

Monitoring report on respect for the rights of persons with intellectual and/or  
psychosocial disabilities in institutions  
at  
**Targu Mures County Clinical Hospital Ward of Neurology and Paediatric  
Psychiatry**

proiect derulat de:



în parteneriat cu:



**Monitoring report**  
Targu Mures County Clinical Hospital  
Ward of Neurology and Paediatric Psychiatry

**Date** March 23, 2024, between 16:30 – 19:00  
**Name** Ward of Pediatric Neurology and Psychiatry  
**Address** Str. Panseluțelor, nr. 5 Târgu Mureș  
**Team** [REDACTED] (Program Manager "Advocacy for Dignity"), [REDACTED] – legal expert, psychologist, [REDACTED] – doctor specialized in pediatric psychiatry, [REDACTED] – psychologist specialized in clinical psychology.

**Context** The monitoring visits took place within the "Advocacy for dignity" program developed by the Center for Legal Resources, access being granted based on the Cooperation Protocol concluded with the Monitoring Council (Law no. 8/2016) and the Cooperation Protocol concluded with the Public Ministry.

### Monitoring visit

The CLR team did not encounter any problems accessing the pediatric neuro-psychiatry ward. We were greeted by Dr. [REDACTED], ward manager, who was on duty. She notified the hospital management, then permanently accompanied the CLR team during the monitoring visit. CLR team members received disposable gowns and shoe covers at the entrance, this being the procedure when visiting the wards where patients are accommodated. During the visit, discussions took place with the staff of the ward, with patients and their caregivers (accompanying mothers hospitalized at the time of the monitoring visit).

### Organization of the paediatric psychiatry ward

According to the website of Targu Mures County Clinical Hospital, the ward of neurology and pediatric psychiatry has a capacity of 48 beds for continuous hospitalization, of which 40 for neurology and psychiatry cases and 8 beds for neuro-psychomotor recovery. For accompanying mothers, 25 beds are allocated, and the ward is equipped with 5 beds for day hospitalizations. According to the statements obtained during the visit, it seems that the ward has 48 beds, of which 40 are for continuous hospitalization, 8 beds for chronic patients (for children with addictions and for those with mental disabilities), 20 beds for accompanying mothers and 4 beds for day hospitalizations (compared to 25 beds for accompanying mothers and 5 beds for day hospitalizations as they appear on the official website of the institution).

The building has ground floor and one floor, inner courtyard with playground for children. There are 11 hospital rooms, 10 used for continuous hospitalizations (one of them is transformed into an isolation room if necessary), a room for day hospitalizations (patients who stay for several hours to perform investigations and for being diagnosed), 3 toilets (two of them serve the hospital rooms, one serves 5 hospital rooms, the second 4 hospital rooms and are equipped with 2 toilet cabins (at the time of the visit, one of the cabins was defective), 3 shower cabins, sinks and the third is allocated to the isolation room). Hospital rooms are separated - older girls, older boys, respectively, mixed salons for younger children.

In the pediatric psychiatry ward there is a treatment room, a ludotherapy room, a physiotherapy room, an electrophysiotherapy room, an EEG room, a psycho-therapy room, a demonstration room for teaching activities. Continuous hospitalizations rooms can be found on the first floor of the building.

The "Physical Culture and Physiotherapy Room" is equipped with steppers, physiotherapy beds, various sizes of wall bars, weights, various games, toy horses for practicing balance, balls, gait training treadmills.

## **Living conditions – medical services provided, psycho-social aspects, leisure**

The average length of hospitalization is 7 days for patients with neurological and motor problems and up to three weeks for patients with psychiatric conditions. The ward also accepts young persons over 18 years of age if they are enrolled in any form of schooling.

Patients can benefit from the services offered by the neuro-psychiatry ward exclusively during the period of hospitalization: physiotherapy sessions or other medical services cannot be provided as part of day hospitalization or by coming just for physiotherapy sessions. The situation is similar with regard to psychological counselling services or any other treatment provided by the ward.

According to Dr. Racoş Elisabeta, she is very often confronted with suicide attempts, self-mutilation, major depression, alcohol and drug addictions among preadolescents and young persons. Often, young persons are brought by the Police of the Târgu Mureş City, because they are staying in parks under the influence of alcohol or drugs.

Among the patients of the neuro-psychiatry ward there are also minors from social care homes for children with disabilities, children from the foster care system, as well as from family-type care homes, subordinated to D.G.A.S.P.C. (General Directorate for Social Assistance and Child Protection). An important problem reported by the staff of the neuro-psychiatric ward concerning children under the care of social care homes diagnosed with serious conditions (autism, epilepsy, etc.), particularly but not exclusively young children, is that they arrive unaccompanied. First days of hospitalization are difficult and challenging for them, according to the ward staff, because patients (children) are sad, cry a lot, don't sleep, are dejected and scared (a natural behavior considering their age, the diseases they suffer from, being hospitalized without preparation or explanations, being alone in a new place, with strangers, in a unfamiliar space). The staff of the ward claims that they have asked for support from their colleagues from D.G.A.S.P.C. for each hospitalization, but each time they have been refused, the reason given by the employees of the social care homes/D.G.A.S.P.C. being the lack of staff and the heavy workload in the social care homes where they are employed.

