

Child and Adolescent Mental Health in Romania - A Snapshot -

Authors

Mihai Copăceanu, Psiholog, doctor în medicină
Irina Costache, Psiholog, doctor in studii de gen

The opinions expressed and arguments employed herein do not necessarily reflect the official views of UNICEF.

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I. Introduction

Over the last decade, mental health problems have become more widespread and visible worldwide. According to the World Health Organization¹, some 15% of children and teenagers experience mental disorders. Most such disorders start around the age of 14 yet many go undetected and untreated. Depression, anxiety and behavioural disorders are among the leading causes of illness and disability among teenagers. Furthermore, suicide is the fourth leading cause of death for young people aged 15-29. Moreover, on the backdrop of international political conflicts, it is estimated that 20% of people who live or have lived in conflict zones suffer from mental health disorders, with children being the most affected. Mental health impairment impacts on all aspects of a person's public and private life, such as participation in education, social life, community, family and friends, work, etc.

"Even before the pandemic, children and young people carried the burden of mental health risks, with half of all mental disorders developing before age 15, and 75 per cent by early adulthood"².

More than 4,068,659 children aged 0-18 live in Romania, representing 21% of the country's total resident population³. About 9% of them need mental health services annually⁴.

The mental health of Romanian children and teenagers is much more impacted than that of children in other countries. Almost 33% of Romanian teenagers aged 11 to 15 reported feeling sad more than once in a week, compared with an average of 13% in the 45 countries included in a World Health Organisation study. A study carried out in Romania in 2020 on 10,114 teenagers from across the country (average age 17 years) showed that 48.9% of them youths had thoughts of suicide at least once, 27.1% were sad all the time and could not escape sadness, and 21.5% felt depressed at times in the last six months⁵. Another study (comparative) showed that the suicide rate in Romania among teens under 15 was higher than the European average⁶.

Furthermore, diagnosed mental disorders ranked thus: conduct disorders (24.19%), attention-deficit/ hyperactivity disorder (22.65%), anxiety disorders (19.23%), autism spectrum disorders (14.47%), depressive episodes (9.14%), attachment disorders (4.3%), school phobia (3.1%), eating disorders (2.88%)⁷.

Romania ranks 6th out of 44 countries, in descending order, by the share of 15-year-olds who smoke at least once a week.

Children from disadvantaged groups are at increased risk of mental health problems. For instance, more than 40% of children newly diagnosed with autism spectrum disorders are from rural areas⁸ without access to therapy and rehabilitation services. Despite the increased incidence, a very small number of children are diagnosed with mental disorders and consequently receive specialised services⁹, a situation also highlighted in interviews with experts.

Vulnerable groups, such as ethnic minorities or migrants, are all the more prone to developing mental health

¹World Health Organization: [World Mental Health Day 2021](#)

²Source:<https://www.unicef.org/romania/ro/comunicate-de-pres%C4%83/cel-pu%C8%9Bin-unu-din-%C8%99apte-copii-%C8%99i-tineri-fost-afectat-%C3%AEn-cea-mai-mare-parte>

³https://insp.gov.ro/download/cnepss/stare-de-sanatate/rapoarte_si_studii_despre_starea_de_sanatate/sanatatea_copii/rapoarte-nationale/Raport-National-de-Sanatate-a-Copii-or-si-Tinerilor-din-Romania-2020.pdf

⁴Kovess et al., 2015 in Ciucă, Andrada & Baban, Adriana. (2016). Youth mental health context in Romania.

⁵Sex, alcool, marijuana și depresie în rândul tinerilor din România. Studiu național cu participarea a peste 10.000 de tineri și 1.200 de părinți, Ed. Universitară, Bucharest 2020

⁶Magdalena Dumitru & Aurel Papari & Andra Seceleanu & Irina Sunda, 2019. "Suicide In Romania Compared To The Eu-28 Countries," Social Sciences and Education Research Review, Department of Communication, Journalism and Education Sciences, University of Craiova, vol. 6(2), paginile 131-148, noiembrie.

⁷Strategia Națională pentru sănătatea mintală a copilului adolescentului 2016-2020

⁸<https://rohealthreview.ro/asociatia-help-autism-lipsa-serviciilor-specializate-integrate-una-dintre-principalele-probleme-cu-care-se-confrunta-pacientii-cu-tulburari-de-spectru-autist/>

⁹Sănătate mintală: analiză de situație, Ministry of Health, INSP, 2021

disorders for, among other causes, lack of access to health services, unhealthy lifestyles, negative thought patterns or risky behaviours¹⁰. Also, young women are more likely to be depressed than young men, a possible reason being reduced access to jobs, education or training compared to men¹¹. According to the Eurofund Report, which also includes information from the European Quality of Life Survey (EQLS), although the risk of depression among young adults in the European Union is estimated at 14%, they face social, financial and cultural difficulties in accessing specialised services¹². According to that Study, although some countries, including Romania, face a high risk of depression and other related disorders among children, a very small number of them are diagnosed with mental disorders and receive related services¹³.

This report aims to map the mental health needs of children from vulnerable groups in Romania, to identify the types of counselling, mental health services or other rehabilitation services with an emotional-psychological component addressed to children in Romania, and to identify some of the gaps and shortcomings in the access to mental and emotional health services.

To this end, this paper includes a review of international reports on children's emotional well-being and mental health, an analysis of existing data held by central agencies responsible for child protection and health, and a series of ten qualitative interviews with specialists in children's mental health (psychotherapists, providers of social services for children, psychiatrists and paediatric psychiatrists, school and vocational counsellors). The qualitative interviews are reported in this paper in the *Specialist Voices* section and used to identify systemic issues related to children's psycho-emotional health.

Impact of the COVID-19 pandemic on the mental health of children and teenagers

Since 2020, all the medical and psychological attention has been on the COVID-19 pandemic, whilst too little has been discussed about the impact of isolation on the population and the focus on analysing mental health remained marginal compared to the major changes occurred.

Children and youngsters have been particularly affected by the restrictions and fluctuations during the pandemic, but, whilst the impact of this period on children has been assessed medically, socially and educationally¹⁴, the matter of their health and mental well-being has not been comprehensively addressed. The regular evaluation carried out by UNICEF in 2020 reveals that psychological counselling and interventions delivered in hospitals and specialist clinics were among the most affected services during the emergency period. Although the situation improved in terms of access to services during the state of alert (e.g. establishment of the first COVID-19 counselling hotline for teachers, students and parents¹⁵; approval of remote provision of health-related services by psychologists and speech therapists¹⁶ etc.), the implementation rules and access to information and appropriate technology for the proper functioning of these services remained deficient.

Overall, according to a UNICEF study that includes data from the [Oxford COVID-19 Government Response Tracker](#), "at least 1 in 7 children – or 332 million globally – has lived under required or recommended nationwide stay-at-home policies for at least nine months since the start of the COVID-19 pandemic, putting their mental health and well-being at risk"¹⁷.

