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Date: 05/06/2024

DH-DD(2024)635

Documents distributed at the request of a Representative shall be under the sole responsibility of the said Representative, without prejudice to the legal or political position of the Committee of Ministers.

Meeting: 1501st meeting (June 2024) (DH)

Item reference: Action Plan (04/06/2024)

Communication from Romania concerning the cases of CRISTIAN TEODORESCU v. Romania (Application No. 22883/05), PARASCINETI v. Romania (Application No. 32060/05), R.D. and I.M.D. v. Romania (Application No. 35402/14), ATUDOREI v. Romania (Application No. 50131/08), N. v. Romania (Application No. 59152/08), TICU v. Romania (Application No. 24575/10), CENTRE FOR LEGAL RESOURCES ON BEHALF OF VALENTIN CAMPEANU (Application No. 47848/08), N. (No 2) (Application No. 38048/18)

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Réunion : 1501^e réunion (juin 2024) (DH)

Référence du point : Plan d'action (04/06/2024)

Communication de la Roumanie concernant les affaires CRISTIAN TEODORESCU c. Roumanie (requête n° 22883/05), PARASCINETI c. Roumanie (requête n° 32060/05), R.D. et I.M.D. c. Roumanie (requête n° 35402/14), ATUDOREI c. Roumanie (requête n° 50131/08), N. c. Roumanie (requête n° 59152/08), TICU c. Roumanie (requête n° 24575/10), CENTRE DE RESSOURCES JURIDIQUES AU NOM DE VALENTIN CAMPEANU c. Roumanie (requête n° 47848/08), N. c. Roumanie (n° 2) (requête n° 38048/18) (**anglais uniquement**)



L/ 3316 / June 4th, 2024

2398 R/AG/ 130

4023 R/AG/ 326

3265 R/AG/ 115

2575 R/AG/ 172

6262 R/AG/ 220

2861 R/AG/ 334

9306 R/AG/ 123

Submission of the translated version of the Action Plan adopted on May 16th, 2024 in the cases of *CRJ on behalf of Valentin Câmpeanu, Parascineti, N., N no. 2, R.D. and I.M.D.*, the *Cristian Teodorescu v. Romania* group and the *Țicu v. Romania* group (Applications nos. 47848/08, 32060/05, 35402/14, 22883/05 59152/08, 38048/18 and 24575/10)

On May 17th, 2024, the Committee of Ministers was informed on the adoption of a Memorandum themed “Approval of 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”, which has been approved by the Government of Romania in its meeting which took place on May 16th, 2024.

Presently, the Government has the honor to submit to the Committee the text of 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, together with the texts of the Government-approved Memorandum and of the Introductory Presentation to the Action Plan, which have all been translated into English by the European Institute of Romania.

The Government will keep the Committee informed on the evolutions in the implementation of the 2025 – 2029 Action Plan in the field of mental health.



DGI

04 JUIN 2024

SERVICE DE L'EXECUTION
DES ARRETS DE LA CEDH

GOVERNMENT OF ROMANIA

No. AR 7195/19 April 2024

I hereby approve,

Ion - Marcel CIOLACU,

Prime Minister

MEMORANDUM

From: Professor Dr. Alexandru Rafila, Minister of Health

Endorsed by: Marian NEACȘU, Deputy Prime Minister

Marian-Cătălin PREDOIU, Deputy Prime Minister, Minister of Internal Affairs

Marcel-Ioan BOLOȘ, Minister of Finance

Alina-Ștefania GORGHIU, Minister of Justice

Simona BUCURA-OPRESCU, Minister of Labour and Social Solidarity

Luminița-Teodora ODOBESCU, Minister of Foreign Affairs

Adrian-Ioan VEȘTEA, Minister for Development, Public Works and Administration

Adrian CÂCIU, Minister of Investment and European Projects

Valeria HERDEA, President of the National House for Health Insurance

Theme: Approval of the Action Plan 2024-2029 for the execution of judgments of the European Court of Human Rights in the field of mental health

Background

By Law no. 80/1994, Romania ratified the European Convention for the Prevention of Torture and Inhuman or Degrading Treatment or Punishment, as well as Protocols nos. 1 and 2 thereto.

Given that, in recent years, Romania has been subject to multiple controls of the respect for the rights of persons with disabilities, both by national institutions and by international bodies, and has been condemned by the European Court of Human Rights (ECHR) for the violation of these rights, an action plan must be drawn up in order to tackle the deficiencies found and to ensure the execution of the ECHR judgments.

Over the past years, the CPT (European Committee for the Prevention of Torture and Inhuman or Degrading Treatment or Punishment) carried out two ad hoc visits to Romania – one from 19 to 30 September 2022, which focused on the examination of the treatment of patients held in psychiatric establishments and of persons accommodated in residential care centres, and another one from 10 to 21 May 2021 focusing on the treatment of persons deprived of their liberty in prisons and in detention and preventive arrest centres. Both reports are public, along with the response of the Romanian authorities.

The People's Advocate of Romania, under the National Mechanism for the Prevention of Torture in places of detention (National Prevention Mechanism - NPM), carried out monitoring visits in psychiatric hospitals, psychiatric and safety measures hospitals and residential centres for adults with disabilities, based on an annual plan of visits, as well as investigations, acting either in order to determine individual complaints or on its own initiative. The NPM reports, which made recommendations to the visited establishments and the hierarchically superior authorities, are published on the website of the People's Advocate institution.

Pursuant to Law no. 8/2016 on the setting up of Mechanisms provided by the Convention on the Rights of Persons with Disabilities, as amended, since its establishment, the Monitoring Council for the Implementation of the UN Convention on the Rights of Persons with Disabilities (MC - Monitoring Council) has carried out almost 700 unannounced visits to residential facilities for persons with disabilities. Following these visits, multiple violations of the rights of persons with disabilities were found, as reflected in the reports published on the institution's website.

The National Health Strategy for 2023-2030, approved by Government Decision no. 1.004/2023 approving the National Health Strategy for 2023-2030, provides for an analysis of the health care services provided in psychiatric hospitals, including special measures, as well as the medical services provided to persons deprived of their liberty (regardless of the level of medical care, during detention and after release). It also includes a proposal to further develop community-based mental health services and community-based psychiatry services, by facilitating integrated interventions for the rehabilitation and socio-professional reintegration, as appropriate.

In August 2023, an inter-institutional working group was set up within the Prime Minister's Chancellery, bringing together, in the framework of 18 meetings, representatives of institutions of the executive power, autonomous authorities, independent structures, representatives of professional structures and of civil society – the Ministry of Health, the Ministry of Labour and Social Solidarity, the Ministry of Justice, the Ministry of Investment and European Projects, the National Prison Administration, the Council for Monitoring the Implementation of the UN Convention on the Rights of Persons with Disabilities, the National Authority of Quality Management in Health, the National Centre for Mental Health and Anti-Drug Fight, the Centre for Legal Resources, the Ministry of Finance, the Presidential Administration, the Government Agent for the European Court of Human Rights, the People's Advocate of Romania (Ombudsman), the

National Association of Romanian Bars, the National Health Insurance House, the National Institute of Forensic Medicine, the National Anti-Drug Agency, associations, etc.

The main measures provided for under this plan aim at:

- Developing community-based medical social services
- Developing community-based mental health care services – developing and modernising outpatient departments, increasing their efficiency and expanding them, so that each county will have at least one such department for adults and for children, respectively; setting up centres for mental health (CMH) in the counties where there are no such centres; strengthening centres for mental health, including by establishing regional centres, developing community-based centres (which will provide community health care services).
- Accelerating the deinstitutionalisation process, by continuing the implementation of the related strategy, as part of the general objective of the National Strategy for the Rights of Persons with Disabilities “An Equitable Romania” 2022-2027, namely to support independent living and integration in the community, including access to public services
- Strengthening the support and protection system reflected by Law no. 140/2022 regarding certain Protection Measures for Persons with Intellectual and Psychosocial Disabilities and Amending and Supplementing certain Regulatory Acts
- Developing the data collection process by improving the collection of data related to conditions, treatment and patients, interconnecting this data with the other existing databases in order to monitor patients; setting up a national psychiatry register.

It is also envisaged to ensure compliance with multiple recommendations made by various national and international assessment bodies to make decision-making processes in the field more transparent and to publish information of public interest – for example, information related to the hospitals authorised to proceed with involuntary admissions (in psychiatric institutions) or to the number of involuntary admissions. It also addresses the need for inter-institutional cooperation, widely recognised among the professionals involved.

- The need to adopt legislative measures, after identifying the main regulatory acts that require urgent legislative interventions, but also the need to carry out analyses in order to identify the areas that need legislative action in order to improve the services provided and inter-system collaboration. 16 such legislative interventions are proposed for issues such as: informed consent to healthcare treatment, the procedure of involuntary admission, putting in place new safeguards regarding, in particular, the extension of involuntary admission, providing community-based alternative options, legal assistance, the inclusion of issues such as a distinct regime for psychiatric and safety measures hospitals, establishing additional safeguards on the provision of medical treatment, etc.
- Implementing measures to improve material accommodation conditions and other infrastructure elements in the establishments assessed at international level (CPT reports, rulings against Romania issued by the ECHR) or at national level (reports of the People's Advocate), but also in other establishments that have requested these measures.

Monitoring the situation from this perspective and supporting these structures in accessing funds will be one of the new powers entrusted to the NCMHFA (National Centre for Mental Health and Anti-Drug Fight).

Thus, four psychiatric and safety measures hospitals, Pădureni-Grajduri, Ștei, Jebel and Săpoca - for which investment needs vary from the need for improvements to the need for extension or the need to build completely new spaces - are considered first.

- Measures regarding the development of human resources, by increasing the number of professionals working in this field and improving their professional training.
- Measures to strengthen the authorities' internal control mechanisms.

In light of the above, the Action Plan 2024-2029 for the execution of judgments of the European Court of Human Rights in the field of mental health was drawn up and included in the Annex to this Memorandum. We ask you to approve it and to agree to its transmission to the Committee of Ministers of the Council of Europe and, for information, to the European Court of Human Rights, according to the provisions of Government Ordinance no. 94/1999 concerning Romania's Participation in the Proceedings before the European Court of Human Rights and the Committee of Ministers of the Council of Europe and the Exercise of the State's Right of Recourse following the Delivery of Judgments (against Romania) and the Conclusion of Friendly Settlements, as amended.

Annex

Action Plan 2024-2029 for the execution of judgments of the European Court of Human Rights in the field of mental health

A. Description of cases. Necessary individual and general measures Authorities' assessment

The cases of Centre for Legal Resources on behalf of Valentin Câmpeanu v. Romania, N. v. Romania, N. v. Romania (no. 2), Parascineti v. Romania, the Cristian Teodorescu group, R.D. and I.M.D. v Romania, as well as Țicu v. Romania, applications nos. 47848/08, 59152/08, 38048/18, 32060/05, 22883/05, 35402/14, 24575/10

I. The case group of Centre for Legal Resources (CLR) on behalf of Valentin Câmpeanu and N. (no. 2) v. Romania

1. Description of the cases

The judgment in the case of Centre for Legal Resources (CLR) on behalf of Valentin Câmpeanu (application no. 47848/08), that became final on 17.07.2014, concerns the **serious deficiencies in the medical and social care** provided, before his death, to an orphan young man of Roma ethnicity, diagnosed as HIV-positive and with "profound intellectual disability", at the Poiana Mare Neuropsychiatric Hospital in 2004 (a violation of Article 2 of the Convention, in its substantive aspect); the **ineffectiveness of the investigation and of the legal proceedings** concerning his death (a violation of Article 2 of the Convention, in its procedural aspect) and the **lack of a domestic legal framework**, suited to address the specific needs of persons with disabilities, that enables allegations relating to breaches of their Convention rights to be examined by an **independent authority** (violation of Articles 13 and 2 of the Convention).

The cases of CLR on behalf of Valentin Câmpeanu and N. (no. 2) v. Romania generally denounce the **deficiencies in the legal protection system for adults** with intellectual disabilities and mental health conditions, especially its drastic limitation of the **ability of protected persons to exercise their rights, as well as the lack of adequate solutions** for the situation of vulnerable adults who have no relative able or willing to act on their behalf.

2. Analyses carried out by the Committee of Ministers – Council of Europe

The case of CLR on behalf of Valentin Câmpeanu was discussed at the meetings in September 2016, March and December 2017, December 2018, June 2019, June 2023. **The judgment in the case of N (no. 2)** (Application no. 38048/18), that became final on 16.11.2021, was discussed by the Committee of Ministers of the Council of Europe at its June 2023 session.

3. Measures to be ordered

3.1. Individual measures:

The case of CLR on behalf of Valentin Câmpeanu - it is no longer possible to adopt individual measures.

Case of N. (no. 2) – the authorities must specify whether Mr N. availed himself of the possibility offered by the new legislation to request to the domestic courts to reassess his situation *and to have his guardianship lifted or replaced with one of the new forms of protection introduced by the new legislation* and, if so, to inform the Committee of the state of the proceedings. In November 2023, the Committee of Ministers was notified of the death of applicant N, which occurred in November 2022 (the same applicant in the case of N), the Committee being called upon to find that, in those circumstances, no further individual measures are necessary in this case.

3.2. General measures:

In the most recent assessment of June 2023, it was noted with satisfaction that, following the decision of the **Constitutional Court of July 2020**, which declared unconstitutional the guardianship system in force at the time, the Parliament adopted a regulation, **Law no. 140/2022**, which introduced a new gradual system of legal support and protection for vulnerable adults. This regulatory act constituted a substantial intervention in the field of **civil law protection measures intended for vulnerable individuals**, thereby ensuring the continuation of the extensive legislative reform on the legal status of natural persons, carried out through the adoption of the new Civil Code.

The aim was to create **new, modern foundations for the rules regulating the protection of individuals with intellectual and psychosocial disabilities**, capitalizing on the international regulations in the field. The following steps were demanded:

1. **Monitoring the implementation of the new legal support and protection system**, in particular reassessing the situation of the persons previously placed under full guardianship, implementing measures that enable the resolution of the issues raised by civil society with regard to the existing domestic capabilities and the additional measures necessary in order to ensure swift and fair judicial proceedings;

2. **The urgent adoption of solutions** for persons who have no relative able or willing to take on support or representation responsibilities, under the new system;

3. **Ensuring the respect for human rights and accountability for the treatment** of persons with disabilities who are still placed in institutionalised and closed environments, until the completion of the transition to an independent, community-based, life - currently under way;

4. Allowing **relevant civil society organisations to have access** to the proceedings involving the rights and legitimate interests of persons with disabilities and to the persons with disabilities accommodated in all types of facilities where they can be cared for.

Further developments:

Law no. 140/2022¹ provides in its Article 24 that, in order to monitor the implementation of this law, the **NAPRPD (the National Authority for the Protection of the Rights of Persons with Disabilities) and the SCM (the Superior Council of Magistracy) will draw up, after 3 years** from its entry into force, **reports** including the assessment of its impact, as well as, where appropriate, proposals to improve the legislation in this field, and in its Article 25 that the **SCM** will include, in the **programme of continuous training** of judges and prosecutors for the period 2022-2024, **activities concerning the means of protection of persons with intellectual and psychosocial disabilities**, while the NIM will organise, as a matter of priority, **activities of continuing training** in this field.

3.3. Measures to be adopted to execute the judgment in the case of CLR on behalf of Valentin Câmpeanu

The execution of the judgment in this case also involves other types of measures, as follows:

1. **Adopting a new regulation.** Law no. 140/2022 did not implement solutions for the situation of persons who have no relative able or willing to take on support or representation

¹ Law regarding certain protection measures for persons with intellectual and psychosocial disabilities and amending and supplementing certain regulatory acts

responsibilities. Another regulatory act is required, which will set out the conditions under which a personal representative may be appointed to assist or represent them – the elaboration of the **special law on the special representative**.

2. **Measures to strengthen safeguards afforded in the decision-making process related to the placement in public care.** So far, decisions taken by medical and social services regarding the placement of an adult have been based on the institutions' willingness to receive them **and not on their ability to provide adequate medical treatment, without any proper diagnosis and monitoring, and without taking into account their state of health and their most basic medical needs.** It has been found that there still are some deficiencies concerning the **placement** in residential care institutions and the **transfers** of persons between such establishments or to psychiatric facilities, given that these are not exactly suitable for the care of persons with intellectual disabilities. The Committee concluded that the authorities must take measures to ensure that the violations found will not be repeated, indicating as **a remedy a periodic ex officio judicial review of the decisions ordering the placement of persons in public care.** This issue was discussed at the examination in June 2019 and during the dialogue between Romanian authorities and the Department for the Execution of Judgments in Bucharest in June 2022, but the authorities **have not addressed this issue** yet, referring only to the deinstitutionalisation process and to a law adopted in January 2023² for its acceleration. Based on the objectives set out in this law, it seems that this process will not be completed by the 2030s.

