



CPT/Inf (2023) 29

## **Response**

### **of the Romanian Government to the report of the European Committee for the Prevention of Torture and Inhuman or Degrading Treatment or Punishment (CPT) on its visit to Romania**

**from 19 to 30 September 2022**

The Government of Romania has requested the publication of this response. The CPT's report on the 2022 visit to Romania is set out in document CPT/Inf (2023) 28.

Strasbourg, 5 October 2023



**The response of the Romanian Government to the Report of the European Committee for the Prevention of Torture and Inhuman or Degrading Treatment or Punishment (CPT), following its visit to Romania between 18-30 September 2022**

**A. Regarding visited psychiatric hospitals**

**I. General observations**

The Ministry of Health is aware that there are still aspects that need to be improved, especially regarding the hospital infrastructure, the material conditions and the procedures applied in psychiatric hospitals. At the same time, we are aware of the lack of staff in the national public health system.

In this sense, the public policies of recent years aimed at increasing the attractiveness of working in the public system, increasing wages, improving working conditions, equipment endowment, as well as the fight against corruption in the conditions of a chronically under-financed system.

The Ministry of Health reiterates the commitment of the Romanian authorities to continue efforts concerning the responsible management of places where people with mental illnesses are treated, in accordance with international and European recommendations, in conditions of full respect for human rights, without prejudice to human dignity.

Specific proposals were made to complete the legal framework, as well as specific measures to solve the problem of overcrowding in Psychiatric Hospitals, measures that will be continued through the National Health Strategy 2023-2030 and the Action Plan for the period 2023-2030 in order to implement National health strategy.

**II. Answers to the specific recommendations**

**Regarding paragraph 6**

On April 12, 2023, the Government Decision approving the National Health Strategy 2023 - 2030 and the Action Plan for 2023 - 2030 regarding the implementation of the National Health Strategy was published on the website of the Ministry of Health for public debate.

Currently, the document is under endorsement procedure and it will be submitted to the Government for approval in the coming months.

The following objectives were included in the Action Plan of the National Health Strategy 2023-2030 "For Health, Together", in the field of mental health and psychiatry:

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Specific Objective	Action line	Measure	Public financing resources	Beginning of quarter/year	End of quarter/year	Expected result
OS.4.5. Improving professionalisation, and diversification of post-acute care structures	DA.4.5.2. Reorganization and streamlining hospital post-acute care facilities	M.4.5.2.4. Upgrading the network providing long-term institutionalized psychiatry	state budget, local budgets, sanitary unit budgets	t1/2024	t4/2029	Network of long term modernized institutionalized psychiatry services
	DA.4.5.3. Development and expansion of postacute outpatient care facilities.	M.4.5.3.2. Modernisation and development of the network providing community-level mental health/psychiatry services	FNUASS, P Health 2021-2027	t1/2024	t4/2029	Network of mental health services / modernized psychiatry services at community level
OS.4.8. Optimizing the provision of health services for major public health issues	DA.4.8.4. Increased response adequate capacity to major problems of mental health	M.4.8.4.1. Identifying relevant actors in the field of mental health and updating in an integrated manner the specific legislation In the field in order to decrease the burden associated with mental health issues,  Sustainable development of integrated mental health interventions at community level, and increasing the patient's reintegration into society and dignity	State budget	t3/2023	t2/2024	drafted normative acts
		M.4.8.4.2. Reducing access variability and inequities by: inventory of human resources providing mental health, including services related to the medical act, and	State budget	t4/2023	t2/2024	Mapping of human resources providing health services mental, related services, and support services; drafted action plan

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OS.4.8. Optimizing the provision of health services for major public health issues	DA.4.8.4. Increased adequate response capacity to major problems of mental health	drafting an action plan for the sustainable development of this sector				
		M.4.8.4.3. Increasing capacity for the provision of mental health at community level through the organization of outpatient mental health services with a focus on prevention and social reinsertion and providing these services in mixed teams of professionals (health, social).	FNUASS, local budgets, P Sănătate 2021-2027	t1/2024	t4/2030	Mental health services provided by AMP
OS.4.8. Optimizing the provision of health services for major public health issues	DA.4.8.4. Increased adequate response capacity to major problems of mental health	M.4.8.4.4. Integration of mental health interventions at the level community, in training curricula, job description, and competences of health professionals (nurses, community nurses, psychologists, family doctors, psychiatrists, speech therapists, physiotherapists, occupational therapists, etc).	State budget, budgets of medicine universities	t3/2024	t4/2024	interventions of mental health integrated into training curricula, job descriptions, competencies of health services providers, related services providers
		M.4.8.4.5. Stimulating the provision of preventive mental health interventions with a focus on assessing the risk of age-appropriate mental health problems (e.g. addictions, depression, dementia).	FNUASS, state budget	t4/2023	t4/2027	Preventive intervention packages for the evaluation of developed risks

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		M.4.8.4.6. Promoting early interventions to change behaviour for behavioural risk factors and to address major mental health issues	FNUASS, state budget	t2/2024	t4/2027	preventive intervention package to change behaviours associated with the risk of developing a mental health problem
OS.4.8. Increased adequate response capacity to major problems of mental health	DA.4.8.4. Increased adequate response capacity to major problems of mental health	M.4.8.4.7. Expansion of community mental health services and community psychiatry by facilitating integrated rehabilitation and social and professional reinsertion interventions, as the case may be.	FNUASS, state budgets, local budgets	t1/2025	t4/2029	package of community mental health interventions and community psychiatry containing integrated interventions of rehabilitation and social reinsertion
		M.4.8.4.8. M.4.8.4.8. Development of specialised support services for patients with serious psychiatric conditions, with a major impact on disability and mortality, as well as for their caregivers	FNUASS, state budgets	t1/2024	t4/2029	package of specialized support services for patients with serious psychiatric conditions and their caregivers
		M.4.8.4.9. Monitoring epidemiological trends for major mental health issues and adapting accordingly the policies in the field	State budget	t1/2024	t4/2030	Collected, analysed, reported epidemiological indicators for mental health problems; evidence based mental health policies
OS.6.7. Increasing efficiency of funding medical services	DA.6.7.1. Adapting hospital service financing to the national health objectives	M.6.7.1.6. Analysis and reform of payment mechanisms for medical services provided in chronic disease hospitals, chronic departments in acute hospitals, palliative care departments in	State budget	t1/2024	t4/2026	Published analysis reports and proposals



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		continuous hospitalization regime, psychiatric hospitals, including special measures, as well as reforming medical services provided to persons deprived of liberty (regardless of the level of healthcare, during detention and after release).				
OS.11.2. Increasing access to medical services and their quality by continuing public and private investments in health infrastructure	DA.11.2.2. Further developing public hospital infrastructure in consistency with Regional Plans of Health Services and Regional Masterplans of Health Services.	M.11.2.2.13. Modernization and resizing of psychiatric hospitals structures that provide long-term care and connecting them with structures providing community psychiatry	PO Sănătate, State budget, Local budgets	t1/2024	t4/2029	Rehabilitated/ Modernized/equipped health facilities
OS.11.2. Increasing access to medical services and their quality by continuing public and private investments in health infrastructure	DA.11.2.4. Developing infrastructure of public health services for the prevention, control, diagnosis, and surveillance of communicable diseases	M.11.2.4.4. Developing a plan of measures for the construction of or rehabilitation of the physical infrastructure of mental health service providers so as to ensure adequate care conditions of this category of patients.	State budget	t3/2023	t2/2024	Approved action plan

## Regarding paragraph 8

After the visit of the CPT, the Ministry of Health urgently started an analysis of the bed occupancy at the level of hospitals applying safety measures and implemented a new regional hospital allocation so as to ensure an even distribution of new cases and ordered the transfer of patients between health units according to the new allocation so that the occupancy at the level of Pădureni-Grajduri Hospital has decreased and will further decrease taking into account that other transfers between health units are underway.

As a result of the changes that have occurred as a result of the reallocation of counties in terms of overcrowding, we present below the requested situation as follows:

- Hospital for Psychiatry and Safety Measures Pădureni-Grajduri:

- Occupancy rate - 154.18%.
- Current number of beds - 251 beds
- Number of inpatients - 387

- Hospital for Psychiatric and Safety Measures Săpoca:

- Occupancy rate - 109,5%
- Current number of beds - 305 beds
- Number of inpatients - 334

- Psychiatric and Safety Measures Hospital Jebel\*

- Occupancy rate - 127.18%
- Current number of beds - 320 beds
- Number of persons admitted - 407

\*the capacity of the unit has been increased by 10 beds according to Ord. 3766/13.12.2022 amending Ord. 585/2019 on the approval of the organizational structure of the Jebel Psychiatric and Safety Measures Hospital;

- Psychiatric and Safety Measures Hospital Ștei:

- Occupancy rate - 116.02%
- Current number of beds - 312 beds
- Number of inpatients on 20.01.2023 - 362.

