

KEY OBSERVATIONS

PRIORITY TOPICS

■ Psychiatry

LIVING CONDITIONS – Measures to address extreme overcrowding and related poor living conditions

ILL-TREATMENT – Concerted action to end the widespread ill-treatment of patients by staff

STAFF – Steps to remedy the chronic lack of staff which undermines care and contributes to the ill-treatment, and even death, of patients

MEANS OF RESTRAINT – Urgent need to align restraint policy and practice to international guidelines and to reinforce safeguards to protect patients from ill-treatment

THE CPT AND ROMANIA

Romania ratified the ECPT in 1994, and the Committee's first visit took place in 1995.

Since ratification, the CPT has carried out 14 country visits to Romania– 6 periodic and 8 ad hoc – including 73 visits to police establishments, 35 to prisons, 18 to psychiatric institutions, 13 social welfare and educational-correctional establishments and 2 to immigration detention facilities.

EXECUTIVE SUMMARY

The purpose of the 2024 ad hoc visit was to assess the implementation of the CPT's recommendations concerning the treatment and conditions of detention of forensic psychiatric patients in the four Romanian psychiatric and safety measures hospitals. For this reason, the CPT visited, for the first time, the psychiatric and safety measures hospitals in Jebel and Ștei, the one in Săpoca, which was last visited in 2014, and carried out a follow-up visit to Pădureni-Grajduri Hospital visited in 2022.

In the report on the 2022 visit, the Committee had drawn the attention of the Romanian authorities to a number of serious systemic shortcomings concerning the approach to forensic mental health in the country. The findings of the 2024 visit provide clear evidence that these shortcomings have yet to be properly addressed by the Romanian authorities. In the Committee's opinion, the treatment of some patients in forensic psychiatric hospitals is neglectful and, in some cases, could amount to inhuman and degrading treatment and an ongoing violation of Article 3 of the European Convention on Human Rights.

Regarding ill-treatment by staff, at Jebel Hospital, the delegation received no credible allegations of the deliberate physical ill-treatment of patients by staff, and indeed many staff there appeared to be kind and trying hard to offer good care to patients.

However, in the other three hospitals visited, the CPT received numerous credible and consistent allegations of physical ill-treatment by auxiliary staff. The ill-treatment consisted of slapping, pushing, twisting ears, pulling hair, punching, hitting with objects, and kicking (including while the patient was lying on the floor). Additionally, in Ștei Hospital, the delegation learned that an investigation had recently commenced into the use of an electrical discharge weapon against patients by auxiliary staff.

The Committee is also deeply concerned to learn about neglectful practice causing death, namely that in three of the four hospitals visited, post-mortem examinations showed that a total of eight patients had died from choking on food during the last three years (six in Ștei, one in Săpoca, and one in Jebel Hospital). This suggests that patients at such risk are not being identified and/or measures are not put in place to ensure that they can ingest their food safely.

Turning to material conditions, although some renovations had occurred or were ongoing, patient accommodation areas were generally bleak, untherapeutic, and lacked personalisation, with some being distinctly carceral. In Pădureni-Grajduri Hospital, the planned construction of a new patient accommodation block had not yet commenced, and very serious overcrowding persisted on all wards of the hospital, despite recommendations made following the CPT visit in 2022. At the time of the 2024 visit, at least 78 of the 409 patients were required to share beds with other patients.

The numbers of staff caring for the large numbers of often agitated patients remained too low to provide the necessary care, treatment and supervision, and to ensure patients' dignity. Sometimes staffing levels were so low that they could also impact negatively upon the safety of patients by increasing the risks of harm to them, including through neglect and ill-treatment, as well as encouraging the overuse of restrictive regimes, seclusion, and physical and chemical restraint measures.

As regards means of restraint, international guidelines regarding their use were still not being adhered to, a situation criticised during the CPT's previous visits to the country.

As for safeguards, the practice and the processes followed did not fully guarantee forensic psychiatric patients independent, thorough and effective reviews of the need for continued hospitalisation. These patients' right to consent to treatment was still being negated in practice and was not attended by sufficient safeguards in law; patient information and complaint procedures were rudimentary; and there were no adequate legal protection arrangements for patients who required such. The Romanian authorities also need to significantly step up their efforts to develop and make available a full and appropriate range of out-patient community care and residential social care services to forensic psychiatric patients.