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ME.D.I.C.S.



Mentally Disturbed Inmates
Care and Support



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M.E.D.I.C.S.

MENTALLY DISTURBED INMATES CARE AND SUPPORT

PROJECT REPORT: CATALONIA

Abstract of the document resulted from the research in Catalonia

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1. PROJECT INTRODUCTION

M.E.D.I.C.S. project, approved by the European Commission, started in Italy, which is one of its promoters, to promote detailed information on the situation of inmates suffering from mental disorders. The aim of this project is managing the inmates and setting out a new operating paradigm that helps improving an effective housing, treatment and therapy of the inmates.

In Catalonia, those in charge of managing the project are the Department of Justice and the Catalan Health Institute. It is a quantitative study aimed at suggesting improvements, changes and legal regulations to enhance the treatments for inmates suffering from psychopathological disorders, since the right to good health and mental health, is part of the essential, basic and inalienable human rights.

1.1 European and Catalan legal framework

Taking into account the alarming increase of mentally disturbed inmates, the European Parliament's resolution 2011/2897 about freedom deprivation's conditions in the EU, calls upon the Member States "to allocate adequate resources for the renovation and modernisation of prisons, to ensure inmates' rights, to provide police officers and staff with trainings based on European Human Rights standards, to supervise inmates suffering from mental and psychological disorders and to create a specific EU budget to promote the development of other projects in this field".

In the Recommendation R(2006)2 of the Committee of Ministers on the European prison rules, there are two main principles that lie at the basis of the of M.E.D.I.C.S. objectives: the right of all inmates to access indispensable medical, psychiatric and surgical treatments, and the fact that medical services in prisons must ensure psychiatric therapy to all the inmates in need, focussing in particular on suicide prevention.

1.2 Structure and Functioning of Penitentiary Healthcare Services in Catalonia

Catalan penitentiary service's organisation and powers come from the penitentiary health integration project in cooperation with the Ministry of Health, and it takes care of inmates, both over 18 and minors.

Among its services for penitentiary health, the Justice Department of Catalan government (Generalitat) offers a program on mental health addressed to the inmates. Its objectives are:

- Identifying, assessing and monitoring incoming inmates suffering from a kind of mental disorder or disease
- Providing a constant therapy for specific patients
- Assessing the psychopathological condition of each inmate to choose the right activities for him/her. The resources and the services available in this field are structured in three levels:
 1. Healthcare assistance and basic psychiatric support centre
 2. Detention centres equipped with psychiatric nurses, or hospital care units specialised in mental healthcare and addictions (psychiatric emergency, intensive care, mid and long term hospitalisation)
 3. Healthcare centres specialised in more complex cases, which can provide psychiatric and psychosocial rehabilitation services, day hospital, residential units, and special units for the transition back to ordinary life.

1.3 Project Features

The methodology in use is quantitative, it is based on a survey created by the project's Italian promoters. In Catalonia, the surveys for rehabilitation officers were addressed to the treatment area staff, since there are many different categories that share the same project (rehabilitation officers, psychologists, social workers). The staff that was given the surveys is made by seven different categories: institutes' directors, treatment area staff, penitentiary police, educators, doctors, nursing staff and volunteers.

At the beginning the feedback about the surveys wasn't positive, because they were too long, the concepts were too mixed and difficult to understand in order to give fast answers. However, if we don't take into account the few volunteers that took part in the survey (4%), the workers interviewed are the 23% of the total penitentiary staff interviewed.

1.4 Catalonia and its penitentiary services

The population of Catalonia amounts to 7,518,903 people (2014) and the highest authority of the region is the Catalan Generalitat, which is the political and administrative organ that holds the executive power.

On the 31st of December 2015, the penitentiary population amounted to 9,294 inmates. At the present time, the region accounts for 15 penitentiary facilities (among them just 5 are open), and two penitentiary hospitals.

2.CONTEXT

2.1 The concept of mental disorder

According to the WHO a mental disorder is a syndrome characterised by an alteration of the cognitive state, of the emotion regulation or a clinically significant alteration of the individual's behaviour, which reflects a dysfunction in psychological, biological and development processes.

The diagnosis of a mental disorder doesn't necessarily imply that a therapy is needed. The decision to start or not a therapy is clinically complex and must take into account the severity of the symptoms.

2.2 Mental disorder in the penitentiary environment

According to the criminal code, those who are not able to understand – for a psychic disorder or alteration - that their actions are illegal when committing a crime, are criminal liability-free and they are not chargeable. The same conditions are applied to those suffering from SPD (Sensory Processing Disorder) - since their birth or since their childhood - who have, therefore, a very distorted awareness of reality.

Amongst non-chargeable mental diseases there are: mental retard, delirium, dementia, drugs addiction – as a result of clear intoxication-, schizophrenia and some serious cases of mood disorders.

Being held in a prison can cause the show or the worsening of a mental disease, the inmate can get sick and develop adaptive frameworks, such as anxiety and depression, behavioural disorders, addictions and psychosis.

The Recommendation R(2006)2 (quoted above) includes some guidelines on the care of the inmate suffering from mental disorder or mental disease. Amongst the most important there are:

- Those suffering from a mental pathology that is incompatible to detention must be detained in a specialised facility
- In case they are exceptionally detained in prison, a special regulation is indispensable to meet their conditions and their needs.
- The penitentiary healthcare service must commit to ensuring constant treatments for people suffering from mental diseases.
- During the medical examination of an inmate, the doctor/nursing staff should take particular care in identifying the psychological pressures and the stress derived from being deprived of freedom.
- After the release, in agreement with the community services, the inmate must be ensured the continuity of the care, upon prior consent.