3. **Measures to ensure effective criminal investigations into acts and omissions regarding vulnerable persons who are placed in institutions** In the case of the *CLR on behalf of Valentin Câmpeanu*, the Court found that the authorities had failed to carry out **a forensic autopsy immediately after the patient's death**, in order to establish whether it could have been the result of an inappropriate therapeutic approach, as well as the superficial nature of the investigation carried out, which also failed to take into account the objective situation prevailing in the Poiana Mare Neuropsychiatric Hospital at the time. The authorities did not provide any new information as to the **guarantee that social care institutions inform the investigating authorities on the deaths** of their residents, in order to ensure that a forensic autopsy is carried out, which is compulsory in such cases, possibly followed by the applicable legal procedures.

4. **Strengthening the effectiveness of measures on criminal investigations** The Committee of Ministers welcomed the measures taken by the General Prosecutor's Office in 2016 and 2017 and requested information reflecting their effectiveness.

Further developments

- As specified in Information note DH-DD(2023)354-rev, submitted on 21 March 2023³, based on the data provided by the competent authorities, for the period from 2017 (second semester) to 2022 – **the vast majority of the investigations were dismissed** (2,069, of which 1,093 concerned suspicious deaths); 30 such decisions were **quashed** by the hierarchically superior prosecutor; and 33 case files were sent to trial or settled by an **agreement recognizing guilt**;

- The implementation by the Public Ministry and the Centre for Legal Resources (Romanian NGO) of the *AdaptJust* project is an important step for the further vocational training of those involved.

- The setting up, in 2016, of the Council for Monitoring the Implementation of the UN Convention on the Rights of Persons with Disabilities – the Monitoring Council (MC), which completed its internal procedure for reporting criminal offences to the public prosecutor's office, received complaints of this type in 48 cases (out of 415) and confirmed that the decisions were also

² Law no. 7 of 4 January 2023 on Supporting the Process of Deinstitutionalisation of Adults with Disabilities and the Application of Measures to Accelerate it and to Prevent Institutionalisation, as well as on Amending and Supplementing certain Regulatory Acts

³ [https://hudoc.exec.coe.int/eng#%7B%22execidentifier%22:%5B%22DH-DD\(2023\)354E%22%5D%7D](https://hudoc.exec.coe.int/eng#%7B%22execidentifier%22:%5B%22DH-DD(2023)354E%22%5D%7D)

communicated to the injured parties or their representatives, **but there were no applications challenging those decisions.**

5. **Measures to ensure accessible and effective remedies** The ECHR found that:

- The domestic legal framework was ill-suited to address the specific needs of persons with mental disabilities, notably regarding the absence of any practical possibility for them to have **access to any available remedy**;
- **The legal remedies proposed by the authorities** (complaint to the People's Advocate or an action seeking compensation for medical malpractice) are either **insufficient** or **lacking in effectiveness**, in view of their limited impact and lack of procedural safeguards.

II. The case of Parascineti (application no. 32060/05) and the Cristian Teodorescu group (application no. 22883/05⁴)

1. Description of the cases

The judgment in the case of Parascineti v. Romania (application no. 32060/05), that became final on 13 June 2012, found a violation of the **prohibition of inhuman or degrading treatment** (Article 3 of the Convention) during the involuntary placement of the applicant in the **psychiatric ward** of the Sighetu Marmăției Hospital in July 2005, due to **overcrowding, poor sanitary and hygiene conditions**, including the **absence of a separate bed** and the **impossibility of spending time outdoors** due to the lack of staff.

The **Cristian Teodorescu group** (judgments that became final on 19.09.2012 and 16.12.2014) - violations of **the right to liberty and security** (Article 5 of the Convention) and of **the right to physical and moral integrity** (Article 8 of the Convention), in connection with the **involuntary admissions** ordered under the Mental Health Act and with the **medical treatment** provided to the patients concerned. The ECHR found that the applicants had been placed in psychiatric hospitals (or arrested by the police with a view to such placement), in breach of the procedure prescribed by law and without any justification relating to their mental health condition. In addition, in the case of **Atudorei** (application no. 50131/08) (the judgment became final on 16.12.2014, from the same group of cases, the Court also found that the psychiatrist who assisted the applicant had failed to observe the **legal requirement to obtain her consent to the medical treatment** provided during her placement or, if such consent could not be obtained, to submit that treatment for validation to a **medical commission**, according to the legal provisions.

2. Analyses carried out by the Committee of Ministers – Council of Europe

The case of Parascineti v. Romania was discussed at the sessions held in September 2016, December 2019, June 2020 and June 2023. It was pointed out that similar problems - that were also mentioned in the reports of the CPT and the People's Advocate of Romania - affected, to some extent, many of the psychiatric establishments in Romania. The Committee of Ministers examined the **Cristian Teodorescu group** of cases at its sessions in September 2016, December 2019, June 2020 and June 2023.

3. Measures to be ordered

3.1. Individual measures: no longer necessary

3.2. General measures:

The case of Parascineti and the cases in the Cristian Teodorescu group denounce longstanding structural deficiencies linked to **overcrowding** and inadequate living conditions, **treatment** and **care** provided to patients and the severe staff shortages in **psychiatric** establishments in Romania.

⁴ It also includes case no. 50131/08, *Atudorei*.

The ECHR notes that these violations occurred in the context of:

- **inadequate provisions** regulating the procedure and safeguards in the field of involuntary placement at the material time (2004-2008),
- **more general problems** affecting the application of mental health regulations and the failure of the **Ministry of Health to designate the hospitals** authorised to proceed with involuntary admissions,
- **difficult and inconsistent** application of the relevant procedures provided for by law.

The Committee of Ministers indicated that:

1. the amendments to the Mental Health Act in 2012 rectified the legislative shortcomings identified by the Court concerning the procedure and safeguards for involuntary placements, but pointed out **that no review was prescribed with regard to decisions to renew** these measures, being left entirely to the discretion of the competent hospital commissions – which could lead to unjustified renewals, aggravating overcrowding – the authorities have not submitted a response on this matter yet.

2. the report of the People's Advocate of Romania shows the **failure of professionals to implement regulations, as well as the need for new adjustments to the Mental Health Act.**

3. the Romanian authorities have not yet addressed in their briefings the issue of the violation of Article 8 of the European Convention on Human Rights, found due to non-compliance by psychiatrists with the provisions and safeguards related **to the consent for psychiatric treatment** – although these issues were also raised by the CPT and the People's Advocate. The CPT also found that **healthcare professionals do not seek consent for treatment separately from the consent for admission** – in the case of involuntary admissions, the placement decision is understood as exempting psychiatrists from the obligation to obtain the consent of these patients for psychiatric treatment.

The measures proposed by the authorities by 2016 **were found to be insufficient** to address the shortcomings identified in the judgments and a strong and sustainable commitment was called for, in particular from decision-makers, to implement adequate and lasting solutions – under these circumstances, in the Committee's decisions of December 2019, June 2020 and June 2023, the authorities were called upon to submit **a comprehensive action plan** setting out measures to swiftly address the root causes of violations and to take all necessary measures to ensure the effective and timely implementation of these measures.

III. The cases of N., and of R.D. and I.M.D. v. Romania

1. Description of the cases

The cases of N. and of R.D. and I.M.D. (the judgments became final on 28.02.2018 and 12.10.2021) report violations of the **right to liberty and security** (Article 5 of the Convention) and of the right to **physical and moral integrity** (Article 8 of the Convention), in connection with the admission and psychiatric treatment ordered as **safety measures** under the Criminal Code, either **directly** (the case of N.) or as a result of **a person's failure to comply with a previous court judgment** imposing an obligation to undergo outpatient medical treatment for a diagnosed mental disorder (the case of R.D. and I.M.D.), and with the fact that **there are insufficient legal safeguards** for the psychiatric detention of persons who do not comply with court judgments imposing the obligation to undergo outpatient psychiatric treatment (violation of Article 5, in the case of R.D. and I.M.D.). A problem related to **Article 568 § 1 of the Code of Criminal Procedure** - which requires courts to replace treatment with medical admission without a recent specialist examination of the person concerned and without verifying whether the mental disorder persists and whether it is so serious that it justifies psychiatric detention - was raised.

The ECHR found **that the courts failed to assess and justify the necessity of extending the compulsory admission to a psychiatric hospital on the basis of the seriousness of the psychiatric condition of patients and the risk they pose** to themselves or others, and to examine the possibility

of ordering less restrictive measures (**the case of N.**). Also in the case of N., the Court found that **the applicant was deprived of liberty without any legal basis** between 2007 and 2016 and the assessment of the danger he posed was based on **outdated forensic medical reports**, disregarding the fact that the existence of a disability in itself should on no account justify the deprivation of liberty, an aspect which is also provided for in **international standards**.

In the case of **R.D. and I.M.D.**, the Court also noted the **superficiality of the psychiatric forensic medical reports**, that contained insufficient information on the medical reasons and the clinical examination, as well as the fact that both these reports and the courts' rulings **failed to provide any specific indication** as to the applicants' **level of dangerousness** and as to whether they were dangerous to themselves or to others, the extension of the involuntary admission measures being ordered on grounds other than legal ones or without a rigorous proportionality analysis.

In the **case of N.**, the Court also found that, for a while (2016), the domestic courts deprived the applicant of his liberty by means of medical detention, in the absence of a legal basis and **for social reasons only** – the lack of alternatives for reintegration into society, problems which persisted after the replacement of medical detention with the safety measure of compulsory medical treatment was ordered (in 2017). Although the applicant agreed to remain in hospital until a solution was found, the Court stated that **his release without undue delay was necessary**, since international standards promote as far as possible the treatment and care of persons with disabilities in the community. Moreover, **insufficient safeguards were in place against arbitrariness in procedures of judicial review** of the need to maintain the medical detention measure, due to the excessive length of the decision-making process (between 15 and 44 months), the **long periods of time, the lack of effective legal assistance** (different ex officio or officially appointed lawyers at each procedural stage; they did not communicate with their clients before the trial) (violation of Article 5 of the Convention), the practice of taking decisions on the basis of an **outdated medical examination** carried out **a year or two before** (even if the forensic authorities were late, the judicial authorities did not exercise due diligence for the timely submission of the reports). The Court also noted the **lack of minimum legal safeguards against forced medication** of patients subject to psychiatric placement (violation of Article 8 of the Convention in the case of R.D. and I.M.D.), holding that the applicants had to take medication while detained, and that the obligation to obtain their consent for psychiatric treatment did not apply (although it should have) in the case of patients subject to psychiatric detention. The Court pointed out that **criminal and criminal procedure rules did not include the necessary regulations** concerning the regime applicable to the effective medical treatment of mental disorders: how patients' consent must be sought; the procedure to be followed if they refuse to undergo treatment, whether a doctor's decision concerning the appropriate medication to be administered is amenable to appeal, whether a patient can apply to a court for a ruling on the lawfulness of the forced administration of medication, including its proportionality, and for an order to lift this measure.

2. Analyses carried out by the Committee of Ministers – Council of Europe

The case of N – The Committee examined this case at its meetings in December 2018, September 2021 and March 2022. **The case of R.D. and I.M.D.** was examined at the meeting in June 2023.

3. Measures to be ordered

3.1. Individual measures:

In the **case of N.**, following the Court's judgment finding that his continued psychiatric detention was arbitrary, the applicant was released from the psychiatric hospital, where he had been detained for more than 17 years. The authorities have ensured his transfer to a community-based sheltered housing, suitable to provide him with a significant level of medical and social support and the necessary care after his long detention. When examining the situation in September 2021, the Committee asked the authorities to continue monitoring the situation, to take all necessary measures to that end and to keep it informed of any developments.

In November 2023, the Committee of Ministers was notified of the death of applicant N, which occurred in November 2022 (the same applicant in the case of *N (no. 2)*), the Committee being called upon to find that, in those circumstances, no further individual measures are necessary in this case.

In the case of R.D. and I.M.D., the authorities informed the Committee that the competent court ordered the release of the applicants from the psychiatric hospital, provided that they undergo outpatient psychiatric treatment. Therefore, the applicants had been released in February 2022 and September 2021 respectively, and the Committee's most recent assessment (made at the meeting of 5-7 June 2023) notes that, after the applicants' discharge (subject to undergoing outpatient treatment), their situation appears to be linked to the issue of the adoption of general execution measures introducing adequate safeguards in the field of involuntary admissions of persons who refuse to undergo outpatient psychiatric treatment.

3.2. General measures

The Court considered that, since the deficiencies identified in those judgments are likely to give rise to new justified applications **also under Article 46 of the European Convention on Human Rights**, **general measures** are needed to ensure that:

1. **the admission of persons to psychiatric hospitals is legal and justified, and not arbitrary (the case of N.);**
2. **any person detained in such institutions has the right to initiate proceedings providing adequate safeguards for obtaining a prompt judicial decision on the lawfulness of the detention (the case of N.);**
3. **the medical treatment of persons subject to psychiatric detention is accompanied by minimum safeguards against arbitrariness (the case of R.D. and I.M.D.)** – the domestic law does not contain provisions governing the administration of psychiatric treatment to an entire category of involuntary patients and lacks safeguards to protect them against forced administration of such treatment. The risk of repetition of the violation of Article 8, found as a result of such gaps in the domestic legal order, is very high.
4. **there are systemic problems in the process of judicial review of the need to maintain the psychiatric detention measure**, related to recurrent deficiencies in the practice of courts and of forensic authorities involved in the relevant proceedings, as well as in the legal assistance provided to individuals subject to such measures by officially appointed lawyers.

The documents of the Committee of Ministers indicated that:

1. There is a need for **an analysis of the compatibility of the existing legislation with the relevant standards** and a review of the capacities, means and tools available to all relevant actors for the implementation of these standards in a practical and effective manner, with a particular focus on reforming the system of forensic medicine;
2. **Far-reaching and multifaceted measures are needed, accompanied by significant financial provisions** to support them, which requires a strong and sustainable commitment, in particular from decision-makers. Urgent measures should be taken immediately to:
 - reduce **overcrowding**;
 - ensure **material conditions** in accordance with the Convention;
 - have **more staff** in the most severely affected establishments;
 - **prevent violations of standards concerning the prohibition of treatment** that is inhuman and degrading;
 - solve the situation of those patients who do not need or no longer need psychiatric admission but cannot be discharged **due to the lack of social or medical-social alternatives** – such a situation constitutes an arbitrary deprivation of liberty (N.) and Romania is required, under Article 46 of the Convention, **to put an end to similar violations**,

- **strengthen legal safeguards**, ensuring their rigorous and consistent application by the relevant medical professionals and the judiciary, and ensure effective legal assistance in involuntary admission procedures;
- ensure that **admissions are carried out in strict compliance** with the relevant requirements of the Convention, which will contribute to reducing overcrowding and to improving prospects for both the patients and the staff, pending the implementation of lasting solutions to structural problems;
- address the violations found in connection with the forced administration of psychiatric treatment to persons subject to involuntary placements.

3. **The judicial approach and practice related to patients' consent for psychiatric treatment and to their protection against forced administration of treatment** need to undergo changes in order to become consistent with the Convention (case of R.D. and I.M.D.). The Ministry of Health must urgently take measures to ensure that, in practice, both categories of patients are placed in a position to give their free and informed **consent** for psychiatric treatment, for example **by issuing guidelines** intended for the relevant healthcare professionals.

In the Interim Resolution CM/ResDH(2022)49, adopted **in the case of N** at its meeting in March 2022, the Committee reiterated **its grave concern** at the authorities' failure to provide information on any concrete measure taken or envisaged to address the structural deficiencies found by the Court. So far, the authorities' response has not met its expectations: no comprehensive measures were proposed; there was no strategic, comprehensive, coordinated and financially sustainable response; it has not been shown to what extent the initiatives undertaken so far are relevant and how the inter-institutional collaboration or the crucial collaboration with civil society will take place. The Committee of Ministers also took into consideration the re-examination of urgent cases and the **possible preparation of an interim resolution**.

IV. The group of cases **Țicu v. Romania** (application no. 24575/10) – mental health issues

1. Description of the cases

The case of **Țicu v. Romania**, final on 1.01.2014, along with the other cases in this group (for example, the case of **Gheorghe Predescu**, application no. 19696/10, final on 25.05.2014), reflects the problem of the **ill-treatment** to which the applicants were subjected in various **prisons** due to the inadequate management of their severe psychiatric conditions, between 2003 and 2010. They bring forward a number of **deficiencies**:

- the lack of **specific protocols** for the treatment of detainees with mental health issues;
- the placement of the applicants in **regular, highly overcrowded** detention centres;
- the **lack of adequate healthcare in prisons and prison hospitals**, including the failure to ensure, where appropriate, constant psychiatric surveillance, or the necessary assistance and counselling to help them accept and cope with their illness;
- the failure to provide **access to a psychiatric forensic examination** despite repeated requests.