¹⁰Virupaksha, H.G., Kumar, A., Parthasarathy Nirmala, B., Migration and mental health: An interface, *J Nat Sci Biol Med.* 2014 Jul-Dec; 5(2): 233–239. doi: 10.4103/0976-9668.136141

¹¹[Inequalities in the access of young people to information and support services](#), Eurofund, 2019

¹² Idem pg 33.

¹³Sănătate mintală: analiză de situație, Ministerul Sănătății, INSP, 2021

¹⁴[Evaluare rapidă a situației copiilor și familiilor, cu accent pe categoriile vulnerabile, în contextul epidemiei de COVID-19 din România](#), UNICEF, 2020.

¹⁵<https://www.edu.ro/ambasador-pentru-comunitate-prima-linie-de-consiliere-psihologic%C4%83-pe-tema-covid-19-gratuit%C4%83-dedicat%C4%83>

¹⁶ Ordinul Ministrului Sănătății și al Președintelui Casei Naționale de Asigurări de Sănătate nr. 802/529/ 12.05.2020

¹⁷Source:<https://www.unicef.org/romania/ro/comunicate-de-pres%C4%83/cel-pu%C8%9Bin-unu-din-%C8%99apte-copii-%C8%99i-tineri-fost-afectat-%C3%AEn-cea-mai-mare-parte>

Despite the pervasiveness and extent of mental disorders, the gap between the demand and supply of mental health services is huge, with very few of those in need actually accessing quality specialist services. According to WHO, this is the result of a long-standing lack of investment in prevention, promotion and support for people with mental health problems. At the same time, people with such disorders are often stigmatised, discriminated, abused and their rights are systematically violated. The stigma associated with mental health services persists nationwide, contributing to low interest in accessing these services.

Even though specialised psychological services for children were usually only available in large and medium-sized cities before the pandemic, many of them moved online in 2020, when children were isolated and had to switch to online education.

II. Vulnerable children and mental health issues

A variety of factors impact the children's and teenagers' mental health, often by deepening their depression and anxiety. The family environment, relationships with parents and with friends are important factors, as is the person's social and economic status or the risk of violence (physical, psychological, sexual, bullying, etc) to which they are exposed. Media influence and gender roles can create false perceptions of reality for many children and teenagers. Stigma, discrimination, social exclusion and restricted access to mental health services all play a role in affecting mental health.

Certain groups of children and young people are at higher risk of developing mental disorders. Such groups are: children living in disadvantaged environments, children in refugee or conflict areas, children with parents with mental health problems, children with chronic illnesses, children with autism spectrum disorders, children with neurological disorders or intellectual disabilities, children who are victims of forced marriage, children in institutions or in the foster care system, children without parental care, including children with parents working abroad, children from ethnic, religious and sexual minorities, children who have problems integrating into the education system or who drop out of school, etc.¹⁸.

According to the World Health Organization, the main types of mental health disorders of children and adolescents are:

- Developmental disorders (mental retardation, autism spectrum disorders, etc.);
- Learning and communication disorders;
- Emotional disorders, found mainly in teenagers (4.6% of 15-19 year olds and 3.6% of 10-14 year olds suffer from anxiety or depression);
- Behavioural disorders, predominantly found in young children (3.1% of 10-14 year olds and 2.6% of 15-19 year olds suffer from ADHD, and 3.6% of 10-14 year olds and 2.4% of 15-19 year olds suffer from conduct disorders such as destructive or challenging behaviour);
- Eating disorders, often starting in adolescents and young people (e.g. anorexia nervosa, bulimia nervosa, etc.);
- Psychosis, especially in teenagers and youngsters (e.g. hallucinations, delusions);
- Self-harm and suicide, the latter being the fourth leading cause of death among 15-19 year olds;
- Risky behaviours (substance abuse, risky sexual behaviour, etc.), which are more prevalent among teenagers.

¹⁸Source: <https://www.who.int/news-room/fact-sheets/detail/adolescent-mental-health>

In Romania, children's mental health is assessed sporadically and piecemeal, a fact that was also noted in strategic documents on the protection of children's rights. The strategy "Protected Children, Safe Romania" - National Strategy for the Protection and Promotion of Children's Rights 2022-2027 notes the absence of consistent information on children's mental health and the lack of regular assessments of children's psychological well-being.

One of the few sources of information on the mental health status of children in Romania are annual reports, such as the National Report on the Health of the Children and Young in Romania, published by the National Institute of Public Health (INSP). These reports are based on information collected by the Public Health Departments through school-based medical offices and family doctors' offices and monitor morbidity caused by mental and behavioural disorders. The figures presented show a constant share of this type of morbidity, measured as the incidence of this type of illness per 1,000,000 children.

These reports present in more detail only one indicator related to the mental and behavioural disorders: that of alcohol-related conduct disorder. The National Report on the Health of Children and Young in Romania (2021) points out that the number of illnesses caused by alcohol consumption increased sharply between 2016 and 2019, but in the wake of the COVID-19 pandemic the number of these illnesses decreased, given the limitations imposed on movement and socialization.

Table: *Mental and behavioural disorders caused by alcohol consumption in children aged 0-19* (National Report on the Health of Children and Young in Romania)

Year	No of new cases
2016	3,179
2017	3,221
2018	3,165
2019	3,744
2020	3,334

Unfortunately, the absence of monitoring data on mental health and mental and emotional well-being is one of the biggest challenges for the development of evidence-based public policies. Because of these gaps, the needs of children in vulnerable groups remain unaddressed or even unidentified.

1. Child victims of violence and mental health

Violence against children remains a widespread problem in the Romanian society. In its Fifth Periodic Report (2017)¹⁹, the UN Committee on the Rights of the Child expressed concern about the extent of violence against children in Romania, highlighting: *general tolerance of violence in different forms, including verbal and psychological abuse; limited capacities of the public system to identify, report and address cases of violence, abuse and neglect of children, as well as sexual exploitation and abuse*. According to the latest official data provided by the National Authority for the Protection of Children's Rights and Adoptions (ANPDCA), a total of 15,925 cases of child abuse, exploitation and neglect were registered by the social services in 2021. A summary of the official number of child abuse cases for 2019-2021 is presented below:

¹⁹Observații finale privind cel de-al cincilea raport periodic al României, adoptate de Comitet în cadrul celei de-a 75-a sesiuni (15 mai – 2 iunie 2017), Comitetul ONU pentru Drepturile Copilului.

Table 1. Cases of abuse, exploitation, neglect (2019 -2021), ANPDCA

Type	2019	2020	2021
Physical abuse	1.435	1.236	1.561
Emotional abuse	2.047	1.860	2.171
Sexual abuse	994	1.045	1.349
Neglect	11.015	9.679	10.303
Labour exploitation	389	220	304
Sexual exploitation	45	34	57
Forced criminal exploitation	71	96	180
Total	15.996	14.170	15.925

The above data show a decrease in the number of cases of violence against children in 2020, most likely due decreased accessibility of child protection services during the COVID-19 pandemic. Gender analysis of the data indicates that a higher percentage of girls are affected by violence against children (55.5% of registered victims of violence in 2021 were girls). Girls are overrepresented in cases of sexual abuse (87.1% in 2021) and in cases of sexual exploitation (84% in 2021). Boys are overrepresented in cases of exploitation for committing crime (in 63.3% of the cases identified in 2021 the victims were males) and in cases of labour exploitation (boys were 55.9% of victims in 2021).

