VISIT REPORT
ROMANIA
OCTOBER 2024

CPT

EUROPEAN COMMITTEE FOR THE PREVENTION OF TORTURE AND INHUMAN OR DEGRADING TREATMENT OR PUNISHMENT

AD HOC VISIT
30 September - 11 October 2024

CPT/Inf (2025) 30

COUNCIL OF EUROPE
CONSEIL DE L'EUROPE

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Prevention of Torture and Inhuman
or Degrading Treatment or Punishment

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Published on 15 October 2025

Council of Europe

Contents

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

STRUCTURAL REFORMS – Necessity to develop community care for persons with a mental illness

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.

I. INTRODUCTION

A. The visit, the report and follow-up

1. In pursuance of Article 7 of the European Convention for the Prevention of Torture and Inhuman or Degrading Treatment or Punishment (hereinafter referred to as "the Convention"), a delegation of the CPT carried out an ad hoc visit to Romania from 30 September to 11 October 2024.

The visit was considered by the Committee "to be required in the circumstances" (cf. Article 7, paragraph 1, of the Convention) and its objective was to examine the implementation of the recommendations of the Committee formulated in the report on the ad hoc visit carried out in 2022 concerning the treatment of forensic patients held in psychiatric institutions. It was the Committee's 14th visit to Romania.[1]

2. The visit was carried out by the following members of the CPT:

- Vânia Costa Ramos (Head of delegation)
- Karin Rowhani-Wimmer
- Gautam Gulati.

They were supported by Dalia Žukauskienė and Laura Ielciu-Erel of the CPT Secretariat and assisted by an expert, Clive Meux, forensic psychiatrist, United Kingdom.

3. In the course of the visit, the delegation visited all four Psychiatric and Safety Measures Hospitals in Romania – in Jebel, Pădureni-Grajduri, Săpoca, and Ștei.[2]

4. The report on the visit was adopted by the CPT at its 116th meeting, held from 10 to 14 March 2025, and transmitted to the authorities of Romania on 21 March 2025. The various recommendations, comments and requests for information made by the CPT are set out in bold type in the present report. The CPT requests that the authorities of Romania provide within three months a response containing a full account of action taken by them to implement the Committee's recommendations, along with replies to the comments and requests for information formulated in this report.

As regards the recommendations in paragraph 19 of the report, the CPT requests that an account of actions taken to implement them be provided within one month.

B. Consultations held by the delegation and co-operation encountered

5. In the course of the visit, the delegation met with Alexandru Rafila, Minister of Health and Adriana Pistol, State Secretary at the same Ministry, as well as Cătălina Constantin, Director of the National Center for Mental Health and the Fight Against Drugs, and other officials from the Ministries of Health and Justice.

6. Regarding cooperation, the CPT delegation had rapid access to all premises it wished to visit, was able to meet in private with persons with whom it wanted to speak and was provided with access to all the information it required.

However, in Jebel Hospital, on the second day of the visit in the institution, the delegation discovered two pavilions accommodating patients in a former laundry building on the edge of the hospital. Although supposedly only for temporary use, patients had been held in these pavilions for months, and it was notable that the conditions therein were worse than in the regular pavilions (see paragraph 21 below).

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1. Information on all previous visits is available on the CPT website: www.coe.int/cpt.
2. Săpoca Hospital was last visited in 2014, Pădureni-Grajduri Hospital was visited in 2022, while for the other two hospitals this was the first time they were visited by the CPT.

This patient accommodation had not been disclosed to the delegation at the start of the visit, nor, unlike all other patient accommodation, had it been marked on the hospital map provided by the hospital's management.

7. Further, in Ştei, Săpoca and Pădureni-Grajduri Hospitals, patients alleged that they had been told by staff either not to complain, or only to speak favourably to the delegation. In addition, some patients had been given the clear impression that, if they did complain they would incur negative consequences including, in Ştei Hospital, receiving additional sedative medication or experiencing delays in their discharge and, in Săpoca Hospital, being physically punished by staff.

The CPT must stress that any form of retaliatory action against a patient for having communicated with members of its delegation strikes at the very heart of the preventive mechanism embodied by the Convention and would be a clear breach of the principle of cooperation set out in Article 3.

The CPT trusts that the Romanian authorities take appropriate measures in the establishments visited to ensure that no patient is subjected to retaliatory action by staff for having spoken with its delegation. Any complaints of such action should be effectively investigated and those responsible held to account.

8. Furthermore, the CPT must recall once again that the principle of cooperation between Parties to the Convention and the Committee is not limited to steps taken to facilitate the task of a visiting delegation. It also requires that decisive action be taken to improve the situation in light of the CPT's recommendations. In this respect, the CPT remains concerned about the lack of progress in addressing multiple problems in the Romanian forensic psychiatric hospitals, including severe overcrowding, lack of qualified staff and a modern multidisciplinary clinical treatment approach, as well as a range of insufficient safeguards and the development of proper community psychiatric care.

9. Regarding publication of CPT visit reports, since the CPT's very first visit to Romania some 30 years ago, the Romanian authorities have considered it important to follow the standard practice of requesting the publication of the Committee visit reports together with the corresponding government responses. The CPT welcomes this approach.

However, in recent years, both the Committee of Ministers and the Parliamentary Assembly of the Council of Europe have been encouraging member states, in the interest of transparency, to commit to the automatic publication procedure for future CPT visit reports and related government responses. This would allow CPT visit reports to be published around one month after they have been transmitted to the authorities. The procedure envisages the possibility for a state to delay publication in a particular case.

The CPT invites the Romanian authorities to sign up to the automatic publication procedure as set out above.

C. Immediate observations under Article 8, paragraph 5, of the Convention

10. During the end-of-visit talks with the Romanian authorities, on 11 October 2024, the CPT delegation made an immediate observation under Article 8, paragraph 5, of the Convention. The Romanian authorities were requested to take immediate steps to guarantee that all patients held in Pădureni-Grajduri and Săpoca Hospitals are provided with their own bed as soon as possible, informing the CPT within one month of the plans as to how this would be achieved.

These observations were confirmed by letter of 14 October 2024 when transmitting the delegation's preliminary observations to the Romanian authorities.

With letters received on 14 November and 17 December 2024, the Romanian authorities informed the CPT of the actions taken in response to the immediate observation and on other matters raised by the delegation at the end-of-visit talks. This response has been taken into account in the relevant sections of the present report.

II. FACTS FOUND DURING THE VISIT AND ACTION PROPOSED

Psychiatric institutions

1. Preliminary remarks

11. Following the 2022 visit to Romania, the CPT had concluded that mental health services were ill-equipped to provide the appropriate care and treatment for persons who were mentally unwell and that far too many persons were ending up in psychiatric hospitals because there was a lack of mental healthcare provision in the community. The Committee had noted that the hospitals were understaffed and, despite efforts by many dedicated doctors, nurses and other personnel, patients were not always getting the treatment they required, nor the care that they should be afforded. Overcrowding and poor material conditions exacerbated the problems.

In the report on the 2022 visit,[3] the CPT acknowledged the challenges faced by the Romanian authorities, such as qualified medical professionals leaving the country or opting to work in the private sector, and the ongoing need to invest in the physical infrastructure of hospitals and community healthcare centres. Nevertheless, the Committee emphasised the clear necessity for the urgent modernisation of the mental healthcare system.

12. As mentioned above, during the 2024 visit, the CPT delegation visited all four Psychiatric and Safety Measures Hospitals in Romania to examine the treatment of forensic patients held in psychiatric institutions, and to assess the implementation of the recommendations formulated in the report on the 2022 visit.

Jebel Psychiatric and Safety Measures Hospital, with an official capacity of 495, was accommodating 518 adult patients at the time of the visit (105% capacity) – 431 male and 87 female. There were (*de jure*) one civil involuntary patient, 73 voluntary patients, and 444 forensic patients undergoing compulsory treatment. Regarding patients' diagnoses, schizophrenia and other psychotic disorders (acute and chronic) reportedly accounted for some 59% of patients and a further 14% of patients had an intellectual disability. Other diagnoses included affective and personality disorders, addictions, and organic conditions.

Săpoca Psychiatric and Safety Measures Hospital,[4] with an official capacity of 300 for the forensic psychiatry wards, was accommodating 391 adult patients therein at the time of the visit (130% capacity) – 341 male and 50 female – all of them forensic patients undergoing compulsory treatment. The main diagnosis among the patients was schizophrenia in its various forms. Other diagnoses included intellectual disability, affective and personality disorders, addictions, and organic conditions.

Ştei Psychiatric and Safety Measures Hospital, with an official capacity of 312, was accommodating 302 adult patients at the time of the visit – 241 male and 61 female – all of them forensic patients undergoing compulsory treatment. Regarding patients' diagnoses, schizophrenia and other psychotic disorders (acute and chronic) reportedly accounted for some 60% of patients and some 19% of patients had an intellectual disability. Other diagnoses included affective and personality disorders, addictions, and organic conditions.

Pădureni-Grajduri Psychiatric and Safety Measures Hospital, with an official capacity of 251, was accommodating 409 adult patients at the time of the visit (163% capacity) – 347 male and 62 female – all of them forensic patients undergoing compulsory treatment. The main diagnosis among the patients was schizophrenia in its various forms (some 50%), followed by patients with an intellectual disability (19%) and affective disorders.

