

CPT/Inf (2025) 31

## **Response**

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

**from 30 September to 11 October 2024**

The Government of Romania has requested the publication of this response.  
The CPT's report on the 2024 visit to Romania is set out in document  
CPT/Inf (2025) 30.

Strasbourg, 15 October 2025

CPT notes in **paragraph 19** of the Report that:

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 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.

**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.**

**In response, the Romanian authorities state the following:**

Considering the recommendations set forth in paragraph 19 of the CPT report, the Ministry of Health communicate the measures undertaken by the psychiatric hospitals and the facilities for safety measures referenced in the CPT report, as follows:

I. At the level of the **Jebel Psychiatric and Safety Measures Hospital**, a systematic assessment of the patients was carried out, taking into account the increased frequency of cognitive, behavioral, and neurological disorders among them. It was found that approximately 23% of the total 550 hospitalized patients are at high risk of choking on food boluses. As such, the prevention of dysphagia and aspiration-type incidents represents a constant priority in the clinical practice of the facility.

A series of specific measures have been implemented to prevent the risk of choking on food, adapted to the particularities and vulnerabilities of the hospitalized patients. Following the identification of at-risk individuals, the list of these patients was posted in the food service office and treatment room of each ward, in order to facilitate prompt intervention by the staff involved in feeding and care. Additionally, this mention is recorded in the patient's progress and treatment sheet, as an integral part of the individualized therapeutic plan.

In cases where edentulism or a major risk associated with other conditions was identified, food is consistently offered in a mashed form, tailored to the patient's masticatory and swallowing capacity. Furthermore, the hospital's menu committee intervened in the structure of the daily menu by eliminating foods that, due to their consistency or texture, posed a higher risk of choking.

Each year, the institution organizes internal training courses in first aid, including the proper application of the Heimlich maneuver, with the goal of ensuring a rapid and effective response in emergency situations.

Given the particular nature of psychiatric patients—who often present neurological disorders or other comorbidities that may affect chewing and swallowing reflexes—the risk of choking on food boluses is inherent and elevated. In this context, all measures implemented at the hospital—from individualized risk assessment, adaptation of food presentation, and the posting of vulnerable patients' lists in relevant areas, to the training of medical and auxiliary staff in emergency intervention techniques, including the Heimlich maneuver—have been designed to reduce this risk as much as possible.

These interventions are part of a systematic and continuous prevention approach, tailored to the particularities of the hospitalized patients, aiming at significantly reducing the risk of aspiration or suffocation incidents. Although such measures considerably lower the likelihood of these events occurring, they cannot entirely eliminate the risk, which remains inherent to the complex nature of psychiatric pathology and associated comorbidities.

The implemented measures are continuously monitored and revised whenever necessary, depending on the clinical evolution of the patients, the observations of the medical staff, and the recommendations of specialists, so that the interventions remain effective, up-to-date, and in line with the real needs identified in current medical practice.

**II. At the level of the Steii Psychiatric and Safety Measures Hospital,** the following actions have been undertaken with the aim of preventing similar future incidents:

- Patients at increased risk of upper airway obstruction due to food boluses were identified within the hospital wards following assessments conducted by the attending physician and the specialist neurologist. For these patients, a semisolid (mashed) diet was recommended. This food is prepared within the hospital's kitchen block, for which the hospital has procured blenders specifically for the preparation of mashed meals. Additionally, high-protein or fiber-rich liquid meals have been introduced into the menus of these patients, portioned into single-serving bottles.
- During mealtimes, which take place in the dining room of each ward, all patients are closely supervised by the staff on duty. Patients at higher risk of choking are grouped together and dine separately at the end of the mealtime schedule. Foods received from family members are stored securely in the ward offices, and their consumption is allowed only in the dining room under staff supervision.
- Another measure to prevent patient choking incidents was the re-evaluation of therapeutic plans by attending physicians, who, where possible, replaced medications with significant sedative effects with alternative molecules.
- The healthcare unit initiated a staff training program by organizing a course on cardiopulmonary resuscitation, covering both Basic Life Support (BLS) and Advanced Life Support (ALS), with a special emphasis on instructing all staff in techniques for clearing upper airway obstructions (Heimlich maneuver).
- As part of its long-term measures, the hospital aims to undertake frequent staff training sessions, implement strict monitoring of staff activities, and increase the rigor of its personnel recruitment processes.

### **III. Săpoca Psychiatric and Safety Measures Hospital**

With regard to the measures implemented at the level of this healthcare unit for the prevention of the risk of choking due to food bolus, the following actions have been ordered: Close monitoring of patients' nutrition, strict adherence to medical recommendations concerning the administration of mashed food to patients with swallowing disorders, verification of menu lists for patients with such conditions, as well as verification of the availability and operational status of kitchen equipment necessary for the preparation of mashed food.

#### **IV. Pădureni-Grajduri Iași Psychiatric and Safety Measures Hospital**

Although this healthcare unit is not listed among those in which patient deaths due to mechanical asphyxiation caused by food bolus were recorded, the following preventive and emergency assistance measures have been implemented in the event that such adverse events related to medical care may occur:

##### **1.Preventive Measures**

**a.** The Good Practice Procedure PL-012 “Good Practice Procedures for the Therapeutic Team” has been reviewed and implemented. Within this procedure, it is stipulated that attending physicians must identify patients with swallowing disorders and at risk of choking due to food aspiration. Following this identification process, lists of patients at risk of choking due to aspiration of food bolus will be displayed within the ward and updated regularly. The nutrition specialist will issue appropriate dietary recommendations for these patients, prescribing foods with consistencies adapted to their swallowing difficulties. These patients will be constantly supervised during meals to ensure prompt intervention in the event of an emergency.

**b.** As part of the continuous professional development plan approved at the level of the healthcare unit, First Aid training courses have been conducted—covering both Advanced Life Support (ALS) and Basic Life Support (BLS)—with full participation and certification of all senior, intermediate, and auxiliary medical staff involved in patient care, as well as some of the non-medical administrative staff (TESA).

**c.** Quarterly analyses are conducted based on reports prepared by the heads of ward departments regarding adherence to the current therapeutic guidelines applied at the unit level, aiming to prevent iatrogenic events, including swallowing disorders.

##### **2. Emergency Assistance Measures**

The following medical devices and supplies have been procured to complete the emergency kits:

- 8 laryngeal forceps
- 24 I-Gel devices – intubation devices (IOT)
- 3 portable secretion suction units
- 20 suction probes
- 7 laryngoscopes
- Orotracheal tubes
- 3 portable monitors for the monitoring of vital signs

Given the aforementioned measures, the healthcare unit is undertaking all necessary efforts to reduce the risk of medical emergencies resulting from swallowing disorders. However, this risk will continue to persist and cannot be completely eliminated.

**The response of the Government of Romania to the report of the European Committee for the Prevention of Torture and Inhuman or Degrading Treatment or Punishment (CPT) following the ad hoc visit to Romania carried out from 30 September to 11 October 2024**

## **I. General Observations**

The Romanian authorities are fully aware that certain issues persist and are continuing their efforts to improve material conditions, infrastructure, as well as the procedures applicable to patients in psychiatric and forensic psychiatric measures hospitals in Romania. We reiterate the authorities' commitment to ensuring the responsible management of facilities accommodating persons with mental health conditions, in line with international and European recommendations, with full respect for human rights and without infringing on human dignity.

## **II. Responses to specific recommendations**

### **Regarding paragraph 6:**

In the Hospital for Psychiatry and Security Measures (hereinafter SPMS) Jebel, since May 2024, rehabilitation works are being carried out on 10 pavilions with beds which is the reason why some of the hospitalized patients were temporarily relocated to other premises resulting in overcrowding in some sections. The accommodation space temporarily arranged for some of the patients, received the approval no. 11745/22.05.2024 from the Timis Public Health Department, provided that the works will be completed by the end of this year.

Patients are accommodated in this space on a rotational basis for a maximum of 45 days, during which time they benefit from adequate microclimate conditions, their own bed, access to sanitary facilities (sanitary units arranged in containers specially built for this purpose, purchased by the hospital), food provided in single-use cassettes, outdoor space with unlimited access during the day, medical staff from the pavilions under renovation and other facilities (air conditioning, TVs, etc.). So far, there have been no incidents related to the accommodation conditions in this temporary space.

## **Regarding paragraph 7:**

The Ministry of Health has taken serious note of these observations and reaffirms its commitment to fully respect the principle of cooperation, as laid down in Article 3 of the European Convention for the Prevention of Torture and Inhuman or Degrading Treatment or Punishment (hereinafter, the Convention).

The Ministry of Health has requested the managers of the health units concerned to investigate the case and will apply the necessary measures to prevent and remedy any situation that could affect the freedom of patients to communicate openly with any monitoring and control body.

It should be noted that following these allegations, the management of SPMS Pădureni-Grajduri started checks and controls in all pavilions, together with their management, interviews with medical staff and sample viewing of images captured by the video system, inside and outside the unit (which has a total of 320 cameras), which led to the conclusion that these allegations are not confirmed. At the same time, the management of the health unit reiterates that violations of the rights of hospitalized patients were not and are not tolerated in this unit, and that the most drastic disciplinary sanctions are applied when such violations are found, as provided for by the Internal Regulations of the unit, which the employees have taken note of by signing the document. Also, in this regard, the senior medical staff, during their daily work schedule in the pavilion, usually discuss theoretical issues and concrete situations related to the ethical behavior of subordinate staff in relation to hospitalized patients.

Regardless of the nature of the disciplinary violations identified by the management of the health unit, such incidents have been and will continue to be investigated and sanctioned firmly, in accordance with the seriousness of the violation and in compliance with the provisions of the Labour Code, the Individual Employment Contract, the Internal Regulation, and the applicable Sectoral Collective Labour Agreement. In this regard, the following disciplinary sanctions have been applied:

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

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

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

In 2018, a total of 5 disciplinary sanctions were applied;

In 2019, a total of 8 disciplinary sanctions were applied, 1 of which resulted in the termination of the individual employment contract;

In 2020, a total of 2 disciplinary sanctions were applied, 1 of which resulted in the termination of the individual employment contract;

In 2021, a total of 3 disciplinary sanctions were applied;

In 2022, a total of 2 disciplinary sanctions were applied, 1 of which resulted in the termination of the individual employment contract;

In 2023, a total of 6 disciplinary sanctions were applied, 1 of which resulted in the termination of the individual employment contract;

In 2024 (up to date), a total of 3 disciplinary sanctions have been applied.

The health unit places particular emphasis on the proper fulfilment of professional duties, as well as on the overall conduct of its staff towards hospitalized patients and their relatives, with a view to maintaining an appropriate environment for the provision of appropriate medical care.

At the level of SPMS Săpoca, a committee was appointed to review video recordings from areas within the Psychiatry V Ojasca (chronic cases), Psychiatry VI Ojasca (CP 110), and Psychiatry VII Ojasca (CP 110) pavilions, in order to identify any inappropriate behavior by staff towards patients.

The manager of SPMS Ștei emphasizes that there were no actions aimed at requesting patients to limit or alter the opinions they expressed in front of the delegation, nor were any measures taken that could be considered as reprisals for patients' statements. Additionally, between 17-20 September 2024, the Monitoring Council for the Implementation of the UN Convention on the Rights of Persons with Disabilities conducted a visit to Ștei Hospital. In the report submitted following this visit, no such practices were reported.

### **Regarding the paragraph 8:**

In the context of strengthening a constructive and transparent cooperation with the Committee for the Prevention of Torture (CPT), and out of a genuine desire to address the identified shortcomings and to sustainably improve mental health services for the benefit of patients and the psychiatric system as a whole, a series of concrete measures have been undertaken to respond to the recommendations made.

I. Following the establishment, in August 2023, of an inter-institutional working group within the Prime Minister's Chancellery – which brought together, over the course of 18 meetings, representatives of the executive branch, autonomous authorities, independent bodies, professional organizations, and civil society – the Action Plan for the period 2024-2029 for

the implementation of judgments of the European Court of Human Rights in the field of mental health was drafted and subsequently approved by the Government of Romania through a Memorandum on 16 May 2024.

Among the objectives set out in the action plan are the following:

1. The establishment of mobile teams within Mental Health Centers (hereinafter referred to as MHCs) and, on an exceptional basis, within certain psychiatric hospitals until such centers are established, to carry out specific activities, such as:

- monitoring of persons subject to measures under Article 109 of the Criminal Code
- monitoring of other individuals with severe mental health conditions.

2. Establishment of community centers

a. Development of community healthcare (Government Emergency Ordinance No. 18/2017 on community healthcare), by integrating into community healthcare teams personnel with training/specific competencies in managing mental health issues. Collaboration between community healthcare personnel and specialized staff from territorial MHCs.

The case management of patients with mental health issues will be developed by the community healthcare nurse and approved through an order of the Minister of Health.

Under Component 12 - Health, a specific intervention of the National Recovery and Resilience Plan (NRRP) provides for the rehabilitation/construction of 200 integrated community centers.

These centers will be certified by the Ministry of Health (hereinafter MoH) in 2025, the year from which they will be able to implement activities in accordance with the Order of the Minister of Health No. 2.931/2021 approving the Manual for Integrated Community Centres.

b. Construction of regional centres focusing on the integrated treatment of various pathology axes - MHCs with extended competences and regional coverage. These centres will be able to implement diagnostic procedures, as well as therapeutic and care strategies for issues such as substance use disorders and addictions, chronic psychiatric illnesses, severe neurodevelopmental disorders, and age-related pathologies, including dementia and related care support – for example, by creating and organizing memory and cognitive disorder centres:

- within child Mental Health Centres (MHCs) - in 2025: Timișoara, Craiova, Bucharest, Tulcea, Vaslui, Câmpulung Moldovenesc, Târgu Mureș, Brașov, Oradea
- within adult Mental Health Centres - an additional 10 centres in 2026-2027.