Regarding physical and emotional abuse, the data show a slightly asymmetric distribution between boys and girls, with more girls being victims of violence.

Table 2. Gender breakdown of abuse, exploitation, and neglect cases

Type	Year	Total cases	Male	Female	Boys	Girls
Physical abuse	2019	1,435	708	727	49.34%	50.66%
	2020	1,236	603	633	48.79%	51.21%
	2021	1,561	759	802	48.62%	51.38%
Emotional abuse	2019	2,047	943	1,104	46.07%	53.93%
	2020	1,860	870	990	46.77%	53.23%
	2021	2,171	995	1,176	45.83%	54.17%
Sexual abuse	2019	994	134	860	13.48%	86.52%
	2020	1,045	142	903	13.59%	86.41%
	2021	1,349	173	1,176	12.82%	87.18%
Neglect	2019	11,015	5,278	5,737	47.92%	52.08%
	2020	9,679	4,749	4,930	49.06%	50.94%
	2021	10,303	4,865	5,438	47.22%	52.78%
Labour exploitation	2019	389	200	189	51.41%	48.59%
	2020	220	135	85	61.36%	38.64%
	2021	304	170	134	55.92%	44.08%

Sexual exploitation	2019	45	8	37	17.78%	82.22%
	2020	34	9	25	26.47%	73.53%
	2021	57	9	48	15.79%	84.21%
Forced criminal exploitation	2019	71	46	25	64.79%	35.21%
	2020	96	60	36	62.50%	37.50%
	2021	180	114	66	63.33%	36.67%
Total	2019	15,996	7,317	8,679	45.74%	54.26%
	2020	14,170	6,568	7,602	46.35%	53.65%
	2021	15,925	7,085	8,840	44.49%	55.51%

In terms of the provision of rehabilitation services for children who have been victims of violence, official data show a rather large gap between the needs of such children and the institutional response. Child victims of neglect and physical abuse have the lowest access to rehabilitation services. The analysis of the data provided by the ANPDCA for 2021 also reveals an extremely low coverage with services for children victims of exploitation for committing crimes, in the context of an increased number of children identified (from 71 cases reported in 2019 to 180 cases reported in 2021).

Table 3. Access to rehabilitation services for child victims of violence in 2021

Type	Cases in 2021	Rehabilitation services in 2021			% of beneficiaries
		Psychological counselling	Psychotherapy	Other therapies	
Physical abuse	1,561	885	57	35	62.59%
Emotional abuse	2,171	1,369	112	150	75.13%
Sexual abuse	1,349	1,083	88	58	91.10%
Neglect	10,303	5,483	187	223	57.20%
Labour exploitation	304	117	0	106	73.36%
Sexual exploitation	57	47	0	2	85.96%
Forced criminal exploitation	180	45	0	0	25.00%
Total	15,925	9,029	444	574	63.09%

These official data are only the tip of the iceberg of the violence against children in Romania. Surveys show high rates of child abuse, both in the family and in the community. A nationwide survey conducted in 2021²⁰ shows that one child in two (46%) is hit in the family, 5% of children are physically abused at school and there is also an increase in the incidence of sexual abuse outside the family, with 3% of children identifying themselves as victims of this type of abuse. A 2020 child sexual abuse survey²¹ shows that most children in Romania do not recognise and cannot detect many forms of sexual abuse (the abuser undressing in front of them or inviting them to watch sexual images), and when they do, only three out of five children would

²⁰Save the Children (2021) [Studiul privind incidenta violentei asupra copiilor](#).

²¹World Vision (2020) [Sondaj cu privire la abuzul sexual asupra copiilor](#).

talk to their parents about these incidents. The same survey shows that one in six children say they know friends or colleagues who have been sexually abused.

Violence has are multiple and long-lasting effects on children, and the impact on mental health is major. Physical violence can cause both psychological and physical damage. Conversely, the effects of psychological violence can sometimes manifest themselves physically. Research shows that, when children experience one form of violence, they will also be at greater risk of vulnerability to other forms of abuse. This predicament is known as “Polyvictimization”.

Violence on children may have psychosomatic and emotional impacts, such as:

- Physical illness - in childhood: asthma, gastrointestinal problems, headaches and flu. In adulthood: chronic heart, lung or liver disease, obesity, high blood pressure and high cholesterol;
- Reduced cognitive ability - the cognitive development of abused or neglected children can be severely impaired, one of the most noticeable being the poor development of language skills in the early years;
- Impaired mental health - depression, anxiety disorders, eating disorders and suicide are all associated with childhood psychological violence, as is post-traumatic stress disorder;
- Behavioural effects - abused children are at greater risk of alcoholism, substance abuse and involvement in high-risk sexual activities.

2. The phenomenon of children with children: teenagers becoming mothers

Romania ranks second in the European Union, after Bulgaria, in terms of the rate of births to teenage mothers. The situation is all the more worrying as Romania ranks first in the European Union in terms of the number of births to mothers under 15 years of age. In 2020, the births to girls under 15 in Romania account for 44% of all births to this age group in the European Union.

The issue of teenage pregnancy remains high on the Romanian public agenda. It is addressed from both a public health and a social - educational perspective. The recommendations²² aimed at stopping the phenomenon of children with children include increasing information and education on sexuality among adolescents, improving access to sexual and reproductive health services for teenagers, school participation and preventing teenagers from dropping out of school, etc. The issue of children with children is seldom addressed from the perspective of mental health risks for the teenage mother and her child or the causes and emotional impacts of with early pregnancy.

Table 4. Teenage pregnancy (2018-2021, INSSE data)

Age group	2018	2019	2020	2021
Mothers under 15 y.o.a.	746	753	732	687
Mothers under 19 y.o.a.	19,502	18,180	17,592	15,811

The Study “*Teenage Pregnancy in Romania*”²³ highlights the fact that teenage pregnancy has many negative consequences for future mothers, including their mental health. The report points out that teenage mothers appear to be at higher risk of postpartum depression than adult mothers²⁴. It is unclear, however, whether

²²UNICEF 2021, [Sarcina la adolescente în România](#).

²³UNICEF 2021, [Sarcina la adolescente în România](#).

²⁴Ibid.

mental health problems result from the pregnancy itself, from changes in life circumstances following motherhood, or are rooted in the socio-economic context that has increased the likelihood of teenage pregnancy. Conducting dedicated population-based research in Romania can help identify mental health risks among teenage mothers.

Preadult maternal age also has a negative effect on the development of the child's cognitive abilities. Thus, children of teenage mothers have been found to have lower non-verbal and verbal skills in the early years. Other studies note the poorer academic performance of children of very young mothers, particularly in reading. Children of child mothers also appear to develop risk-taking behaviours, coming into contact with the justice system more often than other children. They exhibit risky behaviours, such as regular cigarette and alcohol consumption.