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3. The visit reports and the responses of the Romania authorities on all previous visits are available on the CPT website: The CPT and Romania.

4. The hospital has one main and three sub-sites. The visit concentrated on the care of forensic psychiatric patients who were accommodated in wards at two of these (the main site and the Ojasca sub-site, both of which also accommodated general psychiatric patients in separate wards).

2. Ill-treatment

13. Regarding ill-treatment of patients by staff, in Jebel Hospital, the delegation received no credible allegations of the deliberate physical ill-treatment of patients by staff,[5] and indeed many staff there appeared to be kind and trying hard to offer their best care to patients.

However, in the other three hospitals visited, the delegation received numerous credible and consistent allegations from male and female patients of their physical ill-treatment by auxiliary staff. The ill-treatment consisted of slapping, pushing, twisting ears, pulling hair, punching, and kicking (including in one case while the patient was lying on the floor). Further, patients also reported being hit with objects – a rubber baton in Ştei Hospital, a thin stick fashioned from a tree branch in Săpoca Hospital, and restraint straps and keys in Pădureni-Grajduri Hospital. Although not exclusively, it appeared to the delegation that particularly vulnerable patients, such as those with an intellectual disability, were more likely to be victims of the physical ill-treatment by staff.

Furthermore, the delegation received reports in all hospitals that staff shouted at patients, and in Ştei, Săpoca and Pădureni-Grajduri Hospitals, allegations that staff insulted, belittled, mocked, cursed using indecent language, and verbally threatened patients.

14. Additionally, in Ştei Hospital, the delegation learned that two weeks before the CPT visit, a police investigation had commenced into the use of an electrical discharge weapon against patients by auxiliary staff; such a weapon had been seized in the hospital and was in police possession.[6] In this regard, numerous allegations were received by the delegation from patients who were or had been accommodated on two wards (both male and female), that they had witnessed staff carrying, threatening and applying such a weapon to patients, which they stated had been frightening.[7] The accounts, including from those to whom electro shocks had been administered, gave an accurate description of the weapon,[8] which patients said inflicted pain and sometimes caused the victim to collapse.

15. The Committee notes that medical and nursing staff appeared to be complicit in the ill-treatment of patients. They were apparently not reporting such abuse to senior management, despite their duty to do so. In the claustrophobic ward environments, where staff were continuously in close proximity with each other, with widespread CCTV coverage and monitors in the nurses' offices, and the ill-treatment of patients sometimes reportedly even occurring in direct view of such clinical staff, and with many patients complaining about it, such malpractices must have been known to many medical and nursing staff.

Such a state of affairs, combined with some auxiliary staff telling patients that they were "the law", implied a high degree of impunity for perpetrating and complicit staff, and compounded the situation whereby many patients stated that they felt unheard, unsafe, and fearful.

16. Further, the CPT delegation perceived, with deep concern, that various staff members in the hospitals visited, including members of senior management, tended to deny or minimise the existence of the ill-treatment of patients, or to explain it away, suggesting that patient's accounts were unreliable (even when they were highly credible and consistently voiced by many). This led to patients' complaints being frequently ineffectively investigated. Even when sanctions were applied to staff for such abuse, the sanctions were often tokenistic and short-term, with the perpetrators continuing to work on the same ward and to oversee the very patients they had abused.

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5. The delegation was informed that there had been a few cases of disciplinary hearings against auxiliary staff for slapping patients in recent years.
6. The weapon was found by the delegation of the Council for the Monitoring of the Implementation of the UN Convention on the Rights of Persons with Disabilities which carried out a monitoring visit in Ştei Hospital on 17-20 September 2024. The report on this monitoring visit, published on 11 October 2024, can be found here.
7. Indeed, the delegation had received accounts of the use of an electrical discharge weapon even before coming to Ştei Hospital, while interviewing patients who had recently been transferred from that hospital.
8. Their description matched a photograph of the confiscated weapon which was shown to the delegation.

Indeed, the delegation learned in Săpoca Hospital that in November 2023 an orderly who had hit a patient with a tree branch in Pavilion 10, resulting in damage to the patient's eye, had received a 5% reduction in salary for one month (the offence had not been reported to the police by the hospital administration and no criminal charges had been pressed). Also in Săpoca, in April 2024, an orderly in Pavilion 11 had kicked a patient in the stomach, resulting in intestinal damage which required emergency surgery; again, the perpetrator received a brief 10% reduction in salary, but no criminal charges were pressed.

The delegation raised these cases during the meeting with the authorities at the end of the visit, following which the Committee was informed that, on 22 October 2024, the relevant prosecution service had started criminal investigations into suspected abusive behaviour by staff at Săpoca Hospital towards two patients and the hospital's omission to report those incidents to the criminal investigative bodies.[9]

> 17. **The CPT recommends that the Romanian authorities urgently take decisive steps to eradicate the ill-treatment of patients by staff including, inter alia by improving the recruitment, training, and supervision of staff, as well as ensuring a prompt, thorough and independent investigation of all allegations of ill-treatment. Staff of all grades must be regularly reminded that any form of ill-treatment of patients is totally unacceptable and illegal, will not be tolerated, and will be the subject of criminal investigation and appropriate sanctions, when appropriate.**
>
> **In particular, appropriate initial and ongoing training should be offered to auxiliary staff, who should be carefully selected for appointment. This training should facilitate their understanding of the presentations and needs of patients with psychiatric disorders and intellectual disabilities, including supported communication and safe and appropriate de-escalation techniques.**
>
> **Furthermore, an atmosphere must be created in which it is accepted that the right thing for staff to do is to report any ill-treatment to managers through the appropriate channels. This implies the existence of a clear reporting line as well as the adoption of "whistle-blower" protective measures (that is, a policy framework and an effective mechanism for the legal protection of individuals who disclose information on ill-treatment and other forms of malpractice).**
>
> **In addition, as in any place of deprivation of liberty, an effective complaints procedure is a basic safeguard against ill-treatment in psychiatric establishments; patients need to be able to make complaints easily, reliably, and safely. Such a system was not found in any of the hospitals visited.10**

18. Specifically regarding Ștei Hospital**, the CPT would like to receive information on the outcome of the criminal investigation into the alleged use of an electrical discharge weapon and the physical ill-treatment of patients by staff, including any resultant sanctions or charges against the alleged perpetrator(s).**

Similarly, regarding Săpoca Hospital, **the Committee would like to receive information on the outcome of the criminal investigations described in paragraph 16 above, including any resultant sanctions or charges against the alleged perpetrator(s).**

9. It is a criminal offence for state employees not to report suspected criminal acts of which they acquire knowledge during the performance of their duties.
10. See paragraph 64 below.

19. Finally, the Committee is 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 Ştei, 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.

> **The CPT recommends that the Romanian authorities urgently put in place systems to prevent further similar patient deaths, inter alia by identifying patients at risk of choking and arranging a swallowing assessment by an appropriate clinical specialist who makes clear recommendations to staff as to the consistency of food for such patients. Furthermore, it should be ensured that staff remain present and assist such patients throughout their intake of food and, if they appear to be choking, rapidly and effectively intervene to prevent them from choking to death. The Committee would like to be informed about the steps taken to address this issue within one month.**

20. As regards inter-patient violence, some conflict and occasional fights between patients did occur, which was hardly surprising in the chaotic, overcrowded and understaffed ward environments. Furthermore, in Săpoca Hospital, the delegation received allegations that some vulnerable patients engaged in sexual acts with other patients, receiving cigarettes or money in return, and that staff were aware of this. Such behaviour was confirmed by one of those vulnerable patients with intellectual disabilities interviewed by the delegation.

It is highly troubling that such contact may not be consensual or is occurring with patients who lack the capacity to consent, and that the supervision of patients could be inadequate to guarantee their safety in this regard and prevent exploitation.

The Committee wishes to emphasise that the authorities' obligation to care for patients detained in psychiatric hospitals includes responsibility for protecting them from other patients who might cause them harm. This means, in particular, that staff should be alert to patients' behaviour and be both resolved and properly trained to intervene when necessary.

> **The CPT recommends that the Romanian authorities take measures to increase staff vigilance and to ensure that vulnerable patients are protected from harm or abusive acts perpetrated by other patients. Individual safeguarding and safety plans should be included in patient care plans for vulnerable patients at risk of exploitation.**
>
> **Moreover, the Romanian authorities should ensure that non-consensual sexual acts reported by patients are subsequently reported to local law enforcement authorities for criminal investigation.**

3. Patients' living conditions

21. Jebel Hospital is situated in 20 hectares of grounds on the edge of Jebel commune in Timiş County in Western Romania, 24km south of Timişoara. Formerly a military base, the establishment commenced operating as a psychiatric hospital in 1962, becoming a psychiatric and safety measures hospital in 2002.

Patients were accommodated in 21 permanent and two temporary locked pavilions – detached single storey buildings accommodating up to 35 patients. At the time of the visit, three permanent pavilions were closed for renovation, with two temporary pavilions situated in a former laundry block accommodating patients.[11] Of the 21 permanent pavilions, 13 were male only, one was female only, and seven were mixed gender.