84.4% of prison population suffers, or suffered in the past, from some kind of mental disorder, that is 5 times more than the percentage recorded among civilian population. Among the most common disorders we have:

- Substances abuse (76.2%)
- Disorders connected with anxiety (45.3%)
- Mood disorders (affective/emotional) (41%)
- Psychotic disorders (10.7%)

3. RESEARCH METHODOLOGY IN CATALONIA

3.1 Introduction, aims and objectives

Data mining and analysis only focused on survey models ideated by the Italian developers of the project. However, some considerations should be made concerning the analysis of some questions, although they were not modified. For example, no distinction between self-mutilation and attempted suicide was made. "Low-lethality" actions have not a proper suicidal intent and they are highly vindictive actions (according to some studies, they are more than 80% of suicide attempts). There is a far greater rate of real suicide attempts in prison than among ordinary population. They are associated with alcohol and drugs abuse, mental disorders and depression, people who had already attempted suicide in the past. They frequently appear during the first days in prison, due to detention shock and distress.

Some other questions were not taken into account for data analysis, like for example the question asked to doctors about how much time has to pass after an inmate attempts suicide in order to apply the health protocol. The correct answer would be "immediately", even though the closest answer on the survey is "less than one week".

The aims of the report are:

1. Providing a general overview on the features of the interviewed groups
2. Displaying the groups' answers
3. Putting forward the proposals of enhancement proposed by the groups

3.2 Technical details for data analysis' operations

Methodology: paper survey to be filled (6 different models according to the 6 professional groups + 1 group of volunteers)

Involved institutions: Brians Men, Brians Women, Youth Prison Centre.

The prison authorities distributed the surveys that were then sent back to the Directorate General for Penitentiary Services after being filled and the latter forwarded the surveys to the statistical analysis team.

Weaknesses: low participation of 2 groups out of 7 (although volunteers do not attend the prison every day, both prison officers and volunteers come into contact with inmates only in specific contexts, and there are not enough resources to communicate with inmates)

Strengths: direct access of the participants (excluding the volunteers) and highly reliable and realistic outcomes in most of the groups.

4. OUTCOMES

A sample of 174 people out of 744 employees of 3 penitentiary facilities took part in the research (23.4%). While 15 volunteers out of 376 took part in the research.

The largest groups (in proportion) were: directors, doctors, nursing staff, educators and treatment area staff. Doctors are the oldest group and the youngest is the treatment area staff (even under 24), while 100% of volunteers are over 54. The majority of the participants is represented by women (more present among doctors, educators, nursing staff and treatment area staff).

Concerning continuous training, the group that gives greater importance to its daily experience is the nursing staff.

4.1 Directors group

The three directors of the penitentiary facilities, two men and a woman, with 6-10 years' experience in the field, are two psychologists and a social worker.

Given the question "Is your facility able to ensure appropriate treatments to inmates suffering from psychological problems?", 100% of them answered "yes, in cooperation with our healthcare staff and the National Healthcare System".

Given the question "what option would you choose in case you were informed that an inmate is developing a serious psychopathological problem?", 2 out of 3 chose "referring to a psychiatric specialist".

4.2 Treatment area group

Treatment area group is made of 45% educators, 40% psychologists, and the remaining part is made up of social workers. 92% of the group expressed the need of education courses on the topic in question.

Given the question "Does the prison where you work ensure appropriate care, treatments and therapies to inmates suffering from psychological problems?", 33.3% answered "It is part of my responsibility, even though this is not my direct task but that of other professionals more expert and competent such as doctors", while 37% replied "It is part of my responsibility, even though this is not my direct task but that of other professionals more expert and competent such as psychiatrists and clinical psychologists".

Given the question "Could it be useful updating your knowledge in order to identify and manage the inmates suffering from mental problems?", 91.1% replied "Yes, I would like to learn more".

Given the question "What kind of alternatives should be included in a strategic plan aiming at identifying the onset of mental problems?", the most frequent answer has been "having a connection with a psychopathology expert" (70.3%), followed by "one hour training per week in order to learn how to recognise psychiatric problems connected to violent or aggressive actions" (48.6%), and "a protocol to be followed" (37.8%).

Given the question "who might need this kind of specific training in your prison?", 70.3% answered "psychologists" and 48.6% answered "penitentiary police".

4.3 Penitentiary police group

Among the people interviewed, 56.9% work in a rotating system, 29.2% are permanent staff and 13.9% chose the category "other". 41.1% has been working in prison from more than 10 years, 45.2% 6-10 years and 13.7% 1-5 years. Almost 40% attended a training course on mental problems.

Given the question "Which kind of support strategies could be applied in prison?", the most frequent answer was "Taking part in support groups" (22.9%), followed by "starting therapeutic activities" (15.7%).

Given the question "do you notice any signals of the onset of an inmate's problems, before he/she commits acts of self-harm?" everybody replied affirmatively. 63.3% report the situation to their superior, 33.3% to the doctor. 75% also replied affirmatively to the question "do you feel part of a network that aims at reducing damages/problems?".

As for the future of the patient suffering from psychological disorders, they have a pessimistic point of view, since the majority thinks that the problem will probably persist in those who undergo a therapy and it will probably worsen in those who are untreated.

Given the question "what situation could facilitate or impede the rehabilitation process?", 60% identified "individual or group psychological therapy" as a help and 80% identified "having nothing to do" as an obstacle, followed by 72% that chose "Not following the prescribed therapy".

4.4 Educators group

19.4% of educators are graduated, 84% of them is part of the permanent staff. 29% has been working in prison 1-5 years, 38.7% 6-10 years, 32.2% from more than 10 years. 62% of the students are male, an average class is made up of 38 students.

