PODCAST LITI-GATE:

Collaborate, Innovate, Advocate for Disability Rights

Episode 1

Host

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Welcome to LITI-GATE! In this podcast, we talk about the real challenges faced by persons with intellectual and psychosocial disabilities.

Many people with intellectual and psychosocial disabilities face discrimination and barriers to justice across the EU. But legal action can drive real change.

That's where strategic litigation comes in—it's not just about winning cases for individuals but challenging unfair laws to create lasting impact.

Through strategic litigation, advocates are working to hold the system accountable.

In this podcast, we'll explore these legal battles, meet the experts behind them, and uncover how the law can be a tool for justice.

Brought to you by LITI-GATE, funded by the Citizens, Equality, Rights and Values Programme of the European Commission.

[Music jingle/sound]

Anna Bracco

Hello and welcome! I'm Anna Bracco, Project Officer at Victim Support Europe, and I'll be your host for today's episode. We're excited to feature Forum for Human Rights, a Central European organization working on international human rights litigation and advocacy. In this episode, we'll hear from their experts and special guests as they explore the idea of strategic litigation. They'll share valuable insights and practical tips on how this approach can raise awareness about the fundamental rights violations faced by people with disabilities. They will also deconstruct a real-life litigation case to provide concrete examples of how these strategies work in action.

In fact, we'll be focusing on a case that invites us to reflect upon some of the most relevant questions about on mental health, law enforcement, and human rights: the case of V v. The Czech Republic. This case is the story on the tragic death of a man named whom we will refer to P.Z his initials, after a series of events after police intervention, he was hospitalized in a psychiatric facility after a series of events led to police intervention.

Here's a quick overview of his story: P.Z., who had a history of paranoid schizophrenia, was brought to the hospital by his family after he became violent at home. At the hospital, things quickly escalated. After an intense confrontation with the staff, property damage, and a serious altercation with an orderly, security was called in, and ultimately, the police arrived. Police officers tried to restrain P.Z., resorting to the use of a taser, and, after following multiple attempts, sedative medication was administered by medical staff. Tragically, however, P.Z. became unresponsive, and despite immediate resuscitation efforts, he was later pronounced dead.

Today, we'll unpack the layers of this case, examining the investigation and the critical questions it raises under European human rights law. We'll discuss whether the use of force was justified, the adequacy of mental health protocols, and the protections that should be in place for people in P.Z.'s position. This case raises tough and important questions—so let's jump right in.

[Music]

Maroš Matiaško

Thank you for having me. My name is Maroš, and I work on the field of human rights law, with a focus on using strategic litigation to advance the rights of marginalized communities, especially people with disabilities. I work in the Czech Republic and in Slovakia representing people bringing cases to the courts and dealing with strategic litigation.

Anna Bracco

Yes, it's really helpful to break down what strategic litigation is and to understand how Maroš brings his own perspective to it, especially through his focus on victim-centred justice. Let's hear from Maroš on what it means to approach these cases with a 'victim-centered' approach. How does he explain this concept in practice, especially in the early planning stages of a case? And how does he ensure that a victim-centered approach guides every step of designing and executing these strategic litigation efforts?

Maroš Matiaško

A victim centred approach ensures that litigation is not just about winning a case, but about genuinely serving the needs and well-being of those affected. At the planning stage, this means for us, actively involving the individuals in decision making, ensuring they understand the legal process in accessible ways and prioritising their safety and dignity. It's also about minimising rate traumatization, avoiding legal strategies that might expose them to further harm or stress. We work closely with support networks,

disability advocates and trauma informed professionals to ensure the person's voice is heard and that their experience is at the heart of the litigation strategy.

Anna Bracco

Maroš brings a really compelling perspective here. His focus on a victim centred approach reminds us that strategic litigation isn't only about setting legal precedents, but also about respecting the individual story and needs of the person at the heart of the case. It's a commitment to making sure that the victims experience shapes the process set and outcomes, which adds a profound layer of empathy and responsibility to the work.

Now moving to the next part of our discussion, let's look at what actually makes strategic litigation strategic. Lawyers are always working on cases. So what sets strategic litigation apart from the regular day-to-day court work? what makes it unique and valuable in a different way?