3. Children whose parents are at work abroad

According to data collected by the National Authority for the Protection of Children's Rights and Adoptions, at the end of March 2021, there were some 76,170 children in Romania whose parents were working abroad, out of whom 12,669 children had both parents abroad and 7,059 had the single parent abroad. The phenomenon of children growing up while their parents are working abroad is already typical for Romania, with media pieces already showing the evolution of a generation of children who have reached adulthood away from their parents.

Table. *The phenomenon of children whose parents are working abroad*

	2018	2019	2020	2021
Families at work abroad	71,418	67,466	57,391	59,845
Children whose parents are at work abroad	92,027	86,263	75,136	76,170
Families where both parents are at work abroad	12,155	11,844	9,844	9,487
Families where the single parent is at work abroad	16,331	15,858	7,673	7,059

Monitoring the children whose parents work abroad focused mainly on protection issues (guardianship, protection measures, physical well-being) and education issues (inclusion and retention of these children in the education system). However, parental absence influences children's mental health and emotional wellbeing, even generating psycho-traumatic impacts.

A summary of the psychological symptoms found in children whose parents are abroad to work are: sadness, feelings of abandonment, depression, poor concentration, aggressive behaviour, irritability and lower academic achievement.

Mental impacts may include: separation anxiety, feelings of guilt, resentment, unmet needs of communication and intimacy, lack of parental authority, with effects on internalisation of rules, boundaries, and social behaviours.

4. Children in rural areas

More than 46% of all children in Romania live in rural areas, many of them in places facing extreme poverty and material deprivation. In these areas, children's access to basic services, such as education or health, is much lower than in urban areas. These disparities influence children's chances of development and their life opportunities.

A picture of the health status of rural children is provided annually by the reports on the *Well-being of Children in Rural Areas of Romania*²⁵. This constant monitoring of the state of rural children provides information on the multiple vulnerabilities of these children, which also impact on their mental health and emotional well-being. The monitoring exercise shows that the households with parents working abroad are concentrated in rural areas (in about 8% of rural households there are children with at least one parent working abroad). Also, 31% of parents in rural areas are dissatisfied with the lack of access to basic and specialised medical services, such as paediatric, radiological and ultrasound services, or access to laboratories for the collection and processing of tests.

Lack of parental care coupled with reduced access to educational, social or medical services is reflected in teenagers and children from rural areas taking up risky behaviours. Data for 2022 show that 34% of teenagers in rural areas have consumed alcohol and 19% smoked or have tried to smoke. Risky behaviour is also accompanied by high exposure to violence and insecurity in the community, with 30% of children and teenagers saying they feel at risk and apprehensive. Most children (43%) say they fear adults from the community who drink alcohol and become violent.

All these vulnerabilities are reflected in indicators on the well-being of children from rural areas, where almost half of teenagers (48%) feel they have no control over their lives, while 34% say they do not feel as happy as other children of their age.

5. Disabled children

In 2021, 848,966 persons were registered with disabilities, of whom 78,190 children with disabilities of all degrees. 10,203 of those children had a mental disability and 18,280 a psychological disability.

Although the Romanian state provides some physical, cognitive and behavioural rehabilitation services free of charge, such services are insufficient and not available in all areas (they are particularly lacking in rural areas), are underfunded and often come at direct and indirect cost to the disabled.

The National Health Insurance House (CNAS) finances the basic package of curative health services for all insured persons, including primary, emergency and specialist care, from the Single National Health Insurance Fund (FNUASS). Disabled persons should be able to access, inter alia, primary health care (through family doctors), emergency and specialist care (provided in hospitals and outpatient clinics), public health services (such as immunisations, prevention and treatment of communicable diseases and health promotion initiatives).

These services should be patient-centred and organised along a care continuum - an internationally recommended best practice, which involves organising a system of integrated and multidisciplinary services (medical and social) that respond to patients' needs from the diagnosis of disability to the end of life. A range of specific services, including prevention, early detection of disability and rehabilitation of physical, cognitive and behavioural functions, are critical in such a system.

Rehabilitation is defined as "an active process whereby those who are disabled as a result of injury or disease recover fully or, if full recovery is not possible, reach their optimum physical, mental or social potential and are integrated into the environment that is best suited to them". Research by the World Bank on disability services in Romania shows that there are a number of gaps in rehabilitation services.

²⁵World Vision, Raport Bunăstarea Copiilor din Mediul Rural <https://worldvision.ro/wp-content/uploads/2022/05/Bunastarea-Copiiilor-din-Mediul-Rural.pdf>

Firstly, such services are insufficient, especially in the outpatient sector, and they do not exist in many small towns or rural areas. Secondly, there is a reduced insurance budget for such services and not all service providers have contracts with the county or Bucharest health insurance funds. Under these conditions, many patients have to pay the full cost of these services. Thirdly, there is a lack of integrated and multidisciplinary practice guidelines for the provision of rehabilitation services to the disabled. The same report notes the poor quality of vocational and psychoeducational counselling services. The report shows that some children with disabilities do not go to school or are not provided quality education suitable for them. Of those who do go to school, too few go on to complete university or vocational education.

6. Refugee children

Until the crisis caused by the conflict in Ukraine, few migrant children (refugees or asylum seekers) were coming to Romania and the phenomenon was of marginal interest for decision-makers. However, the number started to increase as of 2017, Romania receiving an average of 1,400-1,500 asylum applications per year, with children accounting for about 15% of all migrants and unaccompanied minors for about 45% of all children seeking protection in Romania²⁶.

An analysis of unaccompanied asylum-seeking and refugee children in Romania²⁷ showed that, although by law unaccompanied underage persons should receive free health services, in practice accessing such services was difficult, as unaccompanied underaged were often not registered with family doctors or had no access to specialist treatment.

The same analysis showed that access to mental health services is almost completely blocked, both because of very high costs and because of communication difficulties between health professionals and beneficiaries. As with other types of services for asylum seekers and refugees, migrant children in Romania can turn to NGOs that provide medical and psychological assistance, but their services are either targeted to certain categories of beneficiaries (e.g. asylum seekers) or are fluctuating, depending on these NGOs' access to funding. Other identified barriers to effective counselling were language barriers, lack of professionalisation and lack of investment in child-friendly counselling methods for asylum seekers and refugees.

From the onset of the conflict in Ukraine until October 2022, more than 27,000 Ukrainian children have been granted temporary protection status in Romania, of whom almost 758 children were registered as unaccompanied underaged²⁸. Conflict and displacement have significant and long-term impacts on these children's mental health, whilst the specialist services available to them are limited, both in terms of capacity and specialisation.

Psychological effects of conflict and forced migration on children may include²⁹:

- Stress and stress reactions such as aggression, anxiety, insomnia, hyperactivity, lack of concentration, psychosomatic symptoms (eating disorders, pain, lack of energy);
- Morbid, depressive ideation, games with violent and morbid themes;
- Post-traumatic stress disorder;
- Depressive disorders.