II. Monitoring the implementation of the new system of support and legal protection introduced by Law No. 140/2022 on certain protective measures for persons with intellectual and psychosocial disabilities and on the amendment and supplementation of certain legislative acts:

**1. Assessment of the impact of Law No. 140/2022**, highlighting the practical challenges encountered, including from the perspective of cooperation between courts and prosecutor's offices with the specialists called to support the act of justice (psychologists, doctors, social workers), as well as potential proposals for improving the relevant legislation.

**2. Amendment and supplementation of Order No. 3.423/2.128/2022** on the approval of the methodology and of the medical and psychological evaluation report for persons with intellectual and psychosocial disabilities in the context of establishing, extending, modifying, or lifting protective measures, with a view to facilitating the implementation of these measures, taking into account at least the following aspects:

- How the Order has been applied/interpreted
- Cost standards, calculation methods, and conducting evaluation sessions
- Issues concerning psychologists and psychological assessments, as well as medical evaluations
- The need for a simplified procedure for non-ambulatory persons
- Method of reimbursement for evaluation services
- The possibility of entrusting evaluations to psychiatric hospitals via outpatient services

**3. Measures to ensure effective and real-time notification of authorities regarding the existence of a legal representative**

Identifying the necessary conditions for registering information on the appointment of a legal representative and their contact details in the National Register of Persons, managed by the Directorate for Persons Records (D.G.E.P.) under the Ministry of Internal Affairs (M.A.I.). Ensuring that involuntary medical admission commissions in hospitals convene regularly, including on weekends and any non-working days, by:

- Establishing a common regulatory framework for involving doctors in telemedicine consultations and concluding "locum" contracts, as well as defining working standards, payment costs, and evaluation protocols
- Implementing the agreed framework and continuously monitoring its application

**4. Transparency of data and decision-making processes:**

- a) Centralisation of the number of involuntary admissions, broken down by administrative phase (at the hospital) and judicial phase
- b) Centralisation of the number of pending procedures under Law No. 140/2022

- c) Quarterly reporting by hospitals to the National Centre for Mental Health and Anti-Drug (hereinafter CNSMLA) of information regarding restraints: number, types, pathologies, and the age of the patient
- d) Quarterly reporting by hospitals to CNSMLA of information regarding involuntary admissions
- e) Monthly reporting by hospitals to CNSMLA of information regarding the deaths of patients with mental illnesses

**5. Improved cooperation between competent authorities: hospitals - police, judicial bodies, social services:**

- a. Establishment, in each county, of a network of specialists and contact points to ensure a communication mechanism for managing cases involving persons with mental health conditions, sharing best practices, and providing expert support
- b. Ensuring the monitoring of the situation of persons deinstitutionalised from residential social services
- c. Establishment of a dissemination system (DGASPC / Psychiatric Hospitals - Police - Prosecutor's Office) for cases in which a person with disabilities is at risk of becoming a victim of abuse or is already a victim
  - i. Conducting a national-level analysis
  - ii. Piloting a mechanism
  - iii. Implementing the mechanism
- d. Ensuring continuity of specialized interventions for individuals diagnosed with severe mental health disorders after their release from the penitentiary system, and establishing clear responsibilities for state institutions in charge of registering these individuals and providing the necessary specialized interventions.

Regular meetings and the creation of common, expanded communication platforms among professionals (psychiatrists, psychologists, nurses, magistrates, lawyers, police officers, and prison staff) to facilitate the exchange of information regarding legislation and best practices in areas of common interest, through:

- I. Including topics of common interest and inviting other specialists to judicial practice meetings organized by the National Institute of Magistracy (INM)/Courts of Appeal (e.g., hospital managers, representatives of bar associations, police, DGASPC, forensic doctors)
- II. Developing an interdisciplinary platform that includes:
  - Explanations of legal, medical, and forensic terms, accessible to various involved professionals
  - Information on locations, contact persons, types of services, etc.
  - Purpose: reducing dependence on the system

**6. Psychiatric hospitals and safety measures** - clear measures, with related budgetary sources, for psychiatric hospitals and safety measures **to reduce overcrowding and improve conditions therein, including through patient redistribution.**

III. Given the essential role of the National Center for Mental Health and Drug Control within the Action Plan for the period 2024-2029 for the execution of the judgments of the European Court of Human Rights in the field of mental health, by Government Decision no. 1,658 of December 12, 2024 amending Government Decision no. 1,424/2009 on the establishment, organization and operation of the National Center for Mental Health and Drug Control, published in the Official Gazette no. 1,294 of December 20, 2024, the institutional capacity of the Center was strengthened, by increasing the number of positions from 10 to 30 and the attributions of the Center in the field of mental health, prevention and treatment of addictions were redefined.

IV. By Order of the Minister of Health no. 1562/2025, published in the Official Gazette of Romania, Part I, no. 507 of May 30, 2025 on the organization, functioning and duties of mental health and addiction prevention centers, the regulatory framework on the organization, functioning and duties of mental health and addiction prevention centers (CSMPA) was approved, in accordance with the current needs of patients with mental disorders and addictions. According to the regulatory act, CSMPA will provide medical and mental health care services in the community through mobile multidisciplinary teams, when necessary. Also provided are psychological counseling services, non-specific individual and family psychiatric counseling regarding the evolution of mental illness, social counseling and specialized support, as well as information and education activities in the field of mental health, including informing and counseling patients on the main risk factors for mental health and on the means of preventing mental illnesses, in order to support psychosocial reintegration. Collaboration measures are also regulated, with the aim of increasing access to services and continuity of interventions.

The services in these centers are free for all persons, regardless of insurance status or home situation, which responds to the need to reduce the number of cases in which the exacerbation of the disease is associated with crime.

**With regard to paragraphs 16, 17 and 18:**

The Ministry of Health has firmly addressed the irregularities documented in the hospitals visited, holding direct discussions with the managers of the units and reviewing the attributions of the Disciplinary and Ethics Commissions. The Ministry has clearly reiterated that it will apply a zero-tolerance policy towards any behaviour that may be considered cruel,

inhuman treatment or equivalent to torture and has ordered that, in such situations, the hospital management should immediately notify the competent judicial authorities.

### **SPMS Ștei**

At the level of SPMS Ștei, regarding physical or mental ill-treatment, as well as regarding the discovery in the hospital, during a previous check of an electroshock device, two investigations were opened, one internal disciplinary and one external, criminal, regarding suspected acts of ill-treatment.

During the disciplinary investigation, an employee from the department admitted that he brought the electroshock device to the workplace to use it as a flashlight, although the hospital is equipped with power generators that operate automatically in the event of power outages. The hospital management states that following the findings made by the Bihor Forensic Medicine Service, it was concluded that the bruises were not caused by the use of this device, and the Bihor County Police Inspectorate stated that the electroshock device was not functional. Following the disciplinary investigation, the employee who introduced the electroshock device into the hospital was sanctioned in accordance with the Labor Code and the provisions of art. 75, paragraph 1, letter c), chapter IX - Disciplinary offenses and applicable sanctions of the Internal Regulations of the unit.

Following the disciplinary investigation regarding the offenses committed by the employees of the Psychiatry department I of the Criminal Code, the following sanctioning decisions were also issued:

- termination of the employment contract for an employee with the position of supervisor of dangerous mentally ill persons pursuant to art. 58 in conjunction with art. 61, letter a) of the Labor Code, being sanctioned in accordance with art. 248, paragraph 1, letter e) of the Labor Code with the disciplinary termination of the individual employment contract, in conjunction with the provisions regarding disciplinary sanctions of the Internal Regulations art. 75, paragraph 1, letter e);
- reduction of the basic salary for a period of 3 months by 10% for 2 employees with the function of supervisors of dangerous mentally ill persons according to art. 248 paragraph 1, letter c) of the Labor Code in conjunction with the provisions relating to disciplinary sanctions in the Internal Regulations art. 75, paragraph 1, letter c);
- reduction of the basic salary for a period of 3 months by 10% for an employee with the function of nurse within the Psychiatric Section I art. 110 CP according to art. 248 paragraph 1 letter c) of the Labor Code in conjunction with the provisions relating to disciplinary sanctions in the Internal Regulations art. 75 paragraph 1 letter c);
- reduction of the basic salary for a period of 3 months by 5% for an employee with the function of supervisor of dangerous mentally ill persons according to art. 248 paragraph

- 1, letter c) of the Labor Code in conjunction with the provisions relating to disciplinary sanctions in the Internal Regulations art. 75, paragraph 1, letter c);
- reduction of the basic salary for a period of 2 months by 5% for an employee holding the position of caregiver according to art. 248 paragraph 1, letter c) of the Labor Code in conjunction with the provisions regarding disciplinary sanctions in the Internal Regulations art. 75, paragraph 1, letter c);
  - written warning for an employee holding the position of head nurse according to art. 248 paragraph 1, letter a) of the Labor Code in conjunction with the provisions regarding disciplinary sanctions in the Internal Regulations art. 75, paragraph 1, letter a).

Regarding the criminal investigation, at the moment three employees of the institution have received the measure of judicial control for a period of 60 days, and the hospital has suspended the individual employment contracts of these employees by law.

Regarding measures to prevent employee mistreatment of patients, training courses were organized for all auxiliary medical staff on the topic "Measures to prevent physical violence against hospitalized patients, strict compliance with work procedures and job descriptions, prevention of crimes provided for in art. 281 and art. 282 of the Criminal Code, namely subjection to mistreatment and torture, as well as aspects regarding the rights of persons with disabilities, how to approach psychiatric patients, techniques for de-escalating crisis situations and measures to protect personnel in crisis situations", and employees are encouraged to report, under the protection of anonymity, any violation of the law, ethics and professional deontology (whistleblowers). There is a framework and an efficient hierarchical reporting mechanism and protection of persons who disclose information about mistreatment or cases of malpractice, based on which the hospital management will objectively investigate elements suspected of mistreatment and will apply the appropriate measures.

To regulate these activities, the unit has developed and implemented the following procedures and protocols:

- PO JUR 02 regarding the receipt/registration/examination/resolution of internal whistleblower reports in the public interest;
- PO CMD 01-02 regarding the reporting of irregularities;
- Protocol for cross-checking the activity of medical personnel.

In order to report patient complaints to the management, the unit has implemented an operational procedure PO-MAN 13 on the management of petitions/correspondence of patients of the Psychiatric and Safety Measures Hospital to the management or other institutions and there is a register in which all complaints are registered. The hospital also

has and implements the operational procedure PO-MAN 11 on the management of complaints. In the hospital departments there are mailboxes for submitting complaints/complaints by patients and for patient satisfaction assessment questionnaires which are analyzed monthly according to the operational procedure PO-BMCSS 04 on patient satisfaction questionnaires and a report on the analysis of these questionnaires is prepared by the CMCSS.

### **SPMS Pădureni-Grajduri**

The management of SPMS Pădureni-Grajduri reiterates that, following the investigations carried out by the unit's authorized personnel, no ill-treatment of patients, such as hitting with keys or belts, was found.

Following the findings of violations of the internal regulations, discovered before the CPT visit, the unit's management applied the most drastic sanctions, including termination of the employment contract and notification of the competent bodies.

The management recalls the severe psychiatric pathology that affects the vast majority of hospitalized patients, as well as those interviewed by the CPT commission, a pathology that predisposes to qualitative disorders of thought such as delusional ideation (inconsistent with reality, imaginary, illogical, immune to counterarguments), the most frequent type of delusion being that of persecution.

At the same time, the management of the unit firmly rejects the accusation of complicity of the medical staff, as well as the management, in the application of ill-treatment.

At the SPMS Pădureni-Grajduri level, a system has been implemented, since 27.04.2018, in accordance with PO-12 - Procedure for the registration, management and resolution of patient/family complaints (a procedure that was not brought up for discussion or requested during the visit). This procedure has been constantly reviewed and updated, and following the latest observations, the management ordered the development of a new edition that meets all the requirements regarding the ease, reliability and safety of the system for managing complaints received from patients and family members.

Within the unit, in 2024, no complaint was registered reflecting ill-treatment applied to patients by the employed staff.

The unit also has implemented a system procedure for reporting irregularities and protecting whistleblowers, which establishes the reporting mechanism for events and incidents, which also includes information on mistreatment and other forms of incorrect practices in the medical care provided to patients within the unit.

In 2024, at the level of the health unit, no warning form was registered regarding possible improper practices in patient care.