In the medium term, the Ministry of Health together with the Center for Mental Health and Antidrug Control will monitor the occupancy of beds in psychiatric wards, especially at the level of hospitals for safety measures, in order to respect the quality of medical services. The Ministry of Health, together with the hospitals involved, will develop a procedure to ensure a flexible system of distribution of patients according to certain criteria, so as to avoid overcrowding of a health unit, ensuring a minimum of 5 m<sup>2</sup> for each hospitalized patient.

At the same time, the Ministry of Health will take the necessary steps to finance investments in these hospitals that will ensure both the improvement of patient accommodation conditions and the expansion of inpatient capacity by modernising the existing premises in these hospitals.

## Regarding paragraph 14

Within the National Health Strategy 2023 - 2030, it is foreseen to carry out an analysis and reform the payment mechanisms for medical services provided in psychiatric hospitals, including special measures, as well as medical services provided to persons deprived of liberty (regardless of the level of medical assistance, during detention and after release).

It is also proposed to expand community mental health and community psychiatry services by facilitating integrated social and professional rehabilitation and reintegration interventions, as appropriate.

## Regarding paragraph 17

### Measures undertaken at the Clinical Hospital of Psychiatry "Prof. Dr. Alexandru Obregia" Bucharest:

1. In order to prevent the aggressive behavior of patients, respectively the identification of patients with aggressive potential, as well as for the management of patients with this risk, measures are regulated and implemented in the hospital that aim to reduce the risk of auto or heteroaggressiveness of patients, as follows:

a) operational procedure "Admission of patients", code PO-AM.024.02.01-SEL.11, edition II, revision 1 (in force from 25.10.2021) provides that upon admission, during the consultation carried out by the doctor, for all patients the risk of aggression must be assessed, by applying and completing the Aggression Scale - The modified overt aggression scale (MOAS) - appendix 13 to the procedure (the risk assessment sheet is part of the patient's medical record).

b) operational procedure regarding the "Patient care plan", code no. PO-AM.045.03.00- SEL.19, edition III, revision 0 (in force from 15.07.2022) stipulates that medical assistants evaluate and note the evolution of the health status of each patient daily (for which a plan is completed of personalized care), the diagnosis and goals of care and the evaluation of the interventions carried out, as well as the periodic application of the Richmond Agitation-Sedation Scale (RASS) to assess the state of consciousness (appendix 8 to the procedure), this being a medical scale used to measure the patient's level of agitation or sedation, used in all hospitalized patients to assess the level of alertness or agitation.

c) the system procedure regarding "Risk Management", code PS – MG.003.02.01– GEN.03, edition II, revision 1 (in force from 11.02.2021) regulates the method of identification, management, evaluation and follow-up of clinical risks and non-clinical in the hospital, as well as how to establish and monitor established measures to prevent/reduce risks (including aggression).

d) "Manual of good practices" edition I, revision 1 (in force from 14.03.2022), developed at SCPO level and registered with no. 9291/11.03.2022, ch. V "Supervision of the psychiatric patient – particularities", pages 29-30, provides for the management of situations in which patients are at risk of aggression (at point 6.1).

e) The annual training plan for hospital staff includes internal and external training on staff communication with patients, including when they become aggressive, as well as the prevention and management of such situations.

For all the previously mentioned procedures, repeated staff training sessions were carried out, so that all employees involved in the process are trained at least once a year on the regulations invoked. The Ministry of Health also underline the fact that after each training session the knowledge acquired is evaluated, and if an employee does not get the



qualification "very good", a new training session follows on the same topic. In addition, the medical and care staff periodically (approx. every 2 years) attend external training sessions on communication with patients and their relatives.

2. Regarding the approach to disabled, psychomotor agitated/violent patients, in the contents of the Good Practices Manual referred to in point 1, implemented and respected in SCPO, there is a separate chapter dealing with the subject (chapter III), the staff being properly trained in this sense.

At the level of the Psychiatry Clinic of the "Mavromati"-Botoșani County Emergency Hospital, regarding the appropriate approach to challenging patients, periodic discussions/trainings are held with the entire staff of the Department, according to the approved Professional Training Plan.

The staff of the SOCOLA Iași Institute of Psychiatry (medical and auxiliary health personnel) were trained on the appropriate behavior towards patients with mental disorders.

The Ministry of Health, represented by Secretary of State, engaged in discussions with the managers of the hospitals where irregularities were found. Both the role of the Disciplinary Commissions and the Ethics Commissions were re-evaluated. In a recent discussion, the Ministry of Health proposed the establishment of Internal Evaluation Commissions regarding the evaluation of incidents, whose resolutions should be communicated both to the victims, the authorities and also to the relatives.

At the same time, the Ministry of Health reiterated the recommendation that, in the case of behaviors comparable to cruel, inhuman treatment or torture, the managerial staff should refer the case to the competent judicial authorities. In this sense, it has been conveyed, at the level of the public health departments, zero tolerance towards such incidents.

## **Regarding paragraph 18**

At the Clinical Hospital of Psychiatry "Prof. Dr. Alexandru Obregia" Bucharest:

1. In the "Manual of good practices" no. 9291/11.03.2022, edition I, revision 1 (in force from 14.03.2022), ch. V "Supervision of the psychiatric patient – particularities", point 6.1, it is specified that agitated patients are accommodated in separate reserves and are permanently supervised by the medical staff.
2. In the hospital, in order to ensure a care environment corresponding to the individual needs of the patients, upon admission the pathology with which they present themselves is taken into account, they being distributed in the rooms according to the type of diagnosis, avoiding the accommodation of patients with an acute psychotic episode with those with depressive disorders (for example). As this is a current practice, but it is not clearly mentioned in the internal regulations, at the next revision of the "Manual of good practices" of SCPO, the stratification of patients according to the treated pathology will be introduced (deadline 01.09.2023).

At the level of the Socola Institute of Psychiatry - Iași - In order to separate patients with intellectual disabilities from patients with mental disorders, the institute intends to

change the organizational structure and will take the necessary steps to finance repair works, modernization and expansion of buildings so that there are adequate spaces for this organizational approach to medical activity.

As for the classification of patients based on disability, Romania is making efforts to change the legislation on the protection of people with disabilities in full agreement with the signed international conventions, implicitly the CRPD. One year ago (2022) the new law (140/2022) on the establishment of measures to protect people with disabilities was voted. The Ministry of Health coordinated the medico-psychological assessment methodology, in collaboration with similar government bodies. The Ministry of Health appreciates that the implementation of these measures will generate a profound reform in terms of social protection in Romania, but also subsequent classifications according to disability.

## **Regarding paragraph 24**

Efforts are being made to keep the number of patients hospitalized in the Acute I Psychiatry Department within the limit of the number of beds.

The distribution of beds in the halls has changed, so there are 4 halls with 8 beds, 1 hall with 4 beds and 2 halls with 7 beds. The area of the ward and its compartmentalization does not allow for another distribution of beds.

At the level of the VI Chronic Psychiatry Department, the number of patients present in the ward every day fluctuated between 61-69, according to the movement sheet, each patient having an allocated bed, the ward having 70 beds.

## **Regarding paragraph 31:**

In the case of the Pădureni-Grajduri Psychiatry and Safety Measures Hospital, the current configuration of the buildings intended for the accommodation of inpatients combined with the degree of load of the institution leads to the impossibility of applying the recommendations regarding the maximum number of beds per room (4 people) until the effective implementation of the solution to expand the hotel space. The rest of the recommendations (changing rooms for patients, patients wearing their own clothes, serving meals in dedicated spaces, etc.) have been implemented since the establishment of the health unit.

## **At the Clinical Hospital of Psychiatry "Prof. Dr. Alexandru Obregia" Bucharest:**

1. Regarding the hotel conditions and the care environment in the hospital:

a) organization and use of patient spaces:

- currently, for adult patients there are 131 wards (with 3-16 beds) and 205 reserves (with 1-2 beds)
- out of the 336 adult psychiatric wards, 44 wards (13.17%) have more than 4 beds, respectively:
  - 24 wards with 5 beds (of which 1 ward for involuntarily hospitalized patients)
  - 8 wards with 6 beds
  - 1 ward with 8 beds
  - 3 wards with 10 beds (of which 2 halls are for involuntarily hospitalized patients)

- 3 wards with 11 beds (of which 1 room for involuntarily hospitalized patients)
- 4 wards with 12 beds (of which 2 rooms are for involuntarily hospitalized patients)
- 1 ward with 13 beds for involuntarily hospitalized patients
- 2 wards with 16 beds for involuntarily hospitalized patients

- for the reconfiguration of the wards with more than 4 beds and the organization of accommodation spaces so that the CPT recommendation can be implemented, it is necessary to expand the hotel space (priority project of the hospital management, which requires a set of financial analyses, feasibility study and, subsequently, the approval of the guardianship authority) simultaneously with the analysis of the possibility of repartitioning the wards with more than 8 beds (13 wards, of which 8 for involuntarily hospitalized patients). The Ministry of Health points out that in current conditions, due to the limited number of care and auxiliary staff, involuntarily hospitalized patients can be permanently monitored in multi-bed wards, both through surveillance cameras and through the physical presence of staff in the wards.