²⁶Save the Children, <https://www.salvaticopiii.ro/ce-facem/protectie/protectia-copiiilor-refugiati>

²⁷Save the Children, 2020 Raport analitic privind situația copiilor neînsoțiți solicitanți de azil și refugiați în România <https://ec.europa.eu/migrant-integration/sites/default/files/2021-07/RaportanaliticprivindsituatiacopiilorneinsotitissolicitantideazilsirefugiatiinRomania1.pdf>

²⁸<https://data.unhcr.org/en/dataviz/234?sv=54&geo=10782>

²⁹Bürgin D, Anagnostopoulos D; Board and Policy Division of ESCAP, Vitiello B, Sukale T, Schmid M, Fegert JM. Impact of war and forced displacement on children's mental health-multilevel, needs-oriented, and trauma-informed approaches. *Eur Child Adolesc Psychiatry*. 2022 Jun;31(6):845-853. doi: 10.1007/s00787-022-01974-z. PMID: 35286450; PMCID: PMC9209349.

III. Mental health services for children and adolescents

The right to healthcare is guaranteed for children and teenagers, who are deemed to be insured automatically, without contributing to the health insurance system. Children and teenagers can benefit from prophylactic and curative healthcare, including for mental disorders. In the public system, mental health care for children and adolescents in Romania is mainly provided in psychiatric hospitals, psychiatric wards and mental health centres, available nationwide. However, their work is mainly focused on curative aspects and less towards effective prevention.

Children and young persons can only receive free psychological services if the psychologist or psychotherapist to whom they are referred has a contract with some specialist doctors, including a neurologist or paediatric psychiatrist, and the services are paid for by the National Health Insurance Fund³⁰. According to the Romanian law, psychological counselling, psychotherapy and special psycho-pedagogy (speech therapy and physiotherapy) are classified as health services associated to medical procedures and may be subject to contracts concluded by health insurance companies with doctors who provide outpatient palliative care services, as well as with specialist doctors.

In practice, such services are seldom used. According to a 2015 survey, children and families in need of mental health services generally turn to family doctors (85.1%) or paediatricians (38.6%), leaving many children without access to specialist services. This is due to various obstacles, including: the route of services (family doctor, specialist doctor, psychologist), the shortage of paediatric psychologists under contract with specialist doctors, the limited number of sessions, etc. The existing reimbursement system does not seem to be reliable enough to satisfactorily cover the practice of specialists, leaving the costs on the shoulders of the families who opt for services provided in private clinics.

In some cases of good practice, it has been found that services for early identification and intervention, as well as for medical and psychological intervention, are provided both in hospitals and in psychiatric clinics; screening, early identification and intervention, as well as information and education of parents, are provided both through family doctors' and paediatricians' offices and in paediatric clinics in children's hospitals, at the Institute for the Care of Mother and Child, etc. However, we cannot speak of uniform practices at national level³¹. Also, the school counsellors from the county centres for educational resources and assistance deliver activities for parents, but again we cannot speak of a uniform practice at national level.

The shortage of mental health services in both the public and free private systems means that a child may often wait for months before he/she can receive appropriate assessment and support. At the same time, mental health professionals and other specialists, such as social workers or teachers, fail to work together, which would benefit both prevention and monitoring of children with mental health problems by providing integrated and coordinated services. Concurrently, the number of mental health specialists in the public system is relatively low, as is the number of clinicians specialising in children's mental health, which often results in treatment focusing on medication rather than psychotherapy.

From another perspective, there is no clear pathway for identifying and referring children with mental health disorders. In many situations parents do not recognise signs of concern, and when they have suspicions they do not know what first steps to take from diagnosis to treatment. In many cases, therapy, rehabilitation and recovery services were developed by parents' associations or NGO's representatives in response to either lack or the insufficiency of such public services. Nevertheless, parents face waiting lists. As a result, there are still a number of mental health conditions that are not diagnosed in time, which impacts on recovery and rehabilitation.

³⁰Standards of 27 March 2018 for the implementation in 2018 of Government Decision no. 140/2018 approving the service packages and the framework contract regulating the conditions for the provision of healthcare, medicines and medical devices under the national health insurance system for the years 2018-2019 <https://legislatie.just.ro/Public/DetaliuDocumentAfis/241396>

³¹[Servicii comunitare pentru sănătatea mintală a copiilor în primii ani de viață](#), Save the Children Organisation, 2009.

According to a study carried out by Save the Children³², a significant number of children are identified with mental health problems when they enter the education system. The teacher or school counsellor plays a key role in this process, notifying parents and suggesting referral to specialised services³³. Unfortunately, in addition to the aforementioned difficulties in accessing mental health services, children often face stigma in school. Children with mental health disorders are often labelled as problematic and marginalised in their community. Furthermore, education professionals should play an important role in discussing the situation with parents and providing them information and support to seek and obtain specialist services, especially given the stigma associated in the society to mental health services. There are insufficient programmes for parents, teachers and school counsellors, which has an impact on the initiation and delivery of any intervention. Also, programmes for the social or educational integration of children with mental health disorders are only marginally accessible, which contributes to increasing the risk of marginalisation and school drop-out.

According to a report published by the World Health Organization in March 2021³⁴, mental health services provided in educational facilities in Romania were severely affected during the pandemic, many such services proving to be less effective in providing remote support. Also, no community-based mental health services were available to children who were not enrolled or who had dropped out of school who became all the more vulnerable and affected by the inability to access such health services. Concurrently, many children suffered from anxiety and depression caused by the lockdowns, many children being isolated in families that were severely economically deprived and prone to high stress. During lockdowns, children with mental health problems suffered from limited access to specialised therapy, recovery and rehabilitation services, many centres were closed, and others adopted virtual therapy sessions but with diminished effects. The same report indicated the need for a paradigm shift towards increasing the psychological well-being of the young population (16-26 years), which was predominantly affected by the pandemic. In this regard, greater emphasis should be placed on vulnerable groups and on upholding the rights of persons with mental health conditions, who often remain discriminated against and stigmatised.

Another group whose mental health is not adequately managed is comprised of teenagers who require specialist support and services on sensitive and specific aspects of sexual identity and orientation, largely due to the society's reluctance to address issues of sexuality.

In addition to the shortage of public and private services for children with mental health disorders, there is a marked lack of specific prevention and support programmes for children at risk of developing such disorders.

Paediatric psychiatry services

Paediatric psychiatry is the medical branch specialising in the diagnosis, treatment, prevention and rehabilitation of mental, psychosomatic, psycho-organic and psychological disorders of mono- or multifactorial aetiology occurring during development up to the age of 18³⁵. Paediatric psychiatry physicians work in psychiatric hospitals in paediatric psychiatry wards (bedded), in paediatric psychiatry clinics within the clinical emergency hospitals for children (Bucharest, Cluj, Timisoara), in mental health centres (day care clinics) and in private practices or clinics.

