind you again that the UN Committee Against Torture, in its concluding observations from 2014, sent a recommendation to the Republic of Croatia on the necessity of examining all allegations that point to possible torture and inhuman or degrading treatment,

including those of verbal abuse and the use of excessive force. The CPT has also repeatedly stressed the need to create an atmosphere in which it is considered correct to report a colleague who abuses an OLS, and that it must be clear that the blame for the abuse lies not only with the perpetrators of such an act, but also with any person who knows or should know that the OLS is being abused, and does not prevent it or report it to the authorities (CPT/Inf(2004)28-part).

Violence among prisoners

Violence among prisoners is a problem that is present in the prison system and which, regardless of its frequency, needs to be dealt with continuously, systematically and comprehensively. This does not arise only from Art. 4 of the ZIKZ, which stipulates that the prisoner enjoys the protection of fundamental rights established by the Constitution of the Republic of Croatia and international treaties, but it is the duty of States, under the positive obligations from Articles 2 and 3 of the ECHR, to take appropriate preventive measures to protect the physical and psychological integrity and well-being of the OLS. Failure to do so, according to the practice of the ECtHR, often constitutes a violation of the rights under Art. 2 and 3 of the ECHR, respectively.

During the tour of the Zadar Prison, 86 % of the respondents stated that they felt safe. Five of them said that another prisoner attacked them, and seven that he threatened them. We received significantly different answers in the Penitentiary in Lepoglava at Department 1B (OPN), where as many as 71 % of prisoners stated that they did not feel safe. 40 % of them stated that another prisoner attacked them, and 47 % that he threatened them. Although these data indicate the presence of inter-prisoner violence, the situation is better than in 2017, when as many as 92 % of prisoners said that they did not feel safe in the Department. One of the possible causes is lower occupancy; in 2017, the occupancy of the Department was 79 %, and in 2024, it was 56 %.

According to information from the Ministry of Labour and Social Affairs, the adoption of a plan for the prevention of violence among prisoners, which will be based on the research report of the joint project of the SUZS and the Department of Criminology of the Faculty of Education and Rehabilitation Sciences in Zagreb "Violence in the Prison System", is expected at the end of 2025. Since we have continuously emphasised the need to adopt this plan in the Ombudswoman's reports since 2018, we will monitor its adoption with special attention.

In this context, it should be emphasised that in recent years, at the global level, the need to prevent radicalisation leading to terrorism or violence in prisons (VERLT - violent extremism and radicalisation leading to terrorism) has been pointed out. Although this phenomenon is still not present in the Croatian prison system, according to our information, it is possible, and therefore, it is necessary to work on prevention in time.

Cooperation with MPUDT (Directorate for the Prison System and Probation)

Education of prison system officials, especially on human rights of the OLS, is one of the prerequisites for the professional conduct of the judicial police. Therefore, we continued our cooperation with the MPUDT in conducting basic courses for officers of the security departments of penitentiaries and prisons. Through individual cases from the practice of the Ombudsman institution, our role in protecting the rights of the Ombudsman and preventing torture was clarified. In addition, through the presentation of the decisions of the Constitutional Court related to violations of Art. 23 and 25 of the Constitution

and the judgment of the ECtHR in cases against the Republic of Croatia in which a violation of Art. 3 of the ECHR pointed out the necessity of respecting the human rights of the OLS and the prohibition of torture.

As a rule, the requested statements are submitted by the SUZS and the penal authorities within the deadline set for this purpose, and we assess the cooperation with the MPUDT as good. However, in some cases, even when inhumane treatment has been established, the responses of the SUZS do not contain a notification of the action taken in response to the given warnings and/or recommendations – a certain practice is described in general and in principle, sometimes they only thank the recommendation. Such actions are contrary to the obligation under Art. 27 of the Ombudsman Act, according to which the authorities are obliged to inform the Ombudsman, within the time limit set by her, of the measures taken and may hinder the Ombudsman's work in protecting the rights of the OLS.

5. Persons with mental disorders whose freedom of movement is restricted

The Ombudswoman protects the rights of persons with mental disorders whose freedom of movement is restricted for several mandates. Based on the ombudsman's mandate and the mandate of the national institution for the protection of human rights, under the powers of the Ombudsman Act, it also acts on complaints in cases initiated on its own initiative. Based on the mandate of the National Preventive Mechanism (NPM), under the powers of the Act on the National Preventive Mechanism for the Prevention of Torture and Other Cruel, Inhuman or Degrading Treatment or Punishment, it prevents visits to places where there are persons with mental disorders whose freedom of movement is restricted. The work by objects is shown in the first part, and in the second, the insight gained through preventive visits.

5.1. Protection of the rights of persons with mental disorders

Most complaints in 2024 were related to the validity of voluntary consent and placement in a closed psychiatric ward, i.e. the lack of information to patients that voluntary treatment will be carried out in closed conditions. At the same time, in the work on cases initiated on our initiative, we checked the treatment of police officers towards persons with mental disorders.

For years, we have been pointing out the problem of placing voluntary patients in closed wards, which is a *de facto* deprivation of liberty, and which was also warned by the European Committee for the Prevention of Torture and Inhuman or Degrading Treatment or Punishment (CPT) of the Council of Europe in the latest Report on the Regular Visit to the Republic of Croatia. The CPT noted that patients in locked wards were *de facto* deprived of their liberty and thus deprived of the procedural safeguards applicable to involuntary hospitalisation. According to the CPT, it is not a matter of voluntary accommodation if voluntary patients are in closed wards and if a decision of a doctor or medical staff is required for their movement or exit. In such situations, it is necessary to review their legal status, i.e. initiate the procedure of forced hospitalisation.

In the case of a patient who was not informed or consented to be placed in a closed ward, but signed an informed consent for voluntary hospitalisation, we warned the psychiatric institution about the consistent application of the Act on the Protection of Persons with Mental Disorders (ZZODS). The clinic considered the detention an observation that can last for 48 hours, but given that the complainant signed an informed consent, the provisions on voluntary hospitalisation apply in such situations. The ZZODS defines the voluntary nature of accommodation as the continuous commitment of the patient, who should be allowed to revoke consent if he or she requests it. According to Art. 25 of the ZZODS, a person may revoke the consent to voluntary placement at any time, but then the consequences of ceasing to use the medical procedure must be explained to them. The revocation of consent is followed by either discharge from the hospital or initiating the procedure of forced hospitalisation, but the patient cannot be considered to be under observation if he has withdrawn consent in the meantime.

Regarding the recommendation from the 2023 Report not to restrict the freedom of movement of voluntary patients and to allow them to revoke informed consent during hospitalisation, the Government of the Republic of Croatia responded. that the Croatian Institute of Public Health has produced leaflets "Rights of persons in a psychiatric institution – informed consent to

treatment" to help psychiatric institutions inform patients about their rights in an appropriate way and simple language. However, given that people with mental disorders continue to complain to us that they did not agree to accommodation in closed conditions when they signed the informed consent and that they cannot withdraw it, we reiterate the recommendation not to restrict the freedom of movement of voluntary patients and to allow them to revoke informed consent during hospitalisation.

Recommendation (reiterated)

Psychiatric institutions, that voluntary patients are not restricted in their freedom of movement and that they are allowed to revoke informed consent during hospitalisation

Under the ZZODS, persons with mental disorders should be familiar with the rights, reasons and goals of accommodation, as well as the purpose, nature and consequences of the medical procedure, with information on their health status and participate in planning, treatment, as well as rehabilitation and resocialisation. Part of the complaints related to the forced treatment of voluntary patients who were not familiar with the therapy they were receiving or were not allowed access to the medical records, which is their right under Art. 14 of the ZZODS.

Regarding patients' rights, in last year's report, we recommended that the Ministry of Health educate medical staff on the obligation and manner of familiarising patients with their rights during their stay in psychiatric institutions. Concerning this recommendation, the Government of the Republic of Croatia stated that respecting the rights of persons with mental disabilities and encouraging recovery is in the focus of the Strategic Framework for the Protection of Mental Health of the Republic of Croatia, and that the development of action plans for all areas of the Strategic Framework is underway, and that the online education of the World Health Organization on the rights of persons with mental health problems has been translated into Croatian.