11. One of the two temporary pavilions had only one room which accommodated all 17 patients; the sanitary facilities for patients in this pavilion were situated in portacabins nearby.

22. Săpoca Hospital has a main site and three sub-sites. The main site, in Săpoca village in Buzău County, some 130km northeast of Bucharest, is a sprawling complex of patient accommodation and other buildings. The Ojasca sub-site (with 12 wards) is situated in a semi-rural area in the village of Ojasca, approximately 12km west of the main site. The hospital at the main site was said to have originally opened in 1960, with the Ojasca sub-site (and the other sub-sites) amalgamating some years later.

As described above, the visit concentrated on the care of forensic psychiatric patients who were accommodated in dedicated locked wards at two sites[12] (one male ward at the main site and seven wards at the Ojasca sub-site, of which five were male, one female, and one mixed gender); the wards consisted of single-storey pavilions and two-storey buildings.

23. Ştei Hospital is sited in a wooded area on the edge of Ştei village in Bihor County in Western Romania, some 100km from the border with Hungary. Said to have been originally built by the Soviet Union as a hospital for uranium workers but never used as such, the establishment commenced operating as a forensic psychiatric hospital in 1966.

Patients resided in seven locked wards (six for males, one for females) situated in three contiguous three-storey accommodation blocks.

24. Pădureni-Grajduri Hospital is situated in a rural, wooded area between the small settlements of Pădureni and Grajduri in Iaşi County, some 25km south of Iaşi. Reportedly the hospital buildings, which date from the 1940-50s, were originally a military barracks and ammunition depot, later becoming a chronic section (with occupational facilities) of Socola psychiatric hospital in the 1960s, prior to becoming a psychiatric and safety measures hospital in 1999.

The hospital has seven blocks for the accommodation of patients (six for males and one for females), set in a large area of grounds.

25. While some renovations had occurred or were ongoing in all the hospitals visited, patient accommodation areas were generally bleak, untherapeutic, and lacked personalisation, with some being distinctly carceral. As there were not always adequate day areas where patients could, *inter alia* socialise and watch TV together on the wards, patients mostly spent their time idling in their dormitories when not wandering the corridors.

Patient dormitories often contained more than four beds (in some rooms up to 12 beds), were often very cramped, with beds touching, offering little privacy and somewhat undignified conditions. Although limited personal lockable space was available to some patients in some hospitals, where this was not offered, patients complained of their personal items being stolen; such a situation further challenging their already limited autonomy.

26. Regarding hygiene, although this was generally acceptable, many patients reported that it had improved only in the days prior to the CPT visit. Nevertheless, there was clear scope for improvement, including regarding the bedding and clothing of patients.

Patients were permitted to shower relatively freely, but in Ştei Hospital hot water was only available to them two days per week.

Furthermore, despite the long-standing CPT recommendation that patients in psychiatric hospitals be permitted to have personal choice regarding clothing, not least to improve their sense of autonomy, in Ştei Hospital, all patients had to wear a nearly identical hospital uniform with the name/initials of the institution on it, and in Săpoca Hospital, all patients had to wear hospital-issued trousers.

27. The Committee reiterates that living conditions in psychiatric hospitals should be conducive to the treatment and welfare of patients; in psychiatric terms, they should provide a positive therapeutic environment.

12. The delegation did not visit the child psychiatric ward at the Ojasca sub-site, which had five beds for forensic patients but reportedly was holding none at the moment of the visit.

Therefore, the CPT recommends that the Romanian authorities take the necessary measures to improve living conditions in Psychiatric and Safety Measures Hospitals, and in particular to ensure that:

- **they contribute to the treatment and welfare of the patients, provide visual stimulation and allow personalisation;**
- **all patients are provided with personal lockable space in which they can keep their belongings;**
- **multiple-occupancy rooms accommodate no more than four patients and offer adequate space and privacy;**
- **all wards have a dayroom area;**
- **patients are allowed and encouraged to wear their own clothes. If necessary, indigent patients should be provided with appropriate, non-uniform clothing;**
- **appropriate standards of environmental and personal hygiene are maintained;**
- **patients have access to hot water daily to satisfactorily maintain their personal hygiene.**

28. The Committee notes that many patient dormitories were equipped with CCTV with cameras continuously connected to visual monitors in the nursing offices.

The systemic installation and use of such CCTV camera systems in the patient rooms appears to be an excessive measure. The CPT appreciates that CCTV cameras in patient rooms may be a useful safeguard in particular cases, for example, when a person is considered to be at risk of self-harm or suicide (and particularly so when more advanced camera detection systems are used).[13] However, cameras cannot be a replacement for an active staff presence in high-risk situations. The best way of reducing the risk posed by individual patients remains personal interaction between staff and the patient concerned.

Moreover, continuous video surveillance is a gross intrusion into the privacy of patients, and the decision to impose such CCTV surveillance on a particular person should always be based on an individual risk assessment and reviewed on a regular basis.

The CPT recommends that the Romanian authorities end the systematic use of CCTV cameras within patients' rooms in psychiatric hospitals in line with the above precepts, and ensure that CCTV surveillance is always based on an individual risk assessment, reviewed on a regular basis, and that systems and policies are in place which preserve a patient's privacy and dignity to the highest degree possible.

29. In Pădureni-Grajduri Hospital the delegation noted a number of material improvements since the previous CPT visit in October 2022, such as renovated heating and plumbing systems, improvements to the grounds and a large outside sports area.

However, the planned construction of a new patient accommodation block had not yet commenced, and extreme overcrowding persisted on all wards of the hospital. Indeed, although there had been some re-distribution of patients to the other three Psychiatric and Safety Measures Hospitals following the 2022 visit, the numbers of in-patients had risen again and at the time of the 2024 visit at least 78 of the 409 patients in Pădureni-Grajduri Hospital (with an official capacity of 251) were required to share beds with other patients.[14] Effectively, the situation had not improved from October 2022.[15] There were also two female patients sharing a bed at the Ojasca site of Săpoca Hospital.

13. Such as those which monitor vital signs and high-risk behaviour, alerting staff to this.
14. The actual number of patients sharing beds would have been higher because in many cases there were three patients per two beds pushed together.
15. See the description of the wards in the report on the 2022 visit, paragraphs 90 to 94 (document CPT/Inf (2023) 28).

In the CPT's view, such overcrowded conditions offer patients no privacy or dignity, raise clear issues under Article 3 of the European Convention on Human Rights, and may well be considered as amounting to inhuman and degrading treatment. This situation could also be seen as illegal under Article 35 of the Romanian Law on Mental Health which states that the care of persons hospitalised in psychiatric units or admitted to recovery and rehabilitation centres should be conducted under conditions ensuring respect for human dignity.

30. As mentioned in paragraph 10 above, at the end of the visit, the delegation invoked Article 8, paragraph 5, of the Convention establishing the Committee and made an immediate observation, requesting that the Romanian authorities take urgent steps to guarantee that all patients held in Pădureni-Grajduri and Săpoca Hospitals are provided with their own bed as soon as possible, informing the CPT within one month of the plans as to how this would be achieved.

In their response, received by the Committee on 14 November 2024, the Romanian authorities made reference to the objectives of the Action Plan for 2024 - 2029 for the execution of the judgments of the European Court of Human Rights in the field of mental health.[16] They also informed the CPT about their short-term plan to conduct a detailed assessment of the number of patients in the four Psychiatric and Safety Measures Hospitals and, based upon the results, appropriately update the relevant legislation regarding the allocation of patients to these hospitals, in order to optimise the distribution of resources and ensure efficient management of the available capacity.

The Committee would like to be informed about the results of this assessment and the subsequent reallocation of patients, with confirmation that every patient in any of the four forensic psychiatric hospitals has their own bed.

31. The Committee also notes in the response that additional hospital accommodation blocks are planned at Pădureni-Grajduri and Săpoca Hospitals, to improve conditions and assist in resolving overcrowding.

The CPT would like to receive information as to whether the necessary funds have been allocated to allow the construction of the planned new forensic patient accommodation blocks at these two hospitals. Further, the CPT wishes to receive detailed information on the design and layout of the new accommodation blocks, which it trusts will take fully into account the standards elaborated by the Committee. It also wishes to be informed of the proposed additional staffing complement and of the timeline for the completion of the new accommodation blocks.

32. Finally, in all hospitals visited, patients with intellectual disabilities (including those with moderate and severe disability) were mixed in dormitories and wards with those with mental illness. In the view of the Committee, placing patients with a primary diagnosis of intellectual disability alongside those with a primary diagnosis of mental illness, particularly without an individualised consideration of risk, needs, and vulnerability, is unacceptable as it can put individuals at a heightened risk of exploitation and inter-patient violence (as described, for example, in paragraph 20 above). This serious concern was already raised in the report on the 2022 visit and yet no action has yet been taken to address it.

Furthermore, the Committee notes that the treatment of patients with intellectual disabilities consisted largely of containment and the administration of sedative antipsychotic medication, which is not in line with modern international practice. While medication, usually at low doses, can sometimes be necessary with such patients, it should only be used after exhausting psychological, sensory (occupational and therapeutic), pedagogical and social input; this was not the case in any of the hospitals visited.