Mental health centres were established in 2006 separately for adults and children, providing child psychiatry services to between 200,000 and 400,000 inhabitants, services being accessed directly or by referral by family doctors, other medical specialists or social welfare units³⁶.

³² [Analiza serviciilor de sănătate mintală pentru copiii din România](#), Save the Children Organisation, 2010

³³ Order No. 5555 of 7 October 2011 approving the Regulation on the organisation and operation of the county/ Bucharest centres for educational resources and assistance

³⁴ Fourth Activity Report - Romania, World Health Organization, March 2021.

³⁵ Training curriculum in paediatric psychiatry, Ministry of Health p. 2. https://rezidentiat.ms.ro/curricule/psihiatrie_pediatria.pdf

³⁶ Ministry of Health, Order No 375/2006 on the establishment, organisation and operation of mental health centres, in force since 2 May 2006.

The mental health centres provide psychiatric day services, covering a wide range of services from assessment and early detection of mental disorders to occupational and ergotherapy, speech therapy and rehabilitation programmes. In practice, given the small number of staff (one or two doctors, one psychologist, one speech therapist), services are also limited and unable to meet all the needs of children in the county, leading families to turn to private services for a fee.

According to the National Centre for Public Health Statistics and Information, there were 30 health facilities in Romania with paediatric psychiatry/child neuropsychiatry departments or compartments and 22 child mental health centres as of 31 December 2019. In 7 counties (Călărăși, Giurgiu, Gorj, Ialomița, Ilfov, Sălaj and Vrancea) there are no mental health centres for children, which violates the principle of equity and the right to health of every child in the counties mentioned above³⁷. At national level, 260 paediatric psychiatrists were working in public paediatric psychiatry structures³⁸.

In Caras-Severin County there is only one doctor, and in Giurgiu and Ialomița counties there are no paediatric psychiatrists. In conclusion, the needs of the underaged are not adequately met in these counties.

Regarding the number of beds in the paediatric psychiatric wards in the public system, we note that the average in the country is 1.24/100,000 inhabitants, with a total number of 457 beds (child psychiatric beds).

Also, a low number of internship training places in paediatric psychiatry is noted. For example, in 2021, there were 25 places available in three centres - namely Bucharest, Timisoara and Cluj. In reality the number of specialist positions is much lower, in the same year 2021 there was only one opening (a.i. Onești)^{39,40}. The reduced number of internships impacts on the attractiveness of this specialisation and, implicitly, on the provision of adequate paediatric psychiatry services throughout our country. Interviews with paediatric psychiatrists revealed insufficient training in child psychiatry from the undergraduate and later internship phase.

Also, physicians do not benefit from modules or courses in psychotherapy or internships in collaboration with clinical psychotherapists, which would be of real use for further interdisciplinary collaboration and understanding of the need for psychotherapeutic approaches for the child with a psychiatric diagnosis.

Psycho-educational counselling services offered by schools

Since 2011, by law, county centres for educational resources and assistance have been established. These are associated with pre-university education, have legal personality, and are subordinated to the Ministry of Education. Their aim is to ensuring the quality of educational services, including speech therapy, identification of children with special educational needs, counselling and prevention of delinquency⁴¹. According to regulations, the psycho-pedagogical assistance offices operate in pre-university educational establishments and provide psycho-pedagogical assistance to 800 pupils or 400 pre-school children.

In 2021, according to the Minister of Education, 2,500 school counsellors were employed in the pre-university system, serving a population of three million pupils, with an average of one counsellor per 1,200 pupils⁴².

According to an international comparative study on school counselling that included twelve countries (Austria, Bulgaria, Croatia, Denmark, Ireland, Malta, Northern Macedonia, Russia, Serbia, Slovenia, the UK and the USA), published at the Global Education Reform Conference in June 2020, the ratio of pupils to school

³⁷Special report on the impact of the Covid-19 pandemic on children's mental health - recommended measures to improve children's access to specialized psychiatric and psychological medical services, People's Advocate, Bucharest, 2021, p 9.

³⁸Special report on the impact of the Covid-19 pandemic on children's mental health - recommended measures to improve children's access to specialized psychiatric and psychological medical services, People's Advocate, Bucharest, 2021, p 9.

³⁹<https://rezidentiat.ms.ro/20211121/20211121-locuri.pdf>

⁴⁰<https://rezidentiat.ms.ro/20211121/20211121-posturi.pdf>

⁴¹Order No. 5555 of 7 October 2011 approving the Regulation on the organisation and functioning of the county/municipality centres for educational resources and assistance, Ministry of Education, Research, Youth and Sport, M.O. No. 759/27 Oct 2011

⁴²<https://www.mediafax.ro/cultura-media/ministrul-educatiei-se-plange-ca-romania-are-putini-consilieri-scolari-20124505>

counsellors varies by country, with an average of between 250 and 500 pupils to one counsellor. The lowest number of pupils to one school counsellor was in Croatia, where for schools with around 180 pupils there are two school counsellors, for schools with 180 to 500 pupils there are three school counsellors and for schools with more than 500 pupils there are four school counsellors. In the United States, the average standard is 250 students to one school counsellor. In Malta, the standard is 300 pupils to one school counsellor. In Ireland, schools with up to 500 pupils must appoint at least one school counsellor, while schools with more than 500 pupils must have one school counsellor for every 250 pupils⁴³.

Rehabilitation services for disabled children

Special and integrated special education in Romania is part of the national education system and includes: kindergartens, special schools and high schools, sheltered facilities, and day centres for early education⁴⁴. For the individual integration of pupils with special educational needs (SEN) from mainstream and special education, separate places are provided in mainstream schools, over and above the number of normally allocated places⁴⁵. In recent years teaching staff have become more familiar with SEN (through teachers or headmasters) and suggest parents to draw up a SEN file with a view to creating an adapted programme to facilitate the fulfilment of school requirements. In practice, cases where children with SEN are subject to stigmatisation and belittling are often observed, and adapted programmes have only been implemented in some subject-matters. Pupils with moderate or severe disabilities are assigned a support teacher who, in many cases, does individual homework with the pupil whom he takes out of the class in another classroom. A shortcoming of the education system is therefore the adaptation of the whole school structure, from the classroom to the organisation of lessons with pupils, so that there is no discrimination in their groups.

The right to education is guaranteed to all children, including those with disabilities. According to other reports, 1,429 teachers and 601 speech teachers were employed nationwide for the 43,910 pupils with special educational needs or disabilities integrated into mainstream schools in the 2019-2020 school year. In addition, 221 special schools included 24,922 preschoolers and pupils with various types of disabilities⁴⁶.

According to the Help Autism Association, it is estimated that there are about 30,000 people with autism spectrum disorders living in Romania, many of whom are children in need of therapy and rehabilitation services⁴⁷. The World Health Organization has indicated a ratio of one in 160 people for the incidence of autism. Unfortunately, there are no nationwide statistics on this⁴⁸. According to INSP statistics, the number of newly diagnosed cases of autism spectrum disorders that are registered in family doctors' offices has been increasing year on year, from 361 in 2008 to 1,147 in 2017. More than 40% of the newly identified cases each year are children from rural areas⁴⁹, who do not have access to therapy and rehabilitation services.