The case of Țicu also **concerns the prosecutor's failure to investigate** the repeated acts of violence that the applicant claims to have suffered from other detainees (violation of Article 3 of the Convention under its procedural limb).

2. Analyses carried out by the Committee of Ministers – Council of Europe

The Committee examined the case of Țicu at its meetings in September 2014, June 2015, December 2016 and September 2019.

3. Measures to be ordered

3.1. Individual measures:

The case of Țicu: The applicant continues to be held in a cell offering only a very limited living space; the authorities have given assurances that he is now provided with medical care appropriate to his mental health and that his situation will be monitored to ensure that his health care remains compatible with the requirements of the Convention. The Romanian authorities have announced their intention to obtain from the competent authorities an assessment of the possibility to open an investigation into the acts of violence allegedly suffered by the applicant in the Iași Prison.

The case of Gheorghe Predescu: a psychiatric examination was ordered to determine whether the applicant was fit for detention, in view of his state of mental health; measures were needed in response to the Court's findings related to the applicant's difficulties in living with other prisoners;

3.2. General measures –

Romanian authorities have indicated that they are considering the **establishment of special psychiatric wards** in a number of prisons and hospitals and that they will provide an indicative timetable for the adoption and implementation of these measures and the adoption of provisional measures to ensure the proper management of detainees with mental health issues.

Further developments – Romanian authorities have regularly informed about the state of the special spaces that are being set up for prisoners with mental issues (e.g. through the information note communicated in March 2022). In the Decision on the profiling of detention facilities, the National Prison Administration (NPA) identified and established the prisons where detainees diagnosed with serious mental conditions are to be held in custody, namely: Botoșani, Galați, Baia Mare and Craiova, as well as the admission of those with very serious pathologies in the Mioveni and Bucharest-Jilava Prison Hospitals. Subsequently, Decision no. 509/21.07.2023 of the Director-General of the NPA approved the “Instructions on the specific activities undertaken in relation to the custody of persons deprived of liberty that are diagnosed with serious mental conditions, regulations aligned with the requirements applicable at international level”. According to the Strategic Framework of the Council of Europe [SG/Inf(2020)34, 23 November 2020, page 3], which states that strengthening the execution of judgments of the European Court of Human Rights as one of the key strategic priorities of the Organisation over the next four years, the National Prison Administration, in partnership with the Ministry of Justice and the Ministry of Health, carries out the project “Strengthening the provision of health care and mental health care in prisons”, funded by the Council of Europe.

1. Inadequate provision of psychiatric care in Romanian prisons has been a long-standing issue highlighted in almost **all** country visit reports published by the CPT since 1998. The information provided by the authorities does not reflect substantial progress in the execution process and leaves crucial questions unaddressed.

2. The authorities have not clarified how they intend to organise psychiatric treatment and care for detainees with mental health issues⁵.

3. The authorities need to clarify how they intend to follow up and implement the CPT recommendations.

⁵ In the 2018 visit report, the CPT noted that “it would be totally inappropriate merely to designate one or two cells in the infirmary wing or close-by as a psychiatric unit and thereafter place prisoners with a mental health illness in such cells without creating the necessary medical and therapeutic environment in which to hold them.” The CPT considered that “it may be appropriate to create step-down units within prisons for prisoners returning from in-patient treatment in a health care facility. However, such units must be appropriately staffed with clinical psychologists and mental health nurses, being under the regular supervision of a psychiatrist as well as offering, as far as is possible within a prison environment, a therapeutic environment” – With reference to the 2018 CPT Report

4. **The lack of medical staff and specialised care in the prison healthcare system** must be addressed as a priority. The authorities must indicate the measures they intend to take in order to ensure that all prison establishments benefit from an adequate psychiatric input from both psychiatrists and mental health nurses⁶

B. Other international assessments

Reports of the CPT

The CPT is an organisation within the structure of the Council of Europe that, following its periodic or ad hoc visits, has constantly drawn the attention of the Romanian authorities to the issue of mental health.

The CPT has recently carried out **two ad hoc visits** to Romania – one from 19 to 30 September 2022, which focused on the examination of the treatment of patients held in psychiatric establishments and of persons accommodated in residential care centres, and another one from 10 to 21 May 2021, focusing on the treatment of persons deprived of their liberty in prisons and in detention and preventive arrest centres. Both reports are public, together with the response of the Romanian authorities⁷.

Report on the execution of judgments of the ECHR The Rapporteur of the Parliamentary Assembly of the Council of Europe undertook a fact-finding visit to Romania on 15-16 November 2022, in the framework of the preparation of the 11th Report on the Execution of judgments of the European Court of Human Rights. The report, the draft resolution and the draft recommendation were **adopted in March 2023** and are publicly available⁸

The Assembly noted that Ukraine, Romania, Türkiye, Azerbaijan and Hungary have the highest number of non-executed (non-implemented) Court judgments and still face serious structural or complex problems, some of which have not been resolved for over than ten years; these countries, together with the Russian Federation, account for over 70 % of the cases pending execution. According to the Annual Report 2021 on the Execution of Judgments, **Romania has the third largest number of cases pending execution (409)** of the Council of Europe Member States, and the second largest number of leading cases pending execution (106). The figures for 2022 do not seem to be showing improvements, with 509 cases pending execution, with the second largest number of leading cases (113); **Romania has the highest number of unimplemented ECHR judgments amongst EU member States.**

During the visit, not only general issues regarding the institutional capacity in Romania for executing ECHR judgments, but also issues related to mental health conditions and prison conditions, were discussed. The issue of **deinstitutionalisation** was also addressed and the need for significant **investment** was underlined, maximum use of funds and expertise available from international organisations being encouraged. Romania was encouraged to adopt a more **human rights**-focused approach, to be embedded within the Ministry of Health and the provision of mental health care, and, in general, to improve transparency for the execution of ECHR judgments and to ensure the **involvement of all actors, including the People's Advocate (Ombudsman's Office) and civil society.**

⁶ In this context, the authorities could be encouraged again to consider providing incentives to attract psychiatrists and qualified medical staff to work in the prison system. They could also consider developing the previous initiatives of some establishments that did not have their own psychiatrists to conclude contracts with external practitioners and to provide the existing nurses with mental health training (see CM/Notes/1273/H46-22).

⁷ [The CPT and Romania - CPT \(coe.int\)](https://www.coe.int/en/web/cpt/romania)

⁸ [Doc. 15742 - Report - Working document \(coe.int\)](#)

C. Other national assessments

The national monitoring structures addressed these issues either at sectoral level or in an integrated manner, as follows:

At the level of the **People's Advocate Institution**

The People's Advocate of Romania, under the National Mechanism for the Prevention of Torture in places of detention (National Prevention Mechanism - NPM) carried out monitoring visits in psychiatric hospitals, psychiatric and safety measures hospitals and residential centres for adults with disabilities, based on an annual plan of visits, as well as investigations, acting either in order to determine individual complaints or on its own initiative. The NPM reports, which made recommendations to the visited establishments and the hierarchically superior authorities, are published on the website of the People's Advocate institution.

Following the visits carried out, the NPM made a number of proposals for legislative amendments, in the framework of the Annual activity reports of the NPM (part of the People's Advocate Report). Thus, the **2017 NPM Report** proposed the following measures for psychiatric hospitals: drawing up specific legislation for psychiatric and safety measures hospitals, regulating expenditure issues, introducing new safeguards for the judicial review of decisions ordering the deprivation of legal capacity of persons who lack discernment to defend their own interests; notifying the competent authorities (the Prosecutor's Office, the police) in all cases involving the death of adults with disabilities while in residential centres, etc.

The 2019 NPM report proposed the following measures concerning psychiatric hospitals: clarifying those aspects in the legislation on mental health that relate to the accommodation and supervision of voluntary and involuntary patients admitted to psychiatric institutions; supplementing the legislation with aspects concerning legal counselling for patients, recourse to medical opinions of independent psychiatrists in court proceedings, etc. This report highlighted irregularities regarding: overcrowding in psychiatric hospitals, the pressure put on the admission of social cases, prolonged periods of admission, the lack of real communication with other competent institutions, poor material conditions, serious staff shortages, the lack of appropriate funding, etc.

The 2020 NPM report proposed, inter alia, the following measures for psychiatric hospitals: mandatory periodic verification of involuntary admissions by courts (establishing a maximum of 3 months).

The Special Report of the People's Advocate Institution on Monitoring the Execution of ECHR Judgments in cases of Involuntary Admissions to Psychiatric Hospitals, January 2024⁹, provides a complex "radiography image" of the medical and social systems, by reference both to the relevant ECHR cases (the hospitals concerned by these judgments having been assessed separately and having received specific compliance recommendations), as well as to the current challenges arising from the complementarity between interventions of public, national and local authorities, on the one hand, and public-private cooperation.

The Special Report of the People's Advocate Institution on the difficulties faced by persons with disabilities, namely patients whose social situation determines the prolongation of their hospitalisation, February 2024¹⁰, presents, despite the fact that the requested authorities failed to provide this institution with complete data, a first "radiography image" of the situation in Romania, identifying the current legislative and structural problems and submitting specific recommendations.

At the level **of the Monitoring Council**

Under Law no. 8/2016¹¹, the Council for monitoring the implementation of the UN Convention on the Rights of Persons with Disabilities (MC - Monitoring Council) has carried out almost 700

⁹ [Special Reports - The People's Advocate Institution \(avp.ro\)](https://avp.ro)

¹⁰ <https://avp.ro/wp-content/uploads/2024/03/Raport-special-cazuri-sociale-dezinstitutionalizare.pdf>

¹¹ on the setting up the Mechanisms provided for in the Convention on the Rights of Persons with Disabilities, as amended.

unannounced visits to residential facilities for persons with disabilities. Monitoring teams found multiple violations of the rights of persons with disabilities and irregularities, such as: the lack of an operating license or of service contracts, the lack of adequate healthcare or of access to adequate community-based health services, the lack of physical, communication and informational accessibility, the impossibility for persons with disabilities to make decisions, the lack of access to community-based services and activities, the use of means of restraint on residents, inadequate living conditions or which endanger the residents' lives, the lack or non-compliance of procedures and tools used in the interactions with the residents, the lack of staff training, unsuitable conditions for food preparation, the lack of empowerment/rehabilitation activities, negligence and abuse from the personnel, deaths in suspicious circumstances, etc. In these situations, the Monitoring Council makes recommendations to the public authorities and to the visited institutions subordinated to or coordinated by these authorities, and, where appropriate, notifies the competent authorities (AJPIS, ANPC, DSP, ANPDPD, the police, etc.) of the issues identified. The Monitoring Council cooperates institutionally under protocols concluded with both non-governmental organisations (the Centre for Legal Resources) and governmental institutions (the National Authority for Consumer Protection, the Romanian Association of Public Psychiatric Hospitals, the Public Ministry) in order to streamline the activity of monitoring the respect for the rights of persons with disabilities within institutions.

The Monitoring Council takes steps to notify the various aspects identified as violations of certain rights provided for in the Convention on the Rights of Persons with Disabilities (CRPD) (in this case, Articles 12, 14, 15 and 25) to the relevant authorities and state institutions with a view to ensure the harmonisation of the current legislation in the field of mental health with the CRPD provisions. In June this year, the Committee for Human Rights, Equal Opportunities, Cults and Minorities of the Romanian Senate organised, in collaboration with the Monitoring Council, a meeting entitled "The use of means of restraint on persons with disabilities – A violation of human rights", attended by representatives of ministries, psychiatric hospitals, civil society, etc.

On this occasion, monitoring bodies reported relevant aspects of the ongoing deinstitutionalisation process and made specific recommendations concerning staff training, the development of plans, person-centred planning, etc. As of February 2023, the Monitoring Council has also implemented a single digitalised system for the notification of deaths by the institutions subject to monitoring (residential centres for persons with disabilities, as well as psychiatric wards and hospitals), but it was noted that currently the institutions subject to monitoring do not follow a consistent practice for the notification of deaths to judicial bodies – for example, of the 880 deaths reported to the Council in 2023, only 249 were also reported to the police or judicial bodies.

At present, the staff establishment plan of the Monitoring Council is undersized and does not allow its activities to be carried out in proper conditions, in relation to the total number of public and private residential institutions intended to serve persons with disabilities (1,615), plus 35 psychiatric hospitals, as well as psychiatric wards of hospitals in the country, and there is a need to increase the number of posts and to allocate an additional budget, including for activities promoting the CRPD and disseminating the results of the visits carried out. The understaffing of the Monitoring Council makes it difficult for its staff members to carry out their work and leads to a weaker coverage of the institutions subject to monitoring, to a weaker monitoring of the exercise of the rights of persons with disabilities in the respective institutions and also to the non-compliance with the requirements of the CRPD by Romania.

At the level of civil society CLR. APADOR-CH.

Civil society, through its specialised bodies with a long-standing expertise, recognised at national and international level, in particular the **CLR**, in matters concerning hospitals and residential centres, **APADOR-CH** in matters concerning prisons and detention and preventive arrest centres, respectively, has continued to engage in mental health issues, through the monitoring visits carried out - despite the regrettable measures taken by certain authorities to prevent these visits from being carried out -, as well as through actual contributions to the processes of execution of ECHR

judgments, making proposals to improve the institutional and legislative framework in the field. Monitoring reports are public, but certain cases are referred to prosecutor's offices.

In fact, the CLR carried out an extensive project, AdaptJust, through which a total of 494 persons, including 127 magistrates, 62 lawyers, 67 doctors, 85 psychologists, 89 social workers, as well as 64 persons from related fields, participated in 20 training courses; the project also provided for other specific activities such as preparing a guide for the professionals involved. At the same time, the CLR organised general debates on Romania's obligation to execute ECHR judgments concerning the rights of persons with psychosocial and intellectual disabilities, both in and outside the Capital, attended by more than 100 persons – representatives of the central institutions involved, together with the non-governmental sector, magistrates, physicians, social workers, heads of residential establishments, etc. Finally, the courses intended for prosecutors (more than 70 at present), concerning the new provisions of Law no. 140/2022, are being completed.

D. Drawing up the Plan

In August 2023, an inter-institutional working group was set up within the Chancellery Office of the Prime Minister, bringing together, throughout 18 meetings, representatives of institutions of the executive power, autonomous authorities, independent structures, representatives of professional structures and of civil society – MH, MLSS, MJ, NAP, MC, NAQMH, NCMHFA, CLR, MF, PA, Ag. ECHR, P. Av., NARB, NHHI, NFMI, NAA, associations, etc.¹²

The draft *Plan*, in its general lines, was communicated to Strasbourg on 30.09.2023, but also discussed at technical level, with the representatives of the Department for the Execution of Judgments of the European Court of Human Rights of the Council of Europe on 31.01.2024, during their working visit which also addressed the issue of cases concerning mental health.

At the level of the Committee of Ministers, the next debate on the cases against Romania concerning mental health is scheduled to take place at the Committee of Ministers' Human Rights meeting on 11-13 June 2024.

The major difficulty in drawing up this plan was the complexity and complementarity of interventions, public or private, concerning persons with psychosocial disabilities entering the medical or social system. Moreover, this plan is not a national mental health strategy, since it only contains the key elements for the execution of the cited ECHR judgments. It was also necessary to take into account Romania's efforts to carry out the deinstitutionalisation in the social system.

¹² **MH** - Ministry of Health; **MJ** - Ministry of Justice; **MIEP** - Ministry of Investment and European Projects; **MLSS** - Ministry of Labour and Social Solidarity, **MFA** - Ministry of Foreign Affairs; **MIA** - Ministry of Internal Affairs; **MFYEO** - Ministry of Family, Youth and Equal Opportunities; **MF** - Ministry of Finance; **MDPWA** - Ministry for Development, Public Works and Administration; **PM** - Public Ministry; **PA** - Presidential Administration; **NCMHFA** - National Centre for Mental Health and Anti-Drug Fight; **RMA** - Romanian Municipalities Association; **NUCCR** - National Union of County Councils of Romania; **NCPS** - National Council for Patient Safety; **AOPH** - "Prof. Dr. Alexandru Obregia" Clinical Psychiatric Hospital; **BUEH** - Bucharest University Emergency Hospital; **RACAPAP** - Romanian Association of Child and Adolescent Psychiatry and Associate Professions; **BB** - Bucharest Bar; **OGCNMN** - Order of General Care Nurses, Midwives and Nurses in Romania; **RCPsi** - Romanian College of Psychologists; **RCP** - Romanian College of Physicians; **NCSW** - National College of Social Workers; **RAS** - Romanian Alzheimer Society; **HA** - Habilitas Association; **NAPRPD** - National Authority for the Protection of the Rights of Persons with Disabilities; **NHHI** - National House for Health Insurance; **NAQMH** - National Authority of Quality Management in Health; **NPA** - National Prison Administration; **GIRP** - General Inspectorate of the Romanian Police; **SCM** - Superior Council of Magistracy; **NFMI** - "Mina Minovici" National Forensic Medicine Institute; **RAPP** - Romanian Association of Psychiatry and Psychotherapy; **RAPPH** - Romanian Association of Public Psychiatric Hospitals; **MC** - Monitoring Council (Council for Monitoring the Implementation of the UN Convention on the Rights of Persons with Disabilities); **P. Av.** - People's Advocate; **CLR** - Centre for Legal Resources; **Ag. ECHR** - Government Agent for the European Court of Human Rights; **POHCCJ** - Prosecutor's Office attached to the High Court of Cassation and Justice; **NAA** - National Anti-Drug Agency; **RCP** - Romanian College of Physicians

E. Presentation of the measures included in the Plan

I. STRATEGIC APPROACHES

This chapter of the plan reflects, on the one hand, the structural changes that are already adopted by Romania and being implemented (e.g. deinstitutionalisation or strengthening the new support and protection system, following the adoption of Law no. 140/2022), and, on the other hand, new strategic approaches focusing on the integration of patients or beneficiaries in the community, as appropriate. Thus, it is envisaged to ensure the actual provision of specialised mental health care services, in the forms already provided for by law: centres for mental health, psychiatric offices, crisis intervention centres, home care services, etc. This chapter also mentions the need to strengthen the NCMHFA, enabling it to monitor and support the efforts in this field at central level.