b) patients are allowed to have personal items that do not endanger their safety, that of other patients or the care environment (according to the Internal Order Regulation for patients, visitors and companions of hospitalized patients, no. 2335/25.01.2023, edition III, revision 0 (in force from 01.02.2023).

c) the current configuration of the wards, corroborated with the number of admissions and the turnover of patients (we specify that the SCPO has a very high degree of addressability, being the largest and most complex profile hospital in the country) as well as with the recommended budget restrictions and/or imposed by legal norms (reduction of furniture expenses, in this case) lead to the impossibility of equipping the rooms with cabinets for patients; in this sense, the hospital ensured the comfort of the patients as follows:

- personal belongings can be kept in the nightstands related to each accommodation bed,
- clothes and personal effects are kept in the hospital wardrobe,
- until 01.04.2023, patient values were kept exclusively in the hospital safe (from the Adult Psychiatry Guard Room). In order for patients to be able to have permanent access to the valuables left in storage at the hospital, dedicated spaces for valuables have been created at ward level (secure metal cabinets, located in the nurses' offices), with controlled access, under the responsibility of the head assistant or the head assistant of shift
- patients have the opportunity to deposit or pick up their personal items whenever they request, this being recorded in the minutes of handing over and receiving valuables.

d) the configuration of the pavilions where the psychiatric wards are, does not allow the organization of living rooms in each ward. Currently, in 8 of the 17 psychiatric wards there are such spaces, and it follows that in the future, if the guardianship authority approves the construction of new buildings (according to the proposal of the hospital representatives), by redistributing the beds and expanding the accommodation area in the wards to socializing spaces can be created in all sections.

e) each ward has a separate space for serving meals (dining room), serving at the bedside only in the case of disabled, non-transportable patients, or if the attending physician



recommends this fact, as well as when patients want to eat some of their own food, outside meal times.

f) the personalization of the reserves and lounges in the psychiatric wards (336 lounges for adults and 24 lounges for children) involves the purchase of specialized services (for decorating and painting the walls), given the fact that The Ministry of Health do not consider it appropriate to decorate with paintings, which, in certain aggressive situations they can become "weapons" in the hands of a violent patient, which would increase the risk of adverse events associated with medical care and, implicitly, decrease the degree of security of patients, their relatives and medical staff.

In the current economic context, this recommendation is to be planned in the future, in the Hospital's Strategic Development Plan.

Regarding encouraging patients to wear their own clothes, currently this recommendation cannot be implemented without significant risks for treating patients in an environment where their safety can be ensured, as there are two other sanitary units in the SCPO courtyard (National Institute of Neurology and Neurovascular Diseases - INNBN and the GRAL Laboratory), with access gates and common exterior spaces, although the specifics of the activities carried out are different. Thus, SCPO patients (who have unrestricted access to the hospital yard), if they were to wear their own clothes, could easily be confused with the patients belonging to INNBN or with the people who access the laboratory services offered by GRAL and could leave the hospital without to inform the medical staff.

Security guards are currently responsible for notifying SCPO staff when a patient intends to leave the hospital; The Ministry of Health specifies the fact that voluntarily hospitalized patients have the right to request discharge whenever they wish, but this fact must be preceded by the explanations that the doctor is obliged to provide to the patient, regarding the risks posed by the discharge before the completion of the treatment plan established during the hospitalization, and the discharge request must be confirmed by the patient by signature, in the documents in the personal medical file.

The current configuration of the buildings intended for the accommodation of hospitalized patients combined with the degree of load of the institution leads to the impossibility of applying the recommendations regarding the maximum number of beds per salon (4 people) until the effective implementation of the solution to expand the hotel space. The rest of the recommendations from this point (patient changing rooms, wearing your own clothes, serving meals in dedicated spaces, etc.) have been implemented since the establishment of the health unit.

#### At the Psychiatry Clinic of the Emergency County Hospital "Mavromati"-Botoșani:

The following measures were implemented at the level of the Acute I Psychiatry Department:

- In March 2023, the entire section was sanitized. In the bathroom, the ceramic tiles have been completely replaced, all the showers are functional. The provisions of PO 103-01 regarding cleaning and disinfection are respected.
- A request for the installation of video surveillance cameras has been made, the purchase procedure being in progress.



- Periodic disinsections take place in the section, activity confirmed by minutes (with alternation of substances for better effectiveness), as a result of which the situation improved.

Mosquito nets have been installed on all windows.

- Measures have been taken to permanently have 10 mattresses at the section level that can replace the mattresses that are taken out to be aired/sanitized/washed.

- Currently every patient has a pillow, clean linen, according to the procedures in force.

- At the moment there are 50 bedside tables in the section, corresponding to the 50 existing beds, in which patients can store personal belongings. The bedside tables cannot be locked, but there is a safe in the Psychiatric Emergency Rooms for the storage of valuables.

The following measures have been implemented in the Chronic Psychiatric Section VI:

-The patients rooms whose symptoms have remitted/improved under treatment have been customized.

- Cleanliness and disinfection rules are followed, according to PO 103-01.

- Relaxation areas for patients have been set up in the Section's corridors, with televisions and folding tables;

The Ministry of Health carries out the selection of programs regarding the increase of health capacity at the national level, both through previously engaged programs and through NPRR funds. The latter concern the health system as a whole, but also general psychiatric hospitals and hospitals for safety measures in Romania.

Negotiations are taking place to continue and improve the funding of psychiatric centers, both the renovation of some pavilions and the expansion of the accommodation capacity for patients.

In order to create the conditions for customizing the patient rooms and socializing spaces, the authorities together with ANMCS (National Authority for Health Quality Management) will review and update the accreditation conditions for hospitals and mental health facilities.

**Regarding paragraph 32:**

At the Clinical Hospital of Psychiatry "Prof. Dr. Alexandru Obregia" Bucharest:

All patients hospitalized voluntarily have unrestricted outdoor access to the hospital courtyard (the hospital has an area of 18 hectares), where there are spaces for socializing and relaxing (parks, benches, gazebos, kiosks, children's play areas) as well as an area with equipment for various physical exercises), all in a frame full of permanently cared-for vegetation. The hospital also provides patients with appropriate clothing and footwear (pyjamas, gowns and slippers made of waterproof material).

Regarding involuntarily hospitalized patients, except for those in the XVI and XVII Psychiatry Sections (where their own courtyards are set up), currently the CPT recommendation regarding their access to the hospital courtyard cannot be implemented, for the following reasons:

- most involuntarily hospitalized patients present a high risk of auto or heteroaggression and, until obvious results of the instituted treatment are obtained, it is not recommended

for them to interact with many people who may be in the hospital yard (sometimes even with certain family members, who may agitate /upset patients)

- outdoor surveillance, on a large area of the hospital yard, of involuntarily hospitalized patients requires the allocation of a very large number of human resources, which is not possible at the moment.

At the level of the Psychiatry Clinic of the Emergency County Hospital "Mavromati"-Botoșani:

Within the Acute I Psychiatry Department, depending on the treatment schedule, meal service, visit of the attending doctors, patients are free to walk around the yard alone or accompanied, adapted to the patient's mental state of that day.

Within the Chronic Psychiatry VI Section, the park in front of the Department was set up so that patients could walk / relax in the open air;

140 tracksuits were purchased for the daily equipment of the patients.

The authorities will support the Psychiatric Hospitals so that they are modernized in accordance with the current standards and at the same time the development of the community psychiatry network in order to reduce the number of hospitalized patients.

**Regarding paragraph 33:**

In the Pădureni-Grajduri Psychiatry and Safety Measures Hospital, this recommendation is already implemented (Section II - Pav. 2 exclusively for women and Pav. 3 exclusively for men).

At the Clinical Hospital of Psychiatry "Prof. Dr. Alexandru Obregia" Bucharest:

Regarding the recommendation regarding the need for the existence of distinct spaces reserved for each gender in the sections that accommodate both men and women, this recommendation is already implemented; moreover, in order to respect the rights of LGBT people and without affecting other patients, if a patient with a certain sexual orientation is hospitalized, he is accommodated in a reserve of 1 bed or in rooms with similar patients. At the level of the Socola Institute of Psychiatry - Iași - The separation of patients according to gender was discussed by the Medical Council and remedial measures will be taken.

**Regarding paragraph 39:**

At the Clinical Hospital of Psychiatry "Prof. Dr. Alexandru Obregia" Bucharest:

Complementary services to basic medical care are offered through the Department of Community Psychiatry and Psycho-social Reintegration.

The activities carried out by the Department of Community Psychiatry for patients admitted to the hospital sections include:

- occupational therapy
- psychoeducation
- therapeutic symptom management groups
- counseling/cognitive-behavioral psychotherapy.
- recreational activities – sports, drawing, music.

Participation in the activities provided by the department is individualized, in the sense that the inclusion in groups/counseling/individual therapy depends on the patient's current condition, his needs, the motivation for a certain type of intervention.