Mental health services for children in residential homes

Protecting mental health is not a uniform objective across all DGASPCs. In particular, there are no objectives, activities and services at DGASPC level aimed at ensuring the mental health of resident underaged. For

⁴³ Special report on the impact of the Covid-19 pandemic on children's mental health - recommended measures to improve children's access to specialized psychiatric and psychological medical services, Bucharest, 2021, p 10.

⁴⁴ Order No 5573 of 7 October 2011 approving the Regulation on the organisation and operation of special and integrated special schools, Ministry of Education and Research, Youth and Sport.

⁴⁵ Order No 4532/2020 of 15 June 2020 amending and supplementing the Order No 4.948/2019 of the Interim Minister of National Education on the organisation and conduct of admission to state secondary education for the school year 2020-2021.

⁴⁶ Special report on the impact of the Covid-19 pandemic on children's mental health - recommended measures to improve children's access to specialized psychiatric and psychological medical services, Bucharest, 2021, p 10.

⁴⁷ <https://helpautism.ro/proiecte-externe/campanie-de-diagnostic-precoc-a-intarzierilor-in-dezvoltare/1-din-51-de-copii-este-diagnosticat-cu-autism-rezultatele-proiectului-pilot-campanie-de-diagnostic-precoc-a-intarzierilor-in-dezvoltare>, <https://helpautism.ro/autism/despre-autism>

⁴⁸ <https://helpautism.ro/proiecte/1-copil-din-4-are-autism-cdc-a-publicat-noua-incidenta-in-sua>

⁴⁹ <https://rohealthreview.ro/asociația-help-autism-lipsa-serviciilor-specializate-integrate-una-dintre-principalele-probleme-cu-care-se-confrunta-pacienții-cu-tulburări-de-spectru-autist/>

instance, there are significant differences between counties. In some counties, different services are available, ranging from day services, volunteer-type services, camps, clubs, project-based collaborations with associations, depending on resources and other specific factors. In other counties these services are lacking. Representatives of some entities admitted that non-governmental organisations, foundations and associations make up for the gaps in state services. For example, private foundations provide therapy and rehabilitation services to children diagnosed with mental disability.

According to a special report by the *Children's Ombudsman* covering all the counties of the country, there are many underaged with psychiatric conditions and with psychiatric prescriptions in State-run residential centres.

Out of the total of 31,993 institutionalized children, 8,328 (i.e. of 26.01%) had a psychiatric diagnosis and 6,381 were under psychiatric treatment (i.e. 76.62%). The same report found that the number of children with a psychiatric diagnosis and under psychiatric treatment was particularly high in some counties of the country. Thus, the percentage of children with a psychiatric diagnosis was 47.73% in County Dolj, 45% in County Giurgiu and 44.57% in County Ilt, whilst the percentage of children under psychiatric treatment was 38.5% in County Dolj, 36.5% in County Calarasi and 36.35% in County Galati.

Surprisingly, at the same time there were counties with a high number of institutionalised children where the percentage of those diagnosed was very low. In County Iasi, 26% out of 2,319 children had a psychiatric diagnosis and 11.77% received psychiatric medication, in County Vaslui 11.41% out of 2,007 children had a psychiatric diagnosis and 9.72% received psychiatric medication, in County Timiș 4.27% out of 1,499 children had a psychiatric diagnosis.

Another aspect raised during the discussions with specialists is the need to support and empower parents of children who are beneficiaries of social protection services. They need skills, knowledge and competences to cope with the difficult situations they face be it in relation to their own child (parenting skills) or social skills, guidance, support and mentoring.

Counselling and support services for underaged in police custody

The Committee of Ministers of the Council of Europe has recommended that pre-trial detention of children in any form should be avoided as far as possible and should only be a measure of last resort, used for the shortest possible time and limited to serious cases⁵⁰.

In Romania, the number of underaged held in jail and pre-trial detention centres (even for 24 hours) is high and worrying. In the period 2019-2020, the General Inspectorate of the Romanian Police reported almost 2,000 underaged (1,984) in custody in centres across the country⁵¹.

The underaged persons in police custody as a result of committing criminal offences may experience psychological mind sets with a major impact following their detention or arrest. The State is required to provide special safeguards, including the right to family notification, the right to defence, and the right to medical care and mental health services. The underaged are a vulnerable category whose vulnerability is recognised by the laws in force⁵², which is why they need specific support such as psychological assistance and the right to visit their families.

⁵⁰Recommendation of the Committee of Ministers (2008), 11, on European rules for Juvenile Offenders, paragraph 59.1; see also Guidelines of the Committee of Ministers of the Council of Europe on child-friendly justice, pt.19; ECHR, Cases Selçuk v. Turkey, Appl.N°21768/02, Kostli a.o. v. Turkey, Appl. N°74321/01, Nart v. Turkey, Appl.N°20817/04.

⁵¹Report on psychological assistance in jail and pre-trial detention centres. Excerpt from the findings of the 51 visits of the National Preventive Mechanism 2015-2021, Bucharest, People's Advocate, 2021, p. 26.

⁵²Code of Criminal Procedure, Law No 254 of 19 July 2013 on the serving of sentences and custodial measures ordered by the judicial authorities during criminal proceedings.

The reports of the agencies monitoring the respect for the rights of persons in custody/detention found a number of shortcomings with regard to the custody of minors: no psychological assistance and counselling services for underaged in many remand centres, lack of screening and psychological assessment tools for psychiatric disorders (anxiety, depression, suicide), ineffective cooperation between the management of remand centres and mental health institutions (drug therapy centres, psychiatric hospitals, residential centres within the DGASPCs), insufficient professional training of remand centre staff to detect signs of clinical disorders⁵³.

For example, according to official reports, 89 underaged persons were detained in the Brasov prison between 2019 and 2020, out of whom only three received psychological assistance. None of the 78 underaged held in custody in Cluj prison between 2016 and 2017 received psychological assistance, although the provision of psychological assistance is mandatory for underaged individuals⁵⁴.

Mental health services provided by NGOs to children and adolescents

Numerous NGOs have developed mental health services for children, to compensate for the lack in the public system. The range of services offered includes prevention and psycho-education (including help-line for suicide, addiction and violence prevention), parenting education (including for disadvantaged groups or vulnerable communities), and psychical education programmes in schools. The non-governmental sector has also developed counselling and therapy services for different categories of children with emotional or psychiatric problems. Rehabilitation and recovery services for children with autism or other psycho-neuro-motor disorders are also provided through private initiatives.

There is no centralised database of services offered by NGOs and no database of private providers (NGOs or commercial entities) that provide specialised services to children. Although the contribution and quality of these services is often remarkable, access remains a barrier for families and children who need such services due to the lack of a single catalogue of such services.