16. See more about the Action Plan in paragraph 72 below.

33. **The CPT recommends that the Romanian authorities undertake a review as to how the treatment and security needs of patients with intellectual disabilities will be properly met. For patients deemed to require treatment in the community, or more effective and appropriate institutional treatment approaches, a plan should be developed as to how their needs will be met (including the environments, care, human and financial resources required), thus ensuring that relevant international standards are effectively applied in the treatment of persons with intellectual disabilities.**

Further, the CPT reiterates its recommendation to take steps to ensure that patients are accommodated so that those with a primary diagnosis of mental illness are separated from those with a primary diagnosis of intellectual disability, allowing both categories to benefit from better targeted and specific, more individualised, treatments in adapted environments that are appropriately staffed with specially trained staff, providing the greatest safety possible based on individual needs.

34. Further, as regards gender segregation, in the mixed gender wards in Jebel Hospital, although male and female patients were held in single-gender dormitories, there was no attempt at stratification of the ward into male and female zones nor providing single gender dayrooms, thus further reducing privacy for patients.

When wards accommodate patients of different genders, the CPT recommends that the wards be zoned so that women have their own protected area. Single gender dayrooms should also be offered on mixed gender wards.

4. Staff and treatment

35. The Committee notes that at Pădureni-Grajduri Hospital, there has been an increase in the number of psychiatrists, nurses and occupational therapists employed since the 2022 visit.[17] This represents a positive development, although there was still only one psychologist and one social worker.

However, in all the hospitals visited 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 (see paragraphs 45 and 46 below for more information). The low staffing levels were also stressful for the staff themselves.

36. By way of example, there were only six full-time equivalent (FTE) psychiatrists employed in Ștei Hospital to care for 302 patients, and in Pădureni-Grajduri Hospital some of the ten FTE psychiatrists were responsible for up to 75 patients each.

The numbers of multidisciplinary clinical staff were equally limited. Apart from Jebel Hospital, where there were seven psychologists, the other hospitals visited employed only one or two psychologists. Further, there were just one or two social workers, and three or less occupational therapists in every hospital visited, each responsible for hundreds of forensic psychiatric patients. This is grossly insufficient to meet the many necessary psycho-social treatment and rehabilitation needs of patients.

17. There were now 10 psychiatrists where there had been seven, 69 nurses instead of 63, and three newly hired occupational therapists.

37. Regarding ward-based staff, on some wards visited, such as in Jebel Hospital, there was sometimes just one auxiliary member of staff caring for 30 or more patients and, at times, one nurse responsible for over 80. Furthermore, there were no specialist staff at all to care for patients with an intellectual disability. The Committee also notes with concern that there is no recognised mental health sub-specialty of nursing in Romania.

Regarding professional training for auxiliary staff, this was very limited, particularly as regards understanding the needs of patients with psychiatric disorders or intellectual disabilities, including supported communication, and safe and appropriate de-escalation techniques.

Due to the lack of staff, on some wards, some patients reported assisting staff with the personal care of other less able patients, for which they sometimes received rewards from staff, such as cigarettes. Further, in all the hospitals visited, the delegation observed more able patients having to control agitated patients due to insufficient staff presence. Such a situation, whereby patients take on responsibilities for the care and supervision of other patients, is clearly unacceptable and a symptom of the hospitals' inability to provide appropriate care to all patients. Patients are not trained for such roles, and it creates an imbalance of power.

38. To conclude, there were significant staff vacancies in all the hospitals visited (30-47% for psychiatrists,[18] 3-17% for nurses,[19] and 5-17% for auxiliary staff[20]). Moreover, even if the nationally set staff quotas were completely full, staff numbers would still be inadequate to provide the level of care required.

Indeed, it is notable that Article 25(d) of the Law on Mental Health states that, to ensure quality of care, mental health services should have qualified medical, paramedical and auxiliary personnel in sufficient numbers, and subject to a continuous process of professional training. Current numbers (and the level of training for auxiliary staff) are not sufficient to ensure an appropriate quality of care and could therefore be considered illegal according to the national legislation.

39. **The CPT reiterates its recommendation that the Romanian authorities take steps to deploy the necessary numbers of properly trained staff to provide adequate therapeutic input and care for all patients held in the Psychiatric and Safety Measures Hospitals. This requires the Romanian authorities taking steps to increase the recruitment of psychiatrists, ward-based and multidisciplinary clinical staff (and the quotas for those staff) in all the hospitals visited.**

Dependence upon patients to support staff by providing supervision or even care to other patients must be eradicated.

Further, policies must be put in place to retain recruited staff through financial and other incentives. It is also essential that all ward-based staff receive proper training, regular supervision and be provided with appropriate support and counselling to avoid burn-out and ensure good quality care.

Lastly, the Committee would like to be informed whether the Romanian authorities have plans to develop a sub-specialty of mental health nursing with dedicated training.

40. The delegation found that the treatment offered to the patients in all hospitals visited remained primarily based upon pharmacotherapy and a policy of containment.

18. In Jebel Hospital, 30% were vacant, in Săpoca – 47%, in Ștei – 40%, in Pădureni-Grajduri – 33%.
19. In Jebel Hospital, 17% were vacant, in Săpoca – 3%, in Ștei – 7%, in Pădureni-Grajduri – 7%.
20. In Jebel hospital, 17% were vacant, in Săpoca – 13%, in Ștei – 5%, in Pădureni-Grajduri – 8%.

As a result of the gross shortages of multidisciplinary and other staff, the necessary psycho-social therapies required for effective modern psychiatric treatment were often rudimentary or entirely absent, especially for patients with severe intellectual disability.

Regarding occupational therapy, other than on one ward at Săpoca Hospital, none was ward-based, and only a very small number of patients had access to such therapy.[21] Therefore, most patients spent their days, often for months and even years, lying on their bed, some with blankets over their heads, or wandering the corridors, or sitting watching TV. In this regard, it is notable that Order No. 488/2016 for the approval of the Rules of Application of the Law on Mental Health, which states that occupational, educational and recreational therapy programmes are a mandatory minimum requirement, remains illusory.

As for rehabilitation, there was none; periods of short-term leave into the community were not legally permitted for forensic patients. In the Committee's view, the possibility of graded periods of leave (escorted and unescorted) into the community would be clinically beneficial to facilitate the most effective psychosocial rehabilitation of patients.

41. **The CPT reiterates its recommendation that the Romanian authorities take the necessary steps in all four Psychiatric and Safety Measures Hospitals to:**

- **develop a range of therapeutic options (including group therapy, individual psychotherapy and creative therapies such as art, drama and music, as well as sporting activities), and involve all patients in clinically appropriate rehabilitative psycho-social activities, in order to prepare them for more independent living and/or return to their families. As far as possible, this should happen in coordination with the community care structures.**

- **ensure that occupational therapy is a prominent part of the rehabilitation programme, providing motivation, development of learning and relationship skills, acquisition of specific competences and improvement of self-image. It is axiomatic that this will require the recruitment of specialists qualified to provide therapeutic and rehabilitation activities (psychologists, occupational therapists, and social workers);**

- **ensure that all patients are offered a range of recreational activities suited to their needs.**

Steps should also be taken to develop activities tailored to persons with intellectual disabilities in all psychiatric hospitals.

Moreover, the Committee would like to receive the comments of the Romanian authorities as to whether there are plans to revise relevant legislation and develop clinical protocols to allow short-term leave for forensic patients.

42. The Committee notes that Article 28 of the Law on Mental Health states that the treatment and care provided to persons with mental disorders should be based on an individualised therapeutic program, discussed with the patient, regularly reviewed, modified when needed and applied by qualified personnel. However, the findings of the visit show that, although there were individual nurse-case managers in Săpoca Hospital, and detailed individual nursing care plans to which medical staff contributed in all hospitals, due to the lack of multidisciplinary staff, there were no individual written multidisciplinary treatment plans.

Further, some patients had not been sufficiently involved in their own treatment planning as they had not seemingly been informed about their diagnosis or details of the treatment offered, including the side effects of their medication. This is despite Article 32 of the Law on Mental Health stating that all therapeutic decisions should be immediately communicated to the patient.

21. The Committee noted that a new occupational therapy facility was being constructed at Pădureni-Grajduri Hospital.

43. The Committee once again reiterates its view that psychiatric treatment should be based on an individualised approach, which must cover both pharmacotherapy and psycho-social activities. An individual written treatment plan should be drawn up for each patient (considering the special needs of acute and long-term patients placed in a forensic psychiatric facility, including the need to reduce any risks they may pose), indicating the diagnosis, goals of treatment, therapeutic means used and the staff member responsible, with timescales. The treatment plan should also ensure regular review of the patient's mental health condition and a review of their medication. Patients should be informed of their individual treatment plans and progress; further, they should be involved in the drafting and implementation of these plans.

For patients accommodated in acute wards, the plans should clearly address the patient's immediate needs, identify any risk factors, and focus on treatment objectives and how, in broad terms, these will be achieved.