Beneficiaries of the Department are voluntarily hospitalized patients, current procedures/resources do not allow the inclusion of non-voluntarily hospitalized patients in the department's activities.

Future lines of action:

- the development of occupational and leisure activities within the sections where there are patients rooms for non-voluntarily admitted patients, at the level of each section,
- the individualized plan of activities developed in the long term, with the follow-up of the evolution and after discharge from the hospital, on an outpatient basis at the level of the Community Psychiatry Department,
- development of prophylactic programs – relapse prevention for patients with psychotic or other severe mental disorders (depression, anxiety) – at the level of the Community Psychiatry Department.

The Ministry of Health is aware of the current state of Romanian medicine regarding the preponderance of medication, to the detriment of psycho-social and occupational measures. In this sense, the Ministry of Health strengthened the collaboration with the College of Psychologists in Romania regarding the training of accredited personnel to work in tertiary centers/mono-specialty psychiatric hospitals and hospitals for safety measures, and we continue the efforts to increase the capacity and human resources.

#### **Regarding paragraph 40:**

This recommendation will be implemented at the Clinical Psychiatry Hospital "Prof. Dr. Alexandru Obregia" until 01.09.2023 at the latest, by updating the Good Practices Manual adopted at the hospital with the rule regarding the obligation to obtain the consent of the patient/legal representative for each individual session of electroconvulsive therapy.

#### **Regarding paragraph 41:**

Regarding the recommendation on the establishment of a section dedicated to people with mental disorders brought by the police, the Ministry of Health believes that such a measure is appropriate, but as in the other situations previously presented, the lack of accommodation spaces does not yet allow the creation of such a section.

Legislative changes are being considered to cover staffing requirements so that staff standardisation covers psychiatric care needs.

#### **Regarding paragraph 47:**

At the Clinical Hospital of Psychiatry "Prof. Dr. Alexandru Obregia" Bucharest:

Following the annual evaluation of the hospital's employment plan, in March 2023, 21 medical assistant positions and 31 auxiliary staff positions were put up for competition, of which 12 assistant positions and 20 auxiliary staff positions were filled.

On 28.04.2023, an announcement was published regarding the occupation of a number of 7 doctor positions in the specialties: psychiatry, pediatric psychiatry and epidemiology, and on 05.05.2023, announcements were published regarding the occupation of a number of 2 other health personnel positions with higher education, 10 positions of medical assistant and 18 positions of auxiliary personnel, but by the Emergency Ordinance No. 34 of May 12, 2023 regarding some fiscal-budgetary measures, the extension of some deadlines, as well as for the modification and completion of some normative acts, employment by competition of vacant and temporarily vacant positions and implicitly of these positions was suspended.

On 19.05.2023, the hospital sent to the Administration of Hospitals and Medical Services an address requesting the approval, by memorandum, of the organization of competitions to fill vacant positions, in accordance with the provisions of Art. IV paragraph (5) of the Ordinance of Emergency no. 34 of May 12, 2023, as follows:

- Doctors – 7 positions
- Other senior health personnel - 2 positions
- Medical assistants – 11 positions
- Auxiliary staff – 21 positions.

As a consequence, it is observed that the hospital undertakes all the steps to fill the vacant specialized positions in the medical area, within the limits of the salary expenses provided for in the legal norms, thus meeting both the needs of the hospital and the recommendations of the CPT.

<i>Professional category</i>	<i>Positions occupied/2022</i>	<i>Positions filled at present date</i>	<i>Vacancies at present date</i>
Doctors	132	130	38,5
Other senior health personnel	53	53	9
Assistants with higher education	122	123	8
Medical assistants	405	421	43,5
Auxiliary staff	329	339	41

At the level of the Psychiatry Clinic of the Emergency County Hospital "Mavromati"-Botoșani

Within the Acute I Psychiatry Section, the tendering of an auxiliary staff position was approved, and within the VI Chronic Psychiatry Section, the medical team was completed with one more psychiatrist.

The Ministry of Health is aware of the lack of staff in the national public health system. In this sense, the public policies of recent years aimed at increasing the attractiveness of working in the public system, increasing wages, improving working conditions, fitting with equipment, as well as the fight against corruption in the conditions of a chronically under-financed system.



It is, however, an indisputable fact that the phenomenon of "brain drain" continues in Romania to other member countries of the European Union which, in turn, face an "acute lack of personnel" in the public health system. Regarding this aspect, the Ministry of Health believes that, far from being a national problem, Romania is making efforts together with the other member countries to have better policies through which the patient benefits from sufficient staff, but also with adequate professional training.

## **Regarding paragraph 48:**

At the Clinical Hospital of Psychiatry "Prof. Dr. Alexandru Obregia" Bucharest:

Regarding this recommendation, for the testing of an alarm system, 3 sections have already been equipped with mobile, wireless call buttons, through which the staff can call the security agents, in the special situations where their presence is necessary in the clinical areas. Given that this alarm system is the most effective in the case of a flag hospital and has proven its effectiveness during the test period, by the end of September this year, all sections will be equipped with this system.

At the level of the Psychiatry Clinic of the "Mavromati"-Botoșani County Emergency Hospital, within the Acute Psychiatry Section I, in the office, a panic button is installed for special situations.

The Ministry of Health will inform the managers of hospitals and relevant institutions about this requirement and will check its implementation.

## **Regarding paragraph 49:**

At the Clinical Hospital of Psychiatry "Prof. Dr. Alexandru Obregia" Bucharest:

The managerial policy has as its main objective the safety of patients and employees, which is why there is a permanent concern at the institutional level for the training of employees in terms of communication with the patient and the management of patients with mental disorders, mainly those with auto or heteroaggressive manifestations. This fact is supported by the numerous training sessions attended by medical and nursing staff, confirmed by Annual Training Plans and training minutes.

## **Regarding paragraph 50:**

Considering the fact that this hospital is subordinated to the local authorities, the Ministry of Health submitted the CPT recommendation in order to find an administrative solution for this external section.

## **Regarding paragraph 51:**

At the Clinical Hospital of Psychiatry "Prof. Dr. Alexandru Obregia" Bucharest:

Within the hospital, according to the approved Security Plan, the posts of the agents are not established in the clinical areas, except for the Adult Psychiatry Ward, where there is a guard post at the entrance of the building, in the waiting room area, outside the spaces with medical activity.

The Ministry of Health will inform hospital managers and institutions about this requirement and check its implementation.

## **Regarding paragraph 52: National Administration of Penitentiaries**

In penitentiaries, prison-hospitals, detention centres and educative centres, units subordinated to National Administration of Penitentiaries, according to the legislation in force, there are organized and clearly delimited: detention sector, administrative sector, production sector and other auxiliary spaces.

Detention centre includes detention sections with rooms in which the persons deprived of their liberty are accommodated and the spaces intended for all activities connected with the execution of the custodial sentence.

The penitentiary police officers, who are responsible with the surveillance of the persons deprived of their liberty and with conducting their daily activities, perform their duty unarmed.

According to legal provisions applicable in this matter, during the execution of guarding and surveillance missions of the inmates hospitalized in health units outside the penitentiary system, penitentiary police officers are equipped with arms and ammunition, depending of the regime of execution of the sentence and the risk they present.

## **Regarding paragraph 59:**

### At the Psychiatry Clinic of the "Mavromati" County Emergency Hospital - Botosani

In the Psychiatric Section I, special devices for contention are kept in a box in the Ward Room and are used only in case of need, according to the procedure into force. Patients are confined only as a measure of last resort, for as short a period as possible, with the registers and FOCG being filled in accordingly.

In the Psychiatric Ward VI, contention devices are stored in special bags in the kit cupboard in the Nurses' Ward Room.

There have been no cases of patients requiring confinement in the last two years.

The legislation in Romania on the use of custodial measures, as well as the use of confinement, is the subject of several technical discussions at the moment. Romania has taken important steps towards respecting human rights in terms of training of staff, acquisition of appropriate equipment and the exclusive use of restraint in situations provided for by law, namely imminent danger or a clear threat to oneself or another person.

However, the Ministry of Health is aware that there are situations where the containment procedure, as set out in Order 488/ 2016, is not fully respected.

In this regard, the Ministry of Health have issued recommendations on the records of contention, but also the case analysis as regards the ethical misconduct of staff, not only punitive but also for continuing professional development. The Ministry of Health established that staff training on specifically containment techniques should be done at least 2 times/year. Where possible, in terms of available logistics, containment will not be done in front of other patients.

Furthermore, the Ministry of Health has issued clear recommendations on the use of other patients for containment. By law, as well as the methodology in force, such incidents are considered disciplinary offences and will be considered in the respective committees in health units.

## **Regarding paragraph 60:**

### At the Clinical Hospital of Psychiatry "Prof. Dr. Alexandru Obregia" Bucharest:

At present, the restraint of patients is carried out in accordance with the legal provisions in force and is regulated at the hospital level by the operational procedure "Non-voluntary admission", edition II, revision 0, code PO-AM.066.02.00-SEL.23, in force from 22.03.2023, in chapter VI.2, section "Containment" (page 23). The hospital is also equipped with cuffs and straps and only means of containment complying with legal regulations are used.