The attitude of students towards educators is positive for 58% and very positive for 25%. The educators stress that 29% of the students don't pay enough attention to the lessons, although 61% of them states that it is possible to start lessons in class within the first 10 minutes.

Given the question "what would you change in the education system?", educators expressed the need for support to those inmates who need greater help, with initiatives such as lessons in French (for the inmates coming from Maghreb) and outdoor activities.

71% of educators would accept inmates suffering from mental disorders in their class, 12.9% added that they should be undergoing a therapy before.

4.5 Doctors group

4% of doctors is made up of specialists and general practitioners are 18%. It should be mentioned that they were given by differentiating the intervention strategies chosen for the inmates that recently committed acts of self-mutilation or attempted suicide, whether they are under the supervision of a local follow up service for mental health, or they haven't been assigned to any specialised service.

The Catalan psychiatric system makes a distinction between a self-mutilation episode and an action that shows a real suicide attempt. However, the surveys didn't show this distinction.

INMATES UNDER CONTROL/SUPERVISION

For this reason, only 9.1% of the doctors chose the answer “suggesting to send the inmate to a special department for 24 hours of psychiatric observation”, in case of attempted suicide. As far as the self-mutilation acts concern, the most frequent answer was “talking directly to the inmate” (90.9%).

Given the question “how much time passes from the inmate’s action to the start of the procedure?”, the answer has been 100% “less than one week”, both for attempted suicide and self-mutilation, since the most obvious answer would be “immediately”.

As for the most negative factors of the doctor’s intervention, the majority chose the answer “lack of adequate staff”.

INMATES WITHOUT CONTROL/SUPERVISION

Given the question “Which are the intervention strategies chosen for inmates who attempted suicide or committed acts of self-mutilation, when they aren’t under the control of the psychiatric health service?”, 91% answered “referring to the psychiatrist”.

Also in this event, the most negative factor concerning the doctor’s intervention was identified in the lack of properly-trained staff for healthcare in prison.

4.6 Nursing staff group

This group is made up of nursing assistants and registered nurses. 18% has been working in prison for less than 10 years, 82% for more than 10 years.

Given the question “What could strongly influence the inmates’ psychic balance?”, the most frequent answers were “drugs abuse” (88.2%), “severe pain”(76.5%) and “lack of control of the impulses” (76.5%).

Given the question “Which kind of support strategies could be applied in prison?”, 82.4% replied “a better assessment of individual healthcare needs” and 70.6% “the promotion of technical-professional courses for a better management of mental disorders”.

Given the question “Which situations could facilitate or impede the rehabilitation process of inmates suffering from mental disorders?”, among the facilitating factors the main are “individual or group psychotherapeutic therapy” (82.4%) and “encouraging the subjects to take part in outdoor activities” (52.9%). Among the impeding factors there are “having nothing to do”, “stressful events” and “not taking the prescribed therapy” that obtained 88.2%, while 29.4% answered “inadequate detention facilities”.

4.7 Volunteers group

As stated above, this group didn’t take part in the survey with a sufficient representation because of the previously-mentioned problems, and it was therefore excluded from the outcomes, since it could affect the working methodology. Nevertheless we will report some data.

All the volunteers are over 54 and 40% of them has been working in prison for more than 10 years.

Volunteers consider that support groups and the promotion of training courses and jobs outside the prison are resources that could be activated or improved. According to them, encouraging common activities, as well as increasing the visits of the family in places outside the prison could help in the

inmate's rehabilitation process, while having nothing to do, distress factors, overpopulation, inadequate facilities and failure in taking the therapy are an obstacle to the rehabilitation process.

5. CONCLUSIONS AND PROPOSALS FOR IMPROVEMENT

- Doctors, nursing staff and treatment area staff are the most involved groups in the field in question
- The presence of many women is a relevant factor (mostly in education, healthcare and social working fields)
- Doctors are the oldest group
- The staff is very competent
- Penitentiary police officers have a high level of qualification
- 67% of the staff has its own professional experience as primary source of knowledge of mental problems and almost 90% of them is interested in following a specific training on this topic
- Doctors stress the need for further training courses on mental health

5.1 Proposals for improvement

A change in national legislation has been suggested, namely adapting the legislation to the recommended international standards, by prioritising a constant and multidisciplinary training for prisons' staff, aiming at helping inmates in facing their mental disorders while they are serving the sentence. It is essential for the psychiatric staff to work hand in hand with other professionals, and training courses proposed should cover both theoretical and concrete aspects. Concerning the theoretical ones, they should mostly focus on basic principles of mental healthcare, safety measures, the most common mental disorders among penitentiary population and the management of the emotional sphere of the professionals working close to them.

It is important to focus especially on the following areas:

1. All computerised and recorded data should be shared among the whole medical staff of the National Healthcare System.
2. Increasing safety measures among penitentiary psychiatric units, and between the latter and the external centres.
3. Establishing a team of forensic experts and psychiatric specialists to analyse the most serious cases, make assessments before the trial and give suggestions to the magistrates about the most suitable detention centre, in order to provide support and evaluate mental healthcare centres.
4. Implementing a network of services for psychiatric external patients, distributed on one or more places, according to the size of the territory. Making investments on the recruitment of experts and on the appropriate therapies reduces the risk of relapse. Detention costs a lot to society, and this is a further reason for activating external programs for some patients, by moving them to minimum and medium security units.
5. Strengthen the expert technicians in criminal justice, to make them assessing the suitable centres for detained patients.
6. Increasing outdoor activities and family visits.
7. Improving the expertise and the psychiatric assessment within legal proceedings.
8. Implementing a special care and intervention programme for patients suffering from intellectual disabilities in prison.
9. Improving supervision and follow-up of the persons subjected to restrictive measures, with implications for mental health.
10. Improving multidisciplinary approach and coordination of all the professionals involved in the penitentiary system.