## SPMS Săpoca

SPMS Săpoca has developed a short- and medium-term plan of measures to implement the recommendations, as follows:

### SHORT TERM

| MEASURES  | ACTIVITIES   | IN CHARGE             | TERM         |
|---|--|-----------------------|--------------|
| A. Raising staff awareness of the importance of behavior towards patients | 1. Informing medical and auxiliary staff about the preliminary conclusions of the CPT report   | Steering Committee    | Accomplished |
|   | 2. Analyzing, evaluating and discussing recommendations: reporting any violent acts/manifestations, use of offensive language, threats, hitting or other violence by anyone with knowledge of them - immediately informing management of any inappropriate behavior and the lack of any repercussions on patients who spoke with members of the CPT delegation   | Steering Committee    | Accomplished |
|   | 3. Retraining of medical and auxiliary staff from all hospital departments, on the following topics: Containment and isolation procedure (111 PO-09); Procedure for handing over patients between shifts (111 PO-07); Procedure for declaring patients missing between shifts (111 PO-07); Procedure for declaring patients missing (111 PO-21); Procedure for communicating medical data to relatives (111 PO-45); Procedure for providing psychological support for staff (111 PO-42); | Steering Committee    | Accomplished |
|   | 4. Drafting and distributing an internal memo (no. 28389/08.10.2024) reminding all staff that aggressive behavior towards hospital patients is strictly prohibited and that any physical aggression will be severely sanctioned - with the termination of the individual employment contract. Criminal investigation bodies will also be immediately notified.   | Steering Committee    | Accomplished |
| B. Identifying inappropriate behavior of staff towards                    | 1. Designation of a committee to view video recordings from the spaces belonging to the departments of Psychiatry V Ojasca chronic, Psychiatry VI Ojasca CP 110, Psychiatry VII Ojasca CP 110, in order to identify any inappropriate behavior of the staff towards patients, as noted in the preliminary report.  | Steering Committee    | Accomplished |
|   | 2. Viewing video recordings from the last 20 days, from the spaces belonging to the departments of   | Designated Commission | Accomplished |

|   |  |  |                               |
|---|--|--|-------------------------------|
| patients and taking the necessary legal measures            | Psychiatry V Ojasca Chronic, Psychiatry VI Ojasca CP 110, Psychiatry VII Ojasca CP 110, in order to identify any inappropriate behavior of the staff towards patients, as reported in the preliminary report.                    |  |                               |
|   | 3. Conducting disciplinary investigations for those identified as having abusive, inappropriate behaviors with patients;   | Disciplinary Commission  | In progress                   |
|   | 4. Disciplinary sanctions for those guilty;  | Manager  | In progress                   |
|   | 5. Notifying criminal investigation bodies where the situation requires it;  | Manager  | Permanent                     |
| C. Preventing abuse of any kind against vulnerable patients | 1. Measures to protect vulnerable patients by moving them to another sector when it is found that other patients - roommates or wardmates - are trying to take advantage of their vulnerabilities (sexual relations for example) | Chief physician or Ward coordinator<br><br>Chief medical assistant | Accomplished<br><br>Permanent |
|   | 2. Counseling vulnerable patients;   | Attending physician<br>Ward Psychologist                           | Accomplished<br><br>Permanent |
| D. Monitoring patient nutrition                             | 1. Compliance with recommendations regarding pureed food in patients with swallowing disorders;  | Ward chief physician<br>Chief medical assistant<br>Caring director | Accomplished<br><br>Permanent |
|   | 2. Checking the list of past menus;  | Manager, Dietitian   | Accomplished                  |
|   | 3. Checking the existence of kitchen appliances used to process food;  | Caring director  | Accomplished<br>Permanent     |

**MEDIUM TERM**

| MEASURES  | ACTIVITIES  | IN CHARGE  | TERM          |
|---|---|--|---------------|
| A. Raising staff awareness of the importance of behavior towards patients | 1. Supplementing the internal regulations with clear specifications regarding staff behavior towards patients and the measures that are required when their behavior is inappropriate.                              | Steering Committee<br><br>Ethics Council<br><br>Legal Department | 15.12.2024    |
|   | 2. Resumption of professional training courses for self-defense and immobilization of dangerous mentally ill patients by applying non-violent procedures to prevent/prevent injury/damage to staff and/or patients; | Steering Committee   | Every 2 years |



|   |   |   |            |
|---|---|---|------------|
|   | 3. Periodic retraining of staff on operational procedures: 111PO-18 Crisis situations with immediate risk of self- or heteroaggression, 111-PO 28 Patient communication and counseling; 111PO-46, 111PO-09 Containment and isolation;               | Steering Committee<br>Ward chief physician<br>Chief medical assistant | Annual     |
|   | 4. Periodic retraining of staff on ethical and professional conduct - The hospital's Code of Ethical Conduct and Professional Ethics;   | Steering Committee<br>Ethics Council<br>Legal Department              | Annual     |
| B. Identifying inappropriate behavior of staff towards patients and taking the necessary legal measures | 1. Order regarding the weekly or whenever necessary random viewing of CCTV recordings by the attending physician and the chief nurse in order to monitor the quality of the medical act, investigate possible incidents or ensure patient safety.   | Manager   | 15.11.2024 |
|   | 2. Weekly or as needed random viewing of CCTV recordings to monitor the quality of medical care, investigate potential incidents or ensure patient safety   | Ward chief physician<br><br>Ward chief medical assistant              | Permanent  |
|   | 3. Encouraging patients to file complaints/claims by all staff (medical, paramedical, including psychologist, social worker, legal advisor, priest) through all means (complaint boxes or directly to the secretariat or verbally during hearings); | Entire staff  | Permanent  |
| C. Preventing abuse of any kind against vulnerable patients   | 1. In the current context of overcrowding in security wards, attempts will be made to find solutions to separate patients with intellectual disabilities from patients with psychiatric illnesses.  | Ward chief physician<br><br>Ward chief medical assistant              | Permanent  |

### SPMS Jebel

The management of SPMS Jebel states that at the level of the health unit, no credible allegations of deliberate physical mistreatment of patients have been recorded, this fact highlighting the constant commitment of the management and the department heads to ensure adequate management and effective communication with the psychiatric patient, through the periodic medical organization of training and personality.

At the same time, during the period 2022-2024, at the level of the unit, no complaints regarding ill-treatment were recorded that were submitted to the disciplinary committee.

The management of the health unit reaffirms that any behavior of this type is unacceptable, is not and will not be allowed at any time within the unit.

The unit periodically holds training sessions focused on effective communication with the psychiatric patient, which also includes informing him about the right to file complaints and claims.

Also, the Operational Procedure on the Public Interest Whistleblower is implemented at the unit level, which clearly regulates the channels for reporting irregularities, as well as the protection measures provided to persons who report such situations.

Moreover, following the CPT visit, boxes for notifications and complaints were installed in locations accessible to patients, these being located in the living rooms of the pavilion, as well as in other frequented spaces, such as the occupational therapy area, the admissions office and the secretariat, the chapel, the space that carries.

Regarding the verification of the observation regarding *the lack of a procedure through which patients can file complaints with ease, confidence and safety*, we note that art. 14 of WHO no. 488/2016 establishes the following:

"(1) All units providing mental health care are required to establish a special register for the registration of all complaints submitted by patients or their representatives.

(2) The management of the unit is required to respond in writing to all complaints regarding the violation of patients' rights.

(3) The register provided for in paragraph (1) shall also record the manner in which complaints are resolved."

Therefore, the national regulatory framework ensures, through the obligations imposed on the health unit, the existence of a mechanism through which patients can report any violations of their rights or, as the case may be, of the legal provisions in the matter.

In addition to the above aspects, with regard to the aspects relating to the establishment of reporting channels for reporting violations of the law, we note that the legislation in force already includes regulations in this regard. Specifically, we note that Law no. 361/2022 on the protection of whistleblowers in the public interest regulates the general framework for the protection of persons who report violations of the law, which have occurred or are likely to occur, within authorities, public institutions, other legal entities under public law.

Moreover, according to art. 9 para. (1) of this law, authorities, public institutions, other legal entities under public law, regardless of the number of employees, have the obligation to identify or establish internal reporting channels and to establish internal reporting procedures and for carrying out subsequent actions.

## Status of the investigations

1. Regarding file no. 925/126/P/2024 of the Prosecutor's Office attached to the Beiuș Court, regarding the suspicion of the use by the auxiliary staff of the Ștei Psychiatric and Security Hospital of an electric shock weapon against patients:

Starting with December 2024 and up to now, the criminal investigation activity has significantly intensified, with numerous procedural acts relevant to the resolution of the case being ordered and carried out.

Specifically, by the ordinances of 31.01.2025, 12.02.2025 and 04.03.2025, the extension of the criminal investigation was ordered regarding 33 acts of violence committed, between 07-14.09.2024, against patients A.M., G.A., C.I., V.M., C.G., C.R.V., K.A., K.L., C.O., W.C.N. and F.M.

By the ordinance of 11.03.2025 of the Prosecutor's Office attached to the Beiuș Court, it was ordered to continue the criminal investigation, and by the ordinance of 13.03.2025, it was ordered to initiate criminal proceedings against:

A. M.T.M., in terms of committing the crimes of:

a. submission to ill-treatment, provided for by art. 281 paragraph 2 of the Criminal Code, with the application of art. 35 paragraph 1 of the Criminal Code, consisting in the fact that, on 09.09.2024, at 08:14:32, in his capacity as a supervisor at the Ștei Psychiatric and Security Hospital, while he was in the hallway of the CP 1 section, 2nd floor, men, he applied three blows with a cable to the injured person A.M. on the back;

b. 4 offenses of abusive behavior, provided for by art. 296 paragraph 2 of the Criminal Code, reported to art. 193 paragraph 1 of the Criminal Code, consisting in the fact that, as a supervisor at the Ștei Psychiatric and Security Hospital:

- on 09.09.2024, at 08:38:47, he kicked the injured person G.A. in the left lower limb;
- on 09.09.2024, at 13:02:02, he kicked the injured person C.I. in the lumbar part of the body;
- on 09.09.2024, at 13:07:29, he kicked the injured person V.M. a blow with a plastic slat on the upper back, while the injured person was held by the arms and led behind with his hands by two other patients;
- on 09.09.2024, at 18:01:59, he applied a blow with a slap on the back to the injured person F.M.;

c. submission to ill-treatment, provided for by art. 281 paragraph 2 of the Criminal Code, with the application of art. 35 paragraph 1 of the Criminal Code (3 material acts), consisting in the fact that, as a supervisor at the Ștei Psychiatric and Security Hospital:

- on 12.09.2024, at 08:54:17, he kicked the injured person C.R.V., in the area of the right shoulder blade;
- on 09.09.2024, at 09:07:37, he kicked the injured person C.R.V., at the level of the ribs, on the right side of the chest;
- on 09.09.2024 at 09:07:17, he kicked the injured person C.R.V., in the chest area;

**B. C.A.V.P., in terms of committing the crimes of:**

a. submission to ill-treatment, provided for by art. 281 paragraph 2 of the Criminal Code (3 material acts), consisting in the fact that, as a nurse at the Ștei Psychiatric and Security Hospital:

- on 08.09.2024, at 09:03:58, he hit the injured person C.R.V. with his palm, in the back of the head, and as a result of the blow received, his head was projected almost to the table, where the plate he was eating from was;

- on 08.09.2024, at 14:48:38, he hit the injured person C.R.V. with his palm, in the back of the head, after previously pushing him and pulling his hand, for no apparent reason;

- on 08.09.2024, at 18:17:51, he pushed the injured person C.R.V. with his hand, in order to demonstrate his authority;

b. submission to ill-treatment, provided for by art. 281 paragraph 2 of the Criminal Code (2 material acts), consisting in the fact that, as a nurse at the Ștei Psychiatric and Security Hospital:

- on 08.09.2024, at 09:06:10, he hit the injured person K.A. with his palm, in the back of the head;

- on 09.09.2024, at 19:12:07, he violently hit the injured person K.A. with his palm, in the area of the right ear and jaw;

c. abusive behavior, provided for by art. 296 paragraph 2 of the Criminal Code, in relation to art. 193 paragraph 1 of the Criminal Code, consisting in that he hit the injured person V.M. with his palm;

d. submission to ill-treatment, provided for by art. 281 paragraph 2 of the Criminal Code (2 material acts), consisting in that, as a nurse at the Ștei Psychiatric and Security Hospital:

- on 09.09.2024, at 19:10:29, he hit the injured person K.L. with his palm, in the area of the right ear and face, causing injuries that required 7-10 days of medical care for healing;

- on 14.09.2024, at 19:08:17, he hit the injured person K.L. with his palm, in the area of the back of the head;

**C. T.D., in terms of committing the crimes of:**

a. submission to ill-treatment, provided for by art. 281 paragraph 2 of the Criminal Code (5 material acts), consisting in the fact that, as a supervisor at the Ștei Psychiatric and Security Hospital:

- on 07.09.2024, at 08:11:50, he hit the injured person V.M. on the face with his palm;

- on 07.09.2024, at 08:12:02, he hit the injured person V.M. three times with his palm, on the right side of the face;

- on 09.09.2024, at 13:10:10, he hit the injured person V.M. on the back;

b. submission to ill-treatment, provided for by art. 281 paragraph 2 of the Criminal Code (3 material acts) consisting in the fact that, as a supervisor at the Ștei Psychiatric and Security Hospital:

- on 12.09.2024, between 08:48:41 - 08:48:44, he hit the injured person K.A. with his palm, in the back of the head;

- on 14.09.2024, at 09:18:49 and 09:19:02, he violently hit the injured person K. A., in the chin area;
- on 09.09.2024, at 09:10:24, he kicked the injured person K.A., in the left shoulder blade and left arm area;
- c. submission to ill-treatment, provided for by art. 281 para. 2 of the Criminal Code (2 material acts), consisting in that, on 12.09.2024, at 08:58:17 and 08:59:16, as a supervisor at the Ștei Psychiatric and Security Hospital, he applied 2 punches to the injured person K.L.;
- d. submission to ill-treatment, provided for by art. 281 para. 2 of the Criminal Code (2 material acts) consisting in that, as a supervisor at the Ștei Psychiatric and Security Hospital:
  - on 09.09.2024, at 09:07:37, he roughed up the injured person C.R.V., who was sitting at the table, by pulling her shirt;
  - on 09.09.2024, at 09:07:15, he assaulted the injured person C.R.V., who was sitting at the table, by pulling her shirt;

D. N.R.M., in terms of committing the crimes of:

- a. submission to ill-treatment, provided for by art. 281 paragraph 2 of the Criminal Code (5 material acts), consisting in the fact that, as a supervisor at the Ștei Psychiatric and Security Hospital:
  - on 13.09.2024, at 08:55:32 and 08:55:34, he applied 3 punches to the injured person K.L., at the level of the right shoulder;
  - on 13.09.2024, between 13:43:11 - 13:43:13, he applied 2 punches to the injured person K.L., in the upper back area;
- b. abusive behavior, provided for by art. 296 paragraph 2 of the Criminal Code, reported to art. 193 paragraph 1 of the Criminal Code, consisting in that, on 13.09.2024, at 13:41:31, as a supervisor at the Ștei Psychiatric and Security Hospital, he punched the injured person C.R.V., in the parietal area of the head;
- c. abusive behavior, provided for by art. 296 paragraph 2 of the Criminal Code, reported to art. 193 paragraph 1 of the Criminal Code, consisting in that, on 13.09.2024, at 13:49:20, as a supervisor at the Ștei Psychiatric and Security Hospital, he punched the injured person C.O., in the area of the left shoulder blade.