Maroš Matiaško

Strategy litigation differs from standard legal cases because it is designed to have a broader impact beyond the individual case and individual situation. While ordinary litigation seeks justice for specific client, strategic litigation aims to change laws, influence public policy, or set legal precedents that will benefit many people in similar situations. For example, a single case challenging the denial of accessible housing, could lead to a ruling that mandates inclusive housing policies across an entire country. It makes strategy litigation a powerful tool for addressing systemic injustices rather than just isolated incidents.

Anna Bracco

We've explored the key elements that define strategic litigation. Now let's hear Maroš thoughts on whether having multiple victims as part of a lawsuit is a prerequisite or merely a common characteristic of strategic litigation cases.

Maroš Matiaško

Not necessarily, but they often do. Some cases involve a single person whose experience highlights a broader systemic issue, while others represent a group of victims facing the same injustice. For example, a case on discriminatory institutionalisation of people with disabilities could involve multiple victims to demonstrate the widespread nature of the violation as sort of a pattern. However, even cases involving just one person can still have a significant legal and social impact.

Anna Bracco

Maroš insights provide us thought provoking lands and the role of multiple victims in strategic litigation. He underscores that while having several victims can enhance the cases depth and resonance, it isn't necessarily a prerequisite. This nuance understanding highlights the complexities lawyers face in balancing individual stories with broader systemic issues. Building on this perspective, it's crucial to explore real life examples.

What strategic litigation efforts have notably advanced the rights of persons with disabilities? And what specific factors have contributed to their success?

Maroš Matiaško

One powerful example is the case of Stanev versus Bulgaria, before the European Court of Human Rights. This case was brought on behalf of a man with disability, who was placed in a social care institution in Bulgaria against his will. The court ruled that his placement amounted to degrading treatment, leading to reforms in guardianship laws and the institutionalisation efforts in several countries. Success in such cases as is Stanev often depends on a combination of strong legal arguments, well documented evidence, collaboration with disability rights organisation and effective advocacy beyond the courtroom.

Anna Bracco

Maroš observations shed light on the intricate dynamics of success in strategic litigation, particularly concerning cases involving persons with disabilities. He emphasises that traditional metrics of success may not apply, urging a revaluation of what success means in this context. This perspective is particularly important given the diverse circumstances surrounding each case and the varying definitions of success that may emerge.

Given these complexities, how does Maroš define success in strategic litigation, especially in context where traditional metrics may not be relevant? Let's hear him explain how success is framed for cases involving persons with disabilities. Furthermore, how does he address the challenge of defining and adopting success criteria in jurisdictions where the rule of law is uncertain?

Maroš Matiaško

Success in strategic litigation is not always about winning a case. It could also be about raising public awareness, changing harmful policies, or implanting legal interpretations. For example, even if a court rules against the disability rights claim, the case may still generate media attention. Put pressure on lawmakers to mobilise grassroots activism. The goal is to create momentum for long term change, whether through legal victories or shifts in public discourse.

Anna Bracco

Before we examine a specific case of strategic litigation, let's first address the broader advocacy question. What role does strategic litigation play in the context of the European Court of Human Rights, particularly in cases involving human rights violations against persons with disabilities?

Maroš Matiaško

Strategic litigation plays a crucial role in shaping human rights protections at the European Court of Human Rights. It allows individuals to challenge systemic discrimination and systemic injustices and all states accountable when national legal remedies fail. However, accessing the court can be really challenging. Barriers include strict admissibility criteria, lengthy procedures before national court and the financial and especially emotional burden on applicants. One way to address these challenges is by providing legal aid, supporting victims throughout the process and ensuring that cases are well prepared to meet the courts procedural requirements.

[Music]

Anna Bracco

Let's now focus on a specific case to explore how strategic litigation functions in practise and the broader societal benefits it can bring. We're fortunate to be joined by two additional experts in this discussion. First, Maroš will interview a lawyer, Jana Martinková from the Ministry of Justice of Chechnya. Who will provide valuable insights into the implementation of the judgement and its effects on the treatment of persons in psychiatric facilities. Following that Maroš will engage with Tomáš Wrobel, ex user of mental health services. Let's listen to the perspectives they bring to the table.