In conclusion, those inmates charged with minor offences, with short-term prison sentences, who have a good clinical picture, are psychologically balanced and have a family supporting them, shouldn't be

detained in the cell of a prison, but they should have the chance to serve their sentence in alternative facilities, minimum and medium security units. It is possible to reduce the risk of relapse with this kind of measures.

Some slides of the training courses made in the Italian prisons of Palermo, Turin and Parma are attached to the file, as a resume of the research in Catalonia.

Preliminary outcomes of the surveys distributed in Catalonia:

- Penitentiary police (guards)
- Treatment area (educators, psychologists...)
- Healthcare staff (doctors, nursing staff..)

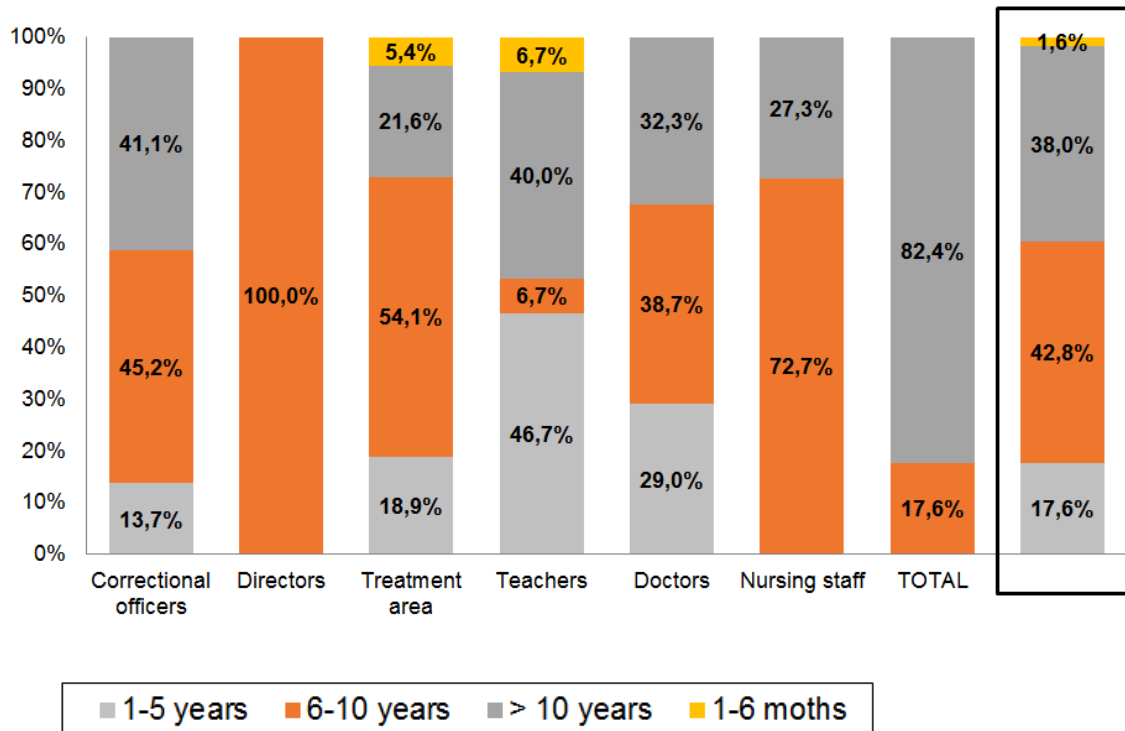
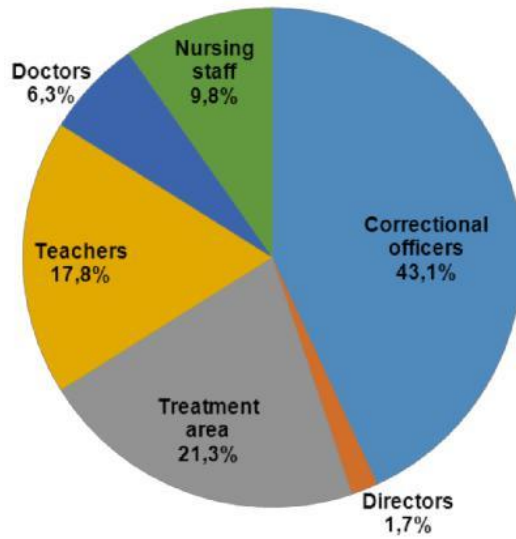
Of the total (744), there were received 174 questionnaires filled plus 15 from the volunteers. The distribution was as follow:

Employees Participants	Total
Directors	3
Correctional Officers	75
Treatment area	37
Teachers	31
Doctors	11
Nursing staff the following chart	17
Total	174