The situation of *social cases* is covered in several parts of the Plan, taking into account, on the one hand, the strengthening of outpatient departments and centres for mental health, and, on the other hand, the social reform presented in the plan (which will lead to deinstitutionalisation, allowing social establishments to accommodate, if necessary, the discharged patients, and will offer community-based alternative solutions). Therefore, not all discharged patients will end up being taken over by institutions in the social system, namely by institutionalisation structures, but will be able to be transferred to other forms of social assistance, because some of them will require only medical supervision and not institutionalisation. Only those who, by reference to specific social criteria, will require institutionalisation, as a transitional period for their integration into the community, will have to be taken over in the existing various forms of institutionalisation. Admissions into the medical system will continue, but an analysis will be carried out with regard to how admissions are carried out and the deficiencies in managing the post-discharge situation of patients. Therefore, the interventions are designed both to strengthen the structure responsible at central level – NCMHFA, and to develop community-based alternative solutions - strengthening outpatient departments and centres for mental health, setting up integrated community centres, strengthening cooperation with the social structures specific to each local community. The proposed measures are:

1. Development of community-based services – at *institutional* level (reorganising NCMHFA, a focal point for liaising with local authorities), at *medical-social* system level (developing psychiatric and related health care in the community and in hospitals, establishing community-based mobile teams, but also within centres for mental health, providing occupational therapies, integrated management of the case post-discharge from hospital / post-deinstitutionalisation from social services, through a public-private partnership on priority axes such as the issue of addictions/disorders related to the consumption of recreational substances, the issue of age-related pathologies (depression/dementia), chronic debilitating mental illnesses, and at *social level* respectively (developing the network of professional personal assistants, identifying effective methods of integrating assistants into the system; creating appropriate local jobs for persons with disabilities that are able to work; setting up support centres, known at central level and available to all, strengthening the body of professional personal assistants).

2. Deinstitutionalisation – *continuing the implementation of the related strategy*¹³ as part of the overall objective of the National Strategy for the Rights of Persons with Disabilities “An Equitable Romania” 2022-2027, namely to support independent living and integration in the community, including access to public services. It will be achieved by continuing the implementation of the UN Convention on the Rights of Persons with Disabilities to ensure effective access to justice for persons with disabilities, amending the relevant legislation, drafting and adopting regulations on assistance and support services, including supported decision-making services, providing training for case managers and other specialists working with and for persons with disabilities, ensuring

¹³ The National Strategy on Preventing the Institutionalisation of Adults with Disabilities and Accelerating the Deinstitutionalisation Process, 2022-2030 and A Guide to Accelerating the Deinstitutionalisation Process, approved by Government Decision no. 1543/19.12.2022

regular involvement and consultation of persons with disabilities and organisations representing them in the process of deinstitutionalisation; facilitating social inclusion, developing mechanisms for the recovery and rehabilitation of persons living with chronic mental disorders and adapting community-based services to their needs, as well as ensuring an equitable access to health care; providing for certain benefits granted to employers for a specific period of time if they employ persons diagnosed with disabilities.

3. Community-based mental health care services – developing and modernising outpatient departments, increasing their efficiency and expanding them, so that *each county will have at least one such department for adults and for children, respectively; setting up centres for mental health (CMH), in the counties where there are no such centres; strengthening centres for mental health (CMH), including by establishing regional centres; developing community-based centres (which will provide community-based health care services).*

4. Consolidation of the support and protection system – monitoring the implementation of the new support and protection system – reflected by Law no. 140/2022, the recent amendment of the Civil Code requiring extensive mentality, but also structural changes in the medical, social and legal fields, the issue of the legal representative – identifying and implementing a solution that enables authorities to have real-time access to information concerning the legal representative; provision should be made for the possibility for medical admission committees to also hold meetings during weekends or public holidays; developing special national preventive and curative programmes for the most prevalent disorders.

II. DATA MANAGEMENT. INTER-INSTITUTIONAL COOPERATION

The chapter envisages the urgent need to improve the way relevant data are collected, also mentioning the establishment of a National Psychiatric Register. It is also envisaged to ensure compliance with multiple recommendations made by various national and international assessment bodies to make decision-making processes in the field more transparent and to publish information of public interest – for example, information related to the hospitals authorised to proceed with involuntary admissions (in psychiatric institutions) or to the number of involuntary admissions. It also addresses the need for inter-institutional cooperation, widely recognised among the professionals involved. Thus, the proposed measures aim for:

1. Improvement of statistics – improving the collection of data related to medical conditions, treatment and patients, as well as inter-connection with other existing databases for patient monitoring; setting up a national psychiatric register.

2. Transparency of data and of decision-making processes – ensuring continuous publication on the relevant websites of statistical information of public interest, but also of the primary, secondary and tertiary legislation in the field.

3. Traceability of medical records – it is envisaged to set up a mechanism allowing to track the medical record of a patient with mental health issues, so that various structures which, at some point, deal with that patient from a legal, medical or social point of view, can access the data related to that person.

4. Better cooperation between competent authorities: hospitals, police, judicial bodies, social structures are considered; the proposed measures include: setting up a network of specialists and contact points at the level of each county, setting up a system for disseminating cases where a person is at risk of becoming victims of abuse, ensuring the continuity of interventions in the case of prisoners diagnosed with serious mental disorders, after their release from the prison system.

5. Regular meetings, joint and extensive platforms for communication – are proposed to ensure an exchange of information on legislation and good practices in areas of common interest, explanations of legal/medical and forensic terminology, to be accessed by various specialists involved, as well as locations, contact persons, type of services at local level.

III. LEGISLATIVE MEASURES

The main regulatory acts that require urgent legislative interventions have been identified; another necessity that has been identified is to carry out analyses in order to identify the areas that need legislative action in order to improve the services provided and the inter-system cooperation. The proposed deadlines have taken into account, on the one hand, the complexity of certain interventions, and, on the other hand, the need to amend the primary legislation first and then the secondary legislation – where appropriate, or, on the contrary, the need for direct intervention on the secondary or tertiary legislation until the adoption of substantial amendments, if possible.

16 such legislative interventions are proposed for issues such as: informed consent to medical treatment; the procedure of involuntary admission; new safeguards regarding, in particular, the extension of involuntary admission; providing community-based alternative options; legal assistance; the inclusion of issues such as a distinctive regime for psychiatric and safety measures hospitals; inclusion of additional safeguards on the provision of medical treatment, etc.

IV. INFRASTRUCTURE. MATERIAL CONDITIONS

This chapter envisages investments in improving material conditions in terms of accommodation and other infrastructure elements in the establishments assessed at international level (CPT reports, rulings against Romania issued by the ECHR) or at national level (reports of the People's Advocate), but also in other establishments that have requested so. Monitoring the situation from this perspective and supporting these structures in accessing funds will be one of the new powers entrusted to the NCMHFA.

Thus, the establishments that are given priority consideration are the **four psychiatric and safety measures hospitals**, Pădureni-Grajduri, Ștei, Jebel and Săpoca - for which investment needs vary from improvements to extension or to the construction of completely new spaces. For this reason, the financial efforts needed also differ: in some cases, it is possible to get local authorities involved and to access non-reimbursable funds, while in others the entire process must be supported from the State budget. The Plan includes specific recovery measures for the single-specialty psychiatric hospitals and the psychiatric wards of certain hospitals regarding which serious infrastructure problems were reported. It also provides for certain measures specific to the NPA system and to forensic medicine.

V. HUMAN RESOURCES

This chapter is structured into two main components – increasing the number of professionals working in the field and professional training.

As regards **increasing the number of professionals working in the field**, a first line of intervention consists in making efforts for *filling vacancies* in the 4 psychiatric and safety measures hospitals, and vacancies in the other hospitals, in so far as the acute shortage of staff seriously affects the proper provision of related health care services. It is also envisaged *to attract physicians to the psychiatric field*, in the counties with a very low number of psychiatrists for adults or children, reported as working in the public health system, using as a criterion those counties in which only two psychiatrists per county and, respectively, one paediatric psychiatrist per county are reported. Because *retaining medical residents* in certain areas of the country is a challenge, the plan provides for measures to attract them to counties with a low number of psychiatrists or to counties without university centres. Given that another important issue is the overall low number of vacancies opened for psychiatry residents, the plan includes **measures to increase capacity**, proposing a gradual increase of this number. Similarly, it is also envisaged to increase the number of psychologists and nurses involved in providing specialised healthcare services to persons with mental health issues and the number of occupational therapists, as well as of forensic medical experts, especially in view of the need to promptly conduct forensic examinations when requested.

Finally, it is envisaged to entrust the NCMHFA with the power to constantly **monitor** the human resources dimension of this field.

The second line of intervention concerns **professional training**, which is addressed both at sectoral level – in the medical-social and justice areas, and across sectors. Thus, in **the healthcare sector**, it is envisaged to professionalise medical practice, by training psychiatry residents in dedicated centres and providing appropriate initial and continuing training to them, including by addressing issues related to the respect for fundamental rights and freedoms, to knowledge of procedures and standards and their application, providing super-specialty courses in forensic psychiatry, dedicated courses for forensic medicine structures, as well as courses for the staff of emergency departments; specific training for healthcare professionals to enable them to provide community-based mental health care services and thus to fill the missing link between hospitals and the community; developing mental health working methodologies and good practice guides; providing technical assistance in training and development of skills to mental healthcare staff, providing training for the medical staff of the NPA structures and in the public health care system concerning personal safety and self-defence techniques and strategies, training general practitioners to be able to perform mental health screenings. It is also envisaged to provide training courses for nurses working in psychiatric institutions, in long-term care facilities for persons with disabilities or with dementia, or in community-based mental health care services, as well as for other categories of staff (e.g. formal carers).

In **the social field**, it is envisaged to increase the professionalisation of staff, by providing them with initial and continuing training courses, including in areas such as the respect for fundamental rights and freedoms, knowledge of procedures and standards and their application, drafting communication guides and other specific measures, already included in the National Strategy for Deinstitutionalisation.

In the **field of justice**, it is envisaged to ensure training programmes for professionals working in the system concerning the issues raised by the ECHR – ineffectiveness of judicial investigations, length of proceedings, failures to analyse specific situations and to ensure effective defence in legal proceedings, initial and continuing training on new regulations in civil matters, communicating with persons with disabilities, procedural adaptations. The plan includes separate measures concerning judges, prosecutors, the staff of the prison system. Important activities are intended to enhance professionalism and streamline the activity of ex officio lawyers.

Since interdisciplinary training is an important issue raised both by the professionals concerned and by the national and international assessments, the plan proposes the organisation of joint training sessions – e.g. on Law no. 140/2022, but also on standards concerning fundamental rights and freedoms, crisis interventions, as well as training – specialty training programmes in the field of neurodegenerative disorders, intended for specialists in neurology, psychiatry, geriatrics, internists, general practitioners and psychologists, as well as other members of the related interdisciplinary team.

VI. EFFECTIVE MONITORING

The plan proposes to **strengthen the authorities' internal control mechanisms**, streamlining the activity – including through training courses, exchange of best practices, dialogues with independent control mechanisms and civil society with regard to standards, collection and analyses of beneficiaries' reviews within the accreditation processes of public and private institutions dedicated to persons with disabilities.

Since the exchange of information on the multiple and various controls carried out on the same entities is important, it was proposed **to develop a database** containing, for each structure under control, information on the authority that performed the control and the type of measures/recommendations formulated as a result, a database accessible both to state authorities and to independent monitoring structures.

It was also proposed **to update the forensic methodologies** for conducting forensic examinations, including the optimisation of the deadlines for carrying them out, as well as to implement active control mechanisms of the forensic activity, by setting up a specific commission within the Superior Council of Forensic Medicine, whose purpose is to assess the activity of forensic experts, thus ensuring the streamlining of this extremely important activity, especially during legal proceedings.

Given that the conclusion of protocols/partnerships between state authorities and NGOs is one of the most effective mechanisms of cooperation for monitoring and that strengthening this partnership was also one of the recommendations made to Romania, the plan includes a specific proposal in this respect and provides for **the strengthening of the role of civil society in the monitoring process**.

Finally, the plan reiterates the importance of monitoring the implementation of this plan, throughout its implementation, by a dedicated high-level structure, established within the Government, and includes a specific measure in this respect.

VII. OTHER SPECIFIC MEASURES FOLLOWING THE VISIT OF THE CPT/ REPORTS OF THE OMBUDSPERSON

In order to correlate this approach at national level with the specific approach adopted following the CPT visits, the plan includes a reference to the fact that **the separate roadmaps** and the response of the Romanian authorities concerning the last CPT visits are publicly available. In fact, they were taken into account in this plan, by marking, in the last column of the plan, the elements that have been indicated in the CPT Reports.

This chapter also includes a specific measure, extremely important for reducing overcrowding in specialised hospitals, namely the relocation of patients, depending on the occupancy of psychiatric and safety measures hospitals, but also of single-specialty hospitals, by order of the Minister of Health, updated periodically.

Since the People's Advocate Institution has been actively and constantly involved in monitoring the situation and has recently drawn up specific roadmaps that include targeted measures to be implemented in the hospitals that were the subject of rulings against Romania issued by ECHR in this field, in the Special Report on monitoring the execution of ECHR judgments in cases of involuntary admissions to psychiatric hospitals (January 2024), the plan contains a distinct reference to **the monitoring of compliance by the hospitals concerned**.

VIII. PREVENTION

The discussions within the technical group for the preparation of the plan have indicated that preventive measures are also necessary, but this does not mean that the plan includes a holistic approach to the whole complex problem of prevention measures in the mental health field. Thus, several significant measures were mentioned, including from the perspective of compliance with the findings in the judgments delivered by the ECHR against Romania, concerning the prevalence of mental disorders subsequently encountered in hospitals and social facilities.

Thus, the plan mentions campaigns for prevention, information and public awareness about the disorders related to psychoactive substance use or behavioural addictions (drugs, alcohol, tobacco, gambling, Internet, etc.), the campaign for preventing drug use in the general population: "Drug use affects all of us", the need to develop a national programme for awareness and early intervention in schools, as well as information campaigns for persons with mental health issues and their carers (family, friends, etc.) concerning the exercise of their rights, in particular the right to lodge a complaint. It is also envisaged to adapt this information and make it available on the websites of the main competent authorities, in a manner that is accessible to persons with disabilities, and to carry out an analysis on the possibility of implementing annual programmes for the mental health screening of the population and the early diagnosis of certain disorders.

IX. IMPROVING COMMUNICATION

Another need reported both nationally and internationally is the need for effective communication with the vulnerable persons who are the subjects of mental health care services.

The plan mentions the need to prepare information materials adapted for persons with disabilities in residential centres and/or hospitals, to design pictograms to be used in the communication with persons with non-verbal disabilities, to provide proper information to persons with disabilities in order for them to become aware of their rights and to be informed about independent living in the community. It is necessary to use a simplified language, as well as a common platform including explanations of legal/medical terminology that are of interest for the various categories of staff involved, at the level of public authorities. It is proposed to consider the possibility of using “facilitators” (intermediaries) for legal proceedings – persons who can ensure an effective dialogue between persons with disabilities and judicial bodies. A separate measure consists of drawing up a project, through the Technical Assistance Programme, which will include the provision of information to persons with intellectual and/or psychosocial disabilities on their fundamental rights and freedoms, and the need to use simplified language in the dialogue with these persons.

X. BUDGETARY MEASURES

Although the plan contains references to the source of budgetary funding for each proposed measure, it was considered necessary to include a distinct category of measures intended for this area, specifically aimed at facilitating the access of the concerned healthcare facilities to various resources, in particular non-reimbursable funds. Thus, the last chapter proposes that the NCMHFA should support these facilities in accessing and subsequently implementing programmes or projects. Moreover, it is proposed to progressively raise awareness about investment in mental health care at central level, by **indicating mental health care as a priority axis for financing/co-financing from the state budget**. Finally, broader analyses are also proposed, for example concerning the method of financing certain services or the remuneration of certain categories of staff; these analyses are to be integrated into other specific measures, which, however, go beyond the scope of this plan, but which may be useful to Romanian authorities in its implementation.

