

## EXECUTIVE SUMMARY

During the September 2022 visit to Romania, the CPT examined the treatment of patients held in psychiatric establishments and of residents accommodated in residential care centres. The CPT's delegation visited four civil psychiatric hospitals, where it focused on the treatment of the most acute patients and of long-term chronic patients, and the Pădureni-Grajduri Psychiatric and Safety Measures Hospital. The delegation also visited, for the first time, three different types of residential care centres.

### Psychiatric establishments

There is a recognition by the Romanian authorities that fundamental reform of the mental health system is required to shift away from institutional care towards establishing mental health services in the community offering adequate social support structures. The findings of the 2022 visit reinforce the urgency for action to ensure that all persons in psychiatric establishments are offered decent living conditions and appropriate treatment for their mental disorders. Underpinning these reforms is the necessity to reinforce staffing levels in all the hospitals visited.

The delegation visited the *civil psychiatric hospitals* of Bălăceanca, Botoșani, Obregia (Bucharest) and Socola (Iași). In all the hospitals visited, patients spoke positively about the staff, particularly nursing staff. However, instances of alleged ill-treatment and verbal abuse by staff were received in all the hospitals visited apart from Obregia. In particular, on the male acute ward of Botoșani Psychiatric Clinic the delegation received numerous allegations of patients being ill-treated (punched, slapped, pushed, and shouted at) by auxiliary staff. Ending ill-treatment requires action to improve the training of auxiliary staff, increase the number of ward-based staff and reduce the crowding of patients.

As regards living conditions, the decency and quality varied among the different wards in the hospitals visited. As a general measure, the Romanian authorities need to put in place a refurbishment programme to assist hospital to reconfigure dormitories so that each one accommodates no more than four patients. Further, there was a lack of personalisation of the living accommodation for patients or of visual stimulation on the wards or of a day room where patients can associate. On Ward 1 of the Botoșani Psychiatric Clinic the general state of hygiene should be improved, and the sanitary facilities upgraded, and, cumulatively, the treatment patients in Room 1 of Ward 1 could, in the CPT's view, be considered as inhuman and degrading.

The CPT reiterates that the possibility to be outside, preferably in a pleasant garden area, has a beneficial impact on patients' well-being and recovery and should be a right for every patient. The aim should be for all patients to benefit from unrestricted access to the outdoors during the day unless treatment activities require their presence on the ward. In none of the hospitals visited was this the case.

Treatment on the acute wards in the hospitals visited was primarily based on pharmacotherapy. Steps should be taken to broaden the range of psychosocial and occupational therapy activities on offer to patients. Further, patients should be engaged and consulted in the drawing up and implementation of their individual treatment plans.

Deficiencies in staff resources seriously undermine the care afforded to patients and attempts to offer activities and, as the delegation found, may lead to high-risk situations notwithstanding the genuine efforts of the staff in service. In all four hospitals visited, there were high numbers of vacant staff posts reaching, for example, 20% at the Botoșani Psychiatric Clinic. Additional staff also need to be recruited to offer psychosocial and occupational therapy. Moreover, auxiliary staff working with patients need to be carefully selected and provided with appropriate training, notably in the prevention and management of aggressive behaviour in patients with psychiatric disorders.

In all four hospitals visited, the primary measure of restraint resorted to was the immobilisation of an agitated patient to a bed. The CPT considers that a number of measures are required to improve the safeguards surrounding the application of this measure. These include the comprehensive recording of the measure, the continuous presence of a staff member in the room in which the person is being restrained and the need for a debriefing of the patient once the straps are removed.

Further, the restraint should not occur in view of other patients and if it is deemed necessary to restrain a voluntary patient and the patient disagrees, the legal status of the patient should be reviewed. The Implementing Rules to the Law on Mental Health should be revised accordingly.

As regards children accommodated in psychiatric facilities, the restraint measure of immobilisation to a bed with straps for agitated children should be ended. In parallel, the Romanian authorities should ensure that staff are trained in manual restraint techniques and that children's wards possess calming down rooms. More generally, patients must never be involved in the restraint of another patient.

A careful examination of the legal safeguards applied in the hospitals visited showed that, with the exception of Obregia Psychiatric Hospital, every effort was made to circumvent the provisions of the law regulating involuntary hospitalisation in order to admit patients on a voluntary basis. Action needs to be taken to ensure that all hospitals fully apply the provisions of the Law on Mental Health regulating the involuntary hospitalisation of patients. In addition, steps should be taken to ensure that the involuntary placement procedures function effectively for patients' rights. It is also important that persons admitted to psychiatric establishments are provided with full, clear and accurate information, including on their right to consent or not to consent to hospitalisation, and on the possibility to withdraw their consent subsequently. There is also a need to enhance the safeguards regulating consent to treatment in hospital.