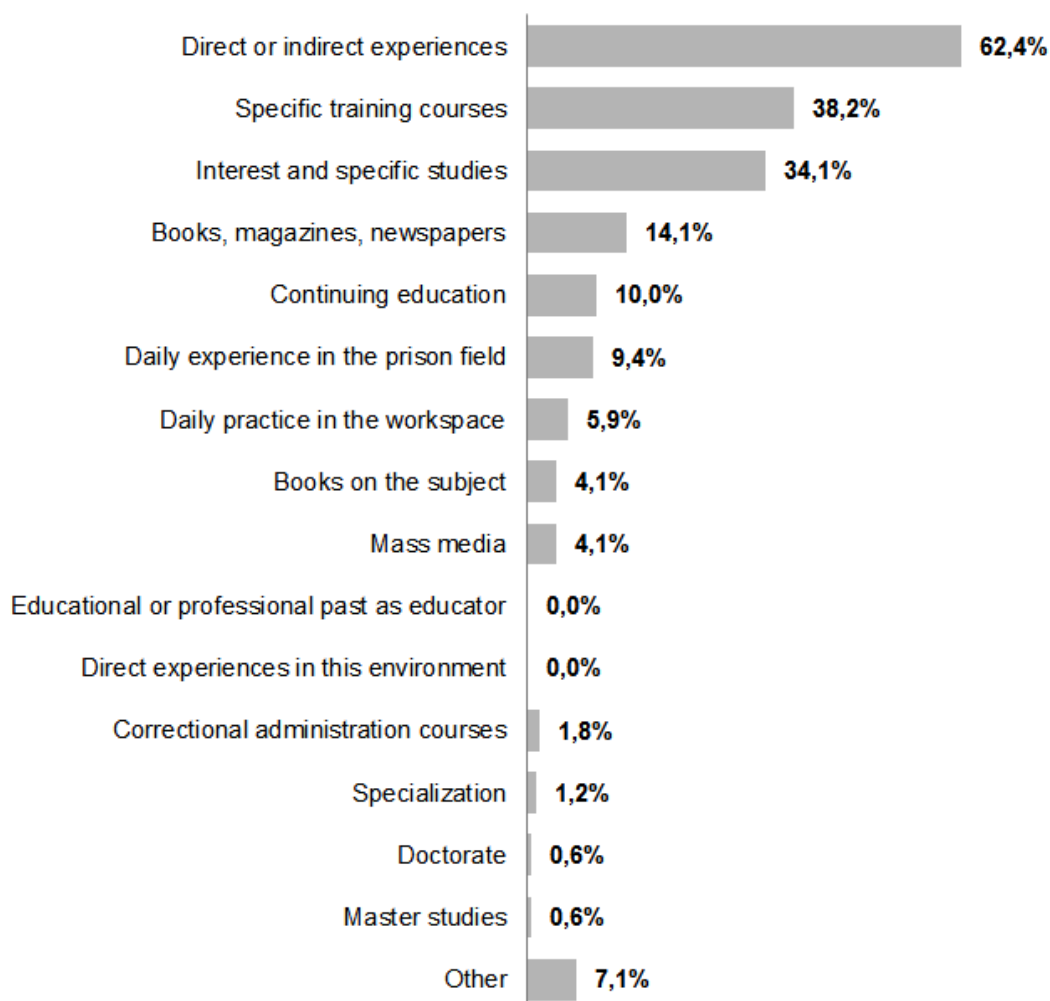
Professionals¹³	CP Brians 1- Men	CP Brians 1- Women	CP Youth	Total
Directors	1	1	1	3
Correctional Officers	360	89	119	568
Treatment area	60	17	27	104
Teachers	16	6	15	37
Doctors	6	3	4	13
Nursing staff	9	5	5	19
Total employees	452	121	171	744

Chart 2

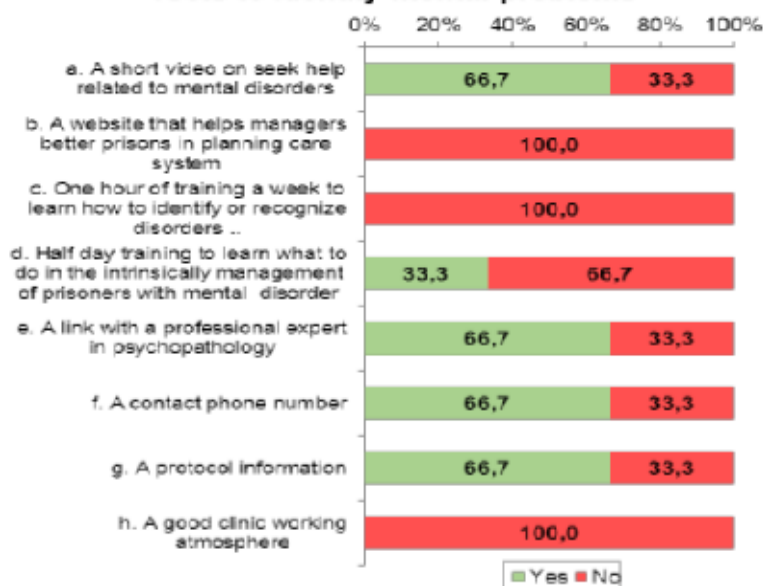
Grup (n=174)



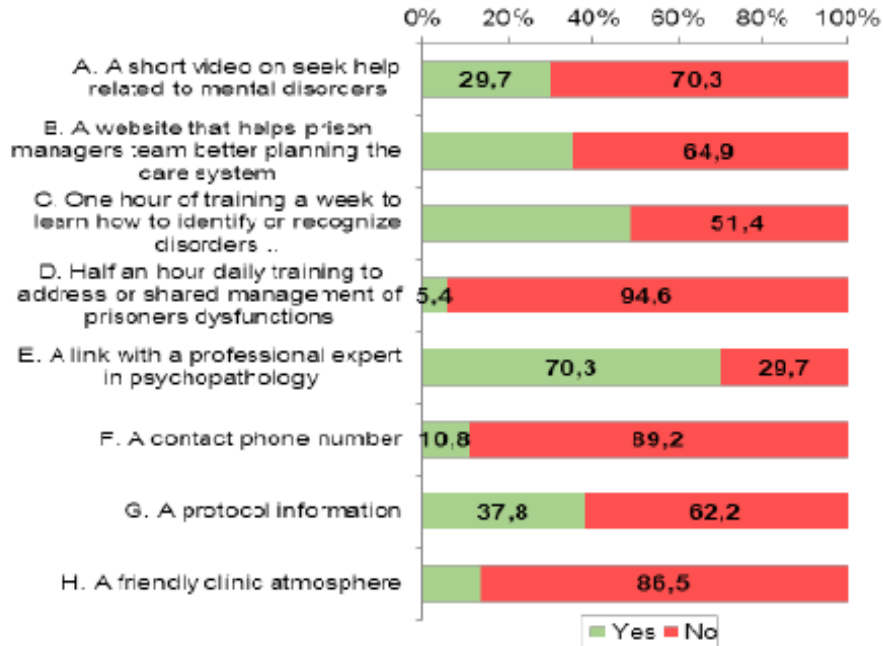
Sources of knowledge (n=170)