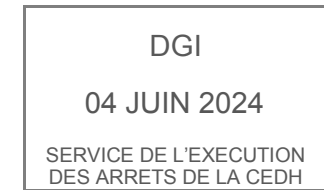
F. MONITORING OF THE PLAN

Given that this issue is highly cross-sectoral and cannot be managed by a single ministry, it was decided that the implementation of the plan will be monitored by an inter-ministerial committee - organised at Government level, by decision of the Prime Minister - similarly to the drafting of the plan and the proposal for adoption of the plan. Monitoring will start immediately after the adoption and communication of the plan to the relevant Council of Europe bodies and will be carried out throughout the implementation of the plan. The plan will also be published on the websites of the main ministries responsible for its implementation.

The Committee will be composed of one representative from each relevant ministry and each subordinate authority responsible for the sectors relevant for the implementation of the plan, the members of the **inter-ministerial committee being represented both at decision-making level - Secretary of State/President or Director-General/Director with responsibilities in the field -, as well as at technical level**. Meetings can also be attended by guests from various relevant structures – academia, representatives of the professions involved in the implementation of the plan, civil society.

At its first meeting, the Committee will adopt the rules governing its organisation and operation. Meeting every 6 months and as often as necessary, the Committee will regularly review the implementation of the plan, analysing problematic aspects and solutions to address them, as well as the progress made in achieving the objectives within the agreed deadlines.

The Committee will be assisted in its work by a permanent secretariat, provided by the NCMHFA, with the following main tasks: ensuring the preparation of meetings, maintaining constant dialogue with the structures involved in the implementation of the plan, receiving and integrating documents, ensuring the exchange of information between the parties involved, drawing up the draft response of the Romanian authorities to the requests from the European monitoring bodies and, in particular, to the requests from the Committee of Ministers of the Council of Europe and from the Department for the Execution of Judgments of the European Court of Human Rights of the Council of Europe. The Committee's formal correspondence shall be signed by its Chairman, also appointed by the Prime Minister's decision setting up the Committee.



G. MENTAL HEALTH ACTION PLAN

2024 – 2029

Clarifications:

1. Acronyms¹
2. References to the *state budget* indicate that the amounts will be provided from the various budgets of the state structures that are relevant or competent in the field, within the limits of the allocated budgets. References to *external budgets* concern programmes already adopted, which may also have a contribution component from the state budget. References to *external sources of funding* indicate the need to identify sources of non-refundable funding for that activity.
3. References to *non-reimbursable external funds* reflect the possibility of financing measures under the Cohesion Policy programmes, within the limits of the allocated amounts and in compliance with the provisions and eligibility rules established at the level of each programme for which the MIEP acts as Managing Authority. In this respect, the MIEP is identified as responsible in terms of providing funding.

¹ **MH** - Ministry of Health; **NCMHFA** - National Centre for Mental Health and the Fight Against Drugs; **CMH** - Centres for Mental Health; **MDPWA** - Ministry for Development, Public Works and Administration; **DPH** - Directorates for Public Health; **MLSS** - Ministry of Labour and Social Solidarity; **NAPRPD** - National Authority for the Protection of the Rights of Persons with Disabilities; **MJ** - Ministry of Justice; **MIEP** - Ministry of Investment and European Projects; **GDS CCP** - General Directorate for Social Care and Child Protection; **ATUs** - administrative territorial units, municipalities, towns, communes, counties, sectors; **LPA** - local public administration; **NGOs** - non-governmental organisations; **NHHI** - National House for Health Insurance; **NAQMH** - National Authority of Quality Management in Health; **NPA** - National Prison Administration; **MIA** - Ministry of Internal Affairs; **GIRP** - General Inspectorate of the Romanian Police; **SCM** - Superior Council of Magistracy; **NIM** - National Institute of Magistracy; **MF** - Ministry of Finance; **NFMI** - “Mina Minovici” National Forensic Medicine Institute; **RAPP** - Romanian Association of Psychiatry and Psychotherapy; **RAPPH** - Association of Romanian Public Psychiatric Hospitals; **MC** - Monitoring Council for the Implementation of the UN Convention on the Rights of Persons with Disabilities; **P.Av.** – People's Advocate (Ombudsman); **CLR** - Centre for Legal Resources; **Ag. ECHR** - Government Agent for the European Court of Human Rights; **POHCCJ** - Prosecutor's Office attached to the High Court of Cassation and Justice; **NPD** - National Probation Directorate; **NRRP** - National Recovery and Resilience Plan; **ISDOP** - Inclusion and Social Dignity Operational Programme; **NMHP** - National Mental Health Programme; **NAA** - National Anti-Drug Agency; **RACAPAP** - Romanian Association of Child and Adolescent Psychiatry and Associate Professions

		<p>- empowering the NCMHFA to organise and manage training sessions for mental health personnel and medical-psycho-social personnel in units that care for patients with pathologies related to mental health.</p> <p>iii. Operationalisation of the NCMHFA activity through the adoption of working procedures, collaboration protocols, in relation to the extended competences proposed in previous paragraphs.</p>		State budget	4 th quarter 2024	
		<p>b. At the medical and medical-social system level:</p> <p>1. Analysis of the development of psychiatric and related healthcare services in the community and hospitals, in order to manage within each administrative-territorial unit (ATU) the required number of investigations and interventions for the most common psychiatric disorders, and for rarer pathologies – allocation of resources to specialised regional centres; Mental Health Centres (MHCs) can provide diversified services for most psychiatric pathologies at the level of each ATU, by:</p> <p>i. mapping providers of healthcare and related services (public and private), including medical and social structures, and assessing the needs;</p> <p>ii. analysing the applicable legislation and reassessing it if appropriate (regulation, approval and monitoring procedures, powers, etc.)</p> <p>iii. monitoring the activity and improvement measures, where appropriate</p> <p>2. Designation of a responsible person from the Ministry of Development, Public Works and Administration to ensure</p>	<p>MH, NCMHFA MDPWA Local public authorities (county and local councils, ATU) DPH</p> <p>NCMHFA, MH MDPWA</p> <p>MH NCMHFA</p> <p>MH NCMHFA</p> <p>MDPWA</p>	<p>State budget</p> <p>Non-reimbursable external funds</p> <p>State budget</p> <p>State budget</p>	<p>3rd quarter 2024</p> <p>4th quarter 2024</p> <p>Permanent</p> <p>3rd quarter 2024</p>	<p>Reports of the CPT</p> <p>Reports of the People's Advocate</p>

	<p>collaboration with the ATUs, in order to carry out information and methodological coordination actions, for potential investment programmes related to vulnerable people with mental health issues.</p> <p>3. Establishment of crisis centres within the EAU at hospital level, on a permanent basis, as well as liaison psychiatric wards or departments:</p> <p>- 5 centres in 2024, 8 centres in 2025, 10 centres in 2026, 19 in 2027</p> <p>4. Establishment of 47 mobile teams in the community - to provide screening and carry out recovery and rehabilitation treatment for persons with disabilities in remote communities</p> <p>5. Creation of mobile teams within the CMHs and exceptionally, pending their establishment, in some psychiatric hospitals, for specific activities such as: - monitoring the persons for whom measures under Article 109 of the Criminal Code have been ordered - monitoring other persons with serious mental health issues 2024: drafting the rules on their establishment and funding (approved by joint order of the MH and MDPWA), updating the relevant legislation, elaborating the necessary curriculum for the specialists involved 2025 – 8 mobile teams, 2026 – 17 teams, 2027 – 17 teams</p> <p>6. Occupational therapies in CMHs – children and adults and psychiatric hospitals 10 units in 2024, 30 units in 2025, 60 units in 2026, 126 units in 2027</p>	<p>MH</p> <p>NAPRPD- MLSS GDSCCPs</p> <p>NCMHFA, MDPWA, MH, Healthcare units, Local authorities</p> <p>MH, MDPWA, NCMHFA</p> <p>MH, NCMHFA</p>	<p>State budget</p> <p>Non-reimbursable external funds, State budget</p> <p>State budget, Non-reimbursable external funds</p> <p>State budget</p> <p>State budget</p>	<p>As planned</p> <p>2024-2029</p> <p>As planned</p> <p>2025-2027</p> <p>2025-2027</p>	
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		<p>7. Integrated management of the case post-discharge from the hospital/post-deinstitutionalisation from the social services at the level of the two interconnected systems (medical and social), including public-private partnership on priority axes: the problem of addictions/ disorders related to the consumption of recreational substances, the problem of age-related pathology (depression/ dementia), chronic debilitating mental illness, etc., by means of:</p> <p>i. extending the competences of the Committees set up in accordance with the provisions of the National Strategy for Deinstitutionalisation, approved by GD no. 1543/2022 and Law no. 7/2023, to speed up the Process of deinstitutionalisation and prevention of institutionalisation – set up in each county, to include mental health issues</p> <p>ii. including, in the regular analyses made by these committees, specific local mental health issues, the participation and involvement, on a permanent basis, of NCMHFA representatives at these meetings</p> <p>c. At the social system level:</p> <p>1. Development of the Network of Professional Personal Assistants - 500 PPAs employed at GDSCCP level</p> <p>2. Platform for Work Preparedness and Assisted Employment - 4,090 persons with disabilities participating in programmes based on awarded vouchers, out of which 2,045 persons getting employed; organisation of vocational and professional counselling services (persons providing support in counselling and professional integration for persons with mental disabilities, including psychologists)</p>	<p>NAPRPD- MLSS GDSCCPs, ATU (LPA) MH, CMHFA</p> <p>NAPRPD MLSS MH MIA</p> <p>NAPRPD, MLSS, MIEP, GDSCCP</p> <p>NAPRPD, MLSS, MIEP</p>	<p>State budget</p> <p>Non-reimbursable external funds</p> <p>Non-reimbursable external funds</p>	<p>2025-2029</p> <p>2024</p> <p>2025-2029</p> <p>2026-2029</p> <p>2025-2027</p>	
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		<p>3. Analysis of the establishment of a system in which to collect the actual needs of persons with disabilities, in the community, so that the authorities can meet their real needs - the Committees for speeding up the process of deinstitutionalisation and of preventing institutionalisation – are set up in each county, under the provisions of the National Strategy for DI approved by GD no. 1543/2022 and Law no. 7/2023, with the role of coordinating the DI process and preventing institutionalisation</p>	<p>NAPRPD, MLSS, NCMHFA, GDSCCP</p>	<p>State budget</p>	<p>2025-2029</p>	
		<p>4. Establishment and development of <i>respiro centres</i></p>	<p>NAPRPD, MLSS, GDSCCP, ATU (LPA), MH, NCMHFA, CC, LC</p>	<p>Non-reimbursable external funds</p>	<p>2025-2029</p>	
		<p>5. Start-up for persons with disabilities - Integration of persons with disabilities in the labour market by promoting entrepreneurship and supporting the development of inclusive businesses (including authorised protected units – APU); 395 persons with disabilities trained in entrepreneurship, 45 companies established; 135 jobs created for persons with disabilities</p>	<p>MLSS, MIEP, GDSCCP, ATU (LPA)</p>	<p>Non-reimbursable external funds</p>	<p>2025-2029</p>	
		<p>6. Analysis of the opportunity to set up the phone for adults, similar to 119 for children</p>	<p>NAPRPD MLSS, MIEP</p>	<p>Non-reimbursable external funds</p>	<p>2024-2029</p>	

		7. Expansion of the role of social workers , including by regulating the funding for social assistance based on the “funding follows the beneficiary” principle by amending the Framework Law no. 292/2011 on social assistance	MLSS, NAPRPD	State budget Non-reimbursable external funds	2024-2029	
		I.2. DEINSTITUTIONALISATION				
		1. As part of the overall objective of independent living and integration in the community, including access to public services, of the National Strategy for the Rights of Persons with Disabilities “An Equitable Romania” 2022-2027, it envisages:	NAPRPD- MLSS, MIEP, GDSCCPs, ATUs (LPA) + County and Local Councils	Non-reimbursable external funds, State budget, Local budgets NRRP	2024-2029	Reports of the CPT Reports of the People’s Advocate
		i. According to the NRRP, 11,500 persons will remain institutionalised in residential centres by June 2026, out of the persons that were institutionalised as of 31.12.2020,				
		ii. By 2027, at least 300 community-based services are going to be operational, supporting the independent living of persons with disabilities: (i) Centres for independent living; (ii) Home care services; (iii) Home services for adults with disabilities provided by the mobile team; (iv) Day care centres; (v) Outpatient neuromotor recovery service centres. (Reference value: 159 services in 2020)	MIEP, NAPRPD- MLSS, GDSCCPs, ATU (LPA) + County and Local Councils + NGOs	Non-reimbursable external funds, State budget, Local budgets	2024-2029	
		iii. In 2027, at least 1,500 persons classified as disabled who were deinstitutionalised from residential social services are provided with social housing or housing benefit	MIEP, MDPWA, NAPRPD- MLSS GDSCCPs ATUs, County	Non-reimbursable external funds, State budget, Local budgets	2025-2029	

			and Local Councils, NGOs			
		<p>2. Completion of the process of having the capacity of residential social services intended for persons with disabilities reduced to a maximum of 50 beneficiaries.</p> <p>3. Development, modernisation and equipment of community social services intended for persons with disabilities and for establishing such services at national level, including in remote communities, including those services providing assistance and support in decision-making.</p>	<p>NAPRPD-MLSS, GDSCCPs</p> <p>MIEP, NAPRPD-MLSS, ATUs (LPA), GDSCCPs, NGOs</p>	<p>State budget Local budgets</p> <p>Non-reimbursable external funds, State budget, Local budgets</p>	<p>4th quarter 2024</p> <p>2024-2029</p>	
		I.3. PSYCHIATRIC MEDICAL SERVICES AT COMMUNITY LEVEL				
		<p>1. Modernising, streamlining and expanding outpatient structures, as preparatory and complementary measures for the transition to community psychiatry; broken down by year as follows: Criterion - in each county there must be one outpatient department for adults and one for children.</p> <p><u>Necessary outpatient department for adults (7)</u></p> <ol style="list-style-type: none"> 1. Arad - Mocrea Psychiatric Hospital, 2. Neamț - “Sfântul Nicolae-Roman” Psychiatric Hospital, 3. Brașov - Predeal Neurosis Sanatorium, 4. Hunedoara - Deva County Emergency Hospital, 5. Botoșani - Mavromati County Emergency Hospital, 6. Mehedinți - Drobeta Turnu Severin County Emergency Hospital, 7. Constanța - Constanța County Clinical Hospital. 	<p>MH, NCMHFA MDPWA Local authorities</p>	<p>State budget, Non-reimbursable external funds</p>	<p>2nd quarter 2024, launch call for proposals Health Programme</p>	