Maroš Matiaško

This is Jana Martinková. Thank you so much for joining us today. We'll be discussing the implementation of the weavers of the Czech Republic judgement as adjudicated by the European Court of Human Rights. To begin, could you please introduce yourself and share your role within the Ministry of Justice? Additionally, it would be helpful if you could elaborate on your motivation behind the implementation of the judge. And as well as the key issues raised by the judgement in the case itself. Finally, could you also explain why you believe this case is significant?

Jana Martinková

Thank you for inviting me. My name is Jana Martinková and I work at the unit of the Ministry of Justice, which is called Office of the Government agent for representing Czech Republic before the European Court of Human Rights.

So, our task is to defend the state in Strasbourg and to write the submissions in the name of the Czech government. We are a team of lawyers, so typically each case goes to one of us. This case, V v. Czech Republic concerns psychiatric care and people with disabilities, which is a topic that has been of my interest for a long time already.

In general, because for me, the question of being mentally ill or mentally challenged is a very thin line which many of us maybe each of us can at some point in life, or even repeatedly cross back and forth so it can be an issue that might be of importance for pretty much everybody in our society. And then also I have a personal experience. One of my closest family had been hospitalised for several months, twice in the psychiatric hospital during recent years and this experience gave me also a different kind of insight and made me realise that psychiatric care or more generally, approach to people with psychosocial disabilities is something extremely important in today's society.

Maroš Matiaško

Thank you so much for sharing such a personal experience with us. I admit, Iappreciate it as I wasn't aware of this before. Now, given your work at the Ministry of Justice, specifically in the department responsible for presenting the Czech Republic before the European Court of Human Rights, could you walk us through the process of implementing judgments? I imagine it's a complex and multi-faceted process so it would be greater to hear your perspective.

Jana Martinková

It can, and especially in this case, because this judgement is very complex and complicated and rich. So the judgement in the case of V. v. Czech Republic has been issued almost exactly a year ago, in December 2023. After it was released, first we printed it out, t has more than 50 pages. Then we read it very carefully and repeatedly together with my colleague Vlada, who has been working with me on this case, since the beginning until now. Then we shared our opinions about the judgement and specifically about how to implement it, and we tried to break it down to specific aspects of the so-called implementation. In most cases, when there is a judgement against the Czech Republic, where the Strasbourg court finds a violation of the European Convention, the implementation consists of only one or maybe 2 steps, so typically some provision in alone is erased or edited, or some new legal remedy is introduced. In this case V. v. Czech Republic, we have seen immediately that it will not be this simple because we have identified 7 different areas of implementation.

Then in January, we met with the representative of the Ombudsman office, who has average expertise in this area, and we consulted with her how she sees the implementation and the different points and areas. And after this meeting, we tried to identify the relevant state authorities with which we should consult the implementation. And we ended up with the following authorities, Ministry of Health, Police of the Czech Republic, Ministry of Interior, General Inspector of security forces, the task of which is to investigate possible crimes committed by the members of police and then also the Office of the General Prosecutor. Then we wrote letters to all these authorities. We sent them the judgement we sent them our summary in Czech we explained in the letter what we think are the problematic areas in Czech practise, what should be done about it and we proposed a personal meeting. Then there was a series of meetings, many of them maybe 5 or 6 in the course of March and April of this year. And it was in the first stage bilateral meetings. So we met only this Ministry of Health and only with the police, only with the General Inspector of security forces. And we tried to find out what is their perspective on this judgement and on the issues raised by this judgement. And what according to them, would be the best way how to implement it. Then in May this year, we had a so-called Collegium, which is an event organised by our office twice a year where we discussed this relevant experts and authorities how to implement all the judgments against the Czech Republic, where the Strasbourg court had found the violation of the Convention and we discussed, of course. Also, the case of fear against the Czech Republic.