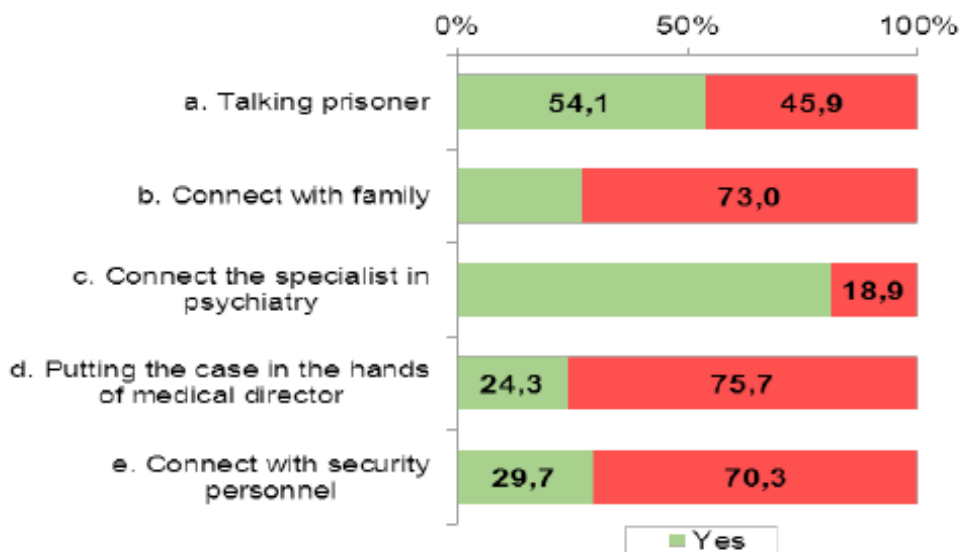
- Directors - Tools to identify mental problems



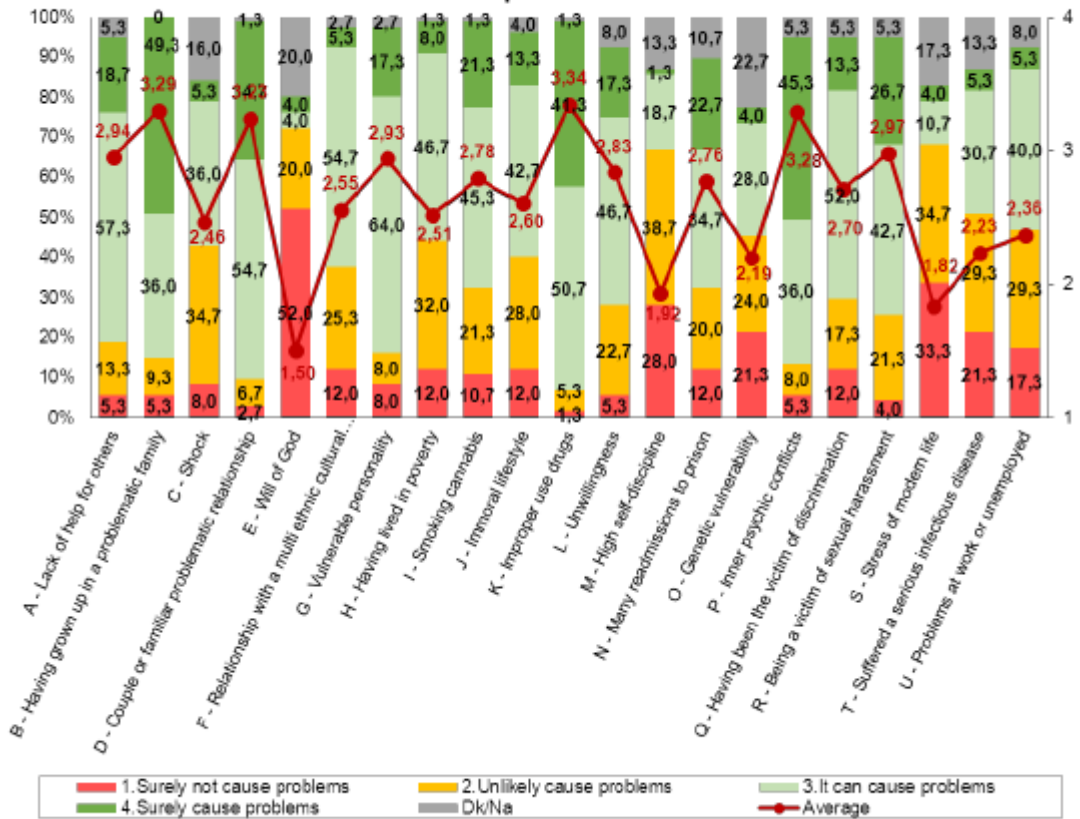
**- Treatment area -
Tools to identify mental problems**