*At Pădureni-Grajduri Psychiatric and Safety Measures Hospital*, the CPT found that patients were not receiving adequate care and treatment.

At the time of the delegation's visit, 452 patients were accommodated in 390 beds while the hospital had an official capacity of 251 beds. All dormitories were crammed with beds and in the admission ward, a room of 24m<sup>2</sup> was accommodating 18 patients in nine beds. The warehousing conditions of persons with mental disorders and intellectual disabilities found by the CPT in this hospital may well be considered as amounting to inhuman and degrading treatment.

Further, the delegation received many allegations from patients that orderlies at times pushed, slapped and punched them for minor infractions or accidents or as part of a restraint intervention or punitively in an attempt to control the patients within the often hazardous, disturbed and understaffed wards. Ending ill-treatment requires action to significantly increase the number of appropriately trained and supervised ward-based staff and to reduce the crowding of patients.

The treatment and security needs of patients with an intellectual disability should be reviewed and these patients should no longer be accommodated together with patients with a mental disorder.

Treatment was primarily based on pharmacotherapy and action needs to be taken to apply modern multi-disciplinary clinical treatment approaches which include the offer of a wide range of therapeutic, rehabilitative and recreational activities as part of the treatment plan for patients.

As for the use of means of restraint, the delegation found that the registers did not record every instance of immobilisation of a patient and that the duration of the restraint could last much longer than the times recorded. On several wards, patients with learning disabilities were tied to their beds or to a fixed object, such as a radiator in the dining room, almost daily. A comprehensive policy and approach towards restraint with the necessary supervision and oversight needs to be put in place, taking into account the CPT's recommendations.

Steps also need to be taken to strengthen legal and other safeguards such as consent to treatment, patient information and complaint procedures.

The CPT also sets out several systemic shortcomings concerning the approach to forensic mental health in Romania, all of which contribute to the inadequate care and treatment provided to patients. These include no stratification of security needs of patients, lack of a pathway of care for patients with mental disorders, and the need to establish step-down facilities and to develop proper community psychiatric follow-up care.

### **Social care centres**

The delegation visited, for the first time, the Neuropsychiatric Recovery and Rehabilitation Centres in Costâna and Sasca Mică, the Recovery and Rehabilitation Centre for Persons with Disabilities in Păstrăveni, and the Care and Assistance Centre in Mircești.

The delegation received no allegations, and found no other indications, of deliberate ill-treatment of residents by staff in the residential care centres visited. On the contrary, many residents spoke positively about staff, and the atmosphere in the centres appeared generally relaxed, which is especially commendable considering the challenges faced by the low numbers of staff. The caring attitude and commitment of staff were particularly visible in Costâna and Păstrăveni Centres.

As regards living conditions, in all centres visited, residents were accommodated in dormitories which were generally clean, well-lit, and adequately ventilated; however, the state of repair in the accommodation blocks varied considerably. In particular, the conditions in House Oscar in the Sasca Mică Centre were not acceptable for a residential care establishment.

The numbers of unit-based staff (mainly nurses and orderlies) were not fully sufficient to provide proper personalised care for the large number of dependent residents under their responsibility. The numbers of multi-disciplinary staff who could provide psycho-social, occupational, and recreational input to residents should also be increased.

The CPT noted that the majority of unit-based staff (with the notable exception of Păstrăveni Centre) had received no specialised training and therefore lacked the knowledge and skills necessary to care for persons with moderate and severe intellectual disabilities, particularly as regards sign language and other forms of communication support, support in decision making, and prevention and management of challenging behaviour.

It was positive note that the seclusion and mechanical restraint of residents was generally not practiced in the centres visited, as seriously disturbed and agitated residents were promptly transferred to a psychiatric hospital.

Although all residents were formally regarded as voluntary, only a handful could leave the centres on their own, without being accompanied by a staff member or an authorised person (such as a family member or their guardian). Moreover, none of the residents in the four centres visited was free to leave the institution permanently of their own free will.

In the CPT's opinion, such residents should be regarded as de facto deprived of their liberty. Their placement and stay in the residential centres, however, was not fully accompanied by appropriate safeguards. The Romanian authorities should put in place a clear and comprehensive legal framework governing the placement and stay of residents in residential centres (including situations in which any restrictions imposed may amount to *de facto* deprivation of liberty).

The CPT noted an ongoing deinstitutionalisation of people with disabilities and the adoption of the Law and the National Strategy on deinstitutionalisation and invited the Ministry of Labour and Social Solidarity to work closely with the Ministry of Health in jointly developing further the necessary full and appropriate range of residential, day and out-patient care for persons with mental disorders in the community.