At the level of Psychiatric Hospitals, measures will be taken so that this recommendation is put into practice using the Clinical Hospital of Psychiatry "Prof. Dr. Alexandru Obregia" as a model of good practice.

## **Regarding paragraph 63:**

At the level of Socola Psychiatric Institute - Iasi, regarding the application of containment measures on agitated children, the hospital management is considering reorganizing the children's ward and creating appropriate spaces for these patients. The building in which the NPI department is working is partly occupied by part of the Acute Psychiatry Section VI, whose building has been dismantled, the procurement procedure having been completed, solutions are being sought in order to allocate funds for the realisation of this objective and the restoration of spaces for children.

After the CPT visit the Ministry of Health contacted, at Secretary of State level, the management of the hospital visited. The main problems raised were the lack of qualified staff and the need for clear procedures in cases of psychomotor agitation to minor patients. In this regard, awareness raising campaigns, continuous professional training and adequate training of both medical and environmental-auxiliary staff on case management are taking place.

## **Regarding paragraph 74:**

This recommendation has already been implemented, as since April this year hearings have been resumed with a view to confirming non-voluntary admission decisions of patients at the hospital and, where appropriate, by videoconference. The patient's assistance in these cases is provided by the court-appointed lawyer or the lawyer chosen by the patient/legal representative and the participation of the prosecutor is ensured in all these cases.

## **Regarding paragraph 75:**

The Ministry of Health, through the National Center for Mental Health and the Fight Against Drugs (CNSMLA), will organize an inter-institutional working group that will map the legislation in force that regulates aspects related to mental health, patients' rights,

protocols, services and harmonize them and update in accordance with CPT recommendations and the current needs of the system and patients, as well as the European Union. The institutions that will contribute are: Ministry of Health, Ministry of Justice, Ministry of Finance, Ministry of Education, Ministry of Labor and Social Protection, Public Ministry, professional associations, patient associations, NGOs in the field.

## **Regarding paragraph 76:**

### At the Clinical Hospital of Psychiatry "Prof. Dr. Alexandru Obregia" Bucharest:

The hospital's policy strongly promotes and supports the respect of patients' rights, obtaining the informed consent of the patient being regulated and implemented by the operational procedure on "Informed Patient Agreement", edition II, revision 1, code PO-AM.048.02.01-SEL.21, in force from 08.11.2021. The procedure includes a description of how to inform and obtain the consent of the patient or legal representative, as appropriate, and the possibility of withdrawing consent for certain medical or care procedures; like all regulations in the establishment, it is evaluated at least annually, in terms of the risks involved and on the basis of indicators of efficiency and effectiveness, thus analysing the results obtained from its application. Compliance with the regulation is also continuously monitored by the process managers, and any non-compliance identified is remedied as soon as possible.

Socola Institute of Psychiatry - Iasi will take measures to inform patients about their rights and how to obtain consent.

As regards legal safeguards for placement in a psychiatric hospital, according to the legislation in force in Romania no patient can be detained, or involuntarily committed, without a court decision, at the request of the doctor and after a meeting of a specialist commission which formulates the request to a judge of rights and freedoms.

A further, subsequent step has to do with ensuring that such a measure can be challenged, i.e. that the patient has access to an independent assessment when involuntary treatment is instituted as part of an involuntary admission.

In this respect the methodology grants the patient the right to conventional representation during hospitalisation. Moreover, on the new methodology at l140/2022, published in October 2022, the measure of provisional admission guarantees a wider range of safeguards than a simple interdiction.

## **Regarding paragraph 78:**

The Ministry of Health, through the National Centre for Mental Health and Drug Control, will organise an inter-institutional working group to map the current legislation governing mental health issues, patients' rights, protocols, services and harmonise and update them in line with CPT recommendations and the current needs of the system and patients, as well as the European Union. The institutions that will contribute are: the Ministry of Health, the Ministry of Justice, the Ministry of Finance, the Ministry of Education, the Ministry of Labour and Social Protection, the Public Ministry, professional associations, patients' associations, NGOs in the field.

## **Regarding paragraph 80:**



By Order of the Minister of Health No 3626/2022 on the performance criteria under which the management contract may continue or terminate early, two new mechanisms were introduced in the evaluation of managers, namely:

- implementation of a Communication System with the patients' relatives/legal representatives
- implementation of a Patient Satisfaction Assessment System.

## **Regarding paragraph 81:**

This recommendation is already implemented in the Hospital for Psychiatry and Safety Measures Pădureni-Grajduri, as provided for in the Operational Procedure 120/06.04.2023 "Procedure for the registration, management and resolution of patient/carer complaints". It was also ordered by the management of the unit to urgently put, in full compliance with the CPT recommendations, the information brochures as well as their publication on the unit's website.

Most of the information in the booklet was already available on the website of the unit of the Hospital for Psychiatry and Safety Measures Pădureni-Grajduri according to the current legislation in force.

### At the Clinical Hospital of Psychiatry "Prof. Dr. Alexandru Obregia" Bucharest:

The hospital promotes patients' rights, encourages the communication of information on the complaints they face and analyses the complaints/complaints received, with the aim of improving the quality of the services provided, as a whole (quality of the medical act, care, hotel conditions, information security, care environment, etc.). In this regard, a complex system is operating in the hospital through which the information received from patients, relatives or other institutions and organizations interacting directly or indirectly with the health facility, respectively, is collected and analysed:

1. Patients have access to useful information (available in the "Patient Map") on each ward, to which they have unrestricted access (legislation on patients' rights, information on pathologies treated in the hospital, Rules of Procedure for patients, visitors and accompanying persons of in-patients (3rd edition, revision 0, updated and in force since 1 February). 2023) useful telephone numbers (DSPMB, Police, Fire Brigade, Consumer Protection, Ministry of Health, other institutions and organisations in the field), list of medical services offered in the hospital, documents required for admission, discharge conditions, information on the National Mechanism for the Prevention of Torture, recommendations for a healthy lifestyle, etc., as well as information on how to fill in patient satisfaction questionnaires and how to submit complaints (there is a dedicated register for suggestions and complaints, a secure box for submitting complaints and a ballot box for collecting patient satisfaction questionnaires in each medical department/department).

Also, in the "Patient Map" there is the information that patients have the possibility to fill in the feedback questionnaire and the satisfaction questionnaire online (on the hospital website [hospital-obregia.ro](http://hospital-obregia.ro) in the section "Patient information"), the name and contact details of the ethics advisor and his/her deputy, as well as the possibility to send complaints to the e-mail addresses [consiliuletic@spital-obregia.ro](mailto:consiliuletic@spital-obregia.ro) and [secretariat@spital-obregia.ro](mailto:secretariat@spital-obregia.ro).

Thus, the hospital provides patients with various channels for communicating their suggestions and complaints, and all information is analysed on a monthly basis at the level of the Ethics Council (ethical incidents), the Complaints Analysis Commission (petitions, complaints, referrals) and the Health Service Quality Management Service - SMCSS (patient satisfaction questionnaires, in conjunction with the results published by the Ministry of Health from the centralisation of feedback questionnaires and the analysis of referrals received from the Complaints Analysis Commission). The monthly patient satisfaction analysis report (which includes conclusions and proposals for measures to remedy any irregularities) is sent by the SMCSS to all hospital structures and to the supervisory authority - the Administration of Hospitals and Medical Services of Bucharest (ASSMB) and discussed in the Medical Council and the Steering Committee.

Consequently, there is transparency in the collection and analysis of suggestions and complaints in the hospital, the unit being constantly concerned with increasing the quality of services offered.

2. Patients are informed of the hospital rules as soon as they are admitted and they confirm this by signing a specific form.

3. The monthly analysis of the above-mentioned data shows that the general level of patient satisfaction remains very high (over 98.5%), and the unit is making every effort to increase this percentage by the measures taken.

#### **Regarding paragraph 85:**

Within the National Health Strategy 2023 - 2030, it is foreseen to carry out an analysis of the medical services provided in psychiatric hospitals, including special measures, as well as the medical services provided to persons deprived of liberty (regardless of the level of medical assistance, during detention and after release).

It is also proposed to expand community mental health and community psychiatry services by facilitating integrated social and professional rehabilitation and reintegration interventions, as appropriate.

#### **Regarding paragraph 88:**

The medium and auxiliary medical staff of the Hospital for Psychiatry and Safety Measures Pădureni-Grajduri is constantly reminded during the regular trainings organized at the unit level that any violation of the rights of patients will not be tolerated and the most severe disciplinary sanctions will be applied, as provided for in the internal regulations of the unit, of which they are aware by signature. Usually the senior medical staff, during the daily working hours in the ward, discusses theoretical issues and concrete situations concerning the ethical conduct of subordinate staff in relation to patients.