On 13.03.2025, the detention of the defendants M.T.M., T.D.M., N.R.M. and C.V.A.P. was ordered for a period of 24 hours, and through the report of the same date of the Prosecutor's Office attached to the Beiuș Court, the judge of rights and freedoms was requested to take preventive arrest measures against them.

By decision no. 5/DL/2025 of 14.03.2025, pronounced by the judge of rights and freedoms of the Beiuș Court in file no. 890/187/2025, the proposal formulated by the prosecutor was

partially admitted and preventive arrest measures were ordered against the defendants M.T.M., T.D.M. and C.V.A.P. for a period of 30 days, starting with 14.03.2025, until 12.04.2025, inclusive, while against the defendant N.R.M., judicial control was ordered for a period of 60 days, starting with 14.03.2025, until 12.05.2025, inclusive.

By decision no. 12/CDL/24.03.2025, pronounced by the judge of rights and freedoms of the Bihor Court, the appeals filed by the defendants M.T.M., T.D.M. and C.V.A.P. were admitted and the measure of judicial control was ordered against them, for a period of 60 days, starting with 24.03.2025, until 22.05.2025, inclusive.

By the ordinance of 19.05.2025 of the Prosecutor's Office attached to the Beiuș Court, the extension of the preventive measure of judicial control against the defendants M.T.M., T.D.M., N.R.M. and C.V.A.P. was ordered, for a period of 60 days.

During the investigation, the injured persons K.L., C.A., V.Ș., V.M., A.M., C.G., G.A., C.R., F.M. were heard; the Beiuș Court was notified in order to appoint special curators for the injured persons V.Ș., C.A., W.C.N., K.O., C.G., C.I., R.C.A., V.M., F.M., K.A.N., C.R.V., A.M. and K.L.; 14 witnesses were heard; technical surveillance measures were ordered regarding the defendants; the images recorded by the video surveillance cameras in the premises of the Ștei Psychiatric and Security Hospital were viewed; the establishment of the civil party of the injured persons C.A., V.Ș., V.M., W.C.N., C.O., C.G., R.C.A., C.I., C.R.V., A.M. and G.A., through the chosen defense counsel, was noted, and with regard to the injured persons F.M. and C.AL., the prosecutor ordered the exercise of the civil action ex officio, being introduced into the case, as a civilly liable party, the Ștei Psychiatric and Security Measures Hospital; the precautionary measure of seizure of the assets belonging to the defendants T.D.M., N.R.M. and C.V.A.P. was instituted.

From the information sent by the Prosecutor's Office attached to the Beiuș Court, it follows that, in the immediate future, the indictment in this case is expected to be drawn up.

**2. Regarding the files in which the Prosecutor's Office attached to the Buzău Court of Justice notified ex officio the suspicions of committing crimes of abusive behavior and the omission of notification by officials from the Săpoca Psychiatric and Security Hospital, the following criminal prosecution acts were carried out, starting with December 2024:**

**a.** in file no. 4477/290/P/2024, the job descriptions of several employees, documents regarding the disciplinary investigation that was the basis for the ex officio notification, the organizational chart of the functions with which the hospital unit is provided, the hospital's internal regulations, the work planning schedule for the period 10-12.04.2024, documents regarding professional training, documents regarding occupational safety and health, documents regarding the prevention of aggressions exercised by medical staff towards patients, as well as the medical file of patient M.V.

At the same time, the prosecutor ordered the delegation of criminal investigation bodies in order to carry out the following acts: the hearing, as witnesses, of 4 medical staff from the Săpoca Psychiatric and Security Hospital; collection from Buzău County Hospital of the medical documents drawn up on the occasion of the hospitalization of the injured person M.V.; examination of the injured person M.V. in order to establish whether he can be heard in the case and, if necessary, his hearing.

b. in file no. 4478/290/P/2024, 2 medical staff of the Săpoca Psychiatric and Safety Measures Hospital were heard and documents regarding the organization of this medical unit, the attributions of the staff, health and safety at work, professional training, including those regarding behavior towards patients, as well as the medical file of the patient Ț.F. were collected.

The prosecutor also ordered the delegation of criminal investigation bodies to carry out the following acts: collection from Buzău County Hospital of the medical documents drawn up on the occasion of the hospitalization of the injured person Ț.F.; hearing of the injured person Ț.F.; identification of 6 patients for whom there is evidence that they witnessed the alleged assault on the injured person Ț.F., their examination to determine whether they can be heard in the case and, if applicable, their hearing as witnesses.

c. with regard to files no. 4475/290/P/2024 and no. 4476/290/P/2024, in which investigations are being carried out in terms of the commission of the crime of failure to report, provided for by art. 267 paragraph 1 of the Criminal Code, by civil servants from the Săpoca Psychiatric and Security Hospital, who did not bring to the attention of the criminal investigation bodies the alleged acts of violence committed on the injured persons M.V. and Ț.F., we note that the resolution of these cases is subsequent to the completion of the evidence in files no. 4477/290/P/2024 and 4478/290/P/2024, within which investigations are carried out into the commission of the crime of abusive behavior, it being necessary to clarify the existence of the constitutive elements of this act in order to be able to assess the incidence of the legal obligation to notify the judicial bodies.

We would like to point out that the attention of the Prosecutor's Office attached to the Buzău Court has been drawn to the need to prioritize the resolution of cases no. 4475/290/P/2024, 4476/290/P/2024, 4477/290/P/2024 and 4478/290/P/2024, including by immediately ordering concrete and adequate investigative measures to clarify the facts, identify the responsible persons and protect the victims.

At the same time, the leadership of the Prosecutor's Office attached to the Buzău Court has been informed of the need for careful monitoring of the criminal prosecution in these cases, in order to ensure that the investigations are carried out promptly, in accordance with the requirements of an effective investigation.



**With regard to paragraph 19, regarding which a response was previously sent to the CPT:**

In the course of 3 years, at SPMS Ștei there were six deaths due to mechanical asphyxiation with food bolus (3 in 2022, 2 in 2023 and 1 in 2024), with the mention that all these patients presented masticatory and swallowing dysfunctions, both through neuro-psycho-degenerative mechanism, as well as through sedation secondary to the necessary psychotropic treatment.

In order to prevent the future death of patients due to asphyxiation with food bolus, patients with a high risk of upper airway obstruction were identified in the hospital wards, through the assessment by the attending physician and the neurologist specialist. For these patients, semi-solid (pureed) food was recommended, prepared at the hospital level in the food block. To this end, the hospital purchased blenders for preparing pureed food and introduced high-protein or high-fiber liquid food, portioned into bottles for one meal, into the menu of these patients. During the meal service, which takes place in the ward dining room, all patients are carefully supervised by the staff, patients with a high risk of choking are grouped and serve the meal separately at the end of the program. Food received from relatives is kept safely in offices, and its serving is done in the dining room under the supervision of the staff. Another measure to prevent patients from choking was the reevaluation of therapeutic plans in order to prevent excessive sedation of patients.

The health unit started a staff training program, organizing a course on the topic “Cardio-respiratory resuscitation including BLS and ALS” and emphasis was placed on training all staff on measures to clear the upper airway (Heimlich maneuver). As long-term measures, the hospital aims to undertake frequent training of staff, strict monitoring of their activity and, at the same time, by increasing the requirements regarding staff recruitment.

The measures established by SPMS Săpoca regarding these situations are detailed in the previous point.

Within **Jebel SPMS** a systemic assessment of patients was carried out, given the increased frequency of cognitive, behavioral and neurological disorders among them and it was found that about 23% of a total of 550 inpatients are at increased risk of choking with food bolus so that the prevention of dysphagia and aspiration is a constant priority in the clinical practice of the facility.

A series of specific measures have been implemented to prevent the risk of choking with food bolus, adapted to the particularities and vulnerabilities of hospitalized patients. Hence, following the identification of patients at risk, a list of the aforementioned patients was displayed in the food office and treatment room of each unit to facilitate prompt intervention by staff involved in nutrition and care. At the same time, this is recorded in the progress and treatment sheet as an integral part of the individualized therapeutic plan.



In cases where edentulism or a major risk associated with other conditions has been identified, nutrition is consistently provided in a mashed form, adapted to the patient's chewing and swallowing ability. The hospital's Menu Committee has also intervened on the structure of the daily menu, eliminating those foods which, because of their consistency or texture, presented an increased risk of choking.

At the same time, every year, internal first aid courses are organized within the facility, including training staff on the correct application of the Heimlich maneuver, in order to ensure a quick and efficient response in emergency situations.

Given the specificity of the psychiatric patient, which frequently involves cognitive impairment, cooperation difficulties, impulsivity, as well as neurological disorders or other comorbidities that can affect the chewing and swallowing reflexes, the risk of choking with food bolus is inherent and increased. In this context, all the measures implemented at hospital level - from individual risk assessment, adapting the form of food presentation, displaying lists of vulnerable patients in relevant areas, to training medical and ancillary staff in emergency intervention techniques, including the application of the Heimlich maneuver - have been designed to minimize this risk as much as possible.

These interventions are an integral part of a systemic and continuous prevention approach, tailored to the particularities of hospitalized patients, and aim to significantly reduce the risk of aspiration or suffocation cases. Although such measures considerably reduce the likelihood of such incidents, they cannot completely exclude the risk, which is inherent to the complex specificities of psychiatric pathology and associated comorbidities.

The implemented measures are constantly monitored and revised whenever necessary, depending on the evolution of the clinical condition of the patients, the observations of the medical staff and the recommendations of the specialists, so that the interventions remain effective, up-to-date and meet the real needs identified in current medical practice.

A specific protocol for patients at risk of food aspiration has been implemented at Pădureni-Grajduri SPMS, which provides for their individual monitoring by the facility staff.

**With respect to paragraph 20:**

With regard to the comment regarding the reporting to the judicial bodies of non-consensual sexual acts between patients, we note that Article 267 of the Criminal Code penalizes the criminal offence of failure to report, according to which:

*(1) The act of a public servant who, becoming aware of the perpetration of a criminal offence provided by the criminal laws in connection with the service where he/she works, fails to immediately notify the criminal prosecution authority, shall be punishable by no less than 3 months and no more than 3 years of imprisonment or by a fine. (2) If the act is perpetrated out of negligence, the penalty shall consist of no less than 3 months and no more than 1 years of imprisonment or a fine.*

Therefore, the staff of the psychiatric and security measures hospital is obliged to notify the judicial authorities whenever they become aware of the commission of an act provided by criminal law.

Article 26 para. (1) of Law No. 487/2002 on mental health and protection of persons with mental disorders stipulates the following: "Any person with mental disorders must be protected from any harm that may be caused to him/her by unjustified administration of medication or diagnosis and treatment procedures, mistreatment by other patients, service staff or other persons, or other acts that may cause physical or mental suffering."

No incidents of a sexual nature or cases of abuse of vulnerable patients have been recorded at Jebel SPMS.

All altercations between patients are continuously monitored and recorded in the Incident and Assault Register as per internal procedures. Thus, in 2024, a total of 72 minor altercations between patients were recorded and promptly managed by specialized staff.

The health facility pays particular attention to the protection of vulnerable patients, continuous supervision and prevention of any form of exploitation or abusive behavior. Staff are trained to identify potentially risky behavior and to intervene promptly, in accordance with the principles of good medical practice and respect for the patient's fundamental rights.

Within Ștei SPMS - regarding the frequent altercations between patients, especially in the case of patients with intellectual disabilities, the degree of active supervision of these patients has been increased, as well as the placement of these patients in separate wards from other patients. They receive alternative treatment based on occupational therapy and other types of activities.

An intensive program of spending time and outdoor occupational therapy activities has also been implemented, weather permitting.

Within Săpoca SPMS, the auxiliary staff were informed about the contents of the CPT report and received thematic trainings on the following: the application of the restraint procedure, the management of crisis situations with risk of hetero-aggressiveness and self-

aggressiveness, effective communication, the protocol for taking patients between shifts, the procedure for reporting missing patients, as well as the communication of medical data to relatives. At the same time, the absolute prohibition of any aggressive behavior was reiterated, with staff being warned that any form of aggression against patients will be severely sanctioned and the competent authorities will be immediately notified.