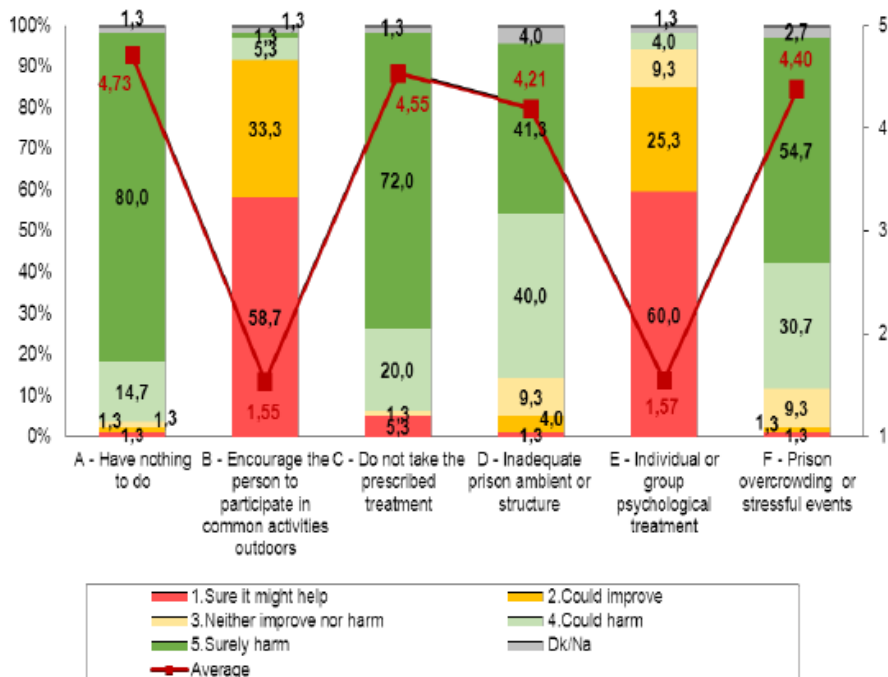
**- Treatment area -
Best situation**



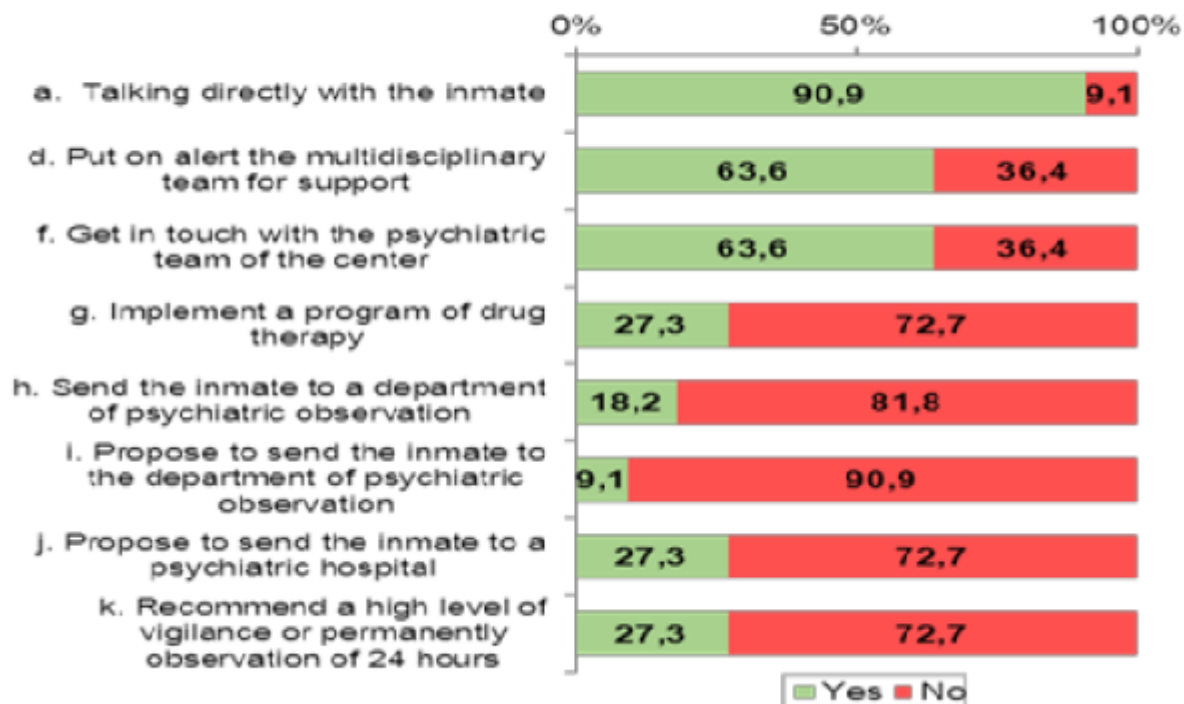
**- Correctional officers -
Causes of the problems of inmate**