For patients placed in rehabilitation wards, the plans should identify early warning signs of relapse along with any known triggers, and an action plan that a patient and family members or other carers should take in response to relapse. The plan should also identify the objectives to be achieved for discharge and specify follow-up care.

The CPT reiterates its recommendation that the Romanian authorities take measures to ensure that the aforementioned precepts regarding individual written treatment plans and patients' involvement in their treatment are effectively followed in practice as regards patients in all four Psychiatric and Safety Measures Hospitals, and in other psychiatric hospitals in Romania where this is not yet the case.

44. Despite previous CPT recommendations, the right of all psychiatric patients to access fresh air throughout the day, their health permitting, was not ensured in any of the hospitals visited. The Committee notes that in Jebel Hospital there were plans to create safe and secure exercise areas between the pavilions which would allow patients much freer and greater access to outdoor space. However, on some wards in Ștei and Pădureni-Grajduri hospitals, access to outdoor exercise areas was unavailable for many days and even weeks. Further, although some wards at Săpoca Hospital did have secure exercise yards, the one attached to Ward 11 at the Ojasca site was too small to allow patients to genuinely exert themselves.

The CPT reiterates its recommendation that the Romanian authorities take the necessary steps in all psychiatric hospitals to ensure that:

- **all patients are offered daily access to outdoor exercise (with appropriate supervision or security if required). The aim should be to ensure that all patients benefit from unrestricted access to outdoor exercise during the day, unless there are clear medical contraindications, or treatment activities which require them to be present on the ward. To this end, secure exercise areas may need to be established, such as is planned in Jebel Hospital, and staffing ratios increased. Appropriate clothing and footwear, as well as shelter, should be made available to patients who wish to take outdoor exercise in inclement weather.**

- **patients from Ward 11 at the Ojasca site of Săpoca Hospital are provided with an appropriate and larger facility for outdoor exercise.**

5. Seclusion and means of restraint

45. The Committee notes that mechanical fixation using straps and chemical restraint was practiced in all four hospitals visited, as was individual seclusion in Jebel, Ștei, and Săpoca Hospitals. However, international guidelines regarding the use of restraint measures were not being adhered to, as also found during the CPT's previous visits to the country.

Following medical authorisation, patients were secluded or mechanically restrained, usually in dedicated rooms, using four or five-point fixation. In some rooms there was CCTV coverage. However, the patients were left alone and not subject to continuous personal supervision by staff; this is not only an unsafe practice but also potentially frightening for the patients concerned.

Additionally, patients were also sometimes restrained in sight of other patients in their own beds, notably at Pădureni-Grajduri Hospital, where it was the usual practice. Such an approach does not preserve a patient's dignity, is unsafe and potentially humiliating. It could also be considered illegal as Article 13(5) of Order No. 488/2016 states that medical interventions can only be performed when there is the necessary respect for the privacy of the person and only in the presence of those persons required for the respective intervention, unless the patient has requested otherwise. Furthermore, it appeared that patients were not appropriately debriefed following a restrictive intervention.

46. The seclusion or restraint of patients was recorded in ward-based registers giving appropriate details. However, as was the case in 2022, the recording of mechanical restraint measures did not always reflect the reality or extent of the restraint being used, as this sometimes occurred for longer than was recorded (or it was not recorded at all). The delegation received some credible accounts that patients were occasionally continuously mechanically restrained overnight[22] or, on rare occasions, for one or two weeks (with short breaks), or on numerous times throughout the day, none of which were being accurately recorded. In Jebel Hospital, staff confirmed that short mechanical restraints were not always formally recorded. Further, due to the shortage of staff, in Jebel and Pădureni-Grajduri Hospitals, patients sometimes assisted the staff mechanically restraining patients, including when injections of medication were administered. Patients should never perform such functions.

The delegation also found that some seclusion rooms were small, poorly lit and ventilated, and did not all have *en suite* sanitary facilities, obliging patients to use a bucket or a plastic bottle to satisfy the needs of nature. Staff also reported that they did not have access to reinforced bedding or clothing to prevent patients destroying such items or using them to self-harm.

47. Whilst the Committee understands that occasionally there might be a need to restrain agitated patients who represent a danger to themselves or others, the safeguards surrounding such restrictive measures are of great importance.

The CPT reiterates its recommendation that every psychiatric hospital in Romania has a comprehensive, carefully developed policy on restraint which ensures that:

- **patients are only restrained as a measure of last resort, to prevent imminent harm to themselves or others, and restraints are always used for the shortest possible time (usually minutes rather than hours). When the emergency resulting in the application of restraint ceases to exist, the patient should be released immediately. When mechanical restraint is sometimes clinically required for longer than the legal maximum, there should always be a clearly delineated break in the restraint;**

- **patients are not subjected to mechanical restraint in view of other patients (unless the patient explicitly expresses a wish to remain in the company of a certain fellow patient); visits by other patients should only take place with the express consent of the restrained patient;**

22. Which is illegal according to the Law on Mental Health.

- **patients are never involved in the restraint of other patients;**

- **every patient who is subjected to mechanical restraint or seclusion is subject to continuous supervision. In the case of mechanical restraint, an appropriately qualified member of staff should be permanently present in the room in order to maintain a therapeutic alliance with the patient and provide them with assistance. If patients are held in seclusion, the staff member may be outside the patient's room (or in an adjacent room with a connecting window), provided that the patient can fully see the staff member and the latter can continuously observe and hear the patient. Clearly, video surveillance cannot replace continuous staff presence;**

- **patients undergoing restrictive measures can satisfy the needs of nature in a dignified manner. Seclusion rooms should be appropriately upgraded, including with en suite sanitation.**

- **reinforced bedding or clothing is supplied to patients who destroy such items or attempt to self-harm with them, in order to improve patient safety and dignity;**

- **once the restrictive measures have been ended, a debriefing of the patient takes place, both to explain to the patient why they have been subjected to the measure, and to offer the patient an opportunity to explain their emotions prior to it, which may improve both the patient's own and the staff's understanding of their behaviour.**

Furthermore, the CPT reiterates its recommendation to the Romanian authorities to ensure that all restraint interventions are accurately recorded, specifically reflecting their actual length and not the legally allowed maximum, so that the use of such measures can be properly assessed and integrated into a patient's ongoing treatment. The frequency and duration of instances of restraint should be reported on a regular basis to a supervisory authority and/or a designated outside monitoring body. This will facilitate a national overview of existing restraint practices, with a view to implementing a strategy of limiting the frequency and duration of the use of means of restraint.

48. The Committee further notes that very challenging patients were sometimes accommodated in long-term segregation in seclusion rooms (in such circumstances the seclusion room doors were not continuously locked).

Long-term segregation can sometimes be indicated, for example to reduce serious risk to others, avoid even more restrictive measures, or because the patient prefers this. However, it was clear that in several cases the key reason for such segregation was the lack of staff, which is not acceptable. Further, some such patients were left in conditions which did not always guarantee their privacy and dignity, and which could be considered degrading. For example, on Pavilion 10 in Jebel Hospital, the delegation saw a patient with severe intellectual disability who was predominantly segregated in a seclusion room where, when alone, he removed his clothes and stood naked by the caged door, exposed to all other patients. Although this behaviour could be minimised by taking him from the room, due to his risk to others and the very low number of ward-based staff, this was often considered impossible.

The Committee wishes to emphasise once again that patients should only be segregated, secluded or restrained in exceptional circumstances, based on an individual risk assessment and not, for example, for convenience, because of staff shortages, or to replace proper care or treatment.[23]

23. Indeed, Article 26(2) of the Law on Mental Health states that the care of any person with mental disorders should be provided in the least restrictive environment, through the least restrictive procedures, which observe their physical and mental integrity, to

49. **The CPT recommends that the Romanian authorities ensure that in Jebel Hospital efforts are made to allocate increased staff time to patients deemed to require long-term segregation, so that they can safely leave their rooms more often.**

Moreover, the dignity of the patient in long-term segregation on Pavilion 10 in Jebel Hospital should be better preserved; for example, by using a low screen or stable door arrangement that ensures his modesty but nonetheless still enables him to see from his room into the ward and maintain contact with others.

6. Safeguards

(i) placement and review of compulsory hospitalisation

50. The Romanian Criminal Code (CC) and Criminal Procedure Code (CPC) lay down the legal basis and procedures for compulsory hospitalisation and treatment measures in the context of criminal proceedings.

Compulsory hospitalisation is ordered on the basis of the certified presence of a mental disorder (including chronic use of alcohol or psychoactive substances) and the determination by the court that the person represents a danger to society. Persons in that situation may be placed in a psychiatric and safety measures hospital by a court decision following a forensic medical examination. The measure must be reviewed every 12 months by the court.[24] Legal assistance is mandatory in all relevant court proceedings and is provided *ex officio* if the patient does not have a lawyer.

Compulsory hospitalisation can also be ordered if a person fails to comply with a previous court decision imposing on them an obligation to undergo medical treatment in the community. At the time of the CPT's 2022 visit, the CPC (Article 568(1)) required the court to order compulsory hospitalisation in such a situation without the benefit of a new medical examination. **The Committee welcomes the fact that in May 2024, in line with its recommendation, the law was amended and now requires the court to commission a new forensic medical expert examination in order to determine whether compulsory hospitalisation is necessary**.