At the same time, a commission has been appointed to review the video recordings from the areas belonging to Ojasca Psychiatric Ward V for chronic patients, Ojasca Psychiatric Ward VI CP 110, Ojasca Psychiatric Ward VII CP 110, in order to identify possible inappropriate behavior of staff towards patients. For the cases already identified, a disciplinary investigation committee was set up and the competent bodies, namely the police, were notified in accordance with the legal provisions.

Within Pădureni-Grajduri SPMS, as regards persons vulnerable to sexual exploitation, as well as persons with vulnerability to sexual or physical aggression, the health facility has introduced a protocol for the assessment of patients in terms of the risk of sexual aggression. Patients will be assessed by medical staff and a psychologist, and the assessment of the risk of sexual exploitation will be added to each patient's individual care plan.

Also, the health facility takes into account the information from the Sex Offenders Register, the patients are monitored using a video system present throughout the facility, to prevent the risk of aggression of any kind, in compliance with the legislation in force, Law no. 333/2003 on the protection of objectives, goods, valuables and persons, republished, with subsequent amendments and supplements as well as the provisions of GD no. 301/2012 for the approval of the Methodological Norms for the application of Law no. 333/2003 on the protection of objectives, goods, valuables and persons, with subsequent amendments and supplements.

### **With respect to paragraph 27:**

The Jebel SPMS management confirms that 17 patients were hospitalized in the two temporary pavilions at the time of the visit. At the same time, they reiterate that these pavilions operate on the basis of a temporary permit issued by the Timiș Public Health Directorate and are used exclusively for the duration of the renovation works carried out in the permanent pavilions.

It also emphasizes that the patients were accommodated in these temporary spaces in rotation, strictly for the period necessary for the renovation of the permanent pavilions in which they were assigned at the time of admission. This measure was taken in order to ensure

the continuity of medical care and appropriate care conditions, in parallel with the modernization of the hospital infrastructure.

At Jebel SPMS, all pavilions are equipped with patient living rooms and each patient is provided with an individual locker for storing personal belongings. Each pavilion is also equipped with a storeroom for the storage of patients' belongings, where the situation requires it.

During 2024, a total of 10 pavilions were renovated, all of which were fitted out in accordance with the specific legislation, including the provision of isolation rooms complying with the appropriate hygienic and sanitary conditions.

The health facility is making sustained efforts to reduce the number of beds/ward in order to eliminate situations where more than four patients are accommodated in one ward. However, due to high occupancy, there are still about 22% of the total number of wards where five patients are accommodated, each with their own bed.

With regard to hygiene issues, it can be noted that, during both 2024 and 2025, bed linens were purchased, so all patients are currently provided with new and appropriate linens. As regards the hygiene of patients' personal effects, this is provided through the facility's own laundry, which enables patients to wear always clean clothes. At the same time, patients wear their own clothes, which contributes significantly to maintaining a sense of autonomy and personal dignity. They also have daily access to hot water, thus enabling them to maintain their personal hygiene in adequate conditions.

All patients have personal space to keep their belongings, and the wards are designed to provide adequate space and privacy. All wards are also equipped with dedicated patient day areas that contribute to a favorable therapeutic environment.

Within Săpoca SPMS, in order to improve the conditions offered to the patients, TV sets were installed in most of the wards, mattresses and bed sheets were purchased and water dispensers were installed, accessible to all patients.

At the same time, the health facility provides day and night clothes for patients, but they are allowed to wear their own clothes, if they have them.

Within Pădureni-Grajduri SPMS patients have individualized clothing, each patient chooses what he/she wants to wear, abandoned patients with no income have the options provided by the hospital, which offers goods purchased according to the law, bought in bulk.

Within Ștei SPMS, in order to improve accommodation conditions, measures were implemented such as the purchase of new beds, mattresses, bedside tables and bed linen, in

bright colors, each patient benefiting from their own bed and bedside table. Also, regular sanitation works were carried out in all hospital premises, complete modernization of sanitary units was carried out, ensuring adequate natural and artificial lighting. In addition, new furniture was purchased for the dining rooms and they were equipped with televisions.

Within the health facility, most of the wards do not exceed the 6-bed norm, with the exception of three large wards, which have 7 or 8 beds. Their relocation is planned after the completion of the new outpatient facilities, so that there will be no more than 6 beds/room.

As far as hygiene is concerned, the hospital has bed linen in accordance with the regulations in force, for three changes (one change per bed, one in the ward storeroom and one in the laundry). The hot water supply program is permanent in the sanitary units and patients have the possibility to maintain personal hygiene whenever necessary.

With regard to clothing, patients wear clothes with the initials of the facility unit (SPS), a matter mentioned in the observations of the Committee for the Prevention of Torture (CPT). This measure is intended to facilitate the identification of patients in the event of their leaving the unit without legal notice. The hospital plans, in the coming period, to purchase diversified clothing and to facilitate the use of patients' own clothing.

### **With respect to paragraphs 29 and 30:**

Pădureni-Grajdu SPMS has a video surveillance system that complies with the relevant legislation, without affecting the privacy of patients. The surveillance system is intended to facilitate patients' supervision to prevent possible incidents, given the high degree of dangerousness of hospitalized patients according to art. 110 of the Criminal Code.

In accordance with the legal provisions in force, Law no. 333/2003 on the guarding of objectives, goods, valuables and the protection of persons, republished, with subsequent amendments and supplements, a risk analysis on physical security has been implemented at the level of the health facility, by an external evaluator and submitted to the competent bodies for the approval thereof. The aforementioned system is implemented within the facility, and any modification or intervention to the system cannot be carried out without the approval of the public order service of Iași IPJ.

At Ștei SPMS premises there are no video surveillance cameras installed in patient wards.

At Jebel SPMS premises, surveillance cameras are installed exclusively in the hallways of the wards and outside the buildings. This measure has been taken in full respect of the patients' right to privacy, with no cameras being installed in personal areas (wards) or in areas where private activities are carried out (toilets).

Following the discussion with Săpoca SPMS manager, the latter communicated that the facility respects the rights of patients, providing each hospitalized person with an individual bed. In the case of the mentioned patient, she was accommodated in a two-bedded room in the ward, but the bed intended for her remained unoccupied because the patient preferred, on her own initiative, to sleep in another ward, sharing the bed with another patient.

At the same time, in this regard, the following activities are included in the plan of measures established by Săpoca Hospital:

| MEASURES                                | ACTIVITIES   | PERSON RESPONSIBLE   | DEADLINE                   |
|---|--|--|----------------------------|
| <b>Short term</b>                       |  |  |                            |
| Providing a bed for each patient        | 1. Placing additional beds in all hospitalization wards for CP 110 patients;   | Steering Committee<br>Chief physician of the Department<br>Chief nurse of the Department | Accomplished<br>Continuous |
|   | 2. Checking that patients are assigned to pavilions  | Chief nurse of the Department  | Accomplished<br>Continuous |
| <b>Medium term</b>                      |  |  |                            |
| Improving hospitalization and treatment | 1. Refurbishment of the attic of Pavilion 12 - Ojasca (Psychiatric Unit VII CP 110) to create new accommodation            | Steering Committee   | 30.06.2025                 |
|   | 2. Finding solutions for enlarging the recreation space for patients in Pavilion 11 - Ojasca (Psychiatric Unit VI CP 110); | Steering Committee   | 30.06.2025                 |
|   | 3. Procurement of modern restraint equipment complying with international legislation                                      | Steering Committee   | 31.03.2025                 |
| <b>Long term</b>                        |  |  |                            |
| Improving hospitalization and treatment | Construction of a 120-bed pavilion, sports field and courtyards (ongoing project at CNI since 2022)                        | Steering Committee   |                            |

Pădureni-Grajduri SPMS reiterates the main factors that lead to facility overcrowding, namely:

- The mode of operation, in the sense that hospitalizations and discharges are ordered exclusively by criminal judgments according to art. 110, respectively art. 109 of the Criminal Code delivered by the authorized courts;
- The constant increase in the number of decisions providing for the application of the security measure of medical hospitalization under Article 110 of the Criminal Code, in relation to the

decrease in the number of sentences replacing the security measure and the obligation to medical treatment under Article 109 of the Criminal Code, sometimes with the courts ignoring the recommendations made in the forensic psychiatric reports. Thus, for example, within Pădureni-Grajdu SPMS, out of the total number of patients who were examined and who had a recommendation to have the security measure replaced (according to art. 109 of the Criminal Code), some patients remained hospitalized based on the court sentences on other grounds with which the courts were not vested (unfavorable social investigation, the patient's condition was not improved, etc.), as follows:

In 2021 34% of patients with a recommendation for safety measure replacement remained hospitalized;

In 2022 63% of patients with a recommendation for safety measure replacement remained hospitalized;

In 2023 41% of patients with a recommendation for safety measure replacement remained hospitalized;

In 2024 (to present) 63% of patients with a recommendation for safety measure replacement remained hospitalized;

- The recommendation to apply the security measure of medical hospitalization as part of the forensic psychiatric expertise for patients diagnosed with various forms of mental disorder, various forms of dementia - most of them assisted in neuro-psychiatric therapy and recovery centers subordinated to other administrative entities - who are transferred by court decisions for disruptive behaviors inherent to the evolution of their disease in psychiatric hospitals and for security measures (as they are not likely to improve or recover - a condition expressly provided by Art. 110 of the Criminal Code in order to replace the security measure of outpatient medical treatment).

Hence, for example, on 14.10.2024 in Pădureni-Grajdu SPMS, out of the total number of hospitalized patients, 20% are diagnosed with various forms of mental disorder, various forms of dementia, which are overwhelmingly the triggering factor of hetero-aggressive and self-aggressive behaviors of patients.

The health facility has finalized and submitted the feasibility study for the construction of a new ward with a capacity of 300 beds to the main authorizing officer in order to identify the financing solution.

The facility has submitted the necessary documentation in order to obtain financing through PNIIUS (National Program for Investments in the of Hospital Units Infrastructure) in December 2024. The required documentation is validated by MySMIS application and undergoes the assessment procedure.

The submitted documentation was accompanied by all necessary documents for project approval, as well as with the justification notes required to implement such project within the Pădureni-Grajduri Iasi SPMS.

**Details of the planned new pavilion:**

- A building with lower ground floor, 1st and 2nd floor
- Total net floor area 8178,66 sq.m.

The total value of the project "Extension of the hotel for the patients of the Pădureni-Grajduri Psychiatric and for Security Measures Hospital " was, at the end of 2024, of 56.288.355.95 RON, and only the feasibility study and the general estimate of the investment object were prepared.

Within Ștei SPMS, in 2023 the organizational structure of the hospital was supplemented by 37 beds, increasing it from 275 beds to 312 beds, and currently there are 289 patients admitted, which represents a 92.63% occupancy rate. In order to support the safety measures hospitals to reduce overcrowding, in April 2024 a new relocation of the counties related to psychiatric and safety measures hospitals was made so that Alba County was relocated from Jebel SPMS to Ștei SPMS.

In the next period, the construction of the Integrated Outpatient Clinic, financed by the RRP, will be completed, and the surgeries and laboratories in the hospital building will be relocated to the new premises, and in the remaining vacant places new wards for hospital patients (about 30 beds) will be set up, supplementing thus the organizational structure of the hospital with new accommodation.

**With respect to paragraph 33:**

Pădureni-Grajduri SPMS is taking the necessary steps to recruit, through a collaboration contract (provision of services), specialists in speech therapy, whose expertise is needed in the care of patients with intellectual disabilities.

At the same time, a possible relocation of all patients with intellectual disabilities (moderate or severe mental disorder) to a single ward and allocating human resources accordingly is being assessed, without affecting the quality of the care provided in the hospital.

Jebel SPMS mentions that, during previous visits of the inspection bodies, the coexistence of various psychiatric pathologies in the hospital was assessed as having a positive impact, as it allowed the support of patients with intellectual disabilities by those with mental disorders. This type of organization was also based on respect for the principle of non-discrimination, ensuring equal treatment of all patients, regardless of the type of pathology.



**With respect to paragraph 34:**

Jebel SPMS states that the process of gender segregation was initiated in one of the units that accommodated patients of both sexes. This measure was implemented in order to increase patient safety and comfort and to comply with the recommendations of international bodies. Furthermore, gender segregation will progressively continue in the other units. However, the full implementation of this measure is temporarily delayed due to ongoing renovation works in these units.

With regard to patients and the impact on them, given the prolonged length of stay in the units, the doctors emphasized the importance of gradually implementing segregation so that this change does not create confusion or psychological imbalance among patients.

At Săpoca SPMS, women are hospitalized in different units from men.

At Pădureni-Grajduri SPMS patients are also separated.

**With respect to paragraph 39:**

Pădureni-Grajduri SPMS will take the necessary steps to supplement the staff and fill in the necessary positions through a competitive selection in accordance with the legislation in force and the hospital's approved regulations.

Currently, there are 231.5 positions out of which 16 are vacant.

At the same time, the health unit, through the management staff of the medical wards, has drawn up and implemented a training plan for medical and auxiliary staff on how to deal with patients with mental disorders, as well as techniques for de-escalating potential conflicts.

At Săpoca SPMS there are 66 vacant non-unique positions that cannot be filled in due to the legal regulations in force.

At Jebel SPMS there are 380 positions in the organizational chart, out of which 59.5 are vacant. In the last 3 years the number of positions has been increased by 100. Due to the legal regulations in force, resignations and retirements, the completion of the staff scheme is difficult.