We also received complaints from people with mental disorders who were not satisfied with the initiation of the involuntary hospitalisation procedure or who did not want to stay in forced accommodation. In these cases, we pointed to Art. 31 of the ZZODS, according to which a person is

detained in a psychiatric institution if a psychiatrist determines the existence of reasons for forced detention, and the decision on that person is entered in the medical documentation. The county court is notified of the forced detention, which decides on forced placement. We informed the complainants that the Ombudswoman protects the rights of persons with mental disorders during their stay in psychiatric institutions, but that she cannot enter into the medical aspect, i.e. that the decision on forced detention is made by a specialist psychiatrist based on an individual assessment, while the court makes the decision on forced placement based on an expert opinion.

The tragic event at the Prečko Elementary School at the end of 2024 triggered a public discussion about the need for hospitalisation of people with mental disorders. Questions were raised about how decisions were made about forced hospitalisation, and there were noticeable concerns about community safety when treating people with mental disorders at large. Internal hospital supervision was carried out, and the Ministry of Health was inspected. Several psychiatrists publicly pointed out that psychiatric care in the Republic of Croatia is at a low level due to insufficient funds and a lack of specialists. It was also stated that there are only about 50 child psychiatrists in the Republic of Croatia, which is insufficient, as we previously pointed out during the e-consultation on the Draft Implementation Program for the Development of Child and Adolescent Psychiatry in Hospital Health Care.

After the inspection, the competent minister stated that a revision of the guidelines for the treatment of persons with mental disorders is needed. The Croatian Psychiatric Association (HPD) believes that the treatment of persons with mental disorders is carried out following a law that is similar in most European countries that emphasise the right to patient autonomy and deinstitutionalisation with the development of outpatient models of care, which would enable the return of these people to the community and their rehabilitation. Under the HPD, in the treatment of persons with mental disorders, it is not possible to predict the deterioration of the condition, the occurrence of suicidality or aggression, which is influenced by numerous factors that are independent of the psychiatric diagnosis. It is necessary to strengthen the system with sufficient medical staff, with adequate evaluation of psychiatric services, development of more elaborate protocols and strengthening the connection of care services, to reduce the risk as much as possible and ensure timely recognition of situations that require specific interventions. In this context, it should be noted that the World Health Organisation (WHO) in its Mental Health Action Plan 2013-2020 recommended reducing the frequency of hospitalisations that occur due to a lack of care in the community and increasing the availability of various mental health services in the community.

On our initiative, we initiated an investigation into a case at the Insula County Special Hospital on the island of Rab, in which, after a verbal conflict between two voluntarily hospitalised patients in the open ward escalated into a physical one, the younger patient inflicted several blows to the head of the older one, from which he died. The Special Hospital stated that the incident occurred within a minute in the rehabilitation ward with more freedom of movement of patients and that measures were taken to reduce the traumatic effect on other patients, and the Rijeka County State's Attorney's Office filed an indictment for the criminal offense of murder committed in an unaccountable state. Although these were patients in the rehabilitation department and the deterioration of the condition and aggressiveness cannot be predicted, we remind you of the obligation of the state under Art. 2 of the Convention, which requires appropriate steps to be taken to protect the lives of persons under its jurisdiction, in the specific case of persons with mental disorders undergoing hospital treatment.

Due to the importance of an effective investigation of serious crimes against sexual freedom of persons with mental disorders and their adequate sanctioning, we followed the case of a sexual assault by a driver of the Ugljan Psychiatric Hospital (PB Ugljan) on a patient, which resulted in the termination of the employment contract and court proceedings in which the perpetrator was sentenced to six years in prison.

In 2024, the ECtHR issued a judgment in *T.V. v. Croatia* (no. 47909/19), in which it found a violation of the substantive and procedural aspect of Art. 2 of the ECHR concerning the treatment of V.D., a person with mental disorders. The ECtHR found that the police officers were aware that this was a person with mental disorders, disturbed during their intervention. Despite this, they did not immediately seek medical help, as prescribed by the Instruction on the Treatment of Persons with Mental Disorders by the Police, but used a spray to calm him down and kept him in an unfavourable lying position with his chest and face facing the ground until the arrival of the ambulance. In the same position, V.D. was supposed to be transported to the hospital, which is more than an hour's drive away, without being provided with professional supervision and proper monitoring of his condition in the ambulance. Therefore, the ECtHR concluded that V.D.'s distress and subsequent actions of the state authorities resulted in a fatal outcome, which cannot be said to have been completely unforeseeable to the police and/or medical staff. The force used was not "absolutely necessary" and therefore the state did not fulfil the positive obligation to protect life from Art. 2 of the Convention in the substantive aspect. In connection with this case, we investigated our own initiative in 2017 and recommended that the Police Directorate and the Ministry of the Interior consider training police officers who would specialise in dealing with persons with mental disorders. The need for specialisation of police officers is in line with the ECtHR Decision *Shchiborshch and Kumini v. Russia* (2014), which states that police should undergo training to ensure that persons with mental disorders are treated appropriately.

As a member of the Expert Council for the Enforcement of Decisions of the ECtHR, we submitted an opinion on the draft Action Plan for the Enforcement of the judgment of *T.V. v. Croatia* and we welcomed the announcement of an amendment to the law that will define that only specially trained police officers can intervene when it comes to persons with mental disorders. Consequently, we

emphasised that it is necessary to train a sufficient number of police officers to deal with persons with mental disorders who will be deployed in all police departments in the Republic of Croatia, and that only exceptionally, in particularly urgent situations, can police officers who are not specialised act. At the same time, for the sake of careful treatment of persons with mental disorders, it is desirable to introduce additional education for all police officers.

Recommendation

Ministry of the Interior, to train a sufficient number of police officers to treat persons with mental disorders who will be deployed in all police departments in the Republic of Croatia

Furthermore, although Art. 139 par. 4 of the Ordinance on the Conduct of Police Officers, it is defined that a police officer shall not use means of coercion against a child, a pregnant woman in a visible state of pregnancy, an elderly and visibly ill or infirm person, a person with mental disorders and a person with a severe disability, unless such a person endangers the life or safety of a police officer, the life or safety of another person or his or her own life, or the conditions prescribed by a special regulation are met, It is necessary to elaborate in more detail the types of coercion and the manner of their application

that can be used in exceptional situations towards people with mental disorders. In the judgment of T.V. v. Croatia, it is stated that the position in which a person was held with his face to the floor is contrary to CPT standards, since this position may be life-threatening to the person against whom the means of coercion are applied.

In 2024, on our own initiative, we launched an investigation into the case of a person with mental disorders who died during a police intervention near Garešnica. In this case, the police officers, despite knowing that it was a person with mental disorders, failed to apply the Instruction on the Procedure of the Police in Bringing a Person with Mental Disorders to a Psychiatric Institution.

In its statement, the Police Directorate stated that the police officers were aware that the person had established mental disorders, that they received the first report of violent behavior at 7:10 a.m., that they approached the residential address at 08.00 a.m. and began to intervene, that the person refused to comply with orders and became increasingly agitated, that in addition to restraints, they also used a spray with irritating substances, that physical force was used to provide active resistance, that the person with mental disorders was lying on his stomach to overcome the resistance, and that the arrival of the ambulance was requested at 8:35 a.m. because the person could not be calmed down. In the meantime, the person's condition worsened, with the arrival of the ambulance at 8:55 a.m., resuscitation began, and at 9:30 a.m., death was confirmed.

Recommendation

Ministry of the Interior, to submit instructions to all police administrations and police stations on the consistent application of the Instruction on the Conduct of the Police in Bringing a Person with Mental Disorders to a Psychiatric Institution

According to the Instruction on the Procedure of the Police in Bringing a Person with Mental Disorders to a Psychiatric Institution, which police officers, acting ex officio or on call, when they determine the danger that a person will seriously and directly endanger their own or someone else's life, health or safety, must request that medical personnel come to the scene and take the necessary actions. There was enough time to call the medical staff in

this case, and there might not have been a need to use coercive means. Consequently, we recommend that the Ministry of the Interior submit an instruction to all police administrations and stations on consistently applying the Instruction on the Conduct of the Police in Bringing a Person with Mental Disorders to a Psychiatric Institution.