And then in September this year we submitted a so-called action plan to the Committee of Ministers of the Council of Europe, where we described in detail all these seven areas of implementation that we have identified. We have described what had been done already by Czech authorities in response to the judgement, and then also what we plan to do in future. And we promised to submit another action plan or action report in one-year time, meaning in September 2025. And after this action plan had been submitted in September this year, we continued in the process of implementation. So there have been other meetings. Even whole so-called inter departmental working group was set up at the Ministry of Health, with experts from many areas. This group had met already twice to discuss how to implement the judgement this week, there was another colleague of Collegium who was experience organised by our office, so the process goes on.

Maroš Matiaško

Thank you so much for describing the complexity of the whole process of implementing such a decision and judgement as the V versus the Czech Republic. There is also the question of participation by people with specific experiences, such as users of mental health services or former users, often refer to experts by experience. Have you considered their participation at this initial stage? Or do you believe it's important to include experts by experiencing this implementation phase as well? Thank you.

Jana Martinková

I have to admit we did not consult them yet and I have to say that it did not even occur to us because typically the implementation process, as we do it in our office, concerns primarily consultations with relevant state authorities. But, come to think about it, there are areas not concerning psychiatric care or people with experience with psychiatric hospitalisation. But other areas will be deep including groups of population concerned by the implementation, such as in the case of DH and others against the Republic, which concerns segregation of Roma pupils in state schools. This is not my case, but from what I know, my colleagues also representatives of the Roma population, were included in the implementation of this judgement and continue to be included because this implementation has not been finalised yet. So by a parallel it makes complete sense that in a case like this concerning the whole system of psychiatric care and how it should be organised, if somebody should be really included in this, it would be people who are affected in the 1first place and that is something where I definitely see a room for improvement in the future.

Maroš Matiaško

Excellent, excellent. So maybe next year, as you explained, because you are planning to conduct another set of meetings and expert consultations, it seems to be an excellent opportunity to ensure the participation of experts by experience.

Thank you so much also for acknowledging the need for improvement. I believe that's important and as you mentioned, since the implementation is still in its initial stage, you have consulted extensively with state authorities. Could you at least briefly explain what specific measures have you been agreed upon so far? Thank you.

Jana Martinková

Yes, so as I mentioned, the implementation was divided into seven specific areas. The first of them concerns collection and evaluation of data about police interventions in psychiatric hospitals. Because one of the main messages of the judgement of the against the case V. v. the Czech Republic that normally in a standard situation, if a patient is admitted to the psychiatric hospital and on top to the acute unit of the psychiatric, and if he exhibits signs of aggressive or violent or destructive behaviour, then involve other place, should his behaviour be managed properly. Then in a psychiatric hospital, these hospitals are set up, among other things, for this purpose to handle psychiatric patients who are in educated state. So the ideal situation is that the psychiatric hospital should manage these situations with their own forces and should not resort to calling the police for help.

And to evaluate how this turned on this issue in Czech Republic, we need to collect data from all these psychiatric hospitals. And this data should tell us how often this happens, and perhaps also to identify hospitals which resort to this measure more often than the others. And then on the basis of this information, the Ministry of Health will be able to provide specific help to these hospitals. In terms of increase of personnel, training of personnel, improvement of material settings and so on.

On this question, we still keep conducting discussion with the Ministry of Health because it's a very technical issue. So for instance, we are talking about how to set up this whole system, whether we should collect data on how often the policy is called to the hospital, or how often the police actually intervene in the hospital because sometimes they are called there, but they do not intervene eventually. Then we also discuss whether we should cover only the state police are also the municipal police are also the security guards in the hospital. Then we also talked about whether it should concern only psychiatric hospitals because they can feel singled out, whether it should concern also other hospitals, so got some upping hospitals because they're also there are reports about increased aggression of patients, so all these issues are under evaluation, but we hope that already next year we will, we will be able to come to some sort of conclusion with the Ministry of Health how to frame this system concerning collection of that. This was the first area.