At Ștei SPMS, in 2024, the vacant positions could not be filled in due to legislative restrictions, and for 2025, the positions that became vacant during the year or those for which the legislation allows the organization of a competition process will be filled through competitive selection.

The staff recruitment procedure has been revised by introducing new criteria, tailored to the specific requirements of each position, for the selection of staff in order to prevent cases of physical and psychological abuse of patients (psychiatric examination and psychological examination).

In order to increase patient safety and improve patient supervision, the facility has conducted a new Physical Security Risk Assessment which will establish a new guard position to monitor the video surveillance system and patrol the perimeter of the facility's courtyard to prevent patients from leaving the hospital without legal forms. Also, in the future, the health facility considers that it would be useful to have a mobile intervention team within the hospital, made up of specialized staff who could intervene in crisis situations or situations of aggression between patients, supporting the unit staff.

**With respect to paragraph 41:**

At Jebel SPMS, the management of the facility is constantly striving to complete the occupational therapy structure with specialized staff. In order to partially make up for this shortage and in order to involve as many patients as possible in therapeutic activities, the hospital has also called on external support, benefiting from the collaboration of a specialist who organizes music and movement workshops, which play a role in sensory optimization. Painting and handicraft workshops are also being organized in the facility, and in the long term there are plans to set up a park for outdoor activities to support patient integration and recovery.

In order to support and develop occupational therapy activities, a project with European funding has been submitted for the construction of a multi-purpose space equipped with computers and a cinema projection room. The facility has also won the project for the development of the integrated outpatient clinic, which envisages the establishment of a medical rehabilitation office and a kinesiotherapy room to support patients with movement impairment.

Pădureni-Grajduri SPMS has set up carpentry, painting, sculpture and fine arts workshops, where patients have the opportunity to acquire new skills.

These activities take place during daily occupational therapy sessions, which are scheduled and organized according to a predetermined timetable communicated to all patients, and in which any patient may participate with the approval of their attending physician.

The healthcare unit has improved the occupational therapy procedure, introducing activities in carpentry, welding, masonry, and painting workshops, and has completed a multifunctional sports facility with the purchase of multiple pieces of equipment specific to team and individual sports.

Patients benefit from a varied daily program of occupational therapy and personal development activities, adapted to their needs and requirements.

Within SPMS Ștei, patients have access to recreational activities in the units, in the occupational therapy department, on the sports field, or in the garden within the facility. In the hospital courtyard, there are specially arranged and fenced spaces for patients (terraces and sports fields) where they spend their free time under staff supervision. All these activities are an alternative or complement to medication.

In the future, the unit aims to place greater importance on rehabilitation programs to develop learning and relationship skills, improve self-image, and thus prepare patients for social and family reintegration.

### **Regarding paragraphs 42 and 43:**

SPMS Jebel states that, following the CPT visit, it intends to implement an individualized treatment plan for each patient, placing increased emphasis on the patient's active involvement in setting and applying the therapeutic plan. This approach will be coordinated by a multidisciplinary team consisting of a doctor, psychologist, social worker, and other categories of staff involved in the care and recovery process, who will work together to identify each patient's specific needs and constantly monitor their progress.

SPMS Pădureni-Grajduri has implemented a new FOGG form, which includes a written individualized therapeutic plan specifying treatment objective as well as the means used. Patients also participate in occupational therapy activities.

### **Regarding paragraph 44:**

SPMS Jebel is in the process of arranging the green area located between the unit's pavilions to facilitate patients' access to outdoor activities. For this purpose, the unit plans to equip these spaces with recreational gazebos that can be used even in unfavorable weather conditions. It also plans to create a park equipped with outdoor fitness equipment to promote physical activity and achieve the most effective psycho-somatic recovery.

Within SPMS Ștei, patients have access to recreational activities in the wards, in the occupational therapy department, on the sports field, or in the garden within the facility. In the hospital courtyard, there are specially arranged and fenced spaces for patients (terraces and sports fields) where they spend their free time under staff supervision. All these activities are an alternative or complement to medication.

At SPMS Pădureni-Grajduri, the construction of a multifunctional sports field has been completed. It is available to patients and is currently used daily.

Each pavilion has an outdoor area and an arranged gazebo, and patients are encouraged daily to spend time outdoors, provided their health condition allows.

**Regarding paragraph 47:**

At SPMS Jebel, the management has arranged isolation rooms in compliance with current legal standards in 10 pavilions.

In the medium term, the healthcare unit plans to renovate the remaining 11 pavilions to equip them with isolation spaces properly arranged according to current safety and hygiene standards.

Regarding the application of isolation and restraint measures, the unit emphasizes that the management policy has aimed to train all staff to respect patients' rights and raise awareness that isolation and restraint are restrictive measures that must be applied only in clinically justified situations and never with the involvement of other patients.

SPMS Pădureni-Grajdu states that it has adopted the procedure concerning Methods Applicable to Patients with Severe Psychomotor Agitation, which regulates how episodes of severe psychomotor agitation are handled.

If severe hetero-aggressive or self-aggressive manifestations occur, endangering the physical integrity of staff/other patients, immobilization will be performed and recorded in the Restraint Register, in accordance with current legislation.

The observation sheet and the restraint register will record the following information:

- the exact time (hour and minute) of the restrictive measure implementation;
- the degree of restriction (partial or total in case of restraint);
- circumstances and reasons for the measure;
- name of the doctor who ordered it;
- any physical injuries sustained by patients or staff related to the application of the restrictive measure;
- the exact time (hour and minute) of lifting the measure.

Prior to restraint, all de-escalation procedures of hetero-aggressive manifestations will be applied by the staff involved.

Patient immobilization will be carried out in a specially arranged room where possible; otherwise, the patient's room will be vacated, and protective panels will be used to ensure privacy and respect for the person subjected to mechanical restraint.

The healthcare unit states that the restraint procedure is used rarely and mechanical restraint is always the last resort for managing severe psychomotor agitation with hetero- and/or self-aggression. Restraint will be maintained for the shortest possible time.

However, due to overcrowding and lack of suitable space, the healthcare unit does not have a designated isolation room and cannot identify other spaces that meet minimum privacy requirements for applying mechanical restraint.

At SPMS Ștei, patients do not participate in applying isolation or restraint measures. Regarding changes to restraint practices, a restraint prevention plan has been drawn up, and the Operational Procedure Regarding Patient Restraint (PO MED 20) has been revised. The restraint devices used comply with current legislation, and mobile screens have been purchased to ensure patient privacy. During restraint, the patient is constantly monitored by staff who check vital signs and record the patient's condition in the Observation Sheet and in the isolation and restraint registers.

Regarding isolation rooms, the healthcare unit notes that these rooms currently function as single-bed wards, meaning they are permanently open, and the patient housed there has access to a bathroom, shower, or other sections like any other patient. In the future, when laboratories and offices are relocated to the new outpatient clinic, the freed-up spaces will be converted into isolation rooms compliant with current standards.

### **Regarding paragraphs 48 and 49:**

SPMS Jebel states that, regarding the patient in Pavilion 10, the measure recommended by the CPT was implemented during the CPT visit, ensuring conditions that respect the dignity of the person in long-term isolation.

### **Regarding paragraph 56:**

**a. Concerning paragraph 56 of the Report, the recommendation from the third line:** the Code of Criminal Procedure regulates the procedure for applying, lifting, maintaining, replacing, and terminating medical internment so that the court can issue a decision in accordance with each patient's particular situation. Therefore, we underline the fact that proposals for medical internment are accompanied by a psychiatric forensic expert report and are resolved only after hearing the suspect or defendant, in the presence of a chosen or ex officio lawyer and with the participation of the prosecutor<sup>1</sup>.

In addition, following amendments to Article 568 of the Code of Criminal Procedure by Law No. 122/2024 for the introduction, amendment or completion of the mention on the transposition of European Union norms in the content of some normative acts, as well as for the amendment and completion of Law No 302/2004 on international judicial cooperation in criminal matters and of Law No 135/2010 on the Code of Criminal Procedure, courts can no longer automatically replace the measure of medical treatment with medical internment if the person fails to appear for treatment or avoids it after appearing.

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<sup>1</sup> See provisions of art. 248 and 571 of the Criminal Procedure Code.

Also, regarding the third recommendation in paragraph 56, referring to the ***need for training judges on the fundamental rights of persons in mental health cases***, we specify that the National Institute of Magistracy, along with the Superior Council of Magistracy, is responsible for increasing efforts to train magistrates and raise awareness regarding the rights of persons subject to medical internment.

According to the National Institute of Magistracy, the rights of persons with intellectual and psychosocial disabilities are included both in anti-discrimination and human rights protection topics and are addressed in initial and continuous professional training of magistrates.

By way of example, it should be mentioned that during the initial training of the second year of judicial auditors, the module with a predominantly practical character in the field of *Family Law - Measures for the protection of persons with intellectual and psychosocial disabilities regulated by the Civil Code*, was supplemented with an ECHR course, which deals with the issues of the rights of persons with intellectual disabilities or mental problems, as found by the European Court of Human Rights in the judgments of the Legal Resource Center on behalf of Valentin Câmpeanu, N. , N., (No. 2), Parascineti, Cristian Teodorescu Group and R.D, Țicu v. Romania<sup>2</sup>, in the area of Art. 2 (right to life), Art. 3 (prohibition of torture), Art. 5 (right to liberty and security), Art. 6 (right to a fair trial), Art. 8 (right to respect for private and family life), Art. 14 (prohibition of discrimination).

Also, in the framework of the pre-defined project "Professional Training and Capacity Building in the Judiciary", funded under the Norwegian Financial Mechanism (NFF) 2014-2021, implemented by the Superior Council of Magistracy in partnership with the National Institute of Magistracy, the National School of Court Clerks and the Norwegian Court Administration, *in the field of Enforcement of Criminal Judgments*, with a focus on specific aspects related to the Roma population, in 2024, seminars were organized for judges delegated to penitentiary institutions and judges dealing with security measures, as well as other legal professionals. The topics of these seminars also included issues related to the analysis of ECHR case law in the case of persons deprived of their liberty, suffering from mental disorders or having health problems requiring medical attention, etc.

Under the same project, in the field of *ECHR Jurisprudence-Civil Aspects*, in 2024, seminars were organized for judges, prosecutors, and other legal professionals, focusing on aspects of ECHR jurisprudence on matters such as the right to a fair trial, the right to private and family life freedom of expression and information, prohibition of discrimination, including discrimination based on vulnerabilities such as health and disability, right to life, prohibition

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<sup>2</sup> Cases no. 47848/08, 38048/18, 32060/05, 22883/05, 59152/08, 35402/14, 24575/10

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of torture, inhuman or degrading treatment or punishment, right to liberty and security, principle of legality of punishment.

As part of the institutional collaboration with the Council of Europe, the Council of Europe's HELP Programme and the NMI organized, in a hybrid format, the national launch event of the HELP course Mental Health and Human Rights in 2024. The course was developed in 2024 within the framework of the Project "Protection of Human Rights in Biomedicine I" and aims to train legal and health professionals in the protection of the rights of persons with mental health problems. Magistrates and judicial auditors attending the launch event are following the course from 2024-2025 under the guidance of two HELP certified tutors.

The National Institute of the Magistracy will also organize, during 2025, an online training activity on the *ECHR case law on psychiatric health care*, mainly dedicated to judges and prosecutors.

The Institute also commits itself to enrich the subject matter and identify new ways of providing training on the protection of persons with intellectual and psychosocial disabilities, within the limits of the budgetary resources allocated to the continuing professional training component, and to introduce training recommendations on this subject for courts and prosecutor's offices in the framework of the continuing training programmes organized at decentralized level.

In this context, the specialized commission of the Superior Council of Magistracy decided to forward the report of the European Committee for the Prevention of Torture and Inhuman or Degrading Treatment or Punishment to the National Institute of Magistracy to be taken into account in the planned training activities.

In the Action Plan 2024-2029 on the enforcement of ECHR judgments in the field of mental health, the Superior Council of Magistracy is mentioned as the responsible institution with regard to Specific Action I.4. Strengthening the support and protection system, point 1. Monitoring the implementation of the new system of legal support and protection, introduced by Law no. 140/2022 *on some measures for the protection of persons with intellectual and psychosocial disabilities and amending and supplementing some normative acts*.

According to Article 24 of Law 140/2022, *"In order to monitor the implementation of this law, the National Authority for the Protection of the Rights of Persons with Disabilities and the Superior Council of Magistracy shall, after 3 years from its entry into force, draw up reports assessing its impact and, if necessary, proposals for improvement of the legislation in this field."*



In order to carry out this evaluation, the Superior Council of the Magistracy forwarded to the Judicial Inspectorate the proposals regarding the areas of interest for the judicial activity necessary for the programming of thematic controls. Among these proposals is the one concerning the "evaluation of the impact of Law 140/2022, highlighting the difficulties encountered in practice, including from the point of view of the collaboration of the courts and prosecutor's offices with the specialists called upon to support the act of justice (psychologists, doctors, social workers) and possible proposals for improving the legislation in this area".

The Superior Council of the Magistracy will thus carry out a report to assess the impact of Law 140/2022 within the timeframe provided for in the action plan (December 2024-December 2025) on the basis of the Judicial Inspection report and the information to be submitted by the courts and prosecutor's offices.