		<p><u>Necessary outpatient department for children (18)</u></p> <ol style="list-style-type: none"> 8. Bistrița - Bistrița County Emergency Hospital, 9. Caraș-Severin - Reșița County Emergency Hospital, 10. Timiș - “Louis Țurcanu” Emergency Clinical Hospital for Children, Timișoara 11. Bacău - Onești Municipal Hospital, 12. Neamț - Roman Emergency Municipal Hospital, 13. Suceava - “Sf. Ion cel Nou” County Emergency Hospital, Suceava 14. Giurgiu - Giurgiu County Emergency Hospital, 15. Prahova - Ploiești Municipal Hospital, 16. Mehedinți - Drobeta Turnu Severin County Emergency Hospital, 17. Olt - Slatina Municipal Emergency Hospital, 18. Vâlcea - Vâlcea County Emergency Hospital, 19. Brașov - Children’s Clinical Hospital Brașov, 20. Alba - Alba County Emergency Hospital, 21. Harghita - Miercurea Ciuc County Emergency Hospital, 22. Tulcea - Tulcea County Emergency Hospital, 23. Vrancea - “Sf. Pantelimon” County Emergency Hospital, Focșani, 24. Constanța - Constanța County Emergency Hospital 25. Suceava - Câmpulung Moldovenesc Psychiatric Hospital <p>a. Prepare the list of needs – building, staff (3 psychiatrists, 4 psychologists, 3 social workers, minimum 4 nurses, 2 physiotherapists, minimum 1 speech therapist), equipment.</p> <p>b. Prepare the necessary documentation, receive assistance in this process</p> <p>c. Submit the documentation</p>	<p>NCMHFA with the respective medical units</p>		<p>3rd and 4th quarters 2024</p>	
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		<p>2. Establishment of CMHs in counties where they do not exist</p> <p><u>Necessary CMHs for Adults (4)</u></p> <ol style="list-style-type: none"> 1. Giurgiu - Giurgiu County Emergency Hospital, 2. Vrancea - “Sf. Pantelimon” County Emergency Hospital, Focşani, 3. Ialomiţa - Țândărei Town Hospital 4. Călăraşi - Călăraşi County Emergency Hospital. <p><u>Necessary CMHs for Children (12)</u></p> <ol style="list-style-type: none"> 1. Giurgiu - Giurgiu County Emergency Hospital, 2. Vrancea - “Sf. Pantelimon” County Emergency Hospital, Focşani, 3. Bistriţa - Bistriţa County Emergency Hospital, 4. Satu Mare - Carei Municipal Hospital, 5. Sălaj - Zalău County Emergency Hospital, 6. Caraş-Severin - Reşiţa County Emergency Hospital, 7. Gorj - Târgu Jiu County Emergency Hospital, 8. Ialomiţa - Slobozia County Emergency Hospital, 9. Călăraşi - Călăraşi County Emergency Hospital, 10. Dâmboviţa - Târgovişte County Emergency Hospital, 11. Neamţ - Roman Emergency Municipal Hospital 12. Suceava - Câmpulung Moldovenesc Psychiatric Hospital <p>a. Prepare the list of needs for: building, staff, equipment b. Prepare the necessary documentation, receive assistance in this process c. Submit the documentation</p>	<p>MH, NCMHFA, MDPWA Local authorities</p> <p>NCMHFA with the respective medical units</p>	<p>State budget Non-reimbursable external funds</p> <p>Non-reimbursable external funds</p>	<p>2nd quarter– launch call for proposals Health Programm e</p> <p>3rd and 4th quarters, 2024</p>	
		<p>3. Establishment of community centres</p> <p>Development of community-based healthcare, - GEO no. 18/2017, through the integration into community- based healthcare teams of staff with specific training/skills in the management of mental</p>	<p>MH, GDSCCPs DPHs ATUs CMHs</p>	<p>Non-reimbursable external funds</p>	<p>From 2025</p>	

		<p>health issues. Cooperation of community-based healthcare staff with the specialised staff of the CMH within that territory.</p> <p>Development of the management of the case of the patient with mental health issues by the community nurse approved by Order of Minister of Health.</p> <p>Under the Component 12 Healthcare, a specific intervention in the NRRP providing for 200 integrated community centres to be rehabilitated/built.</p> <p>They will be certified by the MH in 2025, when they will also be able to implement activities under Order no. 2.931/2021 of the Minister of Health approving the Manual of Integrated Community Centres.</p>	<p>Psychiatric hospitals</p> <p>MH ATUs</p>	<p>NRRP</p>		
		<p>2. Construction of regional centres with a focus on the integrated treatment of various pathology axes - CMHs with broad competencies and regional coverage areas. In these centres, diagnostic procedures and therapeutic and care strategies can be applied to the problem of addictions/disorders related to substance use, chronic mental illness, severe neurodevelopmental disorders as well as to the problem of age pathology, including people with dementia and support for their care - e.g. by setting up and organising centres for memory and cognitive disorders</p> <p>a. as part of the CMHs for minors – in 2025: Timișoara, Craiova, Bucharest, Tulcea, Vaslui, Câmpulung Moldovenesc, Târgu Mureș, Brașov, Oradea</p> <p>b. as part of the CMHs for adults – 10 additional centres in 2026-2027</p>	<p>NCMHFA, MH, MDPWA, Local authorities, in consultation with the relevant associations</p>	<p>State budget</p> <p>Non-reimbursable external funds</p>	<p>2024-2027, As planned</p>	
		<p>I.4. CONSOLIDATION OF THE SUPPORT AND PROTECTION SYSTEM</p>				
		<p>1. Monitoring the implementation of the new legal support and protection system introduced by Law no. 140/2022:</p>				<p>Case of CLR on behalf of</p>

	<p>i. Assessment of the impact of Law no. 140/2022, highlighting the difficulties encountered in practice, including from the perspective of the cooperation of courts and prosecutors' offices with specialists called to support the judicial process (psychologists, doctors, social workers) and possible proposals to improve the legislation in this field.</p> <p>ii. Amendment of Order no. 3.423/2.128/2022 approving the methodology and the medical and psychological evaluation report of persons with intellectual and psychosocial disabilities in the context of imposing, extending, replacing or lifting the protection measure, in order to facilitate the application of measures taking into account at least:</p> <ul style="list-style-type: none"> - The way it was applied/interpreted - The cost standards, calculation method, performance of evaluation sessions - The issues of psychologists and the psychological evaluation, the issues of medical doctors and evaluations carried out by them - The need for a simplified procedure for immobile persons - The method of settlement for evaluation services - The possibility of entrusting evaluation to psychiatric hospitals as well, through outpatient departments <p>2. Measures for informing effectively and in real-time the authorities with regard to the existence of a legal representative, Identification of the necessary conditions for registration in the National Register of Records of Persons, administered by the GDRP of the MIA, of the information on the existence of the appointment of a legal representative and their contact details.</p> <p>3. Ensuring that the involuntary admission committees in hospitals meet on a regular basis, including on weekends and any non-working day, by:</p>	<p>Superior Council of Magistracy, MLSS-NAPRPD</p> <p>MH, NAPRPD-MLSS, POHCCJ After consulting all stakeholders, e.g. Superior Council of Magistracy, MJ, RAPP NHHI</p> <p>MIA, MJ, MH, MLSS-NAPRPD</p> <p>MH, NCMHFA, RAPP, in</p>	<p>State budget</p> <p>State budget</p> <p>State budget</p> <p>State budget</p>	<p>December 2024 - December 2025</p> <p>1st quarter 2025</p> <p>4th quarter 2024</p> <p>1st quarter 2025</p>	<p>Valentin Câmpeanu</p> <p>Reports of the People's Advocate</p> <p>Reports of the</p>
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		<ul style="list-style-type: none"> i. agreeing on the common regulatory framework applicable to attracting doctors for telemedicine consultations and the conclusion of <i>locum</i> contracts, to working standards, payment costs, evaluation protocols ii. implementing the agreed framework, continuous monitoring of its implementation <p>4. Creation of special programmes dedicated to the top 3 disorders in terms of prevalence including screening, and prevention:</p> <ul style="list-style-type: none"> i. Piloting in 5 counties in 2024 ii. Adoption, in 2024 iii. Implementation in 8 counties in 2025, iv. Implementation in 13 counties in 2026 v. Implementation in 16 counties in 2026 	<p>consultation with NHHI</p> <p>NCMHFA, MH</p>	<p>State budget</p>	<p>Permanent</p> <p>2024-2026 according to the calendar</p>	<p>People's Advocate</p>
	<p>II. DATA MANAGEMENT. INTER-INSTITUTIONAL COOPERATION</p>					
		<p>1. Improvement of statistics:</p> <ul style="list-style-type: none"> a. Collection of data related to medical conditions, treatment and patients, as well as inter-connection with other existing databases for patient monitoring, b. Establishment of a National Psychiatric Register. 	<p>NCMHFA MH</p> <p>NCMHFA MH, in consultation with RAPP, RCP, relevant associations</p>	<p>NRRP, Non-reimbursable external funds</p> <p>NRRP, State budget</p>	<p>1st quarter 2026</p> <p>2nd quarter 2026</p>	<p>Reports of the CPT</p> <p>Reports of the People's Advocate</p>

		<p>2. Transparency of data and of decision-making processes:</p> <p>a. Publication and update on an annual basis by the MH of the list of hospitals authorised to carry out involuntary admissions;</p> <p>b. Publication and update on a monthly basis by the MLSS of the list of social services providers - broken down by types of residential centres and their capacity;</p> <p>c. Centralisation of the number of involuntary admissions, broken down as they are in the administrative phase - in the hospital and in the judicial phase, respectively</p> <p>d. Centralisation of the number of pending proceedings as a result of Law no. 140/2022.</p> <p>e. Regular reporting by hospitals to the NCMHFA of information on containment: number, types, pathologies, patient's age</p> <p>f. Publication on the NCMHFA website of the relevant orders issued by the MH, as well as by the MLSS and by the MJ</p>	<p>MH</p> <p>MLSS</p> <p>NCMHFA</p> <p>NCMHFA</p> <p>Hospitals concerned</p> <p>NCMHFA</p>		<p>annually</p> <p>monthly</p> <p>4th quarter 2024</p> <p>1st quarter 2025</p>	<p>Reports of the CPT</p> <p>Reports of the People's Advocate</p>
		<p>3. Traceability of the medical records of a person with mental health issues, the possibility of accessing data by a structure that manages a person, if relevant to the records.</p> <p>a. Analysis and statement of concrete proposals concerning the traceability of the medical records</p> <p>b. Piloting in 5 medical units in the country</p> <p>c. Setting up the mechanism</p>	NCMHFA	State budget	<p>2025</p> <p>2026</p> <p>2027</p>	Reports of the People's Advocate
		<p>4. Better cooperation between competent authorities: hospital-police, judicial bodies, social structures:</p> <p>a. Setting up in each county a network of specialists and contact points, in order to provide a communication mechanism in the field of management of the cases of persons with mental illnesses, the dissemination of elements of best practices and specialised support.</p>	<p>MJ – NPA, MIA, NAPRPD - MLSS, MH, SCFM (NFMI)</p>	State budget Non-reimbursable external funds	1st quarter 2025	<p>Case of R.D. and I.M.D.</p> <p>Rec. CPT (2018 Report)</p>

		<p>b. Ensuring the monitoring of the situation of deinstitutionalised persons in residential social services.</p> <p>c. Establishing a system of dissemination (GDSCCP/Psychiatric hospitals-Police-Public Prosecutor's Office) of the cases where a person with disabilities is at risk of becoming the victim of abuse or is the victim of abuse</p> <ol style="list-style-type: none"> i. Conducting an analysis at national level ii. Piloting a mechanism iii. Implementing the mechanism <p>d. Ensuring the continuity of specialised interventions in the case of prisoners diagnosed with serious mental disorders, after their release from the prison system and setting clear tasks for the state institutions responsible for keeping records of these persons and effectively carrying out specialised interventions.</p>	<p>NAPRPD-MLSS, MH</p> <p>NAPRPD-MLSS, GDSCCPs ATU (LPA), MIA, MH, POHCCJ</p> <p>MJ - NPA NPD MH SCFM (NFMI)</p>	<p>State budget Non-reimbursable external funds</p> <p>State budget Non-reimbursable external funds</p>	<p>Annually</p> <p>From 2026</p> <p>4th quarter 2027</p>	
		<p>5. Regular meetings, joint and extensive platforms for communication between professionals (psychiatrists, psychologists, nurses, magistrates, lawyers, police officers, prison staff) - with the exchange of information on legislation, good practices in areas of common interest, by means of:</p> <ol style="list-style-type: none"> a. Including topics of common interest and inviting other specialists to judicial practice meetings organised by NIM/Courts of Appeal (hospital managers, representatives from lawyer's bars, police, GDSCCPs, forensic medical experts) b. Developing an interdisciplinary platform containing: <ol style="list-style-type: none"> i. explanations of legal/medical, forensic terminology for access by various specialists involved ii. locations, contact persons, type of services, etc. - purpose - to reduce the dependence on the system 	<p>NIM, POHCCJ, SCFM (NFMI)</p> <p>MH – NCMHFA, MJ, SCFM (NFMI)</p>	<p>State budget</p>	<p>At least once/year</p> <p>1st quarter 2025</p>	
	III. LEGISLATIVE MEASURES					

		1. Amendment of Law no. 487/2002 on mental health and the protection of persons with mental disorders – for aspects such as: informed consent to medical treatment; the procedure of involuntary admission, including for the minor patient; new safeguards in particular regarding the extension of admission; provision of community-based alternatives; establishment of psychiatric liaison compartments in the general hospital; legal assistance; restraint; designation of legal representative. Harmonisation with other laws, standardizing the regulation on patient representation in relation to medical services (Law no. 95/2006, Law no. 46/2003, Law no. 487/2002, Law no. 140/2022, Law no. 213/2004)	MH NCMHFA RCP RCPsi RAPP ARPPH RACAPAP Obregia H, other invited institutions	State budget	4 th quarter 2024	Cases: Parascineti N. (no. 2) Reports of the CPT Reports of the People’s Advocate MC reports
		2. Amendment of Law no. 95/2006 on health reform and other relevant legislation – to include aspects such as: a distinctive regime for hospitals of psychiatry and for safety measures, to regulate consent in relation to the variable nature of the ability to consent, as well as the specific nature of consent in relation to the proposed intervention, to regulate the independence of judicial expertise, to regulate the various forms of restriction of individual freedom in the context of medical procedures, etc.	MH NCMHFA RCP RAPP ARPPH RACAPAP Obregia H, other invited institutions	State budget	1 st quarter 2025	Reports of the CPT Reports of the People’s Advocate MC reports
		3. Amendment of Law no. 46/2003 on patient rights - to supplement the safeguards regarding the provision of medical treatment, to obtain consent, legal representation, etc.	MH NCMHFA RAPP ARPPH Obregia H, other invited institutions	State budget	1 st quarter 2025	Case of Parascineti Reports of the CPT Reports of the People’s Advocate
		4. Analysis of the provisions of the Criminal Code and the Code of Criminal Procedure, of the laws on the execution of prison and non-custodial sentences, respectively of other relevant legislation	MJ in consultation with	State budget	4 th quarter 2025	Cases of N., R.D. and I.M.D. Țicu

	<p>a. Specific intervention on the Code of Criminal Procedure – aspects of the automatic transition from the requirement to undergo treatment to involuntary medical admission.</p> <p>b. Analysing and making legislative amendments allowing, generically, for procedural adaptations: change the configuration of the courtroom, give up on wearing the robe, use interpreters/facilitators/intermediaries, regulate the status of these facilitators (rights, obligations, access to the file, etc.), hearings in private, non-publicity of meetings, protection of personal data, recourse to specialised psychological services, citation methods, possibility of hearing in a familiar environment (analysis of SCM decisions, Government decisions, etc.)</p> <p>c. Express provision of the obligation of all residential facilities to report to judicial bodies the deaths that occurred on their premises</p> <p>d. Provision of the obligation for the court houses that will be set up in the future to have rooms/equipment that meet the needs of persons with disabilities.</p> <p>e. Carry out an in-depth analysis of regulations and practices on the protection of vulnerable persons, within a committee: MJ – representatives of the bars, on topics such as: exemptions from some legal expenses for persons with disabilities, reimbursement of transport costs for ex officio lawyers, prohibition of maintaining the mandate for the ex officio lawyer when the chosen lawyer is present, etc.</p>	<p>Superior Council of Magistracy, POHCCJ, SCFM (NFMI)</p> <p>MJ, Bucharest Bar</p>	<p>State budget</p>	<p>1st quarter 2025</p>	<p>Gheorghe Predescu</p>
	<p>5. Elaboration of the law concerning the personal representative – obligation arising from Law no. 140/2022 establishing the obligation to adopt a special law governing the institution of the personal representative (Article 26(2)).</p>	<p>MLSS, MJ and MH participate in the subgroup drafting the project</p>	<p>State budget</p>	<p>3rd quarter 2025</p>	<p>Case of CLR on behalf of Valentin Câmpeanu, N. (no. 2)</p>

		6. Amendment of Order no. 375/2006 of the Minister of Health on the establishment, organisation and functioning of mental health centres for the purposes of their transition in the coordination of psychiatric hospitals, for regulating certain standards for mobile teams, designating regional CMHs, etc.	MH, NCMHFA, RAPP	State budget	4th quarter 2024	
		7. Amendment of the Order no. 457/2001 of the Minister of Health regulating the name and codification of the organizational structures (wards, compartments, laboratories, cabinets) of the Romanian healthcare units, amending the nomenclature of the wards of psychiatric hospitals so as to make a separation between patients with intellectual disabilities and those with other mental illnesses, by creating a ward for patients with intellectual disabilities, taking into account the specific vulnerabilities of the latter	MH, NCMHFA RAPP	State budget	1st quarter 2025	Reports of the CPT
		8. Analysis of the situation of hospital beds allocated to the psychiatric system and revise, as appropriate, the related legislation (e.g. issuing the order of the Minister of Health approving the breakdown, for each county and for Bucharest, of the total number of beds in public and private healthcare units for which health insurance houses may conclude contracts for the supply of hospital medical services, for 2024, taking into account the need to increase the number of beds in psychiatric hospitals)	MH in consultation with NHHI	State budget	4th quarter 2024	Reports of the CPT
		9. Draft a regulation on the conditions to be fulfilled by a psychiatric hospital or psychiatry-specific structures (e.g. possibility to personalise the premises)	MH NCMHFA in consultation with RAPP	State budget	1st quarter 2025	Reports of the CPT
		10. Amendment of the Minister of Health orders on staff norms for hospital care in order to include the necessary but non-regulated posts (e.g. occupational therapist) and to establish specific rules for psychiatric hospitals (additional posts for other medical staff with higher education, nurses, surveillance staff), specific regulations for the CMH unit (e.g. Order no 1.224/2010 of the Minister of Health)	MH RAPP	State budget	2nd quarter 2025	Reports of the People's Advocate