51. In accordance with the CPC (Article 569(3)), the courts must review compulsory hospitalisation measures on the basis of forensic medical expert reports. As mandated by the law, forensic medical examinations are carried out by medico-legal commissions of the relevant public forensic institutes, composed of a forensic medical doctor and two psychiatrists.[25]

In the course of the 2024 visit, the delegation found that, as a matter of practice, forensic patients in Jebel and Ştei Hospitals first underwent an examination by a board of psychiatrists from these hospitals and then a forensic psychiatric examination which considered the hospital commission's report. From the management in Jebel Hospital, the delegation understood that these hospital commissions had been set up under the legislation in force until 2014, and maintained under the current legislation (namely the CPC). Forensic patients in Săpoca and Pădureni-Grajduri Hospitals only underwent forensic psychiatric examinations, which considered reports prepared by the treating psychiatrists.

In the view of the Committee, involving hospital commissions, such as those set up in Jebel and Ştei Hospitals, in the medical decision-making when reviewing the continuing hospitalisation of a patient, can offer additional insights into a patient's state and potentially provide a more robust safeguard.

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the fullest extent possible and, at the same time, respond to their health needs, as well as the need to ensure the physical security of others. Further, Article 39(3) states that restraint measures cannot be used as a solution to a lack of staff.

24. The patient, a prosecutor, and the treating hospital are also entitled to bring proceedings to have the compulsory hospitalisation measure ended. In these cases too, the court must commission a forensic medical examination.

25. In Romania, the forensic medical activity is a state function. Only specialist public institutions listed exhaustively in the relevant legislative act have the competence to carry out forensic medical examinations to be used in judicial proceedings, including those relating to compulsory hospitalisation and treatment measures.

52. In Jebel, Săpoca and Pădureni-Grajduri Hospitals, the medico-legal commissions generally come to the hospital on appointed days to assess the patients due for review and can examine tens of patients in the space of a day; patients from Ştei Hospital were reportedly taken to the regional forensic institute. In Jebel Hospital, the delegation heard that these *in situ* examinations sometimes take place in the presence of other patients, in breach of medical confidentiality.

The courts then review the compulsory hospitalisation measure based upon reports drawn up following these medical examinations. Court hearings are generally held by videoconference, with the patients attending remotely and the other participants (judge, public prosecutor, lawyer) in the court room. The courts have the practice of scheduling review hearings for several patients in the space of a day.

The examination of selected patient files showed that, in general, the court reviews had been performed within the statutory 12-month interval, although there continued to be cases where this time-limit had been exceeded. The court decisions were communicated to the hospital, the patient was shown the decision and signed it, and the decision was then put on the patient's individual file.

53. From interviews with staff, the delegation learned that the two psychiatrists sitting on the medico-legal commissions which assess forensic patients in Ştei and Pădureni-Grajduri Hospitals, and that one of the two psychiatrists sitting on the commission competent for Săpoca Hospital, were employed in these hospitals. This raises ethical questions as regards their independence.

The CPT considers that these medical professionals cannot be regarded as independent of the psychiatric establishments in which they are treating the patients. The CPT reiterates that external clinical expertise offers an additional, important safeguard to the independence, impartiality and objectivity of the psychiatric assessment required in the review proceedings of involuntary placements.

The examination of patient files revealed that the medical reports contained only limited information on the clinical examination conducted and the patient's mental state at the time of the examination. They lacked a meaningful account of the evolution of a patient's state of mental health since the time of the criminal offence, and failed to assess the patient's present risk to themselves or to others, and the relation between the risk thus identified and the mental disorder diagnosed.

As for the judicial decisions maintaining compulsory hospitalisation, those examined by the delegation appeared stereotyped and insufficiently reasoned. For the most part, they simply endorsed the medical reports and recommendations therein and failed to assess and justify the need to maintain the measure based on recent and concrete elements indicating that a patient continued to pose a risk to themselves or to others.[26] The reasoning was instead centred on the diagnosis, the offence committed and, on occasion, on the patients' refusal to recognise or accept their mental disorder.

54. In connection with the above, clinical staff and the management in all four hospitals indicated that there continued to be cases where the court decided to maintain the compulsory hospitalisation measure for patients who were deemed by the clinical staff and/or by the medico-legal commissions to no longer require hospitalisation. Reportedly, it was because of the patients' social situation; many patients do not have family, or their relatives do not want to assume the burden for their welfare upon discharge from hospital, and there are no other appropriate community care facilities. From the relevant reports seen by the delegation, it appeared that the social inquiries carried out in this context were generally focused on the existing social and family situation of the patient and did not seek alternative solutions for the care and support of the patient in the community.

According to the information provided by the authorities in a communication of 14 November 2024 to the CPT, the relevant court had maintained compulsory hospitalisation for 63% of the patients in Pădureni-Grajduri Hospital whose situation had been reviewed in the preceding months of 2024, against the recommendations in the forensic medical reports that the measure be lifted. According to the same information, in these cases the court either relied on the likely social situation of the patient if discharged, or concluded that there had been no improvement in the patient's state of health.

26. In one of the decisions seen by the delegation the only reason given by the court was the fact that the treating hospital had "opted" to maintain the hospitalisation, and these "conclusions" had also been confirmed by the forensic examination report.

The CPT reiterates that the lack of family support should not result in patients having to remain in a forensic psychiatric hospital and that alternative support mechanisms in the community should be offered so that persons can be discharged as soon as it is established that they no longer pose a danger to themselves or to others.

55. Furthermore, the CPT is concerned to note that, as was the case during its 2022 visit, the legal assistance which patients receive from *ex officio* lawyers remains inadequate. The lawyers thus appointed do not assist their clients when they are examined either by the hospital medical boards in Jebel and Ştei Hospitals, or by any of the medical-legal commissions.

As regards court proceedings, in most cases the lawyers do not meet and consult with their clients before the hearings. They attend the videoconference hearings at the court premises, far from their clients, and do not actively support them, for example by challenging the medical expert reports or the social inquiry reports.[27] Nor do they visit their clients in hospital once the decision at first instance is notified, to advise them on the prospects and avenues for appeal.

56. **In light of the foregoing, the CPT recommends that the Romanian authorities take all necessary steps to ensure that:**

- **psychiatrists sitting in the medico-legal commissions competent to assess forensic patients in the framework of reviews of compulsory hospitalisation are in all cases independent of the psychiatric establishments in which the patients are treated, and that the confidentiality of medical examinations carried out in this context is always strictly observed;**

- **medical reports are adequately and sufficiently substantiated on all the aspects relevant to the judicial determination of the need for continued compulsory hospitalisation;**

- **compulsory hospitalisation of forensic patients is not extended when their mental disorder is no longer considered by the medical experts and by the courts, on the basis of relevant recent and concrete elements, to represent a danger to themselves or to others. This could include providing specialised training on relevant human rights and mental health aspects to all judges who are dealing with such review proceedings, reminding them of the importance of their role as an impartial and independent control of practices in psychiatric hospitals, and possibly their deferring a final decision until adequate care in the community is available, using their legal powers to compel such provision upon local authorities if appropriate;**

- **an appropriate range of out-patient community care and residential social care services are available to forensic psychiatric patients so that they can be discharged as soon as it is established that they no longer need treatment in a psychiatric hospital;**

- **social inquiries conducted in the framework of reviews of compulsory hospitalisation are geared, whenever so required by the patient's social and family situation, towards finding an alternative solution for the care and support of the patient in the community;**

- **forensic patients receive effective legal assistance from *ex officio* lawyers throughout the review process, that is before, during and after the relevant medical examinations and court hearings. This should be ensured in**

27. In some of the cases examined by the delegation the lawyers had even argued for the continuation of the hospitalisation or left this to the discretion of the court, against their client's expressed wish to be discharged.

cooperation with the relevant Bar Associations and could include providing specialised training on relevant human rights and mental health aspects to *ex officio* lawyers;

- **all patient reviews on continued hospitalisation take place within 12-month intervals, in accordance with the Criminal Procedure Code.**

57. In this connection, the CPT positively notes that the Action Plan on mental healthcare sets out measures, such as procedural accommodations in judicial proceedings involving people with mental illness or intellectual disabilities, cross-disciplinary human rights and mental health training for relevant legal professionals (judges, prosecutors and lawyers), and other policy and practical measures and tools aimed at strengthening the capacity of legal, healthcare and medico-legal professionals involved in such proceedings to observe and apply the relevant human rights standards.[28]

The CPT would like to be informed every six months of the progress made in adopting these measures and any further actions required to implement the Committee's recommendations as set out in paragraph 56 above.

(ii) safeguards during compulsory hospitalisation

58. The Law on Mental Health includes provisions on the patients' right to consent to treatment and to withdraw consent, and regulates the situations and conditions in which psychiatric treatment can be initiated or continued without the patient's consent.