The treatment of persons with mental disorders by the police was one of the topics of the meeting of the Network of Independent Institutions Responsible for Complaints against the Police (IPCAN). During the meeting, the Declaration for the Treatment of Persons with Disabilities by the Police was adopted, with recommendations for the treatment of persons with mental disorders. Among other things, it is recommended to regulate in more detail the use of coercive means against persons with mental disorders, as well as to use them only exceptionally. Furthermore, police officers should exercise special care when participating in escorts to mental health institutions, especially in cases of imminent danger of self-destructive or aggressive behaviour, and assist medical staff appropriately. It is necessary to conduct training on communication with people with mental disorders, with a special emphasis on de-escalation techniques; develop protocols and guidelines for responding appropriately and effectively to complex situations involving persons with mental disorders; and encourage police awareness of the

topic of mental health, especially of officers involved in dealing with people with mental health problems.

5.2. Performing the tasks of the NPM

During 2024, we visited the Department of Psychiatry of the Čakovec County Hospital (OPŽB Čakovec), the Department of Psychiatry of the Bjelovar General Hospital (OPOB Bjelovar) and the Vrapče Psychiatric Clinic (Vrapče Clinic).

The purpose of the visits was to determine the conditions in which persons with mental disorders are treated, their treatment, the awareness of patients about their rights, and the legality and purposefulness of the application of coercive measures.

Accommodation conditions

The conditions for the accommodation of patients within the health system of the Republic of Croatia are prescribed by the Ordinance on Norms and Standards for the Provision of Health Care (Ordinance on Norms and Standards).



During the visit to the OPŽB Čakovec, it was found that there was enough space in the rooms in the closed and open wards, and no overcrowding or violation of patients' privacy was observed in any of the rooms. All rooms are airy and well-lit by natural and artificial light, and they have proper PVC joinery, high cleanliness, and hygienic protection.

The floors of the rooms are coated with a PVC substrate that prevents slipping, while a central heating system provides the heating of the rooms. Accommodation rooms and hallways have air conditioning installed, thus ensuring a pleasant stay even in the summer heat.

There are enough sanitary facilities in OPŽB Čakovec, which have been renovated. It was noted that the Department has a special sanitary facility for maintaining the hygiene of people with disabilities, which is spacious and allows medical staff to be operational in helping patients maintain hygiene.

As an example of good practice, we would like to point out that OPŽB Čakovec has a special single room that accommodates patients suspected of suffering from infectious diseases and has a special sanitary facility and all the necessary connections and signalling. Video surveillance and an intercom are also installed in the room, enabling communication between the patient and the medical staff.



In contrast, the isolation room is inadequate due to its small size and the inability of patients to relax. The walls do not have a protective coating and can be dangerous for isolated patients who, in a state of delusion, hallucination or aggression, may resort to self-harm.

The room has no window, so there is no natural light and fresh air, contrary to the Guidelines for the Prevention of Admission without Consent and the Application of Coercive Measures in Psychiatric Institutions of 2021 (Guidelines). Consequently, during the tour, we recommended securing an isolation room whose arrangement and inventory prevent patients from self-harming, which has a larger space and allows the isolated patient to move and access daylight and fresh air.

In OPOB Bjelovar, there are six beds in the dormitories of the closed ward, which is contrary to the Ordinance on Norms and Standards, according to which a patient room can have a maximum of four beds. This is also contrary to CPT standards, according to which high-capacity dormitories can lead to a negative therapeutic and depersonalising effect on users, where such conditions can compromise their

privacy and obstruct the creation of a supportive environment. It is therefore necessary to ensure that no more than four users are present in any such room.

The rooms in the open-air department are of adequate capacity, airy and well-lit by natural and artificial light, and of a high level of cleanliness, hygienic and sanitary protection. In addition to hospital beds and bedside tables, the rooms are equipped with tables and chairs for socialising and resting patients, but not with wardrobes.

At OPOB Bjelovar, there is a special room in which, without the possibility of observation from other patients, means of coercion can be applied or in which people suspected of suffering from infectious diseases can be placed. The room has a separate toilet and all the necessary connections and signalling. It also has video surveillance and an intercom that allows the patient to communicate with the medical staff, and screens are placed between the beds. However, when this room is used for patients with infectious diseases, there is no adequate replacement room for applying coercive measures. Therefore, restraint is also conducted in rooms where other patients are accommodated.



Due to the clinical picture of patients at OPOB Bjelovar and the need for all-day surveillance in the rooms of the closed part, video surveillance was installed, which allows medical staff to observe patients in real-time because the cameras cannot record or reproduce. In this way, health personnel can intervene towards high-risk people.

However, too widespread use of video surveillance can violate the privacy rights of people with mental disorders. According to the CPT, video surveillance should be used according to an individual assessment of the risk of self-harm or suicide.

The guide of the Association for the Prevention of Torture (APT) states that it is necessary to establish a balance between the safety and dignity of persons deprived of liberty, and the use of security methods is acceptable only when it is necessary. When using them, including video surveillance, applying a proportionality test to protect patients' privacy in psychiatric treatment is necessary.

During the visit, it was determined that patients in the closed part of OPOB Bjelovar were not allowed to stay in the fresh air and daylight. However, CPT standards require outdoor recreation (under different weather conditions, with a place where they can shelter from rain or intense sun). Inadequate infrastructure cannot be an excuse for preventing patients from accessing the courtyard area for walking/recreation. Therefore, it is necessary for all patients, regardless of the status of accommodation, to stay in the fresh air and daylight.

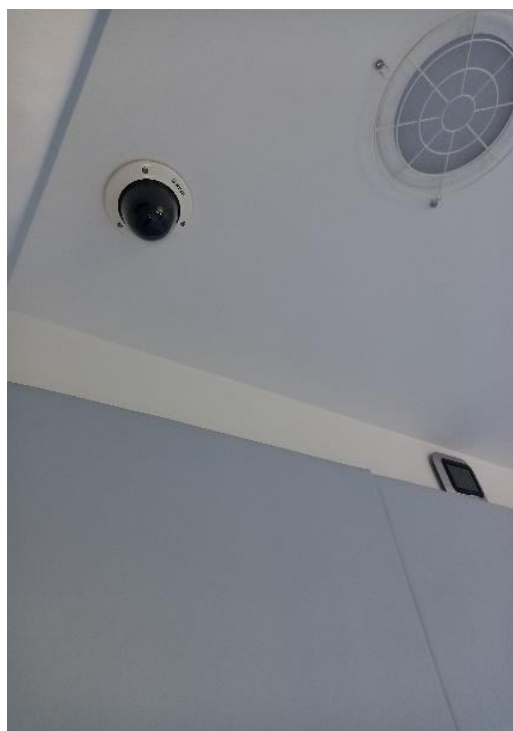
During the tour of the Vrapče Clinic, we found that the new Institute of Forensic Psychiatry meets CPT standards in terms of accommodation capacities and has well-equipped rooms for rehabilitation and social therapy. Such accommodation conditions directly impact patients' behaviour, so the number of incidents and the use of coercive means are reduced.



The rooms at the Institute are airy and well-lit by natural and artificial light, and the floors are covered with a PVC substrate that prevents slipping. There are enough hospital beds in the rooms with electronic control and adjustment, which makes it easier to work with patients with limited mobility. We did not notice overcrowding or invasion of patients' privacy.

The rooms have an oxygen connection, signalling for calling medical staff and wall lighting, which is in line with Art. 52 of the Ordinance on Norms and Standards. However, it has been noticed that in some rooms, there is a lack of chairs, tables, and wardrobes. Hence, patients primarily store their clothes and valuables in common cabinets under the supervision of medical staff.

The bathrooms are equipped with shower cabins and adapted to maintain the hygiene of people with disabilities, which is in line with CPT standards that indicate the need to provide hospital equipment to provide adequate care to people who spend their time mainly in bed, as the absence of equipment can lead to unsatisfactory conditions.



An example of good practice is the existence of a room for the isolation of aggressive/agitated patients equipped with video surveillance. The walls and floors of the room have a protective spongy coating that prevents injury to isolated patients who may resort to self-harm.

This room complies with standards according to which the isolation room must allow staff to observe the condition and communicate with patients, must be well insulated, ventilated and can control the temperature outside the room, have access to a toilet and a hygiene area, and be equipped with furniture, windows and doors that cannot be destroyed or used as a tool for injury.