Each patient, at the time of discharge, is scheduled for the next hospitalization or examination. It is the practice of the neurology and paediatric psychiatry ward to recall patients every three months. Thus, a child has up to four hospitalizations per year, which is the only way to ensure that the child's progress following the psycho-medical services provided is sustained. According to Dr. Racoş Elisabeta, the children often come back before the appointed time. On discharge they receive a prescription with the necessary medication for one month, the rest of the prescriptions being issued by the family doctor in accordance with the recommendations of the ward doctors. Dr. Racoş Elisabeta also mentions that there are patients who have had 30, 40 admissions - as many as necessary - until the age of legal adulthood, mothers being also instructed to rigorously keep their medical records, subsequently being recommended to continue the interventions, this time in adult facilities.

Admissions can be made through the Emergency Reception Unit until 1 p.m. and afterwards only as per the appointments already booked.

The CLR team interacted with the accompanying mothers during the visit, they expressed their satisfaction with the services provided, most of them are not at their first admission, and they notice visible progress in their children as a result of the medical services provided in this institution.

A special case is that of the 8-year-old minor B.G., who was hospitalized with his mother for the second time. The mother says the boy was raped by a neighbour a year ago. The family has gone through the specific steps of the judicial procedure, the boy has also been heard, and they have even participated in court hearings. It was the only time the boy was assisted by a psychologist. The

child's health, however, continues to be affected, which is also the reason for the present hospitalization. From the conversation with Dr. [REDACTED], it appears that the boy has PTSD and encopresis (faecal incontinence). The situation cannot, however, be dealt with exclusively on a one-off basis, through regular hospitalizations in the institution, as it requires both constant parental support (and their psycho-education) and specialized intervention - these seem to have not taken place. The family lives in a rural environment (Sânpetru de Câmpie) and has no financial possibilities. The mother also asked for any support that could be offered, including from the monitoring team.

The issue that has been identified - the lack of accessible and quality professional services in the community, which would ensure the continuity of the services provided in the ward after discharge, is one of the main reasons why children arrive in the ward before the time set for an appointment. Most of the time, the recommendations and indications (psychotherapy, psychological counselling) in the discharge form cannot be followed (the most common reasons being the lack of specialists, especially in rural areas, and the lack of material and financial resources that would allow parents to attend psychotherapy). Parents also often need sessions to understand the symptoms, seriousness and therapeutic techniques used to treat/improve their children's conditions, and psychological counselling to manage their own state of mind and feelings about the impact of these conditions on the whole family and their daily schedule.

The department of neurology and paediatric psychiatry collaborates with at least two non-governmental organisations (Transylvanian Alpha Foundation and Save the Children Târgu-Mureş branch) to cover the need for professional services (psychological counselling and psychotherapy) within the community, but the two organisations cannot cover all the demand, due to the large number of beneficiaries (it often happens that a first meeting with the patient takes place 4-5 weeks after discharge).

E., 15, the only teenager on the ward - hospitalized on Friday (the day before) after confessing to his mother that he had cut himself with a penknife on his forearm. He says he is bored at the hospital because of the lack of activities, not even having access to the phone except only for a period of one hour (divided into 2 half-hour episodes).

At the time of the monitoring visit, according to the information received from Dr. [REDACTED] 18-20 patients were hospitalized in the ward, during Friday many of them had been discharged.

The ludotherapy room is open for two hours a day, Monday to Thursday. The activity is provided by two volunteers from a non-governmental organisation with qualifications in psychology. They carry out activities with all patients in the unit, as directed by the professional staff. The activities have been running since 2019, but were suspended during the pandemic. Outside of working hours, the room is closed, but children can ask the staff to take a toy away.

## **Food**

Upstairs, the ward has a dining room. Food is prepared in the kitchen of another ward of the County Clinical Hospital of Targu Mures, brought to the ward, transported by elevator to the dining room office upstairs, where it is portioned and served. Patients receive 5 meals a day (breakfast, lunch, dinner and two snacks). In the dining room there is a fridge for storing patients' food, where mothers often store food that they give to their children, but which the ward does not have on the menu.

Regarding the food for the mothers, for those whose child is classified as having a disability, the food is free of charge and the mothers whose child is not classified as having a disability pay a fee to the hospital and receive the same menu as all patients in the ward.

During the visit dinner was served – Bologna sausage, melted cheese, a boiled egg, butter, yoghurt and bread. The weekly menu is displayed in the dining room, it corresponds broadly to what was stated/found in the field.