Regardless of the nature of the disciplinary offences found by the management of the health unit, they have been and will be investigated and sanctioned firmly in relation to the seriousness of the disciplinary offence and in accordance with the provisions of the Labour Code, the Individual Labour Contract, the Internal Regulations and the Collective Labour Contract at branch/health unit level, in this regard applying disciplinary sanctions at the level of our unit as follows:

In 2015 a total of 7 disciplinary sanctions, 4 of which resulted in the termination of the individual employment contract;

In 2016 a total of 6 disciplinary sanctions were imposed, 4 of which resulted in the termination of the individual employment contract;

In 2017, 11 disciplinary sanctions, 2 of which resulted in the termination of the individual employment contract;

In 2018, 5 disciplinary sanctions;

In 2019 a total of 8 disciplinary sanctions, of which one (1) resulted in the cancellation of the individual employment contract;

In 2020 a number of 2 disciplinary sanctions, of which one (1) resulted in cancellation of the individual employment contract;

In 2021, 3 disciplinary sanctions;

In 2022, 2 disciplinary sanctions, of which one (1) resulted in the cancellation of the individual employment contract.

In the year 2023 a number of 4 disciplinary sanctions.

It can be observed, based on the above, that the Hospital for Psychiatry and Safety Measures Pădureni-Grajduri pays special attention to the way of fulfilling the duties of service as well as the general behavior of the employees of the institution in relation to the patients and their relatives and not least in order to maintain a favorable climate for proper medical care.

Regarding the second recommendation, the management team of the Hospital for Psychiatry and Safety Measures Pădureni-Grajduri has already ordered the Public Procurement Service to identify professional trainers authorized to conduct such courses on these very important topics. Once these trainers have been identified, within the limits of the available budgetary resources, these services will be contracted.

#### **Regarding paragraph 94 and 95:**

At the level of the Hospital for Psychiatry and Safety Measures Pădureni-Grajduri, as described above (for the recommendation of the maximum number of patients accommodated per room - i.e. 4), the current configuration of the buildings intended for the accommodation of inpatients in conjunction with the degree of load of the institution makes it impossible to apply the recommendations on the number of toilets and showers until the actual implementation of the solution of expanding the hotel space. However, the Ministry of Health points out that both the shower/toilet facilities are thoroughly sanitised and frequently checked by sanitation tests in order to maintain an adequate state of hygiene.

#### **Regarding paragraph 96:**

With regard to this requirement, the Ministry of Health would like to inform you that the reason for extending the hotel space for 300 beds comes as a natural consequence of the imperative need to increase the quality of the medical care provided by the unit, the level of satisfaction of the inpatients and the employees of the unit and, last but not least, the common goal of the management of the unit and the main authorizing officer to comply ad literam with all European standards in the field of mental health and the rights of the mentally ill as well as national legislation in the field.

In the same vein, the Ministry of Health informs you that the Feasibility Study "Extension of hotel space for patients" is in the final phase of obtaining the necessary approvals,

according to the Urban Planning Certificate issued by the U.A.T. Grajduri (and will be submitted as soon as possible to the Ministry of Health for approval and urgent identification of the financing solution for moving to the design and execution phase of the objective).

As regards the increase in the number of staff, the Ministry of Health informs you that in the period immediately following the CPT's visit (first quarter of 2023) the hospital management has increased the number of staff employed by 1 doctor specialist psychiatrist, 3 nurses, 2 occupational therapy instructors, 2 nurses, 7 caretakers, 1 unskilled worker for the supervision of dangerous mental patients, 1 cook, 1 cook and 1 unskilled worker in the food block.

Also in May, a total of 14 vacancies were opened for competition, including 2 posts for psychiatrists, 6 posts for nurses, 1 post for occupational therapy instructors, 1 post for nurses, 1 post for carers, 1 post for a junior economist, 1 post for a junior specialist consultant and 1 post for a food block worker.

### ***Regarding paragraph 97:***

This recommendation will be implemented immediately after the implementation of the solution to expand the hotel space for patients and the corresponding increase in the number of medical staff that will be normalized to the new number of beds approved in the organizational structure of the health unit.

### ***Regarding paragraph 99:***

The patients hospitalized in the Hospital for Psychiatry and Safety Measures Pădureni-Grajduri have daily access to the outdoor recreation area of each ward during the periods of time when they are not engaged in other therapeutic activities, under conditions of close supervision by the staff. the Ministry of Health would also like to point out that access to these recreational areas is also at the personal discretion of the patients who are properly equipped in terms of clothing and footwear necessary for any activities (inside or outside the pavilions).

### ***Regarding paragraph 102:***

In the Hospital for Psychiatry and Safety Measures Pădureni-Grajduri treatment plans are drawn up individually for each patient (in addition to the nursing plan), and any errors of completion that the delegation noted during the visit were subsequently corrected. The specialist doctors also constantly adapt the treatment plans according to the daily progress of the patients ascertained during the visit, contra-visit and on-call programme.

As regards therapeutic, rehabilitative and recreational activities, starting by 01.04.2023 the unit has hired staff for the available posts of "occupational therapy instructor" in the job description approved by the Chief Authorising Officer and therefore the range of activities has been extended accordingly. At the same time the Ministry of Health would like to point out that occupational therapy activities at the unit level were implemented before the CPT visit but at a more restricted level due to the absence of staff dedicated to carrying out this type of activities.



With regard to the recommendation concerning the need for a procedure to ensure that prescribed medicines are actually supplied, the unit has developed and implemented (prior to the CPT's visit) procedures that relate to and meet the requirements set out, namely OP 130 on the unit's closed-circuit pharmacy and OP 119 on inpatient care. Referring to the recommendation on the rapid assessment of patients to determine their need to remain in hospital, the patients admitted to our unit are admitted to hospital only on the basis of decisions issued by the competent courts ordering the application of the safety measure under Article 110 of the Criminal Code. In the same sense, the Ministry of Health informs that the procedure of verification of the maintenance, replacement or lifting of the safety measure is a process that falls exclusively under the responsibility of the competent courts and that, according to art. 569, paragraph 3 of the Criminal Procedure Code, "is carried out periodically, but not later than 12 months".

### **Regarding paragraph 103, 105:**

With regard to the recommendation concerning the involvement of inpatients in the medical procedure, i.e. the supervision of other patients, the Ministry of Health informs that this practice is not encouraged, accepted or tolerated in Pădureni-Grajduri Psychiatric and Safety Measures Hospital, and any violation will be promptly sanctioned if found.

With regard to the recommendation concerning the filling of the vacant posts in the staff chart, the Ministry of Health reiterates the above mentioned, namely that in the period immediately following the CPT visit (first quarter of 2023) the hospital management has increased the number of staff employed by 1 psychiatrist, 3 nurses, 2 occupational therapy instructors, 2 nurses, 7 caretakers, 1 unskilled worker for the supervision of dangerous mental patients, 1 cook, 1 cook and 1 unskilled worker for the food block.

Also in May, a total of 14 vacancies were advertised, of which 2 posts for psychiatrists, 6 posts for nurses, 1 post for occupational therapy instructors, 1 post for nurses, 1 post for carers, 1 post for junior economists, 1 post for junior specialist advisers and 1 post for unskilled food block workers.

With regard to the recommendation of adequate training of staff, especially in the prevention and management of aggressive behaviour in patients with mental disorders, the Ministry of Health reiterates that the hospital management team has already ordered the Public Procurement Service to identify professional trainers authorized to conduct such courses for the acquisition of skills on these particularly important topics. Once these have been identified, within the limits of available budgetary resources, priority will be given to contracting these training services.

### **Regarding paragraph 109:**

Regarding these recommendations, at the level of the Hospital for Psychiatry and Safety Measures Pădureni-Grajduri is developed and implemented Operational Procedure 022 - Methods applicable to patients with acute psychomotor agitation, procedure that fulfils the recommendations issued (except for the mention in the restraint register of the reason for restraint, which is recorded in the patient's general clinical observation sheet) for cases when for obvious reasons it is necessary to apply the restraint measure to patients with the exclusive use of approved restraint devices.

## Regarding paragraph 113:

The mechanism by which patients arrive in psychiatric hospitals and for safety measures will be updated through an inter-institutional collaboration protocol together with the Ministry of Justice so that this requirement is respected.

Patients already hospitalized will be re-evaluated and it will be considered if they will be referred to a special community psychiatric system, which will include mobile psychiatric assistance.

As for the classification of patients based on disability, Romania is making efforts to change the legislation on the protection of people with disabilities in full agreement with the signed international conventions, implicitly the CRPD. One year ago (2022) the new law (140/2022) on the establishment of measures to protect people with disabilities was voted. The Ministry of Health coordinated the medico-psychological assessment methodology, in collaboration with similar government bodies. The Ministry of Health believes that the implementation of these measures will generate a profound reform in terms of social protection in Romania, but also subsequent classifications according to disability.