		11. Analysis and, as a result, the potential amendment of GD no. 521/2023 on the Framework Contract and other legislation (e.g. MHO/NHHI 1857/441/2023 on the implementing rules for the Framework Contract, protocols for the prescription of medication) in order to effectively implement the legal provisions on the settlement of medical services for persons with mental disorders monitored in outpatient settings regardless of their social status (after the legislative intervention at primary level – points 1 and 2 above)	NHHI MH NCMHFA In consultation with RCP DPHs RAPP	State budget	4th quarter 2025	
		12. Amendment of Order no. 82/2019 of the Minister of Labour and Social Solidarity approving the specific minimum quality standards for social services intended for adults with disabilities, which will take into account, among other things, elements of specificity concerning the approach, at social service level, of the issues of persons with mental and psychological disabilities	NAPRPD- MLSS MH	State budget	4th quarter 2024	Reports of the People’s Advocate
		13. Amendment of the Joint Order no. 1.434/687/C/2023 of the Minister of Justice and the Minister of Health amending the Procedural Norms on the performance of expert reports, findings reports and other forensic work	MJ MH SCFM (NFMI)	State budget	4th quarter 2024	
		14. Update of Order no. 144/2017 of the Prosecutor General of the POHCCJ establishing a mechanism for the protection of institutionalised persons in vulnerable situations	POHCCJ	State budget	4th quarter 2024	
		15. Amendment of GD no. 1.133/2022 approving the Methodological norms implementing the provisions of Government Emergency Ordinance no. 196/2020 amending Law no. 95/2006 on health reform, for the purposes of including forensic medicine in the list of medical specialties and services subject to telemedicine services, as well as for the diagnosis of dementia cases.	MH in consultation with NFMI and relevant associations	State budget	4th quarter 2024	
		16. Amendment of the legal framework so as to provide for the elaboration of a joint order on the intervention and conduct in the relation to the person with mental illnesses, in situations related to transport and pre-hospital care (after and in	MH, MIA	State budget	2nd quarter 2025	Reports of the People’s Advocate

		conjunction with the proposed amendments to the substantive rules).				
	IV. INFRASTRUCTURE. MATERIAL CONDITIONS					
		IV.1. HOSPITALS				
		<p>1. Hospitals for psychiatry and safety measures - clear measures, with related budget sources, for hospitals for psychiatry and safety measures so as to reduce overpopulation and improve conditions therein, including by redistributing patients</p> <p>a. PĂDURENI GRAJDURI (PSMH) <i>Project worth EUR 14 million. The feasibility study is prepared.</i></p> <p>b. ȘTEI (PSMH) <i>Project worth RON 14,741,027; financed through NRRP, C12, in implementation phase since 2023. The investment involves the construction of a specialised outpatient department. For the execution of the modernisation works there is an estimate of the award of investment works worth EUR 8.5 million.</i></p> <p>c. JEBEL (PSMH) <i>Project worth EUR 3.5 million. The feasibility study is prepared.</i></p> <p>d. SĂPOCA (PSMH) <i>Project worth EUR 2.4 million, aimed at setting up an outpatient department and rehabilitating a wing of the outer ward of Orjasca. The investment project and the total estimate are prepared.</i></p>	MH, MDPWA, Hospitals concerned, NCMHFA, MJ, Local authorities, as appropriate	EUR 25 million	2025-2027	Reports of the CPT Reports of the People's Advocate
		<p>2. Psychiatric hospitals - measures concerning single specialty hospitals</p> <p>a. "Socola" Institute of Psychiatry in Iași</p>	MH, MDPWA, Hospitals concerned,		2025-2027	Reports of the People's Advocate

	<p>The necessity of structures for the treatment of addictions has been identified and there is a project to improve the accommodation conditions and the equipment, including cabinets and furniture. The roadmap will be drawn up, in 2024, together with the NCMHFA.</p> <p>b. “Sf. Pantelimon” Psychiatric Hospital in Brăila It is necessary to modernise and rehabilitate the buildings. There is no feasibility study, nor an estimate of the award of the investment work. The roadmap will be drawn up, in 2024, together with the NCMHFA.</p> <p>c. “Prof. Dr. Alexandru Obregia” Clinical Psychiatric Hospital The main problem that has been identified is the lack of human resources; at a capacity of more than 1,000 beds there are only 77 psychiatrists.</p> <p>d. “Eftimie Diamandescu Bălăceanca” Psychiatric Hospital, Ilfov Investment project worth RON 4,722,325, started in 2020.</p> <p>e. Săpunari Psychiatric Hospital, Călărași The hospital has planned investments to modernise the neurosis pavilion in 2024. The investment amounts to RON 410,000, and the funds will be provided from the budget of Călărași County Council, with a deadline to be completed in December 2024.</p> <p>f. Poiana Mare Psychiatric Hospital <i>There are plans to furnish and equip the confinement rooms in accordance with Article 8(5) of the Rules for the application of Law no. 487/2002.</i> The roadmap will be drawn up, in 2024, together with the NCMHFA.</p>	<p>NCMHFA, Local authorities, as appropriate</p>	<p>State budget, Non-reimbursable external funds:</p> <p>Budget of local authorities</p>	<p>4th quarter 2024</p> <p>2025-2027</p>	
	<p>4. Psychiatric wards in hospitals</p> <p>a. “Sf. Pantelimon” County Emergency Hospital, Focșani, Vrancea A new ward was built, to be put into use in 2024.</p> <p>b. “Mavromati” County Emergency Hospital Botoșani</p>	<p>MH MDPWA Hospitals concerned NCMHFA</p>	<p>State budget, Non-reimbursable external funds</p>	<p>2024</p> <p>2024-2029</p>	<p>Reports of the CPT Reports of the People’s Advocate</p>

		<p>The hospital management wishes for the construction of a new building with adult and child psychiatric wards, the size of a hospital; the estimate is EUR 49 million.</p> <p style="text-align: center;">c. Sighetu Marmatiei Municipal Hospital</p> <p>The hospital's management has an estimate of EUR 16.4 million. The roadmap will be drawn up, in 2024, together with the NCMHFA.</p>	Local authorities, as appropriate		2024-2029	
		IV.2 CENTRES				
		<p>Constant reporting of needs to MH-NCMHFA</p> <p>Improvement of the material conditions, as well as of the standards of accommodation and care in single specialty hospitals</p>	MH, NCMHFA, Psychiatric hospitals	State budget	Permanent	Reports of the CPT
		IV.3. INFRASTRUCTURE ISSUES SPECIFIC TO THE JUSTICE AND POLICE SYSTEM				
		<p>i. At the NPA level</p> <p>1. Furnishing and equipping adequately the wards dedicated especially for the custody of prisoners diagnosed with serious mental illnesses (56 beds - Botoşani, Baia Mare, Galaţi and Craiova Prisons).</p> <p>2. Improving the conditions for providing specialised healthcare in prison-hospitals with psychiatric wards that treat prisoners with acute and chronic mental illnesses (152 beds in psychiatry wards):</p> <ul style="list-style-type: none"> - Developing the outpatient system in the prison healthcare network; - Improving the possibilities for psychiatric treatment and care; - Reviewing the existing psychotherapeutic programmes and using psychotherapeutic methods substantiated on scientific evidence; - Customising the approaches to social reintegration; 	<p>NPA</p> <p>NPA</p>	<p>Non-reimbursable external funds, State budget</p> <p>Non-reimbursable external funds, State budget</p>	<p>2nd quarter 2024</p> <p>2024-2029</p>	<p>Case of Țicu</p> <p>Rec. CPT (2018 Report) Case of Gheorghe Predescu</p>

		- Diversifying the methods of ergotherapy.				
		ii. At the level of forensic network. Supporting the forensic activity in carrying out examinations by videoconference (after carrying out the legislative intervention referred to in point III.15 above)	NFMI	State budget	2025-2029	
	V. HUMAN RESOURCES					
		V.1. INCREASE IN THE NUMBER OF PROFESSIONALS IN THE FIELD				
		<p>1. Filling the posts of psychiatrists</p> <p><i>a. Efforts to fill vacancies in the 4 PSMHs</i></p> <p>Ștei Physicians – 7, other superior medical staff – 3, nurses – 15, auxiliary staff – 12, workers – 8</p> <p>Săpoca Physicians – 52, other senior medical staff – 25, nurses – 80, auxiliary staff – 112, workers – 31, ergotherapists – 10</p> <p>Pădureni-Grajduri, Physicians – 5, psychologists – 1, nurses – 6, auxiliary staff – 1, auxiliary nurses – 4, carers – 2</p> <p>Jebel Physicians – 14, other superior medical staff – 3, nurses – 7, auxiliary staff – 5, workers – 8, ergotherapists – 2</p> <p><i>b. Efforts to fill vacancies in the hospitals mentioned in the monitoring reports</i></p>	MDPWA MH Hospital Management	State budget	2025-2027	<p>Formula: 30 % in 2025, 2026, 10 % in 2027</p>

	<p>“Socola” Clinical Psychiatric Hospital Iași Vacancies: 52 Psychiatrists (of which 1 pediatric psychiatrist), 4 psychologists, 5 social workers, 80 nurses, 10 occupational therapists, 3 physiotherapists, 62 auxiliary nurses, 48 carers, 25 supervisors, 5 TESAs</p> <p>“Sf. Pantelimon” Psychiatric Hospital in Brăila Vacancies: 9 Psychiatrists (of which 1 pediatric psychiatrist), 3 psychologists, 15 nurses, 2 social workers, 3 occupational therapists, 35 auxiliary nurses, 21 carers, 4 supervisors, 8 TESA</p> <p>“Prof. Dr. Alexandru Obregia” Clinical Psychiatric Hospital The roadmap will be drawn up, in 2024, together with the NCMHFA.</p> <p>“Eftimie Diamandescu Bălăceanca” Psychiatric Hospital, Ilfov Vacancies: 7 Physicians, 8 nurses, 1 social worker, 1 occupational therapist, 1 auxiliary nurse, 1 supervisor, 8 TESA.</p> <p>Săpunari Psychiatric Hospital, Călărași Vacancies: 4 Physicians, 2 psychologists, 1 social worker, 12 nurses, 1 occupational therapist, 2 physiotherapists, 20 auxiliary nurses, 10 carers, 12 supervisors, 6 TESA.</p> <p>Poiana Mare Psychiatric Hospital Vacancies: 13 Physicians, 20 nurses, 9 auxiliary nurses, 7 carers, 8 supervisors, 6 TESA</p> <p>“Sf. Pantelimon” County Emergency Hospital, Focșani, Vrancea Vacancies: 4 Psychiatrists (of which 1 pediatric psychiatrist), 2 clerks, 9 carers, 1 programmer analyst, 10 nurses, 2 forensic pathologists, 1 social worker.</p>				
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		<p>“Mavromati” Botosani County Emergency Hospital The roadmap will be drawn up, in 2024, together with the NCMHFA.</p> <p>Sighetu Marmatiei Municipal Hospital Vacancies: 5 Physicians, 2 psychologists, 24 nurses, 1 social worker, 1 physiotherapist, 24 auxiliary nurses, 3 carers.</p> <p>Zalău County Emergency Hospital, Sălaj Vacancies: 1 physician</p> <p>Arad County Hospital Vacancies – Psychiatric ward: 1 physician, 6 nurses, 4 auxiliary nurses, 1 psychologist, 1 social worker.</p> <p>c. Attracting psychiatrists to the psychiatric field, in counties with very low numbers</p> <ul style="list-style-type: none"> - Counties with maximum 2 psychiatrists reported in the public system: Harghita, Calarasi, Vâlcea, Mehedinți, Buzău, Botoșani, Prahova - Counties with only one pediatric psychiatrist reported in the public system: Maramureș, Vrancea, Dâmbovița, Mehedinți, Bistrița Năsăud, Sălaj, Neamț, Suceava, Tulcea, Vrancea, Călărași, Caraș-Severin, Botoșani, Vaslui, Argeș, Prahova i. Analysis and cooperation protocol of the MH/NCMHFA with the institutions involved ii. Implementation of specific measures – working conditions, advancement, provision of facilities – accommodation, means of transport, other financial support <p>d. Involvement of medical residents, attracting them to low-number counties or in counties without university centres: analysis of mandatory conditions for a medical residency position,</p>	<p>NCMHFA UMFs MH MDPWA Local authorities</p> <p>MH, NCMHFA, MDPWA,</p>	<p>State budget</p>	<p>2025-2026</p> <p>2025-2027</p>	
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		<p>so as to ensure their presence in the CMH and the CMHs in the hospital</p> <p>2. Capacity increase</p> <p>a. Analysing the necessary number of physicians in the system</p> <p>b. Increasing the number of available medical residency positions, increasing the number of places in post – starting with 2025, 20 %/year</p> <p>c. Analysing the necessary number of psychologists and nurses in the system</p> <p>d. Increasing the number of psychologists and nurses in systems, by 20 %/year/profession</p> <p>e. Strengthening the status of psychologists in hospitals, encouraging entry into the system, as well as providing support and equipment for the accreditation of psychological practices and/or psychology structures in public institutions, respectively identifying potential forms of outsourcing of services to psychology offices.</p> <p>f. Analysing and amending the nomenclature in 2024, for the eventual increase in the number of graduates – occupational therapists.</p> <p>g. Including occupational therapist positions in the hospital scheme, increasing their number.</p> <p>3. Permanent monitoring of the staff structure Periodical centralised reporting to the NCMHFA on the situation of vacancies and challenges to filling them.</p> <p>4. Employment of psychiatrists and psychologists in forensic institutes</p>	<p>Local authorities, other competent structures</p> <p>MH NCMHFA RCPsi, Relevant faculties, other competent structures</p> <p>Hospitals concerned NCMHFA</p> <p>NCMHFA</p> <p>MH, SCFM</p>	<p>State budget</p> <p>State budget</p>	<p>2025-2029</p> <p>1st quarter 2025 2025-2027</p> <p>2024-2025</p> <p>Permanent, from 2025</p> <p>2024-2029</p>	
		<p>V.2 PROFESSIONAL TRAINING</p>				
		<p>In the medical field:</p> <p>1. Organising courses in medical faculties and medical residency that also include legal aspects, legislation in the field, to teach them about the responsibility regarding involuntary admissions, etc. –</p>				

		<p>compulsory courses with credits, the same for continuing training, including specific steps at the College of Physicians to ensure training in the fundamental rights and freedoms of patients, Community-type interventions – as competence within the specialty or as training during medical residency.</p> <p>2. Regular training on procedures as well as on human rights legislation and on sanctions that can apply in case of failure to fulfil the obligations, defective or improper compliance with obligations (hospitals, GDSCCPs, etc.), <i>caravans of legal professionals</i> in the territory.</p> <p>3. Appropriate initial and continuing vocational training, medical skills and super speciality courses organised by the MH for psychiatrists and other mental health professionals in the fields of community psychiatry, liaison psychiatry, geriatric psychiatry, forensic psychiatry, addiction medicine and psychotherapy.</p> <p>4. Initiation of super speciality courses for forensic psychiatry, through medical universities, possibly obtaining certificates.</p> <p>5. Training in the field of initial and continuing vocational training for the management of incidents involving persons with special behaviours, (through courses offered by medical specialists both through the physical presence of the Ministry of Health specialists in the educational institutions within the Ministry of Internal Affairs, for the presentation of a possible communication pattern, as well as by making guides/presentation films, to be used in-house.</p> <p>6. Initial and continuing training regarding the management of incidents within the prison system *Project: „Further strengthening the provision of health care and mental health in prisons and other closed facilities in Romania” (funded by the Council of Europe)</p>	<p>UMFs, NCMHFA, MH, NFMI Relevant Associations</p> <p>NCMHFA, MH, Relevant Associations, NGOs</p> <p>MH, SCFM (NFMI) Relevant Associations</p> <p>MH, NPA</p> <p>MH, NCMHFA, MIA</p> <p>MH, NPA</p>	<p>State budget, Non-reimbursable external funds</p> <p>State budget, Non-reimbursable external funds</p> <p>State budget, Non-reimbursable external funds</p> <p>State budget, Non-reimbursable external funds</p> <p>Non-reimbursable external funds</p> <p>COE project*, total budget, EUR 190,000</p>	<p>Since 4th quarter 2024 - 2029</p> <p>2024-2029</p> <p>2024-2029</p> <p>2024-2029</p> <p>2024-2029</p> <p>From 2024</p>	<p>Reports of the CPT, Reports of the People’s Advocate</p>
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		<p>7. Inter-institutional training on the fundamental rights of patients from the prison system *Project: „Further strengthening the provision of health care and mental health in prisons and other closed facilities in Romania” (funded by the Council of Europe)</p>	<p>MH, NPA</p>	<p>COE project*, total budget, EUR 190,000</p>	<p>From 2024</p>	
		<p>8. Training of staff in EAU centres to detect pathologies – e.g. suicidal behaviours, behavioural disorders in dementia</p>	<p>Relevant Associations, NGOs</p>	<p>State budget, Non-reimbursable external funds</p>	<p>2025-2029</p>	
		<p>9. Training of medical personnel from the NPA structures and the public health care system on personal safety methods and means</p>	<p>MH, NPA</p>	<p>COE project*, total budget, EUR 190,000</p>	<p>From 2024</p>	
		<p>10. Training of family physicians to be able to perform mental health screening</p>	<p>Relevant Associations, NGOs</p>	<p>State budget, Non-reimbursable external funds</p>	<p>2025-2029</p>	
		<p>11. Permanent updates of the methodology for carrying out forensic psychiatric acts through the Superior Council of Forensic Medicine, in order to produce clearer expert reports for the legal system.</p>	<p>SCFM</p>	<p>State budget</p>	<p>Permanent</p>	
		<p>12. Training of psychiatrists and psychologists to carry out evaluations in application of Law no. 140/2022</p>	<p>MH, NCMHFA, Relevant Associations, NGOs, UMFs,</p>	<p>Non-reimbursable external funds</p>	<p>2024-2026</p>	
		<p>13. Training of medical staff on how to assess the ability to consent and the representation/assistance procedures</p>	<p>Relevant Faculties, National Institute for Health Services Management,</p>	<p>Non-reimbursable external funds</p>	<p>2025-2029</p>	
		<p>14. Training in psychiatry for all nurses working either in psychiatric institutions or in long-term care institutions for persons with disabilities or persons with dementia, as well as in community psychiatric services</p>	<p>Relevant Faculties, National Institute for Health Services Management,</p>	<p>State budget, Non-reimbursable external funds</p>	<p>2025-2029</p>	