Lack of medicines - staff of the paediatric neuro-psychiatric ward accuse that they have been facing a shortage of medicines for years. It is the practice of the unit to pass the hat around employees' money and purchase the necessary medicines for the patients. Clinic staff shows the team a mock register to demonstrate the situation reported. Thus, when trying to order anti-epileptic drugs, it can be seen that they do not exist in the hospital pharmacy stock. Moreover, not even the regular medicines (e.g. paracetamol in suppository form) are in stock. Staff claim that there has rarely been stock of antiepileptics available in recent years. Dr Racoş says that this situation is known to the hospital management, and that she has reported this on many occasions. The answers she has received have been that the price being offered in medication bids is unattractive to drug distributors. However, prescriptions filled at discharge are honoured without problems by pharmacies, which means that the price the hospital is willing to pay for these medicines is below the price the National Health Insurance House provides through settlement.

The psycho-therapy room - is located on the ground floor of the building. During the hospitalization, the psychologist carries out psychological assessments in order to establish the psycho-diagnosis and to complete the psychological file so as to determine the degree of disability, and, within the time available, the psychologist also carries out counselling sessions, especially with adolescent children. Counselling lasts between 10 and 15 minutes daily. Because the network of specialists working in the community is weak and very expensive, many patients stop counselling after hospitalization.

### **Restrictive measures - containment/isolation**

The ward does not have restraint belts, although numerous requests have been made over time. According to the statements of the ward manager dr. [REDACTED], in case of episodes of psychomotor agitation, the staff makes efforts to gently immobilize the patient only for the administration of injectable drug treatment. The ward is not equipped with an isolation room in accordance with legal regulations, but converts one of the regular wards into an isolation room. This is a multi-bed ward with its own sanitary facilities. According to Dr. [REDACTED] it is important to limit the stay of children in the isolation room, believing that the impact of limiting freedom of movement and socialization is negative for the patient. During their stay in the isolation room, the children are under the constant supervision of a nurse or nurse's aid.

At the time of the monitoring visit, a 6-year-old girl had been in the isolation room for about 3 weeks. For the protection of the girl, the medical staff chose to keep her in isolation. The girl's health condition is serious and she is bedridden. She has been in a coma, with multiple skull fractures, diagnosed with motor aphasia, paralysis on the right side. She was admitted for 6 weeks to the neurosurgical ward of the Târgu Mureş County Clinical Hospital, from where she arrived with scare, nasogastric tube and bladder catheter. She is currently no longer using any of these devices. In the isolation room she is under constant supervision. The evolution is good, she is receiving help to be able to feed herself, she can grab objects with her hand, she can stand up in her seat. She has been placed in the wheelchair and managed to stay for a short time restrained with the safety belts. Every day she attends physiotherapy sessions, in the morning in the physiotherapy room and in the afternoon in the ward.

### **Registers**

At the unit's entrance there is a register of complaints and claims, with two complaints, from 2011 and 2019. The unit has registers with the necessary procedures and related to various types of interventions – standardized procedures at the level of Targu Mures Clinical Hospital. The matters of legal representatives/guardians are rigorously recorded, given that all patients are minors, as well as the condition in which they are hospitalized, as there are many cases in which forensic examinations are requested. No information was provided on deaths on the ward.

## **Personal**

The pediatric neuro-psychiatry ward employs 35 persons. Of these: 3 doctors (two are double specialized – neurology and pediatric psychiatry, and 1 doctor specialized in pediatric psychiatry), 2 physiotherapists, 1 psychologist, 10 nurses, 1 EEG nurse, 3 cleaning assistants, 8 nurses, security guard – thus, it is noticed that the actual staffing plan does not correspond to the number of employees.

Most of the time, two nurses work per shift.

### Conclusions:

- According to the statements of the neurology and pediatric psychiatry ward's staff, often the steps taken by the social worker of the Targu Mures County Clinical Hospital are hindered by delays in responses, actions and clarifications from institutions such as county's D.G.A.S.P.C. (General Directorate for Social Assistance and Child Protection) or S.P.A.S (Public Social Assistance Services);
- - Lack of professional services in the community to ensure continuity of medical and therapeutic services needed by children;
- - Lack of staff available to accompany young children to the paediatric neurology and psychiatry ward when they are being hospitalized;
- - Lack of up-to-date provision of information to ward staff about the rights of abused children and their families (e.g. a number of free psychotherapy sessions).
- - Stronger dialogue with DGAPSC representatives for serious cases, such as that of the patient with PTSD; in order to identify solutions to ensure specific therapy and subsequent intervention carried out during the hospitalization in this unit.
- The intervention of the hospital management to correct the absurd situation in which there are no specific medicines in a paediatric neurology and psychiatry ward