The second area is training of the healthcare personnel in the so-called de-escalation techniques, because in the case of V. v. the Czech Republic, one of the problems identified by the Strasbourg court was that the personnel in the respective hospital was not able to handle the patient in question with their own forces, even though there were several of them, there were several nurses and doctors to security guards, but still they ended up calling the police. So another key issue we identified is to how to train the personnel in psychiatric hospitals, in these so-called de-escalation techniques so that they would be able to handle these situations by themselves. In this area, the Ministry of Health already came up with some courses and seminars. At the moment these are still very limited in terms of numbers of hospitals and healthcare personnel who can actually go through these courses. Our hope is for The Ministry of Health will be able to provide these the de-escalation courses on a general basis for all the relevant personnel as a part of introductory training and also continuing training.

The third point is special training for police for dealing with people with psychosocial disabilities. Because what the Strasbourg court is telling us in this judgement is that OK, primarily aggressive or violent or agitated patients should be handled by the police, by the hospital. And if it is really not possible in the given situation, then as a last resort, the hospital can call police. But under 2 conditions. First, the police must be trained for these situations must be specifically trained how to deal with mentally ill people. And second, you have to have some guidelines, some rules concerning coordination between police and healthcare personnel when they intervene together. So the first of these two aspects is police training. So far, Czech police has never had a special training programme on how to deal with people who are mentally disordered or who have psychosocial disabilities. But now's the time for change has come and the police need to start a dialogue with the Czech psychiatric society and the purpose or the goal of this health process is to come up with some training programme which should be then transformed into both written materials for policemen and the special video course. And the point of this training is first, how to identify a person who is visibly, mentally challenged, or sometimes we also use the term of so-called excited delirium. So person who is visibly agitated and not behaving rationally. And then, once you identify this person, it can be either in the hospital, like in this case, V. v. the Czech Republic, where it was very obvious because it was in the secretary hospital. But it

can also happen, for instance on the street, that a policeman comes across a person like this, so then it is really helpful to know how to identify that this is a person who visibly needs another approach, not the standard police approach based on the use of force and of shouting the orders and demonstrating the authority. But a more human and friendly approach, speaking calmly, trying to approach the person in a friendly manner and de-escalate the whole situation.

And then exactly the second point of the training is what to do in this situation. And the point of this whole intervention is to end it in a way that will harm nobody. Neither the agitated person, nor the police, nor the healthcare personnel. So this training is now under elaboration and should be introduced already next year.

Then I think the first point is so-called Positional Asphyxia, which is a very technical term. But basically, what happened in the case of V. v. the Czech Republic was that when the police came into the hospital and the patient was very violent, agitated, there were 4 policemen and they put him in a so-called prone position, which means when you are lying on the ground in your belly and other people are facing down. The Strasbourg court told us that this position makes it very hard to breathe for the person involved and also for the policeman it is very difficult to observe that that person is actually breathing or not. So this position should be ideally avoiding it or limit it to strictly necessary circumstance.

So in this way, the police adopted already two methodological guidelines concerning this position, and these guidelines say exactly this, that, if possible, the policeman should avoid putting people in this prone position and If it is absolutely necessary, that they should limit it to the times strictly needed and the health state of this person should be monitored all the time.

Then the next aspect of implementation is the use of Taser. Taser is electronica weapon and the Strasbourg court told us that it is regrettable that Czech legislation does not actually have a special regime for using the taser against mentally ill people, or, more generally, against people who are hospitalised and have been very likely medicated. So in this way, we started dialogue with the Ministry of Interior and this year in the summer they issued a methodological interpretation of the law on police that says, that also in these cases identified by the Strasbourg Court, so if it is a visibly mentally ill person or a person who is hospitalised, there is a special review of taser, meaning that basically the taser should not be used as there is immediate and grave danger for the life or health.

Maroš Matiaško

And in this case it was quite specific because the Taser was used repeatedly with short separate shots, one shortly after the other. So the question also arises whether, as you mentioned, it should be used at all in this particular settings where someone is already under the full and effective control of the authorities.

Jana Martinková

Yes, as we read the judgement, the Strasbourg Court has not said that it should be completely prohibited, but in, in any case, it should be subject to a very special and strict regime, and that's what we are trying to achieve now with this new methodological guideline of the Ministry of Interior.