### **B. Residential care centers:**

**I. Regarding the social protection services granted to persons with disabilities,** Romania is in the midst of reforming the social care system in the field of disability. This reform implies substantial changes in the disability system: the modification of the system of evaluation of persons with disability, the change of paradigm, in the field of services, which until now was centered on the provision of services in an institutional system, in a paradigm of independent life in the community, based on individualized support services. The social protection system currently accommodates persons with disability who have spent their entire lives (30-40-50 and even 60 years) in the residential system. Significant changes in such a system involve the qualification or retraining of personnel, the meticulous preparation of the beneficiary, the creation of an infrastructure through financial investments, the preparation of communities in order to integrate these people. All these steps translate into time, effort and require political commitments through strategies and laws. During all this time, Romania, at the community level, faces discriminatory or segregating attitudes towards persons with disabilities, especially when we are talking about serious disabilities accompanied by psychological disorders. The diagnosis of the situation of persons with disabilities in Romania reveals that 27% of people with severe disabilities feel alone. The role of the social protection system and residential services for persons with disability is to support persons with disability who, for social reasons combined with their disability, cannot lead a decent life in the community. These residential services are social services specially intended for people with disabilities, they are not residential medico-social units or psychiatric medical units, therefore they do not have exclusively medical staff, but mostly the staff has social training.

The fact that Romania is in this reform process means not only the restructuring of some institutions, but also investments in the training of staff from the centers, their retraining, as well as the strengthening of the component of assistance and support services in the community such as: personal assistant, professional personal assistant and caregivers at home. In order for this paradigm shift and reform to take place, it is essential to prepare the community, the urban or rural space, but also the labor market. The national strategy

regarding the rights of persons with disabilities "A fair Romania" 2022-2027 and the national strategy regarding the prevention of the institutionalization of adults with disabilities and the acceleration of the deinstitutionalization process, through their action plans, ensure the necessary legislative framework for measures to improve the living conditions of persons with disabilities in the community and that the deinstitutionalization process will be one centered on the person with disabilities.

Ministry of Labor and Social Solidarity believes that it is essential to mention the fact that in Romania in 2022, the majority of persons with disabilities, 98.12 %, as it appears from the statistical bulletin of the authority, were in the community, not in residential centers.

## **II. Regarding the prevention of ill-treatment by staff through staff training and encouraging the expression of beneficiaries**

The national strategy regarding the prevention of the institutionalization of adults with disabilities and the acceleration of the deinstitutionalization process, for the period 2022-2030, was approved and published in the Official Gazette of Romania on December 23, 2022. One of the principles is that of the person-oriented approach which means that the person can choose the services and the way they are provided so that they correspond to his aspirations, needs and preferences. The action plan of the strategy involves the training of already existing staff but also of case managers, on which the paradigm shift is based.

### **Specific recommendations regarding the centers visited**

The recommendations have been forwarded to the institutions to take the necessary measures. The Ministry of Labor and Social Solidarity would like to specify that the large centers are in the restructuring process, which is assumed by the restructuring plans, this implies the commitment of the General Directorates of Social Assistance and Child Protection (DGASPCs), but also of the County Councils under whose direct subordination they operate.

Casa Oskar will be closed within the deadline assumed by DGASPC Suceava through the restructuring plan in 2023. Beneficiaries of this center are prepared for transfer by specialized staff and are transferred as the establishment of the new social services they will benefit from is completed.

Through its role of methodological coordinator, the National Authority for the Protection of the Rights of Persons with Disabilities (ANPDPD) will keep in touch with the two directions under which the mentioned services are located in order to monitor the deinstitutionalization process. In case that the commitments assumed in the restructuring plans are not fulfilled, the National Agency for Payments and Social Inspection will be notified.

### **Medical screening and dental programs**

Government Decision no. 490/2022 for the approval of the National Strategy regarding the rights of persons with disabilities "A fair Romania" 2022-2027 provides in the priority area of Health the provision of the best quality health services for persons with



disabilities. Within the strategy implementation plan, there are specific measures to improve access to medical services for persons with disabilities, but also to ensure their exercise to right to sexual and reproductive health.

It is necessary to mention that the Ministry of Health approved the National Strategy on the Rights of Persons with Disabilities 2022-2027.

## **Regarding the oxygen cylinder, the existence of the defibrillator and the training of the staff for first aid**

Residential centers for persons with disabilities are social services intended for persons with disabilities, not medical or socio-medical units, therefore the existence of such equipment in the centers cannot be justified, because as we have shown, the staff of these social services are staff from the social field, and the application of these devices is carried out in hospital units. We note that the training on first aid measures is part of the periodic occupational medicine training provided in such centers and the internal procedures state that staff has to call 112 - single number for emergency calls - in any emergency situation. We will keep in touch with the DGASPCs to ensure that first aid training is carried out regularly in centers and staff regularly attend and acquire first aid skills.

## **Regarding leukocyte count monitoring in residents receiving Clozapine**

In accordance with the provisions of Annex 1 of Order no. 82/2019 regarding the approval of specific mandatory minimum quality standards for social services intended for adults with disabilities, the social service provider has a procedure that specifies the medication management, this states that centers use a health monitoring sheet that contains the record of admissions, treatments, immunizations, accidents, first aid situations, as well as the recommendations of specialist doctors for the administered medication. The medication administered in the residential centers is based on the medical prescription of the family doctor or specialist who is responsible for informing about the risks associated with these drugs. We will send an information to the DGASPCs to ensure that the risks associated with the medicines are noted in that beneficiary monitoring sheet.

## **Recommendation regarding autopsies of deceased residents**

In accordance with the provisions of Annex 1 of Order no. 82/2019 regarding the approval of specific minimum quality standards for social services intended for adults with disabilities, the social service provider has its own procedure regarding the assistance in the terminal state or death of the beneficiaries. This procedure specifies the measures taken in these situations. At this moment in Romania, in accordance with the provisions of article 185 paragraph 1 of the Criminal Procedure Code, the medico-legal autopsy is ordered by the criminal investigation body or by the court, in case of violent death or when it is suspected of being violent or when the cause of death is unknown or there is a reasonable suspicion that the death was caused directly or indirectly by a crime or in connection with the commission of a crime. As far as the adoption of these measures is concerned, it does not fall within the competence of the National Authority for the Protection of the Rights of Persons with Disabilities or the DGASPC.

## **The recommendation regarding the outdoor access of the beneficiaries**



Comment: The quality standards for social services for persons with disabilities provide for access to the outdoors for the person in the residential center. We believe that with staff training and person-centered training, such situations will no longer occur.

## **The recommendation regarding the safe holding techniques and the movement-restricting measures**

At the level of the National Authority for the Protection of the Rights of Persons with Disabilities there is a working group that works on the procedure for the safe holding techniques and the movement-restricting measures. The procedure will be subject to the consultation of DGASPCs and civil society for suggestions, after which it will be published in the Official Gazette of Romania, as a valid general instruction.

## **The recommendation regarding the admission of people to residential centers**

Both strategies involve a revision of the quality standards, so the admission procedure in the centers will also be affected. Case management standards will be created so they use the person centered principle, according to the provisions of the legislation in the field (Law no. 7/2023 on supporting the process of deinstitutionalization of adults with disabilities and the application of measures to accelerate it and prevent institutionalization, as well as for the modification and completion of some normative acts) which means that the process of admission to the centers will be the result of the evaluation of the beneficiary, information about the existing services and compliance with the decision of the beneficiary and only after the exhaustion of all care measures in the community. Persons who are now under legal guardianship are in the process of having their decisions reviewed under the new assisted decision provisions.

## **The recommendation regarding informing the beneficiary about his health condition, the recommended medical treatment, the right to express his opinion regarding the treatment and requesting a new opinion if desired**

All these aspects are covered by the person-centered case management provided in both mentioned strategies.

## **The recommendation regarding the right to express one's opinion regarding the services received and the right to complain**

These provisions exist in the quality standards. This is why we will ask the social inspectors to pay special attention during their yearly scheduled monitoring visits to the quality standards related to rights, including the beneficiary's right to complain of violations of his rights.

## **Recommendation regarding the identification of solutions regarding daily care units for people with mental/psychiatric conditions**

We maintain the position according to which the ANPDPD discerns two situations that take place without the intervention of the ANPDPD: the hospitalization in psychiatric hospitals of persons living in the community, in this case the hospitalization is carried out at the request of the family, the family physician or specialist, and the second situation, the

hospitalization of beneficiaries of residential social services subordinated to the DGASPC and only under the coordination of the ANPDPD, a situation adequately managed by the existing staff in the centers and from the DGASPC.

The mental health services provided in the community belong to the Ministry of Health, according to the Law on Mental Health and the Protection of Persons with Mental Disorders no. 487/2002, within which the National Center for Mental Health and the Fight Against Drugs operates. By Decision no. 889/2016 The Government of Romania approved the National Strategy for the Mental Health of Children and Adolescents 2016-2020.

In the absence of an assumption by the Ministry of Health, through an updated public policy act, of the services provided to persons suffering from mental and psychiatric conditions, the ANPDPD activity, strictly delimited by another legal framework (Law no. 448/2006), cannot be extended into a field of competences that exceed its attributions.