A new Department of Biological Psychiatry and Psychogeriatrics has been opened at the Vrapče Clinic, which is equipped and organised according to the highest standards for protecting elderly people with psychosocial difficulties.

The equipment and infrastructure of the Institute are adapted to immobile patients who need 24-hour care and who suffer from mental and somatic diseases. Special rooms intended for palliative care are equipped with mobile beds, which makes it easier for medical staff to feed and dress patients. They are also equipped with special medical chairs that make it easier to lift patients, place them from lying to sitting positions, and transport them to sanitary facilities to maintain hygiene.

The Institute also has several rooms with a special purpose that enable exercise and preservation of patients' cognitive and mental abilities, as well as a "sensory room" in which an individualised sensory approach is applied with the aim of relaxation and prevention of stress and aggression in patients.

The rooms of the Intensive Care Unit are equipped with modern apparatus, aids to help lift and transfer patients, an oxygen supply system, and defibrillators to resuscitate patients.

The Institute for Diagnostics and Intensive Care has an emergency unit in which rooms are fenced with glass partitions, and video surveillance is not installed. This is contrary to Art. 53 of the Ordinance on Norms and Standards states that the emergency psychiatry department must establish two supervised rooms of at least nine square meters with video surveillance. Therefore, it is necessary to replace the glass partitions, through which other patients can see what is happening in the rooms, with video surveillance through which only medical staff will monitor the condition of patients in the Emergency Department.



At the Institute for Extended Treatment, there are up to seven beds in some rooms, so patients are limited in movement due to the limited space, i.e. they are prevented from any form of privacy. Some beds are practically joined, which is not in line with the Ordinance on Norms and Standards and CPT standards, according to which dormitories with a large capacity have an adverse therapeutic and depersonalising effect and compromise privacy. Therefore, no more than four users should be accommodated in any room.



The problem of an excessive number of beds per room (male and female wards) also exists at the Institute for Psychotic Disorders. During the visit, we noticed numerous structural damages caused by the earthquake that must be repaired.

We especially highlight the rooms of intensified surveillance in which ten patients are accommodated, contrary to Art. 51 par. 1 of the Ordinance on Norms and Standards, according to which a patient room can have a maximum of four beds.

Based on what has been observed during the visits, it can be stated that the conditions of accommodation in most rooms of psychiatric departments of general hospitals and some institutes of the Vrapče Clinic are in line with the standards of the Ordinance on Norms and Standards and the recommendations of the CPT. Such spatial conditions create a positive therapeutic environment. However, the conditions in some rooms of psychiatric departments, general hospitals, and most institutes in Vrapče are not in line with the standards and need to be regulated to have a positive effect on the treatment of people with mental disorders. Based on the shortcomings observed during the visits, we recommended that psychiatric institutions adapt the accommodation conditions in line with national and international standards.

Informed consent, voluntary accommodation and information on rights

Upon arrival at the Department or Clinic, patients sign a consent form by which they accept the recommended diagnostic or therapeutic procedure.

On the day of the visit to the OPŽB Čakovec, there were no forcibly placed patients, but nine of them were in a closed ward where their freedom of movement was restricted, which, according to the General Comment of Article 4. Optional Protocol to the Convention against Torture and Other Cruel,

Inhuman or Degrading Treatment or Punishment (OPCAT), *de facto* deprivation of liberty. This General Comment was published by the UN Subcommittee on the Prevention of Torture and Inhuman or Degrading Treatment or Punishment (SPT) in mid-2024 in response to emerging trends and the need for additional interpretation of what can be deprivation of liberty, including accommodation within certain institutions where persons cannot leave of their own free will, or without the permission of the competent staff. Following the above commentary, the basic condition that determines whether it is a place of deprivation of liberty is the will of the person who is detained - if he or she cannot leave the institution without permission, such a status of the person is defined as *de facto* deprivation of liberty.

Some of the patients of OPŽB Čakovec stated that they did not remember that they had signed the consent and were familiar with the reason for the placement and treatment in a psychiatric institution. Although there was a signed consent in the medical documentation, it is questionable how they were informed and whether they could have given informed consent at all due to their mental state. Some patients who signed the consent stated they were unaware they could withdraw their voluntary consent.

At OPOB Bjelovar, one patient was in the process of forced hospitalisation, and six of them were in a closed ward due to increased surveillance. According to the information of medical professionals, patients in the closed ward are informed that due to the condition in which they are, they will be in conditions of limited freedom of movement and that they can go out into the fresh air accompanied by family members or medical staff. However, the patients stated that they were undergoing voluntary treatment and that they had agreed to hospitalisation, but that they were not aware that they would be placed in a closed ward and that they could withdraw their consent.

During the visit, 543 patients were accommodated at the Vrapče Clinic, of which 470 were on voluntary accommodation according to Art. 25 of the ZZODS (written consent for treatment), two forcibly detained under Art. 28 of the ZZODS, one forcibly placed under Art. 34 of the ZZODS (by court decision), and 70 patients at the Institute of Forensic Psychiatry, who were ordered by the court to undergo forced treatment because they committed criminal offences in an unaccountable state. Some of the voluntary patients were in closed wards, with limited movement. Most of them stated that they were aware that they would be placed in a closed ward until their health condition improved, with which they agreed, but some of them stated that they were not informed about the placement in a closed ward or that they could withdraw their consent. Several patients stated that they were forced to sign a voluntary consent, and we instructed them that they could file a complaint with the Ombudsman.

If a person with mental disorders does not have complete information concerning the conditions of placement in a psychiatric institution, or the information was given to him in a way that was not understandable, the validity of such informed consent is questionable. The validity of informed consent is particularly important in determining whether a person can have a voluntary status or if involuntary hospitalisation should be initiated. Bearing in mind the expert guidelines on the validity of informed consent, it is necessary to meet the following conditions: completeness of information so that the patient can make a decision, communication of information appropriately and understandably, voluntariness of consent and the patient's ability to decide on treatment. If the patient cannot understand the information and give consent, the provisions of the ZZODS on forced detention apply.

Following the Approach of the Subcommittee on Prevention of Torture and Other Cruel, Inhuman or Degrading Treatment or Punishment regarding the rights of persons institutionalised and treated

medically without informed consent from 2016, informed consent is a voluntary decision made based on a clear understanding and sufficient information about possible effects and side effects treatment and the likely consequences of abstaining from treatment.

Bearing in mind the current situation, we have warned psychiatric institutions not to restrict the freedom of movement of voluntary patients without their consent, to ensure their stay in the fresh air and to allow them to revoke their consent during hospitalisation.

At OPŽB Čakovec, leaflets with information about patients' rights are available in the living room, but most patients stated that they are not sufficiently familiar with their rights during their stay in the department. During the visit to OPOB Bjelovar, it was not noticed that information on the rights of persons with mental disorders under the ZZODS was visibly highlighted. At the Vrapče Clinic, leaflets with information can be found in each department, and information on patients' rights is also displayed on notice boards. Most patients said they knew their rights, but some could not remember. According to the medical staff, the clinic has created a written document that is given to each patient upon admission, per the ZZODS and CPT standards.

During the visit to the Institute of Forensic Psychiatry, the problem of patients who are foreign nationals who want to continue treatment in their home countries was emphasised. However, due to the lack of an agreement on their transfer or due to the lack of an adequate psychiatric institution in their home country, they are still undergoing treatment at the Vrapče Clinic.

Due to the lack of institutional support from social institutions, forensic patients sometimes remain at the Institute even though the conditions for treatment are met in large part. There is also a lack of social support for patients in the Department of Extended Treatment who do not have family help. They are kept in accommodation even after the end of treatment and cannot be provided with accommodation in social institutions because they are considered to be at risk for safety. According to the doctors, "psychiatric hospitals are becoming a substitute for social institutions and people with mental disorders are staying in closed conditions even though they meet the conditions for treatment at large."

The lack of non-institutional support slows down the process of de-institutionalisation, which was also pointed out by the CPT stating that some patients stay in psychiatric institutions even though they have no further need for hospital treatment, and recommended taking additional measures to reorganise the system of care for people with mental disorders and provide greater support in the process of de-institutionalisation. Therefore, it is necessary to provide those persons who can be treated in freedom through interdepartmental cooperation with better institutional support, i.e. the necessary accommodation in social institutions and social support, as well as further supervision and availability of mental health services in the community.