**b. With regard to the sixth recommendation in paragraph 56 of the Report, i.e. the lack of efficiency of the legal assistance provided by the court-appointed lawyers, we consider that its implementation is a matter of interpretation and application of the law *in concreto*.**

In this context, since we do not consider that there are any deficiencies in the applicable legislation, we would like to point out that, according to the interpretation of the provisions in force (art. 248 paragraph (5), art. 570 and 571 of the Criminal Procedure Code), the participation of the prosecutor is mandatory in the procedure for the application of the measure of temporary medical confinement, the measure of temporary medical confinement ordered by a final judgment, as well as in the procedure for its maintenance. The patient will be **defended ex officio if he or she does not have a chosen lawyer**. In this last case, it should be recalled that according to Art. 10 para. (2) C. pr. pen.: "*The parties, the main subjects of the proceedings and the lawyer have the right to benefit from the time and facilities necessary for the preparation of the defense*".

Therefore, the legal framework in force includes regulations enabling the effective exercise of the right to defense, including through an ex officio lawyer.

Also, as mentioned above, the participation of the **prosecutor is mandatory**. Through this participation, the prosecutor ensures respect for the rights and interests of the person proposed for internment<sup>3</sup>.

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<sup>3</sup> See provisions of art. 92 C. pr. civ.  
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It should be noted that, in a decision of the matter<sup>4</sup>, the following was noted:

*"According to art. 24 of the Romanian Constitution, the right to defense is guaranteed, and throughout the trial the parties have the right to be assisted by a lawyer, elected or appointed ex officio, in the same sense being the provisions of art. 15 of Law no. 304/2004. In order to give value to this principle and in accordance with the Council Directive no. 2003/8/EC, the legislator established by the provisions of art. 6 letter a) of the O.U.G. no. 51/2008 the public legal aid in the form of payment of fees for ensuring representation, legal assistance and, where appropriate, defense, through an appointed or elected lawyer, for the realization or protection of a right or legitimate interest in justice or for the prevention of litigation. According to Article 23 of GEO No 51/2008, public legal aid in the form of legal assistance through a lawyer is granted in accordance with the provisions of Law No 51/1995 on the organization and practice of the legal profession, relating to legal aid or free legal aid. According to Art. 2 para. (2) and (5) of Law no. 51/1995, in exercising the right of defense, the lawyer has the right and obligation to work for the realization of free access to justice and a fair trial. Bearing in mind the legal rules referred to above and having regard to the documentation on file, the Court finds that the appellant's rights of defense cannot be held to have been respected in this case, namely that he would have benefited from a fair trial, since the lawyer appointed by the Court of its own motion did not act to defend his interests. The claimant's application for legal aid in the form of legal assistance by a lawyer was granted and an ex officio lawyer was appointed, but his right to defence were prejudiced, being practically deprived of substance, a conclusion justified by the lack of exercise of any specific legal means in that regard. Although the lawyer was under a legal duty to defend the applicant's interests, it cannot be held that he acted accordingly. Thus, the lawyer did not propose any evidence, although, in the light of the subject-matter of the case, the documents in the file and the submissions in the defence, it was necessary to make submissions to that effect. Furthermore, the submissions made in the course of the oral procedure confirmed a perfunctory manner in which the defendant had failed to comply with its obligations, since the defender confined himself to requesting that the action be allowed as it was formulated. The Court concludes that the judgment on the merits of the case was given in breach of the right to defence, the quality of the services of the lawyer acting for the applicant affecting his very access to justice (Airey v. Ireland), within the meaning of Article 6 para. (1) of the ECHR".*

Also as a guarantee in order to ensure an effective defense we also invoke the provisions of Articles 39 and 40 of **Law no. 51/1995 on the organization and practice of the legal**

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<sup>4</sup> Decision no. 3490/2013 of Cluj Court of Appeal - Section I civil cases - published in the „Cluj Court of Appeal - Jurisprudence Bulletin - vol. III, page 24.

**profession**, republished, with subsequent amendments and additions. These articles provide that the lawyer is obliged to provide legal assistance in cases in which he has been appointed ex officio or free of charge by the bar and is obliged to use all diligence to defend the rights, freedoms and legitimate interests of clients and to use the means provided by law, which he considers favorable to them. Thus, under these legal provisions, **the conduct of an effective defense is also a duty of the ex officio lawyer.**

Therefore, the legal framework in force contains sufficient rules to ensure effective respect for the rights and freedoms of the person proposed for hospitalization.

c. With regard to the **seventh recommendation in paragraph 56 of the Report**, i.e. to ensure that all reviews concerning the continued hospitalization of patients take place at intervals of no more than 12 months, in accordance with the Code of Criminal Procedure, we note that the enforcement judge of the court in whose district the health facility is located shall apply the provisions of Art. 568 para. (3) of the Criminal Procedure Code is mandatory. Moreover, we mention that, according to art. 570 para. (4) of the Criminal Procedure Code, the health facility where the hospitalization took place is obliged, if it deems that the hospitalization is no longer necessary, to notify the court in whose district the health facility is located. The termination or replacement of the hospitalization measure may also be requested by the hospitalized person or by the public prosecutor (see Art. 571 paragraph (3) of the Criminal Procedure Code).

Therefore, the aforementioned *de lege lata* provisions are aimed at avoiding the continued medical hospitalization of persons who no longer present a social danger due to their state of health.

As regards the forensic medical committee that assesses patients, the SPMS Pădureni-Grajduri specifies that it is set up at the level of the Institute of Forensic Medicine Iasi, which ensures coordination and fulfills the tasks provided for by the legislation in force.

#### **Concerning paragraph 57:**

The Committee for the Prevention of Torture will be regularly informed on the progress made in the implementation of the Action Plan for the period 2024-2029 on the execution of the European Court of Human Rights' judgments in the field of mental health.

#### **Regarding paragraphs 61 - 63:**

With regard to the recommendation in **paragraph 63 of the Report**, i.e. the need for consent to treatment by the non-voluntarily hospitalized patient, we consider that such a regulation exists *de lege lata*.

a) As regards the opinion that, under the current regulatory framework, compulsory hospitalization is, in itself, an authorization for treatment without consent, we consider that **this is unfounded**, in view of the arguments presented below.

First of all, it is true that the legislation in force does not contain an express text establishing that, in the case of both voluntary and involuntary hospitalization, the patient's consent is required for the administration of treatment. This legislative solution is a consequence of the general nature of the rule, since the legislature cannot expressly determine each situation arising in practice, leaving it therefore to the addressees of the law to interpret and, where appropriate, apply the law.

It is therefore only natural that the answer to this question should be reached following the process of interpretation of the regulatory framework in force. As regards the interpretation of the legal provisions in force, we consider that this should not be carried out in isolation with regard to each individual rule, but with consideration of the entire regulatory framework in that area.

Next, we note that the relevant legislative acts are the following: the Mental Health and Protection of Persons with Mental Disorders Act No. 487/2002 and the Patients' Rights Act No. 46/2003, as subsequently amended and supplemented (*hereinafter, Act No. 46/2003*).

Thus, according to Art. 29 para. (1) of the Law no. 487/2002: "*In the composition and implementation of the therapeutic program the psychiatrist is obliged to obtain the patient's consent and to respect the patient's right to be assisted in giving consent.*"

Moreover, para. (2) of Art. 29 of the same normative act expressly establish the cases in which the doctor may institute treatment without the patient's consent - **these cases do not include cases in which the patient has been involuntarily admitted (as mentioned in the CPT's preliminary observations).**

From the analysis of the provisions of Art. 29 of Law no. 487/2002 regarding the cases in which the doctor may institute treatment without the patient's consent, it appears that the legislator not only establishes which are these cases, but also establishes protection mechanisms. The legislator also regulates distinctly the situations in which the patient has mental capacity<sup>5</sup> and those in which the patient lacks the mental capacity.

Under the assumption that the patient has mental capacity, the only case in which a doctor may institute treatment without the patient's consent is when the patient's *behavior*

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<sup>5</sup> With regard to the meaning of the concept of mental capacity, we note that we refer to the existence of the mental capacity to understand the state of illness and the need to institute medical treatment.

*represents an imminent danger of harm to himself or others*; in other words, it is an exceptional, urgent situation and the purpose of instituting medical treatment without the patient's consent is to protect the health and/or life of the patient or others.

Where the patient lacks mental capacity, the doctor is obliged to obtain the consent of the patient's legal or conventional representative and, only in the absence of such a representative, may institute treatment without the consent of the patient and the legal/conventional representative. However, the law provides that **in these exceptional situations, where the physician may institute medical treatment without the consent of the patient and, where appropriate, of the legal or conventional representative, diagnostic and treatment procedures deemed necessary by the physician to deal with the emergency<sup>6</sup> may be ordered only for a limited period of time**. Furthermore, these cases will be notified and submitted for review to a special commission, which is composed of 3 members appointed by the hospital manager, namely: 2 psychiatrists and a physician of another specialty or a representative of civil society<sup>7</sup>.

Considering the aforementioned legal provisions, **it is clear that the national legislator intends to establish an explicit and exceptional regulation for the cases in which a psychiatrist may administer treatment without the patient's consent, while also providing mechanisms to protect the patient**. Thus, **the only case in which medical treatment can be administered without the consent of a patient with decision-making capacity is in order to eliminate an imminent danger to the health and life of individuals**. The law establishes a protection mechanism for patients lacking decision-making capacity by requiring the physician to obtain consent from the legal or designated representative.

Furthermore, the law provides the following protection mechanisms for the hospitalized person when treatment is administered without the consent of a patient with or without decision-making capacity:

- the administration of treatment without the patient's consent or, as the case may be, the consent of the legal/designated representative can only be carried out for a limited period of time, specifically to address the emergency;
- this situation must be reported to a committee made up of members from across the hospital.

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<sup>6</sup> See provisions of art. 29 para. (3) of Law no. 487/2002.

<sup>7</sup> This is also the committee considering the proposal for involuntary internment.

Str. Apolodor nr. 17, sector 5, 050741 București, România  
Tel. +4 037 204 1999

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In conclusion, the national legislator has acknowledged, through the applicable regulations, the importance of obtaining the patient's consent when a psychiatrist initiates medical treatment.

b) It can be observed that the provisions of Article 29 of Law no. 487/2002 regarding the patient's consent for the initiation of treatment are included in Chapter IV - Mental Health Medical and Care Services, Section 2 - Standards of Care.

Additionally, the provisions of Law no. 487/2002 concerning involuntary hospitalization are included in Section 2 - Involuntary Hospitalization, under Chapter V - Admission to a Psychiatric Facility.

Therefore, from the way the regulations in Law no. 487/2002 are structured, it results that the provisions concerning standards of care apply to all persons with mental disorders who receive medical assistance, care, and social protection<sup>8</sup>, without differentiating between whether they are hospitalized or not, or whether the hospitalization is voluntary or involuntary.

In conclusion, the provisions of Article 29 of Law no. 487/2002 also apply to involuntarily hospitalized persons. Therefore, the general rule is that, even in the case of involuntarily hospitalized persons, the physician is obliged to obtain the patient's consent before initiating treatment. According to the provisions of Article 29, paragraphs (2)-(4) of Law no. 487/2002, the cases in which a psychiatrist can administer treatment without the consent of an involuntarily hospitalized patient are the same as those applicable to any patient.

c) Furthermore, the provisions of Article 1 letter (a) of Law no. 46/2003 state that *"a patient is understood to be a healthy or ill person who uses health services."* Therefore, we consider that the provisions of Law no. 46/2003 also apply to persons involuntarily hospitalized under the provisions of Law no. 487/2002.

Chapter III of Law no. 46/2003 contains regulations regarding the patient's consent for medical intervention<sup>9</sup>. In this respect, we recall that, according to Article 13 of Law no. 46/2003, *"The patient has the right to refuse or stop a medical intervention, assuming, in writing, the responsibility for his/her decision; the consequences of refusing or stopping medical acts must be explained to the patient."*

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<sup>8</sup> See, in this regard, the provisions of Article 24 of Law no. 487/2002.

<sup>9</sup> With the clarification that, within the meaning of Law no. 46/2003, a medical intervention is understood as any examination, treatment or other medical act for the purpose of preventive, therapeutic, or rehabilitative diagnosis.

Therefore, the necessity of obtaining the patient's consent in the process of initiating treatment is expressly regulated by the provisions of Law no. 46/2003.

In conclusion, considering the above, the national legal framework includes clear regulations that establish the obligation of the psychiatrist to obtain the consent of the involuntarily hospitalized patient when initiating treatment.

Ultimately, we consider that any interpretation contrary to the current legal framework would not reflect the intention of the national legislator who, as demonstrated above, has established both the general rule regarding the necessity of the patient's consent in the treatment initiation process, as well as the exceptions to this rule.

In practice, at the level of SPMS Ștei, the Operational Procedure for Obtaining Informed Consent PO MED 25 has been developed, covering the treatment received, the benefits and risks of the treatment, as well as the consequences of refusing treatment.

At the level of SPMS Săpoca, the Operational Procedure 11PO02 is elaborated in order to obtain the informed consent of the patient. To this end, the physician presents the information regarding health status, interventions, risks, and benefits to the patient at a scientifically reasonable level suited to the patient's capacity to understand.

SPMS Jebel specifies that it will maintain the activity of the Evaluation Committee for the relevant provisions of the Criminal Code and the Criminal Procedure Code, as it considers this to be a beneficial practice for patients, contributing both to the assessment of the possibility of discharge and to supporting the forensic medical committee with an objective opinion on the patient's psychiatric condition.