Following the receipt of the adopted report, the National Agency for Payments and Social Inspection informed the territorial agencies from the counties of Iași, Neamț and Suceava about the content of the CTP Report and the recommendations made within it, also asking them to provide information about the services that did its subject: the Neuropsychiatric Recovery and Rehabilitation Center from Costâna and the Neuropsychiatric Recovery and Rehabilitation Center from Sasca Mică, Suceava County, the Recovery and Rehabilitation Center for Disabled Persons from Păstrăveni (Păstrăveni Center), Neamț County and the Care and Assistance Center from Mircești (Mircești Center), Iași county.

The Suceava County Agency for Payments and Social Inspection, through the Social Inspection Service, carried out on 04.04.2023 control missions at the two residential centers intended for adults with disabilities in Suceava county mentioned in the Report drawn up by the European Committee for Prevention of Torture and Inhuman or Degrading Treatment.

As a result of these inspection missions, the following were found:

1. The Costâna Neuropsychiatric Recovery and Rehabilitation Center is subject to a restructuring plan that received the approval of the National Authority for the Protection of the Rights of Persons with Disabilities (address no. 13388 / 13518 / ANPDPD / MC / 14.09.2022) and is approved by the County Council Decision Suceava no. 222/29.09.2022. According to this plan, in the period 2022-2023 the residential service will be restructured by establishing a care and assistance center for adults with disabilities (with a capacity of 33 places), two empowerment and rehabilitation centers for adults with disabilities (with capacities of 36 and 41 places respectively) and of three maximum protected houses (with capacities of 8 places).

The protected housing is planned to be built outside the current location, in Cacica commune, Suceava county, at this date they will be completed, the transfer of the beneficiaries to the new locations being planned to take place starting from the third quarter of 2023.

The rest of the residential services, mentioned in the restructuring plan, will be developed in the current buildings of CRRN Costâna (pavilions A, B, C), with the transfer

of beneficiaries practically taking place from one building to another, until the end of 2023.

The assessment of the individual needs of the beneficiaries was carried out and depending on the degree of autonomy and the potential for the development of skills/skills, the type of service to which each assisted person will be transferred was determined. For the 129 assisted, personalized plans were reviewed and specific activities included according to the identified needs. During this period, depending on the case, preparation activities for independent life, activities aimed at developing/maintaining personal potential or for making a decision are carried out.

The verified social service, until this date, respects the schedule of the restructuring plan. During the inspection, the aspects mentioned in the Report drawn up by the European Committee for the Prevention of Torture and Inhuman or Degrading Treatment, regarding this center, were also expressly taken into account, noting that since the last inspection carried out in 2022, the number of beneficiaries was reduced, the accommodation conditions were greatly improved (the bedrooms were whitewashed and the floors replaced, furniture was purchased), the beneficiaries who wanted customized their rooms, their own spaces were set up in each pavilion for socializing activities (including a reading room with library) and an external gazebo.

Regarding **Casa Oskar**, its closure will take place at the end of the implementation of the restructuring plan.

Clarifications from the Agency for Payments and Social Inspection Neamț also refer to the stage of implementation of the restructuring plan. The social service with accommodation Păstrăveni Center for the Recovery and Rehabilitation of Persons with Handicap, social service code 8790 CR - D - II, based in Păstrăveni village, Păstrăveni commune, Neamț county, CUI 2614376, holds Operating License no. 0001945/12.10.2016 (did not request relicensing). The restructuring plan was approved by HCJ Neamț no. 227/08.12.2021 and received the ANDPDCA Notice no. 19140/30.07.2021. The Păstrăveni Handicapped Recovery and Rehabilitation Center currently operates with ANDPDCA approval no. 19140 /ANDPDCA /DDPD/30.07.2021 issued for the approval of the Restructuring Plan of CRRPH Păstrăveni, based on DGASPC Neamț address no. 23791/24.06.2021 and according to the Decision of the ANDPDCA president no. 878/2018 for the approval of the Methodology for the elaboration of the plan for the restructuring of residential centers for adults with disabilities.

According to HCJ Neamț regarding the approval of the organizational chart and the state of functions of DGASPC Neamț no. 273/28.11.2022, the old DGASPC Neamț structure - Păstrăveni Center for Recovery and Rehabilitation of Persons with Handicap received the title of Păstrăveni Social Services Residential Complex, with a total capacity of 180 beneficiaries, being restructured into 6 accommodation centers:

- CIA PAD Barbara, notice 19140/ANDPDCA/DDPD/M, capacity approved by HCJ 28 beneficiaries, number of beneficiaries on 04/07/2023 - 28 beneficiaries;
- CAbr PAD Augustinum, capacity approved by HCJ 30 beneficiaries, number of beneficiaries on 04.07.2023 - 31 beneficiaries;
- CAbr PAD Orele astral, capacity approved by HCJ 30 beneficiaries, number of beneficiaries on 04.07.2023 - 32 beneficiaries;



- CABR PAD Haas, capacity approved by HCJ 37 beneficiaries, number of beneficiaries as of 04.07.2023 - 38 beneficiaries;
- CABR PAD Haas (SIDA pavilion), capacity approved by HCJ 11 beneficiaries reported in February 2023;
- CABR PAD Ecumenica, capacity approved by HCJ 38 beneficiaries, number of beneficiaries as of 04.07.2023 - 46 beneficiaries;
- CPVI PAD Bavaria, capacity approved by HCJ 17 beneficiaries, number of beneficiaries on 04.07.2023 - 22 beneficiaries.

In April 2023, in the Păstrăveni Social Services Residential Complex, there are 197 beneficiaries enrolled in different types of disabilities: mental (1), mental (5), associated (7), HIV/AIDS (8), visual (4). According to the data provided by the representatives of the service complex in Păstrăveni, a number of 10 beneficiaries are to be transferred to the Complex of Services for Adults with Disabilities (CSPAD) in Dragomirești (structured in 8 services: 1-day center and 7 protected housing).

As a result of the provisions of the Păstrăveni CRRPH Restructuring Plan, DGASPC Neamț is currently in the process of obtaining the necessary authorizations for the operation of the centers in the Păstrăveni Residential Complex of Social Services in accordance with the provisions of the minimum quality standards.

The Agency for Payments and Social Inspection Iași, through the Social Inspection Service, carried out an unannounced control on 10.04.2023 at the Center for Care and Assistance for Adults with Disabilities in Mircești, located on Speranței str., no. 481, Mircești village/municipality, Iasi county. The Center for Care and Assistance for Adults with Disabilities, Mircești holds the operating license LF series, no. 0000149 /19.09.2022 and operates on the basis of the Decision of the Iasi County Council no. 135/28.04.2021 regarding the approval of the establishment and operation of the Mircesti Center for the Care and Assistance of Adults with Disabilities, with a capacity of 50 places through the reorganization of the Mircesti Home for the Elderly and of the Center for Care and Assistance for Adults with Disabilities - Mircesti, through which the center is established and the staff and the Organization and Operation Regulations of the center are approved. The center has 16 habitable rooms (in two Modules), with two places for beneficiaries each, properly furnished, being cared for and sanitized daily. The rooms allow an individual approach (personal items, decorative items, photos, TV, etc.), the beneficiaries being accommodated in rooms according to evaluation and preference. At the time of the control mission, 47 people (27 - women and 20 men) were housed in the center, of which 4 beneficiaries were immobilized in bed.

Beneficiaries can keep part of their personal belongings in the nightstands in the rooms, and according to the Procedure for the protection against neglect, exploitation, violence, abuse at the level of the center, the establishment of a special space/booklet for keeping valuables or beneficiaries' money is foreseen.

In each module, a space was set up - in the hallway - for beneficiaries to spend their free time, for socializing in small groups (discussions, listening to music). An activity room is set up in the administrative module. The activities are carried out in groups, depending on the preferences of the beneficiaries for various types of activities.



Also, for spending free time, the courtyard of the center is arranged with paths, benches, gazebo (which is used for carrying out various activities as well). For occupational therapy activities, there is an area of agricultural land on which an annex household has been set up, where both the staff and the beneficiaries can grow various vegetables.

For the beneficiaries, a functional chapel for several confessions, which serves as a place of silence and prayer for the beneficiaries and staff, is built and arranged within the premises of the Center.

According to the state of functions, the center operates with a number of 50 employees (1 head of the center, 1 psychologist, 1 social worker, 4 medical assistants, 3 recovery pedagogues, 26 nurses, 1 masseur, 1 administrator, 1 shopkeeper, 4 cooks, 4 guards/firemen, 2 washerwomen, 1 driver). Since on the date of the control, 36 positions were occupied (and 14 were vacant), the team of social inspectors that carried out the unexpected control mission left DGASPC Iași, as a remedial measure, to take steps to complete the staff team according to the approved state of functions to fill vacant positions. The measure`s deadline is 31.07.2023.

## **Publication procedure**

We reiterate the agreement of the Romanian authorities for the publication of the CPT Report, together with the present response.