Treatment of persons with mental disorders and the right to complain

During the visit, we did not receive any complaints about the actions of the medical staff, but there were several complaints related to the quality and quantity of food and the restriction of freedom of movement.

There are no complaint boxes or complaint submission forms at OPŽB Čakovec and OPOB Bjelovar, and remarks or complaints are mostly resolved by interview. In the case of a written complaint, it is

submitted to the Quality Unit. Psychiatry departments do not have records or a Register of received complaints. During our conversations with patients, we received no complaints about the possible disabling of the submission of complaints. Considering the current situation, we recommend that psychiatric institutions create forms for submitting complaints, make them available to patients, and set up mailboxes for their submission.

An example of good practice is the Protocol for Complaints and the complaint form developed by the Vrapče Clinic, which can be inserted into the complaint boxes or submitted to the Quality Management Unit, which is in line with CPT standards.

Individual treatment plan and occupational therapy

An individual treatment plan, treatment and occupational therapy are important in the recovery process, and treatment should be based on faith in recovery and healing, excluding stigmatisation and discrimination against people with mental disorders, as indicated by the World Health Organisation.

During the visits, we found that at OPŽB Čakovec, OPOB Bjelovar and some Institutes of the Vrapče Clinic, individual treatment plans are not made according to the recommended professional standards. Treatment should be carried out according to individual assessment and conclusion, which includes bio-psycho-social methods, to ensure optimal treatment for each patient. According to Art. 14 of the ZZODS, patients should be familiar with and participate in the planning and implementation of their treatment, rehabilitation and resocialisation.

Recommendation

The Ministry of Health, the counties and the City of Zagreb, to ensure a sufficient number of doctors and medical staff in psychiatric departments and psychiatric hospitals

The lack of doctors and other professionals also affects regular record-keeping and preparation of an individual treatment plan. The insufficient number of specialist doctors was especially emphasised during the tour of the Vrapče Clinic, but this was also noticed in the visits to the psychiatric departments of the hospitals in Bjelovar and Čakovec. Therefore, we recommend

that the Ministry of Health, counties and the city of Zagreb provide a sufficient number of doctors and medical staff in psychiatric departments and psychiatric hospitals.

Application of coercive measures

The ZZODS regulates the use of coercive measures, and according to CPT standards, it can only be used as a last resort (*ultima ratio*) to prevent imminent danger to the patient or other persons, and only for as long as necessary. Any use of coercive measures against persons with mental disorders must be justified, and if there is no necessity, it is considered inhuman and degrading treatment, as pointed out by the Constitutional Court in Decision U-III-4484/2013 of 2023. Personnel should be trained in the use of de-escalation techniques to reduce the use of coercive measures. The frequency of their application, the manner of use, the procedure by which they are determined, and their duration are significant indicators of the quality of psychiatric treatment and the level of protection of human rights in psychiatry.

It is positive that the Ministry of Health, based on the recommendation from the Report for 2023 to educate medical staff on the use of coercive measures, recommended that psychiatric institutions organise education on communication and de-escalation techniques, as well as legal regulations and techniques for the application of coercive measures, at least once a year. The need for mandatory education of employees of health and social institutions on the application of coercive measures was also pointed out by the Commission for the Protection of Persons with Mental Disorders, which proposed amendments to the ZZODS that would define this obligation.

In 2023, 246 applications of coercive measures were recorded in OPŽB Čakovec, of which 158 in the first half of the year and 88 in the second. In the first six months of 2024, there were 205 applications of coercive measures, which leads to the conclusion that they are frequently applied.

In 2023, 47 applications of coercive measures were recorded in OPOB Bjelovar, of which 23 were implemented in the first six months, while 24 were recorded in the second six-month period. In the first half of 2024, there were 21 of them, so it can be concluded that the application of coercive measures is rarely used and that de-escalation techniques are applied, which is good practice in the treatment of people with mental disorders. However, due to the lack of medical staff, the police are called upon to intervene in the application of coercive measures, which is not in line with the Ordinance on the types and manner of application of coercive measures against a person with severe mental disorders (Ordinance on Coercive Measures) and the Instruction on the procedure of the police on bringing a person with mental disorders to a psychiatric institution. The provision of assistance by the police is justified only in exceptional situations, and in other situations, it is necessary to ensure that there is enough medical staff in the ward who can independently apply coercive measures against the patient.

At the Vrapče Clinic in 2023, coercive means were used 834 times, of which 413 were implemented in the first six-month period, while 421 measures were applied in the second six months. In the first half of 2024, 428 coercive measures were recorded. An average of two applications of coercive measures per day for five hours indicates that they are used for a short duration and that the application is interrupted when the necessity of application ceases.

According to Art. 19 of the Ordinance on Coercive Measures, a psychiatric institution is obliged to adopt a strategy for the prevention of violence in the workplace and to continuously educate health professionals to recognise the escalation of patient behaviour at an early stage and acquire the skills to act quickly in the event of an incident. The Vrapče Clinic has a Strategy for Preventing Violence at the Workplace, but OPŽB Čakovec and OPOB Bjelovar do not have one.

The Vrapče Clinic also has a Protocol on the Application of Coercive Measures, which states that they are used only when the staff cannot calm the patient down with de-escalation techniques, and according to which the reasons for their application and termination should be recorded in the medical documentation.

At OPŽB Čakovec and OPOB Bjelovar, nursing documentation is duly filled out, while medical documentation is deficient and is not kept according to Art. 15 of the Ordinance on Coercive Measures. Doctors usually enter only the reason for applying the coercive measure, and for subsequent visits to the patient, only the time of extension or interruption, without stating the reason. The doctor is obliged to write down the procedures for applying coercive measures, the mental and physical condition of the patient, the time of the visit, all interventions and the date and time of discontinuation of the measure. Within 24 hours of the end of the measure, he is obliged to enter data on the mental state, the degree

of self-control, the effect of pharmacotherapy and the implementation of the health care plan. We know that in the conditions of a shortage of doctors and the consequent increase in the scope of work, keeping medical records is an (administrative) burden, but it is necessary to keep them regularly to control the application of coercive measures. By inspecting the medical histories at the psychiatric departments of general hospitals and the Vrapče Clinic, we have determined that coercive means are also used against voluntary patients, which is contrary to CPT standards. A patient on voluntary accommodation can only be restrained if they agree. If he does not agree, and the use of coercion is necessary, it is necessary to review his legal status, i.e. initiate the procedure of forced hospitalisation.

In OPŽB Čakovec, there is a special room for applying coercive measures, which is rarely used. Coercive measures are usually carried out in the rooms where patients are accommodated, with other patients being moved to protect the privacy of the fixed patient and ensure peace of mind. In OPOB Bjelovar, a room for intensive surveillance, equipped with video surveillance, is used, and screens have been placed between the beds to protect patients' privacy. However, when this room is occupied, coercive measures are also applied in rooms where other patients are accommodated.

Recommendation (reiterated)

Psychiatric institutions, to carry out coercive measures in special rooms without exposure to the eyes of other patients, with continuous monitoring of the health condition

At most of the Institutes of the Vrapče Clinic, coercive measures are applied in special rooms that do not have video surveillance, but the staff have an insight through the glazed surfaces. More patients are accommodated in these rooms, which is not in line with the recommendations of the CPT

submitted in the report after the last visit to the Republic of Croatia, which states that persons subject to coercive measures should not be exposed to the gaze of other patients, to protect their privacy. Therefore, we recommend that coercive measures be carried out in special rooms without exposure to the eyes of other patients, with continuous monitoring of the health condition by medical professionals.

6. Homes for the elderly: performing the tasks of the NPM

During 2024, three visits were carried out, namely the Home for the Elderly and Disabled Split (Dom Split), the Home for the Elderly and Disabled Persons Sisak (Dom Sisak) and the Home for the Elderly and Disabled Gospić (Dom Gospić) to determine the level of respect for the human rights of the elderly in institutional care.

The purpose of the visits was to determine the conditions in which the beneficiaries accommodated in the homes live, the way they are treated, whether their specific needs are taken into account, whether adequate health care and care are provided, as well as the method of implementing enhanced care for immobile/immobile and demented persons, i.e. whether their fundamental rights and freedoms, including the prohibition of torture, are respected, inhuman or degrading treatment.