The *on-site* examinations conducted by the forensic medical committee are organized to take place in a discreet and appropriate setting, with the hospital providing dedicated spaces for this purpose. Following the observations made by the CPT, the medical unit intends to establish, in agreement with the members of the forensic medical committee and the representatives of the judiciary who visit the unit, a clear protocol for managing these presentations to ensure the confidentiality of medical acts and the protection of the patient's dignity.

Additionally, at the level of SPMS Jebel, an informed consent form regarding treatment has been implemented. Furthermore, an operational procedure concerning the patient's right to request a second medical opinion is in force, thereby strengthening the respect for individual rights and the transparency of medical care.

Through all these measures, the management of the unit reaffirms its strong commitment to protecting patients' rights, respecting their dignity, and implementing medical and legal practices in accordance with European standards in the field.

At SPMS Pădureni-Grajdu, procedures regarding the consent of patients upon admission have been implemented; these procedures describe the process of obtaining consent as well as the patient's informed consent. The patient is informed of the criminal sentence on the basis of which compulsory hospitalization is applied and the attending or on-duty physician explains the necessity of the hospitalization and treatment. If the patient refuses, this is recorded in the observation sheet.

### **Regarding paragraph 65:**

SPMS Jebel specifies that the complaint submission procedure is currently under review and update process. In this context, complaint and grievance boxes have already been installed in living rooms of the pavilions as well as in other spaces frequently visited by patients to ensure easy and unrestricted access.

The medical unit also plans to adapt informational messages regarding the right to petition, including the preparation of brochures accessible to patients, which will contain clear information about their rights and concrete methods for filing complaints. Additionally, electronic monitors will be installed in each pavilion to continuously display patient rights, the complaint submission procedure, and other useful information related to access to services and legal protection.

At SPMS Ștei, information regarding the rights of patients with mental disorders is displayed in each ward.

Additionally, at SPMS Săpoca, Ștei, and Pădureni-Grajdu, brochures have been made available to patients containing, in easily understandable language, information about patient rights and how these can be exercised.

### **Regarding paragraph 67:**

At SPMS Pădureni-Grajdu, due to well-justified reasons (unjustified calls to the national emergency service 112 reporting false events such as alleged kidnappings, fires, rapes, as well as telephone harassment of relatives or other persons), outgoing phone calls have been restricted within the unit. The management has ordered a review of Operational Procedure PO - 015 - Care and Communication Rules, aiming to remove this restriction and allow patients to make phone calls under the supervision of the care staff (considering the reasons outlined above).

Incoming calls may be received at any time of day, each pavilion having access to a telephone.



At SPMS Ștei, the right to communicate with relatives has been ensured both through written correspondence and by telephone, with patients able to receive calls from outside during specified hours. Following the recommendation of the CPT delegation, all patients have been given the opportunity to contact their relatives, with telephones available in each ward during certain hours, according to Operational Procedure PO MED 55 - Operational procedure regarding the type of information that medical staff can provide by phone about hospitalized patients and patients' access to hospital wards' landline phones.

Valuable belongings, including mobile phones, are kept in a safe to prevent loss or theft, and patients are given the opportunity to use their cell phones under staff supervision at their request, while respecting the privacy of the call.

Hospitalized patients at SPMS Jebel benefit from daily access to mobile phones during time intervals established by internal regulations. The medical unit specifies that patients can be contacted at any time by relatives or family members via the ward's landline phone, which is available in each pavilion. Restrictions on mobile phone use apply exclusively when a patient abuses this privilege, such as by sending threats or insults to people outside, a measure justified by the need to maintain safety and order within the unit.

### **Regarding paragraph 68:**

Concerning **paragraph 68 of the Report, footnote no. 37**, we consider that it should be taken into account that the measure of assistance for concluding legal acts can be extended for the same duration (2 years), following the same procedure. With regard to judicial counseling and special guardianship in the same footnote, it should be noted that the limitation of civil capacity refers, in principle, to patrimonial acts, being established by Law no. 140/2022, for non-patrimonial acts (for example, marriage, exercise of parental authority) some special rules, designed to respect the autonomy of the protected person. Furthermore, the last sentence of footnote no. 37 contains an error; special guardianship is initially appointed for a duration not exceeding 5 years, but it may be exceptionally extended for up to 15 years.

### **Regarding paragraph 69:**

The information presented is not in accordance with the legislation in force, which, in Article 941 para. (1) letter b) of the Civil Procedure Code establishes the obligation to communicate, in a certified copy, the operative part of the final decision establishing the protective measure, by the court that issued it, immediately, to the competent health service, so that it may establish permanent supervision over the person placed under protection, in



accordance with the law. In addition, all measures of protection are entered in the National Register of support and protection measures taken by the notary public and the guardianship court, kept by the National Union of Notaries Public in Romania (see Article 941(2) of the Civil Procedure Code).

With regard to the second paragraph of **paragraph no. 69 of the Report**, concerning the statement of limited contact between the guardian and the protected person, without denying the existence of a possible deficiency in the application of the legal provisions, we refer to the provisions of Article 174 para. (2) letter f) of the Civil Code, which establishes, inter alia, the guardian's obligation to maintain, as far as possible, a personal relationship with the protected person.

### Regarding paragraph 70:

SPMS Pădureni-Grajduri specifies that it will develop an internal methodology involving the social assistance department of the unit as well as the attending physicians, to identify patients who do not have a legal representative and/or those who require the institution of a guardianship measure.

The aim of this approach is to ensure prompt and lawful intervention in cases where the patient's legal capacity is affected, as well as timely notification of the competent guardianship authority in order to protect the rights and interests of vulnerable patients.

### Regarding paragraph 74:

Within the framework of the National Health Strategy 2023-2030, approved by Government Decision no. 1004/2023 concerning the approval of the National Health Strategy for the period 2023-2030, and in the National Action Plan for implementing the National Health Strategy for the period 2023-2030, specific objectives, actions and measures regarding community healthcare have been established, including:

| specific objective | area of action | measure | responsible/ involved institutions | expected result |
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| SO.1.4.DEVELOPING THE CAPACITY TO ENSURE PUBLIC HEALTH AT THE LOCAL COMMUNITY LEVEL IN ORDER TO REDUCE HEALTH INEQUALITIES | AA.1.4.1. Strengthening the capacity to identify health needs and implement public health interventions and to monitor and evaluate health status at local community level in order to reduce health inequalities and inequalities in access to health services | M.1.4.1.3. Increasing the intervention capacity of public health professionals at the local community level to reduce health inequalities and disparities in access to health services, especially for vulnerable and disadvantaged population groups | DSP(Public Health Directorate)<br><br>AAPL (Local Public Administration Authorities)  | Public health interventions carried out  |
| SO.4.1. PROFESSIONALIZATION OF INTEGRATED HEALTH SERVICES AT THE LOCAL COMMUNITY LEVEL                                     | AA.4.1.1. Sustainable development of integrated health services at the local community level and strengthening the institutional capacity of relevant local actors  | M.4.1.1.4. Diversification of the roles and specialized competencies of community nurses to provide more appropriate services for certain population groups (e.g., children, pregnant women, elderly, persons with disabilities, etc.).               | MS (Ministry of Health), ME (Ministry of Economy),<br><br>INSP (National Institute of Public Health), OAMGMAMR (Order of Nurses, Midwives and Medical | Methodology and curricula available for community nurses with diversified competencies for mother/child, elderly and other vulnerable populations. |

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|  | for their provision.   |   | Assistants of Romania), MMSS (Ministry of Labour and Social Solidarity)  |  |
| SO.4.2. REDEFINING THE ROLE AND IMPROVING THE PERFORMANCE OF PRIMARY HEALTH CARE           | AA.4.2.2. Ensuring continuity in the provision of health services in primary healthcare and their vertical integration with health services provided in other healthcare areas | M.4.2.2.1. Defining the role of the family doctor within the multidisciplinary team providing integrated health services at the community level | MS, INSP, CMR (Romanian College of Physicians), SPMS, CMSR (Romanian College of Dental Physicians), OAMGMAMR, MMSS, CPR (Romanian College of Psychologists ) | regulated care coordination services in primary health care  |
| SO.4.5. IMPROVEMENT, PROFESSIONALIZATION AND DIVERSIFICATION OF POST-ACUTE CARE STRUCTURES | AA.4.5.3. Development and expansion of outpatient post-acute care structures   | M.4.5.3.2. Modernizing and developing the network providing mental health/psychiatric services at community level                               | MS, CMR, SPMS, OAMGMAMR, CPR, AAPL, Community-level mental health/psychiatric service providers, CSM (Mental Health Center)                                  | Modernized community-level mental health/psychiatric service network                                     |
|  |  | M.4.6.1.1. Assessment of the needs of elderly persons (evaluation of their level of   | MS, MMSS, AAPL, Service providers, AMP (Primary Health Care),  | Assessment grid for the degree of elderly dependency defined, individual service plans established, non- |

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| SO.4.6.IMPROVEMENT, PROFESSIONALIZATION AND DIVERSIFICATION OF LONG-TERM CARE STRUCTURES (LONG-TERM HOME CARE, DAY CENTERS AND INSTITUTIONAL LONG-TERM CARE) | AA.4.6.1. Assessment of the dependency level of elderly persons and development of a sustainable system of non-institutionalized long-term care (home-based care) | dependency based on a common dependency assessment grid between the medical and social sectors), defining individual service plans, and determining the necessary long-term care services both at home (non-institutionalized) and in institutions (institutionalized) | AMC (Community Health Care)   | institutionalized and institutionalized long-term care quantified   |
|  |   | M.4.6.1.2. Promotion long-term home care (non-institutionalized) as integrated medical-social community services.  | MS, MMSS, AAPL, Service providers AMP, AMC                                | Informed/aware individuals regarding the provision of long-term home care (non-institutionalized) as integrated medical-social community services |
|  |   | M.4.6.1.3. Developing capacity for local provision of long-term home care (non-institutionalized)  | MS, MMSS, AAPL, Service Providers AMP, AMC                                | Long-term care provided within the package of integrated medico-social community services   |
| SO.4.8. OPTIMIZATION OF HEALTH SERVICE   | AA.4.8.4. Strengthening the   | M.4.8.4.1. To identify relevant actors in the field of mental health and to update in an integrated way specific mental  | MS, CNSMLA (National Center for Mental Health and Anti-Drug Fight), MMSS, |   |

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| PROVISION FOR MAJOR PUBLIC HEALTH ISSUES | capacity to provide an adequate response to major mental health issues. | health legislation in order to reduce the burden associated with mental health problems, to develop sustainable integrated mental health interventions at community level and to increase the patient's reintegration into society and dignity  | CNAS (National Health Insurance House), CMR CPR, mental health service providers, related service providers, support service providers AAPL, DSP, NGOs                              |  |
|  |   | M.4.8.4.4.The integration of community-level mental health interventions into the training curricula, job descriptions, and competencies of healthcare professionals (community nurses, nurses, psychologists, family doctors, psychiatrists, speech therapists, kinesiotherapists, occupational therapists, etc.). | CNSMLA, INMSS (Institute for Health Services Management) ,CMR, CPR, Healthcare service providers, Related service providers, UMF(University of Medicine and Pharmacy), MS, OAMGMAMR | Mental health interventions integrated into the training curricula, job descriptions, and competencies of healthcare service providers and related service providers |
|  |   | M.4.8.4.7. Expanding community mental health and community psychiatry services by facilitating integrated   | MS, CNSMLA, MMSS, CMR, CPR, CNAS, Healthcare service providers, related and   | A developed package of community mental health and psychiatry interventions, including integrated rehabilitation   |

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|  |   | interventions aimed at rehabilitation and, where appropriate, social and professional reintegration   | support service providers, AAPL, NGOs   | and social reintegration measures                                     |
| SO.5.2. ENHANCING AND PROFESSIONALIZING THE CAPACITY FOR PLANNING AND IMPLEMENTING HEALTH POLICIES               | AA.5.2.2. Strengthening the capacity of stakeholders within the healthcare system | M.5.2.2.1. Implementation of training programs and pilot projects to increase the capacity of local public administration to develop local health policies in their areas of competence: community healthcare, school medicine, medico-social assistance and management of public hospitals | MS, AAPL, NGOs, Public and private entities conducting research in the comprehensive areas of health policy, healthcare services management and public health | Implemented pilot projects  |
| SO.9.1. ASSESSMENT OF NEEDS AND RESOURCES AND PLANNING OF HEALTH SERVICES AT NATIONAL, REGIONAL AND LOCAL LEVELS | AA.9.1.2. Development of national and regional master plans for health services   | M.9.1.2.1. Development of the national master plan for preventive medicine and community medicine services  | MS, Public or private entities engaged in research in the comprehensive fields of health policy, healthcare services management and public health             | national-level planning of preventive and community medicine services |
| SO.11.2. ENHANCING ACCESS TO AND THE QUALITY OF MEDICAL SERVICES THROUGH CONTINUED PUBLIC AND                    | AA.11.2.2. Ongoing development of public hospital                                 | M.11.2.2.15. Modernizing and resizing psychiatric hospital structures providing long-term   | MS, AAPL  | rehabilitated/modernized/equipped healthcare units                    |

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| PRIVATE INVESTMENTS IN HEALTHCARE INFRASTRUCTURE | infrastructure aligned with the Regional Master Plans for Health Services | care and their connection with structures that offer community psychiatric services |  |  |
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The Romanian authorities undertake to implement the necessary measures to remediate the identified issues and will diligently monitor the progress of the actions undertaken, ensuring that patients' rights and safety are upheld in accordance with the highest standards.

### III. Publication procedure

We hereby reaffirm the Romanian authorities' consent to the publication of the CPT report together with the present response.