The law states that a psychiatrist has an obligation to obtain the patient's consent for treatment and to respect the patient's right to be assisted in giving their consent (Article 29(1)). Article 29(2) sets out the circumstances in which the attending psychiatrist may initiate treatment without the patient's consent.[29] Consent can be withdrawn at any time, although the psychiatrist may decide to continue treatment if it is considered that its interruption would cause danger to the patient or others. The attending psychiatrist must notify a review board established within the hospital, for analysis, any cases in which treatment has been initiated or continued without the patient's consent.

59. The delegation was assured during the initial talks with the authorities that the Law on Mental Health applies to forensic patients and to the Psychiatric and Safety Measures Hospitals. After the CPT visit, in a communication dated 17 December 2024, the Romanian authorities reiterated this assurance and stressed that the provisions on consent to treatment apply regardless of the patients' legal (voluntary or involuntary) status.[30]

In practice, however, as was the case during the CPT's previous visits to the country, the delegation found that these provisions were not being adhered to in any of the hospitals visited.

60. In some of the individual files of forensic patients examined during the visit, the delegation did find the specific form of informed consent, whereby the signing patient gave their consent simultaneously to the medical examinations, to the procedures needed to establish a diagnosis, and to the administration of the treatment.[31]

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28. As part of this action, in November 2024 the Council of Europe's new course on Mental Health and Human Rights, developed by the HELP Programme in cooperation with the Steering Committee for Human Rights in the fields of Biomedicine and Health (CDBIO) was launched in Romania by the National Institute for the Judiciary to provide training for a first group of 25 judges and prosecutors.

29. These are as follows: (i) if there is imminent danger to the patient or others; (ii) if the patient is unable to understand that there is a need for treatment, and if they do not have a legal or chosen representative; and (iii) if the patient is a minor or a legally incapacitated adult (in this situation, the consent of the patient's legal representative must be obtained). In the first two cases, if consent is not or cannot be obtained from the patient's legal or chosen representative, the psychiatrist makes the diagnosis and administers the treatment that they consider necessary for a limited period of time to deal with the emergency.

30. The authorities also stressed that the general healthcare legislation includes provisions regulating the patient's right to consent to medical treatments or interventions, and that these are applicable to all patients, including those treated in psychiatric establishments.

31. The forms also specified at the outset that the patient came to the hospital of their own free will and requested the carrying out of a health assessment with a view to establishing a diagnosis and developing an individual therapeutic programme.

It turned out, however, that these patients' consent had been sought merely as a matter of form, since medical staff at all four hospitals stated unequivocally that the decision on compulsory forensic hospitalisation is also, in itself, an authorisation for psychiatric treatment without consent. The delegation heard that it was entirely up to the treating psychiatrist to decide what action to take when a patient refused treatment and that, if attempts to convince the patient to take medication failed, restraint would be used, and medication administered by injection. No reference was made to any requirement to notify such cases to an authority or body within or outside the hospital.

As for patients, while several of those interviewed knew their diagnosis and treatment, some stated that they had no right to refuse the treatment or felt unable to challenge it as compliance was seemingly linked to their future discharge. In Jebel, Ştei and Săpoca Hospitals, the delegation also received a few allegations of patients being threatened, slapped, or punched by ward-based staff when refusing medication.

61. The CPT again wishes to stress that, as a general principle, all categories of patient in psychiatric establishments, be they voluntary or involuntary, civil or forensic, with legal capacity or legally incapacitated, should be placed in a position to give their free and informed consent to treatment.

Consent to treatment can only be qualified as free and informed if it is based on full, accurate and comprehensible information about the patient's condition, the treatment which is proposed and its possible side effects, and the possibility to withdraw consent, and if the patient concerned has the capacity to give valid consent at the moment when it is sought. The patient should be provided with the necessary support to understand the treatment proposed and its implications.

Further, it is essential that all patients who have given their consent to treatment are continuously informed about their condition and the treatment applied to them, and that they are placed in a position to withdraw their consent at any time.

62. Any derogation from the fundamental principle of treatment upon consent should be based upon law, should only relate to clearly and strictly defined exceptional circumstances, and should be attended by appropriate safeguards.

In particular, the relevant legislation should require an external psychiatric opinion (that is, from a psychiatrist independent of the hospital where the patient concerned is treated) in any case where a patient does not agree with the treatment proposed by the establishment's doctors (even if their guardian consents to the treatment) yet it is considered necessary for such treatment to be administered to prevent danger to the patient or to others. Further, patients should be able to challenge a compulsory treatment decision before an independent outside authority, and must be informed of this right in a comprehensible written format.

In this connection, the CPT observes that while at present, the Law on Mental Health does not offer these safeguards to patients in psychiatric hospitals in Romania, the Action Plan on mental healthcare includes promoting amendments to the general and the mental healthcare legislation in order to introduce new provisions on consent to psychiatric treatment, treatment without consent, and attending safeguards for all patients, regardless of their legal status.

63. **The CPT recommends that the Romanian authorities bring the relevant legislation fully into line with the precepts regarding informed consent to treatment and attending safeguards as set out in paragraphs 61 and 62 above. Further, the Committee would like to be informed every six months of the progress of the legislative reforms in this area.**

Furthermore, the CPT recommends that appropriate rules for evaluating and supporting patients' decision-making capacity, including their informed consent to treatment, be put in place and implemented by all psychiatric hospitals in Romania.

64. Turning to complaints mechanisms, none of the hospitals visited had effective procedures in place, whereby patients could make complaints easily, reliably, and safely, with effective investigation and rectification of problems.[32] Many patients stated that they did not know how to complain, and in Ştei and Pădureni-Grajduri Hospitals, where patients were unable to even contact the outside world (see paragraph 66 below), there was a sense that they were extremely isolated, at the mercy of staff whims, and had no voice.

The Committee reiterates its view that there should be a more trusted and effective formalised complaints system, with a central register of complaints that records complaints/themes (including oral ones), responses within agreed timescales, and actions taken. There should also be clear and confidential access for patients to external and independent bodies, which also have the power to investigate complaints. Psychiatric hospitals should have systems in place, using clinical governance principles, which demonstrate multi-disciplinary learning from complaints and investigations, so as to then improve the quality of patient care.

65. The effectiveness of any complaints system is predicated on patients knowing what their rights are, and to whom they should address any complaints. Despite the CPT's previous recommendations, in none of the hospitals visited were patients provided with, or able to consult, information brochures in simple, plain language, setting out the hospital's routine, patients' rights, legal assistance, review of placement (and the patient's right to challenge this), consent to treatment and complaints procedures.[33]

Given that many patients in psychiatric hospitals face comprehension and communication challenges, the CPT would also like to stress that whenever possible, these patients should be informed of their rights, using repeated, simplified, individualised, verbal formats, if necessary, and should be provided with support in order to have access to the complaints mechanisms in place.

The CPT reiterates its recommendation that the Romanian authorities take measures to ensure that the aforementioned requirements regarding complaints mechanisms and information for patients are effectively implemented in all psychiatric hospitals in Romania.

66. As regards contact with the outside world, patients could receive visits every day from family and friends in all four hospitals.

In Jebel and Săpoca, patients were allowed to use their personal mobile phones for one or two hours a day respectively, and they could also use ward-based phones for outgoing calls.

In contrast, at the time of the CPT's visit, in Ştei and Pădureni-Grajduri Hospitals, patients were not allowed access to their personal mobile phones and were totally banned from making any outgoing calls from the hospital's phones; in Ştei, patients were not even allowed to call their lawyers.[34] After the visit, by letter of 14 November 2024, the Romanian authorities informed the Committee that new hospital rules allow patients to use ward-based phones to make outgoing calls in Ştei Hospital, and that a review of the rules was underway in order to allow outgoing calls under staff supervision in Pădureni-Grajduri Hospital.

32. For example, in Jebel, Ştei and Pădureni-Grajduri Hospitals, the management stated that patients could complain orally to nursing and medical staff and to the directors. In Jebel, there were complaints boxes in each pavilion, but these were managed by the head nurses, and patients had to ask staff for pens and paper. In Ştei, the existing complaints boxes on wards served to collect "service satisfaction questionnaires" from patients. In Săpoca Hospital, there were complaints boxes in each section, which would be checked weekly by the hospital's care manager. Any complaint would be registered, and then directed to the relevant department; however, the delegation found that very few complaints had been lodged by patients.

33. Patients in the hospitals visited only received such information verbally and in Jebel, Săpoca and Pădureni-Grajduri Hospitals, through posters listing some of the patients' rights under the general healthcare or the mental healthcare legislation.

34. In Pădureni-Grajduri Hospital, the management informed the delegation that restrictions on outgoing calls had been introduced because some patients had reportedly made false calls to the emergency services or harassing calls to family members or third parties. Some of the patients in this hospital stated that they would on occasion be allowed by ward-based staff to use the hospital's phones under supervision, sometimes in exchange for cigarettes or money. Ward-based staff indicated that they would also sometimes allow patients to use staff phones under supervision.

67. The Committee cannot discern any legitimate reasons which could justify imposing such drastic, indiscriminate and blanket restrictions on all patients.[35] It notes the measures put forward by the authorities but considers that those patients who have a mobile phone should also be allowed at least daily access to it, even if this requires supervision. A patient's access to their mobile phone should only be withheld following a clearly documented individual clinical risk assessment which confirms that its usage would harm the patient's health, place the patient or others at risk of harm, or would present serious security concerns. Indeed, a mobile phone can often be an integral part of a person's daily life, used not just for recreation but to maintain social and community ties, manage day to day activities, and thus preserve a degree of personal autonomy.