Lack of staff is one of the biggest problems of the homes we visited. The Split Home mostly lacks nurses/technicians, and we can point out as a positive example that after the recommendation of the Ombudswoman from a previous visit to this institution, the employment of eight physiotherapists was realised. In the Sisak Home, insufficient cooperation with the founder of the Home, i.e. the county, was pointed out concerning the employment of necessary staff. The lack of staff is also a problem in the Gospić Home. Only one social worker is employed at the headquarters of the Home in Gospić. However, the Ordinance on the Internal Organisation and Systematisation of Jobs envisages two social workers at the headquarters of the Home, and one executor for social work is also envisaged in the Branches of the Home in Udbina and Otočac. Many health workers have left, and interest in employment is weak.

Conditions of accommodation of infirmaries

Based on the mandate of the National Preventive Mechanism (NPM), under the powers from the Act on the National Preventive Mechanism for the Prevention of Torture and Other Cruel, Inhuman or Degrading Treatment or Punishment, we paid special attention to the conditions of accommodation of persons whose freedom of movement is restricted, in inpatient wards of homes for the elderly and infirm.

Home Split

Home Split provides housing, food, assistance and care, social work, health care, rest and recreation and other activities, depending on the users' needs, abilities and wishes. The lodge is located in three locations, in the facilities, "Zenta" and "Vukovarska" in Split and Stari Grad on the island of Hvar. The tour was focused on the facilities in Split, which are positioned on accessible terrain with unhindered access using transport and pedestrian access roads, so users with reduced mobility, as well as users who use mobility aids, can move unhindered.

In the Department of Alzheimer's and Other Dementias and the stationary part of the "Zenta" facility, living room rooms are very modestly decorated, without additional furniture or inventory, and seem depersonalised. In the rooms of this department, it was noticed that there are no exhibited paintings, photographs, souvenirs or small pieces of furniture that are the property of the users, which does not contribute to the creation of a stimulating therapeutic environment.

All rooms in the inpatient room are double, which is an example of good practice, bearing in mind the CPT standards that emphasise that dormitories with a large capacity have a negative therapeutic effect on users. The rooms are airy, have proper PVC joinery, and are well lit by natural and artificial light. Installed blinds protect from the direct penetration of the sun's rays. Concerning the mobility and safety of users, it was determined that the rooms have installed the so-called SOS bell on the wall above the head of the bed, appropriate medical connections and, if necessary, grips for people with reduced mobility/immobility, which is in line with the Ordinance on Criteria.

On the ground floor of the "Vukovarska" building, there is a stationary part where immobile or hardly mobile people are accommodated. The corridors of the stationary part are clean and tidy, well lit by artificial and natural light, and informative posters, leaflets and paintings are displayed on them. As an example of good practice, we point out that the stationary rooms in this facility are personalised since users exhibit their paintings, photographs, and souvenirs and own certain pieces of personal furniture. All rooms are heated during the winter using a central heating system and a radiator system, while air conditioners are installed to cool the rooms in the summer, but only in the corridors. Considering that some of the rooms are located on the south side of the building and are directly exposed to the sun, it is necessary to install air conditioning in the rooms as well.

Within the Department for Alzheimer's and Other Dementias in the "Vukovarska" facility, some rooms are triple, which is contrary to the Ordinance on Criteria, which prescribes that dormitories in such accommodation units of the institution can have a maximum of two beds, and out of the total number of dormitories, at least two dormitories should be single. The rooms in this Department look dilapidated and are equipped with dilapidated furniture, and the quality of accommodation is noticeably worse than in the rooms located on the ground floor of the building. During the visit to this Department, it was noticed that some sanitary facilities have damaged inventory and floors and a lack of basic hygiene supplies, contrary to CPT standards.

Home Sisak

The Sisak Home provides accommodation services – housing, food, health care, nursing, social work, psychosocial rehabilitation, physical therapy, occupational therapy, work activities, leisure activities and organised transport, half-day and full-day stay services, and home assistance services. The home suffered significant damage in the earthquake, which is still visible in some rooms.

The building of the Sisak Home is located in an accessible area near the city centre, with unobstructed pavement access that allows access to means of transport, a pedestrian access road, and secured parking.

Rooms in the infirmary of the Sisak Home are double or triple, while only one room is four-bedded. They are equipped with appropriate beds (with anti-decubitus mattresses if necessary), but providing more beds with electric lifters with anatomical functions is necessary. This is necessary because the stationary part accommodates immobile users, so lifting or turning them is difficult, especially during care and feeding. It has also been observed that the beds in the rooms are placed so that movement between them is prevented, and some beds are practically connected, making it difficult to provide the necessary care to users. Users who maintain their hygiene have bathrooms within the rooms at their disposal and can use them indefinitely, while immobile persons are transported to the bathrooms using toilet chairs and trolleys.

The Department for Alzheimer's and Other Dementias in the Sisak Home is closed; the rooms in the Department are double or single, which is in line with the Ordinance on Criteria. They are airy and well lit by natural and artificial light, while installing curtains or blinds protects from direct penetration of the sun's rays. In some rooms, water and moisture penetrated due to heavy rains, and the ceilings and floors were damaged, so they had to be arranged. Users who are in this department have the opportunity to go out to a park that has been specially arranged for their needs. For the needs of the department's users, a room for daily rest and a living room have been provided and decorated, and users can freely socialise, watch TV programs, and play board games. The room has sufficient tables and chairs, lockers and other inventory and props, which people with disabilities or mobility difficulties can easily access.

Home Gospić

Gospić provides users with the satisfaction of life needs such as: housing services, food, health care, care, maintenance of personal hygiene, assistance in performing daily activities, social work services, psychosocial rehabilitation, work activities, organisation of free time, accompaniment, organised transport and counselling work. The headquarters of the Home in Gospić consists of two residential buildings connected by a corridor, i.e., the old and new objects.

Under Art. 2 of the Ordinance on House Rules, three categories of users are admitted to the Home, i.e. users of the first, second and third level of service. This Home is not registered to receive users of the fourth level of services (Alzheimer's and other types of dementia). In the event of a deterioration in the health condition of the user and the development of dementia, the beneficiaries are sent for a psychiatric examination and transferred to an institution intended for this category of users.

Dom Gospić is located in a quiet part of the city, surrounded by greenery, close to the city centre. An unobstructed pavement provides access to means of transport, a pedestrian sidewalk, and a parking lot, so the facility's location enables cooperation between the city's humanitarian associations and institutions.

The rooms in the infirmary of the old building are in extremely poor condition and dark, and they represent an example of an inappropriate and non-affirmative approach to users and are not pleasant to stay in. The rooms' condition and appearance prevent users' right to privacy and make their care and rehabilitation difficult. The double rooms' beds are arranged so it is difficult to move between them. A low level of hygiene and sanitary protection was also observed in the rooms, despite the statements of the staff that the rooms, corridors and common areas are cleaned daily. In some rooms, unclean sheets, stains on the walls, and faeces on the floor were noticed. The existing conditions of accommodation in the infirmary of the old building can be characterised as humiliating treatment of users.

The infirmary of the newer facility of the Gospić Home does not have space for the living room of the users in which their socialising and relaxation would be enabled, which supports the conclusion that the users of the stationary part generally do not leave the rooms, which is certainly reflected in their somatic and mental health. The rooms are equipped with medical beds with electric adjustment and anatomical functions and protective sides, which we point out as an example of good practice, but not all beds have anti-decubitus mattresses, although it is undeniable that there is a justified need for this, bearing in mind that these are users who stay in beds almost all the time. Although all rooms of the infirmary have

their own and spacious toilets/bathrooms, it has been noticed that some bathrooms are not used for bathing but serve as mini warehouses for storing diapers, equipment, etc.

Care for immobile and demented persons (inpatient department)

Home Split

During the tour of the "Zenta" facility of the Split Home, it was determined that 21 people with dementia are in a closed ward (Department for Alzheimer's Diseases or Other Dementias), while other users with dementia are assigned to other rooms of the inpatient because they are either immobile or have developed certain somatic diseases. Demented people are locked and can only go out into the fresh air, accompanied by medical staff and physiotherapists. Physiotherapists come to the wards three times a week and take demented and immobile people for a walk, which is an example of good practice. In the inpatient ward, screens are used only when necessary, while care takes place with open doors and in the users' rooms, thus endangering the right to privacy of the elderly.