Then the next point, and I already mentioned, previously is the issue of coordination between police and healthcare personnel if they intervene together. Because in this case of V. v. Czech Republic. The nurse called police and the police arrived on the scene, but they didn't share much information with the healthcare personnel, so they didn't know, probably that the patient was already quite heavily medicated before. They didn't know about his health issues, his problems, his heart. Then they used the taser, but they did not communicate this information to the healthcare personnel. So immediately after the Taser was used, the healthcare personnel applied another heavy dose of medication. And it is not completely confirmed by the subsequent medical report, but it is quite likely that it was precisely the combination of all these factors, medication before medication, after Taser, in between the problems with heart, that actually led to the death of the man in question that it was in fact only 30 years old at the time of the events. So the Strasbourg court told us that, if there are situations like this, then the police and healthcare personnel intervened together and it can be in the hospital setting but it can be also somewhere else like on the street, there should be some general rules how to proceed, gow to share information, how to divide the roles, who is the leader at which stage? And this is something that we have not had yet but for this purpose, the Ministry of Health this summer established a so-called multi sectoral working group. And there we have the members of the Ministry of Health, of the police, of the Czech Psychiatric Society, of the Society of Psychiatric Nurses Society, of Emergency Health Services and the Czech patients and also our office is present at the meetings.

We already have had meetings. The last one was this Monday and we are already at quite advanced stage of coming up with these guidelines in a very specific form. Actually it will be two guidelines, one for the healthcare personnel, one for the police, but of course they should be mutually compatible.

And the last issue of implementation identified by the Strasbourg court concerns investigation of the police intervention because this intervention in the case of V. v. the Czech Republic was investigated by General Inspectorate of security forces. However, the main problem identified by the Strasbourg court was that the four policemen in question were interviewed by this general inspector at only several weeks after the incident. And the Strasbourg court told us that this is not how it should be done, because then we can have a so-called collusion between the policemen, which means that they can talk to each other. And agree on how they would interpret the whole event because the intervention was not recorded on video. Part of it at the beginning post. But then the video stopped. So basically and there were the healthcare personnel present, but not quite on the spot. So basically the main source of information about the event where the policeman themselves and in such a case this Strasbourg court told us we should immediately isolate them and question them to prevent this collision.

So to achieve this, the general inspectorate of security forces started to work on a another specific guideline. Which intends to achieve precisely this prevention of collusion. They already elaborated the first draught, I believe, and they send it for feedback to the police. And then in the second step they intend to send it for feedback to the General Prosecutor's Office and, so it should also appear pretty soon I believe so. These are the rest.

Maroš Matiaško

Wow, it's really it's really complex. We'll see, I guess next year how it will all be implemented in practise. From my perspective, we can only hope that more general measures will also be adopted or formulated in the future. And that includes the obligation to the institutionalised and transformed psychiatric care in the Czech Republic, which is predominantly based on institutions instead of community based services. I believe community based services, mental health care and health care services are the best way to prevent unfortunate situations like those in the case of V. So perhaps there is one more question you explain the initial phase of the implementation process, the complexity of negotiations and also the complexity of the measures the government plans to adopt in order to properly implement the judgement in the near future. Could you also briefly outline the next steps we can expect from the government and how the implementation process at the domestic level will progress next year?

Jana Martinková

As I described already, there are these several different areas of implementation. In some of them I believe you already made quite a substantial progress. Other areas are still in the process. So what we are going to focus on next year is mainly the area of collection of data by the Ministry of Health. There we will have to come up with some specific model how to do this. Then the next big question is the police training for dealing with people with psychosocial disabilities. This seems already very promising, but we will see what's going to happen next year. And then also the question of methodological guideline for coordination between police and healthcare personnel. There as well. It seems that we are already on the verge of having a final result, but again, we will see next year. And then the same goes for the guideline of the General Inspector of security forces concerning the prevention of collusion. Again, we might have the result very soon already, but that remains to be seen next year. Then also there is this colleague whom of experts that we have that will meet next time sometime in the first half of the next year so then we will discuss with all the relevant experts how they see the progress and the implementation of this judgement. And well, in September, we will submit the action report to the Committee of Ministers and we'll see.

Maroš Matiaško

And when you mentioned the trainings, just popped into my mind, that this might be a good opportunity to include people with experience directly in those trainings.