⁵³Report on psychological assistance in jail and pre-trial detention centres. Excerpt from the findings of the 51 visits of the National Preventive Mechanism 2015-2021, Bucharest, People's Advocate, 2021

⁵⁴ Report on psychological assistance in jail and pre-trial detention centres. Excerpt from the findings of the 51 visits of the National Preventive Mechanism 2015-2021, Bucharest, People's Advocate, 2021, p. 29.

IV. The experts' voices: gaps, shortcomings, and needs

This section is based on a series of ten qualitative interviews conducted between April and May 2022 with child and adolescent mental health professionals (psychotherapists, clinical psychologists, psychiatrists and child psychiatrists, social service providers and school counsellors). This research method was chosen to identify gaps, shortcomings and unmet needs in children's mental health and emotional well-being, using the expertise of specialist practitioners.

The following is a summary of the identified gaps and needs.

1. Lack of statistics, studies and expert research

"In Romania, there is a systemic lack of transparency in terms of information related to the mental health of the population. The lack of verified and reliable information is even greater when it comes to children's and teenager's mental health. I don't know the reasons for this lack of information. I hope it is not a lack of expertise but rather that it is for lack of communication."

(Private mental health services provider)

"For sure, in psychiatric practice we only see the tip of the iceberg. I would say, not without fearing my colleagues' reactions, that we are also failing to treat more than the tip of the iceberg."

(Psychotherapist/physician specialising in paediatric psychiatry)

2. Lack of psycho-education programmes for children and teenagers

"I think the biggest gap is in education. I am talking about the need for health education in formal school settings, to ensure a transfer of information not only to children, but also to teachers and the community on notions of mental health, notions related to risk factors, symptoms and types of intervention appropriate to learning disorders, psycho-emotional or personality disorders."

(Social services provider)

"I believe that there is a need for psycho-education programs for children and teenagers in Romania, but the most important thing in my opinion is that these programs be adapted to the communication and understanding needs of children. It is also necessary for paediatric psychiatrists to learn how to communicate effectively with the children who come to their practices, to learn simple things, but without which it is impossible to communicate with young patients - things like the cartoon characters that children watch today."

(Resident paediatric psychiatrists)

"For teenagers I would think of videos on TikTok and Instagram about what psychiatry is and how cool it is, not posters or 90s-style communication materials. It seems to me that you don't know who your audience is if you're doing teen outreach and giving them messages about mental health or risk behaviours on TV. Teenagers today don't watch TV anymore. It seems to me that we need communication campaigns where kids actually talk to doctors or specialists (on social media) not look at posters like 70 years ago. I trust that young people - teenagers, because they are the most vulnerable age group - know themselves and their needs better than their family or teachers do. We need to support them directly to develop emotionally and humanly and to understand mental health."

(Resident paediatric psychiatrists)

3. Gaps in the coverage with mental health services

"I was a resident at the Obregia Hospital. This hospital is mistakenly considered to serve the Municipality of Bucharest and possibly Ilfov County. In practice, this hospital serves the whole southern part of Romania. We have far too few specialists in small towns; there are neither doctors nor therapists in rural areas. The chance of recovery lies in the efforts of the family."

(Physician/ paediatric psychiatric psychotherapist)

"If you live 200 kilometres away from a teaching hospital with a paediatric psychiatry department, it is also a question of money and cost. If they come with their children from further away, we admit them to make their life easier, we start diagnosing them and save the family the costs of travel and accommodation. We take into account and understand well what the parents are facing. But there remains the contact with the psychiatric clinic which, for a child or even a teenager, is quite a tough experience. At the end of the day, it is a hospital ward."

(Resident paediatric psychiatrist)

"We work in a very poor community in Bucharest, where many Roma live. Many adults there also have mental health problems - they have addictions. We see serious cases of personality disorders, there are many adults with disabilities. We try to refer the children to free services, we also bring them over at our central office, but it is possible to get free psychotherapy sessions from psychologists in contact with the House. Unfortunately, everyone fears the stigma of mental illness. They shy away from going to specialists."

(Provider of social services, Bucharest)

"These teenagers (who don't identify with their biological sex) have no one to turn to. There are very few psychiatrists willing to see them. In general, there are very few professionals either in the medical system or in psychology who know and want to work with them. And these young people need help."

(Psychotherapist with residency in paediatric psychiatry)

4. Financing of mental health services

"I don't know of any colleague who has a contract with the National Health Insurance House. I don't know their reasons. For myself, I can say that I don't want to waste my little time and energy with additional bureaucracy. I don't even know if other colleagues understand the procedure for entering into a contract with the House. I don't know exactly, but I don't think it's a very profitable business for psychologists and psychotherapists."

(Psychotherapist, specialising in child psychotherapy)

"I don't believe that the DRG-type settlement model is viable for mental health. Here a different method of calculation and settlement is needed, because a therapeutic intervention in this area is long lasting, cannot be quantified in precise procedures etc. I believe that this way of settlement disadvantages mental health specialists. I am not even talking about the way psychotherapy services are reimbursed - the difference between the rates offered by the National Health Insurance Fund and the open market prices certainly does not benefit psychotherapists. The result is that too few children can benefit from free psychotherapy."

(Psychiatrist)

5. Lack of cooperation between specialists

“As a psychotherapist I occasional work together with psychiatrists. The cooperation is limited to patient referrals, often with a brief case description over the telephone. I also keep in touch with psychiatrists if I realise that there are problems with the patient’s medication. That’s pretty much what working with specialists is all about.”

(Psychotherapist, specialising in child psychotherapy)

“We only cooperate in very specific cases with mental health or social welfare specialists. Unfortunately, school counsellors have to manage the problems they identify in children in school together with the school management and the family. Although, in theory, they should be teaming up with other specialists... these resources don’t exist.”

(Representative of the Bucharest Centre for Educational Resources and Assistance)

6. Children’s engagement

“From a teenager’s perspective, a huge access issue is the need to have parental consent for psychiatric or psychological consultation and treatment. I believe that while in the case of children the need for parental consent is justified, in the case of teenagers it seems anachronistic. These teenagers’ parents hardly know them so how could they help them? It seems to me a huge step backwards that when I have a young person in the office with signs of self-harm I ask how old he is and ask for a signature from an adult with whom he may no longer have any connection.”

(Interview, Psychotherapist and physician specialising in paediatric psychiatry)

7. Training of specialists

“Unfortunately most of my generation have left the country. Most of them went to the Nordic Countries where there is a real interest in paediatric psychiatry. I too have given up practicing medicine and am focusing exclusively on psychotherapy. I think a lot of us leave because we are disappointed. Paediatric psychiatry is not well regarded as a specialty for young doctors, it is seen as easier and less lucrative. We carry this label among colleagues. And it’s not just that paediatric psychiatry is Cinderella, but our working methods are also very primitive. We still don’t believe as a profession in the effects of psychotherapy, we deny them and stick to the classic pharmacotherapies.”

(Interview, Psychotherapist and physician specialising in paediatric psychiatry)