In the "Zenta" facility, it was pointed out that users are generally not tied up, and in the case when means of coercion should be used, to act in line with the Act on Persons with Mental Disorders (ZZODS) and the internal Protocol on the Application of Restraint. However, the Protocol on the Application of Restraints states that the family or guardian signs a form for consent to fasten with a seat belt, which is not in line with the ZZODS. According to the provisions of the ZZODS, in the case of coercive measures, a psychiatrist who supervises its application decides on the application of a coercive measure. Although there is a possibility, due to extreme urgency, that a nurse or other medical staff will make the decision, it is necessary to immediately inform the psychiatrist who will examine the person and decide on the further application of the coercive measure. This is especially important given that this Home does not have a full-time psychiatrist, but a psychiatrist is hired who comes once a month, and it is possible to contact him by phone if necessary.

In the "Vukovarska" facility, people with dementia are accommodated in rooms that are locked, and they go for walks accompanied by employees. Protective rails are installed on the beds to protect users from falling off the bed. Coercive means are used only exceptionally, when it is really necessary.

Home Sisak

The Sisak Home accommodates 61 users in the third and fourth degree category; 14 are in a special department for Alzheimer's and other dementias. In this department, volunteers are also involved in implementing activities to help users with feeding and walking, which is a positive practice, especially when there is a shortage of employees. In addition to walking, users can play board games in the living room or watch TV together. A shortage of staff was found in the department for Alzheimer's and other dementias, i.e. only one caregiver was assigned to 14 users, and on the day of the visit, there was no nurse assigned to this department, but a nurse from the inpatient department came in case of need, which is not in line with the Ordinance on Criteria.

In the inpatient department of the Sisak Home, where there are immobile or semi-mobile persons, there is a physiotherapist who provides services to users in line with the daily, weekly and monthly schedule. The lifting of users and taking them out into the fresh air is not included in the work of a physiotherapist, so users who want to go outside wait for a visit from family members who take them out, that is, they

do not go outside for fresh air if they do not have visitors. It is necessary to enable all interested users to participate in this activity within the employees' work schedule.

During the tour of the Sisak Home, it was determined that there is no bathing plan for the user that must be prepared and possessed by every social service provider. It has been observed that the doors of the rooms are not closed, or screens are not used when carrying out user care. During the conversation, the users emphasised that they do not mind that screens are not used; however, in line with the principles of respecting the dignity of the elderly, it is necessary to use screens and close the doors when it is performed to respect the right of dignity and privacy of users.

No complaints from users about employees' actions have been recorded, and users know there is a lack of employees to take care of them. However, there were complaints that there is no alarm system in the rooms, i.e. bells for calling, so when they call caregivers or nurses, they do not come. In the Home, no means are used to tie up users, but in case of emergency, the HMP is called or the user is taken to NPB Popovača, so there are no recorded and reported uses of the coercive measure following the ZZODS.

Home Gospić

Of particular concern is the care of immobile users in the old building of the Gospić Home. During the tour, a user was found lying in a wet bed of urine, while another user used a basin under the bed to empty the container with urine. The room in which these two users were located had an extremely unpleasant smell, and it is obvious that the caregivers did not perform the tasks of helping the users with their hygiene needs and maintaining the care of the immobile. In another room, where there were two immobile users, a user was found with faeces on her feet, while another user was tearing off her dirty diaper and scattering it around the room and bed. In the third room, a user was found around whom there were many faeces. In several rooms, used and torn diapers were noticed on the floors, and it was noticed that some users urinated uncontrollably on the floor of the room, while some lay for hours on sheets wet with urine. It is additionally worrying that these people were not protected by adequate medical headgear for their still unhealed surgical wounds. What should be especially emphasised as an aggravating circumstance concerning the conditions of accommodation, care, and care services of the infirm users is the low sanitary and hygienic level of maintenance of the space in the users' rooms. We warned that inadequate care and lack of health care represent inhumane and degrading treatment and a violation of the rights of the elderly. At the same time, it has been noticed that screens are not used during the care process, or the rooms' doors are closed.

Coercive measures are not used in the Home, and in case of emergency, the HMP is called or the user is taken to the hospital in Gospić; in this sense, they do not have recorded and reported cases of using measures following the ZZODS.

Nursing and user care documentation is kept exclusively in writing, incomplete, and not up-to-date, and is filled in later. In the conversation with nurses, one can see the desire and motivation to keep documentation, but they are currently unable to keep it due to the increased volume of work, which is attributed to the insufficient number of employees.

Health care

Home Split

The family medicine clinic organises health care in the Split Home, and the doctor comes to the locations "Zenta" and "Vukovarska" at certain times. According to the staff, the existing number of family doctor arrivals is not enough in the "Vukovarska" facility, and the working hours are too short (one hour), so there is often a need to call an ambulance. The Home has concluded a cooperation agreement with KBC Split, which ensures the arrival of doctors specialising in physical medicine, internal medicine, diabetologist, psychiatrist, neurologist and urologist for users' needs.

Home Sisak

In the Sisak Home, health care is organised by the service of a family medicine clinic, the doctor comes to the Home twice a week, which, according to the employees and users, is not enough due to the numerous health problems of the users, and it is necessary to ensure more frequent visits of the family doctor in agreement with the Health Centre. By inspecting the therapeutic lists, it was determined that the family doctor did not sign them. Emergency medical assistance is called in emergencies, with which the Home has good cooperation. Beneficiaries are referred to hospitals in Sisak, Popovača or Zagreb for specialist examinations. The home does not have a hired psychiatrist who would come when needed, and the users are taken to the Neuropsychiatric Hospital in Popovača for examinations. The home users are provided with physical therapy, sports recreation and group gymnastics. Physiotherapists conduct exercises with users every day. Once a month, a physiatrist comes to the home and, after examining the immobile users, determines the therapy provided by physiotherapists. Physiotherapists also conduct targeted exercises with users for individual diagnoses and other forms of therapy.

The dynamics of health care and visits to users in the Sisak Home are according to "need", and there is no health care plan due to the overload of the work of the head nurse of the Home, who does other jobs if necessary, when there is sick leave or absence of nurses. During the visit, it was noticed that there are not enough employed nurses/technicians because in some situations, e.g. when dialysis of users is carried out, the nurse has to monitor the person continuously, so other users are forced to wait for medical care, which is especially problematic at night.

Home Gospić

Health care in the Gospić Home is provided by the family medicine clinic, and in the office located within the Home. The family medicine team, a doctor and a nurse, are the Gospić Health Centre employees. Currently, the whole team does not come to the Home, but a doctor who works only four hours because he has retired. Arrival is usually twice a week, and if necessary, the doctor can come outside these times. The staff at the Home states that the existing health service is not enough for them. On the day of the tour, five nurses were employed in the Home, i.e. the head nurse and four shift nurses. What is particularly emphasised is the large number of departures of health workers, while there is little interest in employment. The beneficiaries are not provided with the arrival of a psychiatrist in the Home, but based on a referral, the users are taken outside the Home for examinations by a psychiatrist. The information received by the medical staff is that many users are in a depressed state and that a large

number of them use psychiatric therapy, so it is necessary to ensure regular examinations by a psychiatrist.

7. International cooperation

The UN Subcommittee on the Prevention of Torture and Other Cruel, Inhuman or Degrading Treatment or Punishment (SPT) during 2024 submitted a report on the regular tour of the Republic of Croatia conducted in 2023. In addition to recommendations on treating persons deprived of liberty, the document also contains recommendations for strengthening the National Preventive Mechanism (NPM) capacity and its greater visibility. Regarding the latter, a meeting was held with the representatives of the Ministry of Foreign Affairs.

During 2024, Advisor to the Ombudsman Anica Tomšić continued to serve as a member of the SPT.