Jana Martinková

Yes, certainly. And maybe after we finish this podcast, I would be grateful if you could give me some contacts? For this purpose.

Maroš Matiaško

[Laughter]

I'm happy to do that.

Thank you so much for joining us today and thank you for all your efforts on the domestic implementation of the judgement in the case. Hopefully everything will go smoothly and we look forward to meeting again soon, perhaps at the Collegium which will be organised in the first half of the next year.

Jana Martinková

Thank you for inviting me and also thank you for all your work in this area.

[music]

Anna Bracco

Next, we are joined by a key voice in our discussion, Tomáš Wrobel, ex user of mental health services, who advocates for the rights of patients in psychiatric settings. Maroš will engage with him in today's conversation about the V. versus the Czech Republic case. Their discussion will highlight why this conversation is crucial for advancing the treatment and care of people facing mental health challenges.

[Music]

Maroš Matiaško

Thank you so much for joining our podcast today. Could you at the beginning, please introduce yourself and explain especially your experience with the psychiatric hospital in the Czech Republic? Also, if you can connect it, what brings you here today to discuss with us the judgement of V. v. the Czech Republic and why do you think this

conversation is crucial for improving the treatment of people with possible and actual mental healthcare challenges?

Tomáš Wrobel

I'm Tomáš and thank you for inviting me. I'm an 18-year-old student and I think it's really important to talk about what happens inside mental health hospitals and care institution. And a lot of the time, these places are hidden from the public eye, and if we don't talk about it, we'll let things slide. Actually, what brought you here to talk about the case was actually my own case because when I was 16 years old and got to a psychiatric ward without my own consent, and didn't want to let me go, and as a result I tried to escape the ward. And although I surrendered when they caught me, that a serious reason I was restrained to a bed for six days. Then we met so and asked me to talk about it today. And when we talked about the ill treatment in institutions, we usually think of adult. But children and teenagers are also there, and they are even more invisible. So they don't always have a choice, and they often don't even know their rights. If no one is paying attention, they can be left feeling alone, ignored or even mistreated. And that's just not OK.

Maroš Matiaško

Thank you. Thank you so much, Tomáš also for sharing with us your experience with the Czech psychiatric hospital. From your own perspective, as someone with horrible experience being restrained, couple of days in the institutions and at the same time having this experience as a child, what are the most pressing issues that children and also adults possibly can face in psychiatric facilities in your opinion?

Tomáš Wrobel

Well, I would honestly, the current method of Secretary Hospital isn't very effective when it comes to truly advocating for patients' rights. On paper, their rules and systems are placed to prevent these treatments. But you know, they often don't work the way they should. And that's the thing I didn't know and I got into a fight because of that. And one of the biggest issues is that the complaint mechanisms inside these issues are almost useless. Patients are supposed to have the right to record this treatment, but many don't even know how to do it. Or worse, they're too afraid to speak up. If they do file a complaint, it often goes nowhere because the same people who run these institutions are the ones handling their complaints. They are real and dependant, no outside accountability and no, and no guarantee that anything will change. Often complaints are handled by regional authorities and they assessment does not reflect the human rights perspective and it's very formal. That happened also in my case. Another problem is that monitoring visits are often predictable. Inspectors only come when hospitals know they're coming. That can prepare in advance, making everything look fine while hiding any real issues. While patients might also be hesitant to speak

openly if they fear consequences for talking. This means that the worst cases of neglect restrain, misuse or even abuse remain invisible.

To make things better, we need for your independent oversight. There also needs to be a way for patients, especially children and teenagers, to report problems to an external body that actually has the power to act on their complaints and is independent. Most importantly, we need to shift the focus from just checking the boxes to actually listening to patients. It's not just about whether hospitals follow the rules, but whether people inside feel safe, respected and human. Right now, the system protects institutions more than it protects people inside them, and that has to change.

Maroš Matiaško

So much. From your perspective as someone with really horrible experience with psychiatric institution and having this experience as a child at the same time, what are the most pressing issues that children and also adults eventually cannot face in the psychiatric facilities in your opinion?