To provide clarity to patients and staff regarding phone and mobile phone usage on a ward, the hospitals' general regulations should be supplemented with clinically based guidance via a clear, written ward-level policy made accessible to patients.

The CPT recommends that the Romanian authorities ensure that patients in Ştei and Pădureni-Grajduri Hospitals be allowed access to their mobile phone on a daily basis, unless there are serious security contraindications, or there is a lawful and reasoned doctor's order based on an individual risk assessment, or a court order to the contrary.

Furthermore, the CPT recommends that steps be taken to ensure that there are clear, written, and accessible ward-level policies regarding phone and mobile phone usage in all forensic psychiatric hospitals in Romania.

68. Turning to legal protection for patients, in July 2020 the Constitutional Court of Romania declared unconstitutional the Civil Code provisions on legal incapacitation and full guardianship for vulnerable adults. As a result, in August 2022 Parliament reformed the system[36] by introducing three new forms of legal protection – assistance in concluding legal acts, legal counselling, and special guardianship.[37] Following these changes, the legal capacity of adults placed under full guardianship under the previous system must be reassessed within three years of the coming into force of the new legislation (that is, by 18 August 2025).

During the initial talks with the delegation, and in the above-mentioned communication of 17 December 2024, the Romanian authorities indicated that further reforms are envisaged in order to allow the appointment of an independent personal representative to persons in need of legal protection who have no relative able or willing to take over support and representation duties under the new legal protection system.[38]

69. In the course of the visit, the delegation found that there is no formal mechanism in place to ensure that the Psychiatric and Safety Measures Hospitals are systematically notified when newly admitted patients are under guardianship or have other forms of legal protection.

According to the information the four hospitals had at their disposal, fewer than 10% of their patients had an appointed guardian.[39] In most of these cases, the guardians were family members; in a few cases, where

35. These restrictions appear moreover to contravene the Law on Mental Health, which prohibits limiting some individual freedoms of involuntary patients, such as communication with any authority, family or legal representative and the use of the phone for private purposes (Article 68).
36. By adopting Law No. 140/2022 on some protection measures for persons with intellectual and psychosocial disabilities, and the amendment and completion of some normative acts.
37. These can be applied if the people concerned have not made other arrangements in advance. The first form fully maintains the individual's legal capacity and aims to provide support to decision-making; it is applied by a public notary, at the request of the person wishing to benefit from it, for a maximum of two years. The other two forms involve limitations on legal capacity, whose scope and content is to be determined by the courts according to the degree of autonomy and the specific needs of the person concerned. They can be initially applied for periods of up to three or five years respectively and can be renewed. When the deterioration of a person's mental faculties is total and permanent, special guardianship can be extended for a period of up to 15 years.
38. The legislation in force at the time of the visit provides that, in such cases, the courts can appoint as guardian the local welfare authority, or private-law entity that provides care for the person protected.
39. At the time of the visit, in Jebel Hospital 33 patients were known to be placed under guardianship, out of 518; in Ştei Hospital,

the patients seemingly had no family ties, guardianship had been entrusted to a competent social welfare authority. The delegation heard from staff that, in many cases, the appointed guardians had no or only very limited contact with the patients concerned, and sometimes did not even respond when the hospitals sought to make contact.

As for the hospitals, they only rarely, if ever, appeared to take steps to ascertain the patients' situation and to notify the relevant guardianship authority in order to have legal protection measures instituted for the patients requiring them, contrary to the provisions of the Law on Mental Health.

> 70. **The Committee recommends that the Romanian authorities take the necessary steps to ensure that all patients in psychiatric hospitals who require it, and in particular those with intellectual disabilities, benefit from independent and effective legal protection. This includes ensuring that those appointed to such duties fulfil them responsibly and in the interests of the patients concerned, so that the latter are fully and independently advocated for on an involved and frequent basis. Patients should have access, through such representation, to the mechanisms and procedures in place to ensure human rights compliance and accountability, whenever necessary, in respect of their treatment.**
>
> **The CPT further recommends that the Romanian authorities take measures to ensure that the Psychiatric and Safety Measures Hospitals are systematically informed of any legal protection decision applied to their patients.**
>
> **The CPT wishes to receive information on the progress of the further legislative reform announced by the Romanian authorities in this area, and of the reassessment of the legal capacity of the patients in the Psychiatric and Safety Measures Hospitals.**

* * *

71. 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 Committee questioned the placement of patients who had committed minor offences alongside those who had committed serious crimes, with no stratification of security needs. It urged the Romanian authorities to provide a pathway of care for patients with psychiatric disorders who offend, so that the courts can send them to a broader range of hospital units with levels of security no greater than that required, as well as to establish systems for patients to step down to hospital units with lower levels of security *en route* to the community. Finally, the Committee emphasised the importance of the development of proper community psychiatric follow-up care, which should tie in with the promotion of de-institutionalisation (see paragraph 73 below).

The Committee recommended that the Romanian authorities draw up a strategy for the treatment and care of patients with psychiatric disorders who offended, and for persons in prison who developed serious mental disorders.

72. The findings of the 2024 visit provide clear evidence that the shortcomings listed above 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.

In this context, the CPT notes the adoption of the National Health Strategy for 2023-2030, which includes a proposal to further develop community-based mental health services. The Committee further notes that in May 2024 the Romanian Government has adopted their Action Plan for 2024 - 2029 for the execution of

28 patients, out of 302; in Săpoca Hospital, about 10% out of 391 forensic patients; and in Pădureni-Grajduri Hospital, 28 patients out of 409.

the judgments of the European Court of Human Rights in the field of mental health. The Action Plan *inter alia* foresees the establishment of mental health centres in the community, the establishment of mobile teams within those centres, and measures to reduce overcrowding and improve living conditions in Psychiatric and Safety Measures Hospitals.

> **The Committee would like to be updated every six months on the progress of the implementation of the Action Plan regarding the treatment provision for forensic psychiatric in-patients, including improvements in material conditions, the provision of adequate numbers of appropriately trained and supervised staff, the institution of modern multidisciplinary clinical treatment approaches, and the strengthening of legal and other safeguards (including regarding restrictive measures).**

73. Finally, as regards de-institutionalisation, the Committee notes that, in the four hospitals visited, there were a number of patients who were deemed to no longer require detention therein, but who continued to be held as there appeared to be no alternative place for them to live. This was apparently due to a lack of appropriate community care (well-organised and properly resourced, responsive, multi-disciplinary community mental health teams) and residential social care (including small supported residential units in the community).

In the Committee's view, for persons to remain in a psychiatric hospital purely as a result of the absence of appropriate community facilities is unacceptable. Provision of proper psychiatric care in the community can not only shorten or avoid in-patient admission or readmission and thus reduce the potential for ill-treatment, but can also reduce overcrowding, ensure that no patient is held in conditions of security greater than needed, facilitate speedy re-integration of in-patients back into the community, and improve treatment experiences and outcomes for patients.

> 74. **Whilst acknowledging the developments mentioned in the paragraph 72 above, the CPT calls upon the Romanian authorities to significantly step up their efforts to develop a full and appropriate range of out-patient community care and residential social care services available to forensic psychiatric patients, including developing forensic community mental health teams. Supported accommodation in the community should be in small living units, ideally in urban areas, with all the relevant facilities close at hand.**
>
> **The CPT emphasises that the Ministry of Health, the Ministry of Labour and Social Solidarity, and the Ministry of Justice should work together closely to implement these precepts.**[40]
>
> **As such de-institutionalisation progresses, the Romanian authorities must, without further delay, take concrete and urgent measures (acting upon the recommendations in this and in previous reports) aimed at upholding the human dignity of all patients still residing in psychiatric hospitals.**

40. This is also relevant in the context of the country's obligations stemming from the UN Convention on the Rights of Persons with Disabilities (CRPD), ratified by Romania in 2010.

"NO ONE SHALL BE SUBJECTED TO TORTURE OR TO INHUMAN OR DEGRADING TREATMENT OR PUNISHMENT"

Article 3 of the European Convention on Human Rights

Established in 1989 by the Council of Europe Convention for the Prevention of Torture and Inhuman or Degrading Treatment or Punishment, the CPT's aim is to strengthen the protection of persons deprived of their liberty through the organisation of regular visits to places of detention.

The Committee is an independent, non-judicial preventive mechanism, complementing the work of the European Court of Human Rights. It monitors the treatment of persons deprived of their liberty by visiting places such as prisons, juvenile detention centres, police stations, immigration detention facilities, psychiatric hospitals and social care homes. CPT delegations have unrestricted access to places of detention, and the right to interview, in private, persons deprived of their liberty. They may access all the information necessary to carry out their work, including any administrative and medical documents.

The CPT plays an essential role in promoting decency in detention, through the development of minimum standards and good practice for states parties, as well as through coordination with other international bodies. The implementation of its recommendations has a significant impact on the development of human rights in Council of Europe member states and influences the policies, legislation and practices of national authorities regarding detention.

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