The National Preventive Mechanism cooperated with the Association for the Prevention of Torture (APT) and participated in the work and meetings of the NPM Network of Southeast Europe, meetings of the IPCAN network and meetings organised as part of the European NPM Forum. As part of the bilateral study exchange, we were visited by colleagues from the Slovenian NPM, whom we introduced to the methodology of visiting psychiatric institutions and organised several joint tours. On migration, we participated in a meeting organised by the FRA on the fundamental rights aspects of the ETIAS system; on investigations into deaths and allegations of ill-treatment during border management; and the updated FRA guidelines on the establishment of independent fundamental rights monitoring mechanisms in the context of background checks and asylum border procedures. We also participated in a meeting on the organisation of the FRONTEX Fundamental Rights Office, which aimed to encourage cooperation between FRONTEX, NHRIS and other EU bodies to strengthen the application of human rights standards in border management; as well as at a conference organised by the European Migration Network. We also met with FRONTEX Fundamental Rights Monitors and FRA representatives and representatives of the Council of Europe's Section on Action against Trafficking in Human Beings (GRETA) in the framework of their fourth evaluation visit. We also acted as part of the ENNHRI Working Group on Asylum and Migration, focusing on the newly adopted Pact on Migration and Asylum.

8. Recommendations

Police system

1. Ministry of the Interior and the Police Directorate, to introduce an effective way of identifying police officers who are suspected of unprofessional or illegal conduct;
2. Ministry of the Interior and the Police Directorate, to establish video surveillance in all police premises and areas, except for the sanitary facilities, where persons deprived of liberty are located and move;
3. Ministry of the Interior and the Police Directorate, to ensure the conditions of accommodation in police premises for persons deprived of liberty, following the Standards of Premises in which persons deprived of freedom of movement reside;
4. Ministry of the Interior and the Police Directorate, that in the event of deprivation of liberty of a foreign national, a document shall be submitted to the case file showing that he or she has been provided with a translation into a language he or she understands;
5. The Ministry of the Interior and the Police Directorate must equip vehicles for transporting detained or arrested persons with appropriate security equipment;

Applicants for international protection and irregular migrants

6. Ministry of the Interior, to enable a wider circle of civil society organisations to work in reception centres for applicants for international protection;
7. Ministry of the Interior, following the Ombudsman Act, is to submit all data, acts, and other documentation related to the submitted complaint to the Ombudsman;
8. Judicial Academy shall conduct training of judges of administrative courts on the prerequisites and duration of deprivation of liberty of applicants for international protection;
9. Ministry of the Interior, to conduct training of police officers on the prerequisites and duration of deprivation of liberty of applicants for international protection;
10. Ministry of the Interior, to keep a single and comprehensive record of detained persons in the Centre for Registration of Applicants for International Protection, Dugi Dol;
11. Ministry of the Interior, to harmonise the conditions of accommodation in the Centre for the Registration of Applicants for International Protection, Dugi Dol, with international standards;
12. Ministry of the Interior, to highlight information on rights in reception centres for foreigners in an accessible, visible and clear way, in writing, in several languages;
13. Ministry of the Interior, to ensure adequate translation in reception centres for foreigners;

14. Ministry of the Interior, to introduce procedures for easier and faster access for lawyers to reception centres for foreigners;
15. Ministry of the Interior, to provide access to international protection in reception centres;
16. Ministry of the Interior, to enable a wider circle of civil society organisations to work in the reception centres for foreigners;
17. Ministry of the Interior, to harmonise the detention facilities in all border police stations with international and national standards;

Prison system

18. Ministry of Justice, Public Administration and Digital Transformation, to consider other measures to reduce the overcrowding of penal authorities in addition to expanding the capacity of the prison system;
19. The Government of the Republic of Croatia has delegated the responsibility for the performance of health care or the provision of health care in the prison system to the ministry in charge of health;
20. The Ministry of Justice, Public Administration and Digital Transformation and the Ministry of Science, Education and Youth, to enable prisoners to complete basic adult education;
21. To the Ministry of Justice, Public Administration and Digital Transformation, to propose an amendment to Art. 140. To prescribe disciplinary penalties for pre-trial detention in more detail;
22. Ministry of Justice, Public Administration and Digital Transformation, to prepare a proposal for amendments to Chapter XIX of the Law on the Execution of Prison Sentences;

Persons with mental or intellectual disabilities whose freedom of movement has been restricted

23. Psychiatric institutions, that voluntary patients are not restricted in their freedom of movement and that they are allowed to revoke informed consent during hospitalisation;
24. Ministry of the Interior, to train a sufficient number of police officers to treat persons with mental disorders who will be deployed in all police departments in the Republic of Croatia;
25. Ministry of the Interior, to submit instructions to all police administrations and police stations on the consistent application of the Instruction on the Conduct of the Police in Bringing a Person with Mental Disorders to a Psychiatric Institution;
26. The Ministry of Health, the counties and the City of Zagreb, to ensure a sufficient number of doctors and medical staff in psychiatric departments and psychiatric hospitals;
27. Psychiatric institutions, to carry out coercive measures in special rooms without exposure to the eyes of other patients, with continuous monitoring of the health condition.

9. Conclusion

During 2024, we conducted 17 visits to places where persons deprived of their liberty are or may be placed, in accordance with the General Comment on Article 4 of the Optional Protocol to the UN Convention against Torture and Other Cruel, Inhuman or Degrading Treatment or Punishment (OPCAT), and we pointed out problems that may lead to violations of the rights of persons deprived of their liberty.

In addition to visits to these institutions, the implementation of the recommendations addressed to the competent authorities is also important to reduce the risk of torture, inhuman or degrading treatment and abuse. This year, we submitted recommendations to the authorities we visited through special reports, and this annual report contains 26 recommendations that cover systemic problems or shortcomings in relation to the police system, the prison system, the treatment of migrants and applicants for international protection, of the persons with mental disorders and persons accommodated in the homes for older persons.

This year, the UN Subcommittee on Prevention of Torture and Other Cruel, Inhuman or Degrading Treatment or Punishment (SPT) submitted a report on its regular visit to the Republic of Croatia conducted in 2023, which also includes recommendations for the strengthening of the capacities of the National Preventive Mechanism (NPM) and improving its visibility. These recommendations are important for the work of the NPM because strengthening its capacities and implementing recommendations leads to the effective functioning of the prevention system. The goal of the OPCAT is to enable effective prevention and protection from torture and ill-treatment of persons deprived of their liberty.

As in previous years, we did not identify any actions or conditions that would constitute torture, but we did find those that indicate inhuman and degrading treatment and violations of the constitutional and legal rights of the persons deprived of their liberty. There are still problems related to accommodation conditions and the lack of employees, which directly affects the rights of persons deprived of their liberty, and through special reports we have pointed out shortcomings in more detail and issued warnings and recommendations. The positive change in the form of being provided with the insight into the information kept in the Information System of the Ministry of Interior, which was not the case in the previous years, should be highlighted.

This year we have pointed out once again that it is necessary to introduce video surveillance in police stations, which will cover all areas where persons deprived of their liberty are located or move through. This would be an additional measure of protection against possible abuse, which would also protect police officers from unfounded allegations of possible inhuman or degrading treatment.

In relation to applicants for international protection and foreigners, we pointed out the importance of access to all guaranteed rights, which includes information about rights in a language they understand. In relation to accommodation conditions, it was found that accommodation conditions are systematically improving in all three centers for foreigners, and it is positive that the recommendations for improving reception conditions made during previous NPM visits have been adopted to a significant extent.

In relation to the prison system, we once again emphasized that, in addition to expanding accommodation capacities, it is necessary to take other measures that can reduce overcrowding in the penal institutions. We also recommended that the responsibility for the provision of healthcare services, i.e. providing health care in the prison system, be assumed by the ministry responsible for health. As in

previous years, we emphasized the need to eliminate normative shortcomings in the Act on the Execution of Prison Sentences and the Act on the Criminal Procedure.

In relation to persons with mental disorders, this year we have again pointed out the need for valid informed consent in psychiatric institutions, with which patients give their consent for voluntary hospitalization. There is still a shortage of doctors and medical staff in psychiatric institutions, and there is also a shortage of staff in homes for the older persons, which directly affects the rights of the users and the accommodation conditions. Therefore, it is necessary to fill out the vacancies and to harmonize the accommodation conditions with the legislature in order to ensure adequate care and welfare of the users of social care institutions. Favorable accommodation conditions directly contribute to the affirmative environment and encourage the creation of a positive attitude of patients towards treatment and care for their mental health, as demonstrated by the renovated departments of psychiatric institutions.