Tomáš Wrobel

One of the biggest issues is making sure that people inside these places are truly protected. It's not just about having a roof over their heads, it's about making sure they feel safe, respected and connected to others. Many people and institutions struggle with the limits, which can make their mental health even worse. That's why I think we need to focus more on preventing isolation and making sure they have real social support. But another big thing is proper monitoring. If no one is checking what's really going on in these institutions, problems can go unnoticed for too long. We need independent and regular oversight to make sure that these people are treated well, that their voices are heard, and that any mistreatment is dealt with quickly. At the end of the day, mental health care isn't just about medicine or treatment plans. It's about making sure, people feel like they still belong in society, that they have rights and that they are not the forgotten.

Maroš Matiaško

Thank you so much. I fully agree and well, maybe we can take a closer look now at how well the monitoring body, in your experience, existing in the Czech Republic and, you had an experience as well in your own case, is doing in advocating for the rights of patients in psychiatric facilities and also we can discuss what changes like concrete changes, maybe are needed to make sure that people and children especially are treated with the dignity and fairness they deserve. So in your experience, Tomáš, how effective is the current monitoring oversight mechanism in advocating for the rights of patients within psychiatric settings, and what improvements do you think are necessary to ensure that individuals are treated humanely and fairly?

Tomáš Wrobel

Well, that's nice question. Honestly, the current monitoring of psychiatric hospitals isn't very effective when it comes to truly advocating for patient rights. On paper are the rules, and the systems in places to prevent mistreatment, but in reality they often don't work the way they should. But they surprise me. One of the biggest issues is that the complaint mechanisms inside these institutions are almost useless. Patients are supposed to have the right to report mistreatment, but many don't even know how to do it, or worse, they're too afraid to speak up if they do file a complaint, it often goes nowhere because the same people who run these institutions are the ones handling the complaints. There is no real independence, no outside accountability, and no guarantee that anything will change. Moreover, complaints are handled by regional authorities and their assessment does not reflect human rights perspective and is very formal. That happened also in my case. Another problem is that monitoring visits are often predictable if inspectors only come when hospitals know they're coming, staff can prepare in advance, making everything look fine while hiding any real issue.

But patients might also be against to speak openly that they fear consequences for talking. This means that the worst cases of neglect or strength misuse or even abuse remain invisible to make things better, we need real, independent oversight. There also needs to be a way for patients, especially children and teenagers to report problems to an external body that actually has the power to act on their compliance, and is independent. Most importantly, we need to shift the focus from just checking the boxes to actually listening to patients. It's just not about whether hospitals follow the rules, but whether people inside feel safe, respected and human. Right now, the system protects institutions more than it protects the people inside them, and that has to change.

Maroš Matiaško

Thank you so much so much. I fully agree with you. Thank you also for this very insightful, very open conversation. I really appreciate it. Hopefully the judgement reverses the Czech Republic as well. Maybe your own case will bring the change that we so much desperately need. Thank you for joining us to my.

Tomáš Wrobel

Thank you for inviting me. Have a nice day.

[Music]

Anna Bracco

Thank you to all our guests today for sharing their experience and expertise on strategic litigation and the vital role it plays in advancing the rights of persons with disabilities. What we've heard today highlights the immense power of this approach, not only in the courtroom, but also in shaping public policy, influencing legal frameworks and ensuring that the most vulnerable voices are heard and protect. Strategic litigation also reminds us of the importance of collaboration, whether working with communities, advocacy groups, or international bodies. As we heard today, the path to justice is often complex, especially in jurisdictions where the judiciary might be compromised. But these cases serve as powerful tools to raise awareness, build momentum for systemic reform and challenge deep rooted biases. For those listening, if you're inspired by today's conversation, I encourage you to think about how you can support efforts like these. Whether through advocacy, raising awareness or even becoming directly involved in the strategic litigation process.

[Music]

Host

Thank you for tuning in! We hope you'll join us again next time as we continue to advocate, collaborate, and innovate for disability rights!

We also would like to thank all our speakers for sharing their experiences with us and for allowing us to learn from and build on them. This podcast was brought to you by the LITIGATE project.

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