		15. Training of formal carers – both for carers employed in institutions for the care of persons with disabilities and mental disabilities and for homeworkers	Relevant Associations MLSS with invitation of relevant associations	Non-reimbursable external funds	2024-2027	
		<p>In the social field</p> <p>1. Increase the professionalisation of staff, by means of continuing training of staff working with and for persons with disabilities. Target group: 6,714 staff in social services General objective: Modernize social protection systems through continuing training of staff working with and for persons with disabilities including in areas such as the respect for fundamental rights and freedoms, knowledge of procedures and standards, their application, including training of staff in residential centres</p> <p>2. Complete and modify procedures in social services for the purposes of removing restrictive measures, avoiding negligence and ill-treatment, as well as improving the communication of standards and legislation at GDSCCP level</p> <p>3. Develop a Communication Guide, according to the National Strategy for DI (GD no. 1543/2022)</p> <p>4. Ensure the subsidy from the state budget of a percentage from the standard cost of the minimum social assistance package, by amending the Framework Law no. 292/2011 on social assistance.</p>	<p>NAPRPD - MLSS, MIEP Strategic project</p> <p>NAPRPD-MLSS, GDSCCPs</p> <p>MLSS, NAPRPD GDSCCPs NGOs</p> <p>MLSS</p>	<p>Non-reimbursable external funds, State budget</p> <p>State budget</p> <p>Non-reimbursable external funds, State budget</p> <p>State budget</p>	<p>2024-2027</p> <p>2024-2026</p> <p>2024-2025</p> <p>2026-2029</p>	
		<p>In the area of justice and police: National Institute of Magistracy</p> <p>1. <i>During the initial training of judicial auditors</i> in the second year, the Module mostly about practice in the field of Family Law – Measures for the Protection of Persons with</p>	NIM			

		<p>Intellectual and Psychosocial Disabilities regulated by the Civil Code will be supplemented with a 3-hour course on the ECHR</p> <p>2. In the component dedicated to continuing training, two seminars will be organised every year to address civil issues (in the broad sense) for the benefit of judges, <i>i.e.</i> the criminal law one intended for prosecutors and judges specialised in criminal matters, which will address in a practical and targeted manner the ECHR case-law related to the cases covered by this Plan.</p> <p>3. Cooperation with the HELP-COE Programme, in particular by requesting the translation into Romanian of the <i>Right of the Persons with Disabilities</i> online course, but also of other cross-cutting fact sheets available on the ECHR website in the <i>Knowledge Sharing Platform</i> (CEDH-KS) section on persons with disabilities, respectively the detention of persons with mental disabilities.</p> <p>4. Organization of or participation in training courses regarding Law no. 140/2022</p> <p>Specific measures concerning the training of ex officio lawyers</p> <p>1. Organize courses within the Civil Law Module for the lawyers of the Institute for the Training and Advanced Training of Lawyers for the purposes of preparing them for the proper enforcement of the legislation (Law no. 140/2022) specific to special temporary guardians in proceedings concerning the deprivation of legal capacity together with special partial or full guardianship in the case of persons with intellectual and psychosocial disabilities.</p> <p>2. Organize a conference on “Practical Applications on Proceedings in Civil and Criminal Cases concerning the Free Legal Assistance provided for Persons with Disabilities”</p>	<p>Bucharest Bar</p>	<p>State budget, Non-reimbursable external funds</p> <p>Non-reimbursable external funds</p>	<p>On an annual basis within the limit of allocated budget funds</p> <p>2024-2026</p> <p>2024-2029</p>	<p>ECHR cases referenced in the Plan, together with others such as: Jivan, Diaconeasa, Georgel and Georgeta Stoicescu (pending)</p>
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		<p>3. Draft guides setting out the steps to be taken by lawyers in order to provide adequate access to justice for persons with disabilities</p> <p>4. Create an online platform to inform persons with disabilities involved in legal proceedings concerning their legal rights, with the subject “Let’s know our rights”</p> <p>5. Organize regular meetings of ex officio lawyers with organisations representing persons with disabilities;</p> <p>6. Publish annual reports by the Bucharest Bar on the provision of legal assistance by ex officio lawyers in cases involving persons with disabilities;</p> <p>7. Carry out a sociological investigation in order to verify the extent to which ex officio lawyers are involved in the protection of persons with disabilities;</p> <p>8. Sign partnerships with institutions specialised in the protection of persons with disabilities;</p> <p>9. Submit the vocational training policy of the Bucharest Bar, indicating the vocational training plans concerning persons with disabilities;</p> <p>10. Draft guides to ensure an adequate legal defence of the access to justice for persons with disabilities, providing specific information for ex officio lawyers who take on cases concerning such an issue regarding the deprivation of legal capacity together with special partial or full guardianship;</p> <p>Public Ministry</p> <p>Courses in February-April 2024, more than 70 prosecutors, on:</p> <ul style="list-style-type: none"> - vocational training – safety measures of the Criminal Code, involuntary admission, Law no. 140/2022, protection of victims – hearing techniques; - multidisciplinary vocational training; - developing a hearing methodology (for criminal aspects, as well as civil if needed); 	<p>CLR in partnership with POHCCJ</p>	<p>Under the programme AdaptJust, budget allocated to courses – approx. EUR 50,000</p>	<p>2nd quarter 2024</p>	<p>Rec. CPT (2018 Report)</p>
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	<ul style="list-style-type: none"> - Take measures to prevent burn-out and mental exhaustion of prison staff by retaining and increasing the number of employees, assessing the degree of professional satisfaction and take action for psychosocial/occupational health interventions; - Develop service standards for psychiatric care provided to persons deprived of liberty, with respect for patient confidentiality; - Develop, by means of inter-institutional cooperation, a set of instructions to keep track of former detainees in the network of specialised services and effectively implement specialised interventions. <p>*Project: „Further strengthening the provision of health care and mental health in prisons and other closed facilities in Romania” (funded by the Council of Europe)</p>				
	<p>Interdisciplinary training</p> <p>1. Constant dialogues between professionals (psychiatrists, psychologists, nurses, magistrates, lawyers, police officers, prison staff) and interdisciplinary training on issues of common interest – e.g. standards on fundamental rights and freedoms, crisis interventions, standards in specific interventions, for the medical and psychological ones – pursuant to practices based on evidence</p> <p>2. Continuous training of medical staff in the prison system and civil sectors on prisoners’ rights, medical ethics and the importance of being in line with European standards.</p> <p>3. Training in multidisciplinary team (civil medical personnel and prison medical personnel) on intervention in crisis involving persons with mental illnesses who are deprived of liberty.</p> <p>4. Develop training programmes – specialised in the field of neuro-degenerative disorders, intended for specialists in neurology, psychiatry, geriatrics, internists, general medical practitioners and</p>	<p>MH, MLSS, MIA, MJ – NPA UMFs</p> <p>NPA</p> <p>NPA RAPP</p> <p>MH, NCMHFA UMFs</p>	<p>State budget</p> <p>COE project*, total budget, EUR 190,000</p> <p>COE project*, total budget, EUR 190,000</p> <p>State budget</p>	<p>Permanent</p> <p>4th quarter 2024</p> <p>4th quarter 2024</p> <p>4th quarter 2025</p>	

		psychologists, as well as other members of the psychogeriatric team – nurses, auxiliary nurses, physiotherapists, speech therapists, etc.	National Institute of Public Health, Relevant Associations	Non-reimbursable external funds		
	VI. EFFECTIVE MONITORING					
		<p>1. Strengthening the internal control mechanisms of the authorities, streamlining the activity – including through exchange of best practices, dialogues with independent control mechanisms and civil society with regard to standards, collection and analysis of beneficiaries’ reviews within the accreditation processes of public and private institutions dedicated to persons with disabilities.</p> <p>2. Building databases that indicate, for each supervised structure, the authority that carried out the control and the type of measures/recommendations formulated as a result, and that are accessible both to State authorities and to independent monitoring structures</p> <p>3. Updating the forensic methodologies for carrying out forensic expert reports, including optimized deadlines for carrying them out. Implementing active control mechanisms of forensic activity, by setting up a specific commission within the Superior Council of Forensic Medicine, which aims to evaluate the activity of forensic experts</p> <p>4. Concluding protocols/partnerships between state authorities and NGOs</p>	<p>All competent authorities of the State</p> <p>MLSS-NAPRPD NCMHFA</p> <p>SCFM (NFMI)</p> <p>All competent authorities of the State</p>	<p>State budget</p> <p>NRRP, State budget</p> <p>State budget</p> <p>State budget</p>	<p>Permanent</p> <p>2025-2027</p> <p>4th quarter 2024</p> <p>Permanent</p>	

		<p>5. Monitoring permanently the implementation of this Plan by the authorities and contributions for regular progress reports to the Committee of Ministers of the CoE.</p> <p>This plan will be published on the MH, NCMHFA, MLSS websites.</p>	<p>Inter-Ministerial Committee in the Government, Secretariat NCMHFA</p>	<p>State budget</p>	<p>Permanent</p>	
	<p>VII. OTHER SPECIFIC MEASURES FOLLOWING THE VISIT OF THE CPT/REPORTS OF THE PEOPLE'S ADVOCATE</p>					
		<p>1. The Romanian authorities' response sets out how to implement them and is publicly available on the CPT page</p>	<p>All competent authorities of the State</p>	<p>State budget</p>	<p>Periodically</p>	<p>Report of the CPT</p>
		<p>2. Relocation of patients, depending on the occupancy of hospitals for psychiatry and safety measures, but also of single speciality hospitals, by the Minister of Health, with the support of the NCMHFA</p> <p>3. Take the targeted measures mentioned in the Special Report on monitoring the execution of the ECHR judgments in case of involuntary admissions to psychiatric hospitals, January 2024: Săpoca Hospital in Buzău, Socola in Iași, Obregia in Bucharest, "St. Pantelimon" in Brăila and Focșani, Poiana Mare in Dolj, Hospitals in Zalău and Sighetu Marmăției.</p>	<p>MH NCMHFA</p> <p>Hospitals mentioned in the Report</p>	<p>State budget</p> <p>State budget</p>	<p>Annually</p> <p>Periodically</p>	<p>Report of the CPT</p> <p>Report of the People's Advocate</p>
	<p>VIII. PREVENTION</p>					

	<p>1. Launching a campaign for prevention, information and public awareness of disorders related to psychoactive substance or behavioural addictions (drugs, alcohol, tobacco, gambling, Internet, etc.). With a specific component – children with SEN, etc.</p> <p>2. Campaign for drug prevention in the general population: “Drug use affects all of us” carried out at national level and implemented through the county Centres for Prevention, Evaluation and Antidrug Counselling.</p> <p>3. Develop a National Programme for Awareness and Early Intervention in Schools, targeting educational staff, medical staff, pupils and their carers.</p> <p>4. Information campaigns for persons with mental health issues and their carers concerning the exercise of their rights, in particular to make complaints (information brochures).</p> <p>5. Adapting and presenting information on the websites of the main competent authorities in a manner that is accessible to persons with disabilities.</p> <p>6. Organizing information campaigns and developing information materials concerning the prevention of cognitive disorders by controlling the risk factors for the loss of mental health of citizens, which occur with age and concerning possibilities to avoid/overcome them;</p>	<p>RAPP, NCMHFA, DPH, NIPH</p> <p>NAA</p> <p>MH, NCMHFA, ME</p> <p>MH, NCMHFA; MJ, NAPRPD-MLSS, MDPWA and ATUs and/or LPAs</p> <p>MH, NCMHFA MJ, NAPRPD-MLSS</p> <p>MLSS, MH, ATUs Specialised Associations</p>	<p>State budget, Non-reimbursable external funds</p> <p>State budget</p> <p>State budget, Non-reimbursable external funds</p> <p>Non-reimbursable external funds, State budget</p> <p>Non-reimbursable external funds, State budget</p> <p>Non-reimbursable external funds, State budget</p>	<p>2025-2026</p> <p>annually</p> <p>2025-2027</p> <p>2025-2027</p> <p>2024-2026</p> <p>2025-2029</p>	
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		7. Analysing the possibility to implement annual programmes for population screening on the mental health of the population and early diagnosis of certain disorders, such as the neuro-degenerative disorders, to be gradually developed from the local to the national level.	MH, NCMHFA, UMFs, National Institute of Public Health	State budget	2026-2027	
	IX. IMPROVING COMMUNICAT ION					
		1. Prepare information materials adapted for persons with disabilities in residential centres and/or hospitals	NCMHFA NAPRPD- MLSS	Non-reimbursable external funds, State budget	2024-2026	
		2. It is also envisaged to develop and implement a project funded through the Technical Assistance Programme managed at the MIPE level, which will include communication and information activities for potential beneficiaries/programme beneficiaries on funding opportunities, accessing funds, etc. in the field of disability	MIPE – Contact point for the implementatio n of the Convention on the Rights of Persons with Disabilities			
		3. Design pictograms to be used in communication with people with non-verbal disabilities	MH, NCMHFA MJ, NAPRPD, MLSS	Non-reimbursable external funds, State budget	2024-2027	

	X. BUDGETARY MEASURES					
		<p>1. Supporting healthcare units in accessing European funds and other funds to implement mental health-specific projects by:</p> <p><i>a.</i> Conducting analyses, identifying eligible structures</p> <p><i>b.</i> Providing methodological coordination during the establishment of wards or other necessary specific structures</p> <p><i>c.</i> Providing expertise in order to prepare the documentation and to attract funding</p>	<p>MH NCMHFA MIEP - provider of funds</p> <p>UMFs Hospitals concerned NCMHFA</p> <p>NCMHFA, NAPRPD</p>	<p>Non-reimbursable external funds</p> <p>Non-reimbursable external funds</p>	<p>Permanent</p>	
		<p>2. Analysing and reforming the payment system for medical services in psychiatric hospitals, including for medical services provided to persons deprived of liberty, during and post detention:</p> <ul style="list-style-type: none"> - Analysis - Start of reform according to the National Health Strategy 2023-2030 	<p>MH, NHHI</p>	<p>State budget</p>	<p>2025</p> <p>2026-2027</p>	<p>Undertake n in the response to the Report of the CPT</p>
		<p>3. Ensuring the integration of mental health as a priority for funding/co-funding from the State budget</p>	<p>Government of Romania, MH, NCMHFA NAPRPD- MLSS</p>	<p>State budget</p>	<p>2nd quarter 2024</p>	
		<p>4. Analysing the amendment of the Framework Contract, which regulates the conditions for providing medical care, medication and medical devices, within the health insurance system, so that it is possible, upon request, to increase funding per day in psychiatry.</p>	<p>NHHI MH</p>	<p>State budget</p>	<p>2025-2027</p>	

		<p>5. Identifying ways for additional financing of involuntary admissions, admissions as a result of a temporary/permanent safety measure, rehabilitation services at the level of the CMH:</p> <ul style="list-style-type: none">a. Analysisb. Statement of proposalsc. Implementation of the proposals	<p>MH NCMHFA ARPPH, in consultation with NHHI</p>		<p>1st quarter 2025 2026 2026-2027</p>	
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