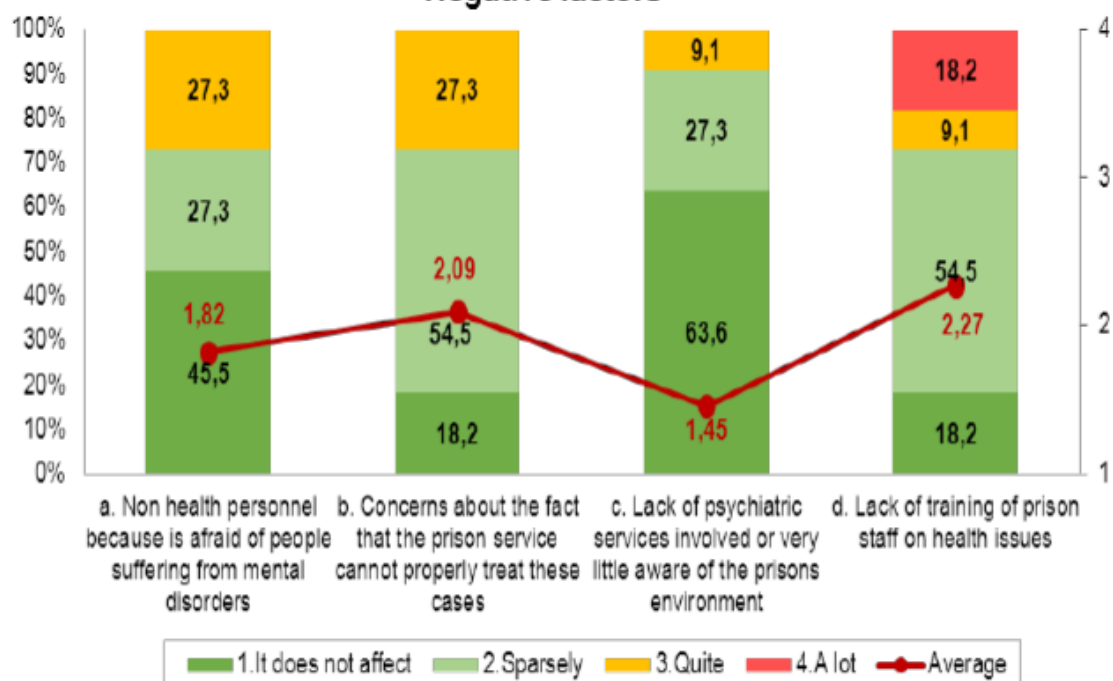
**- Correctional officers -
Situation for rehabilitation**



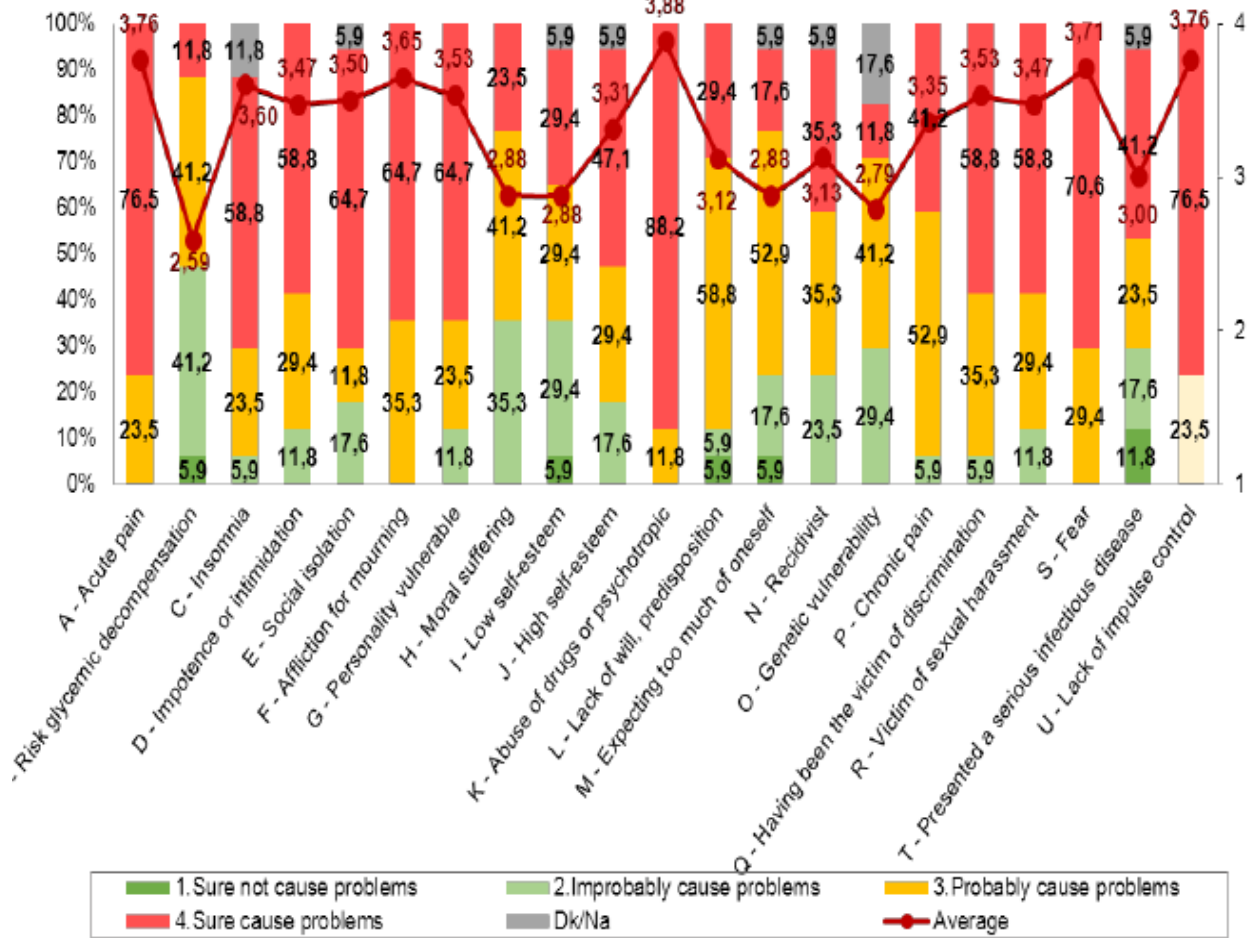
- Doctors - Best situation



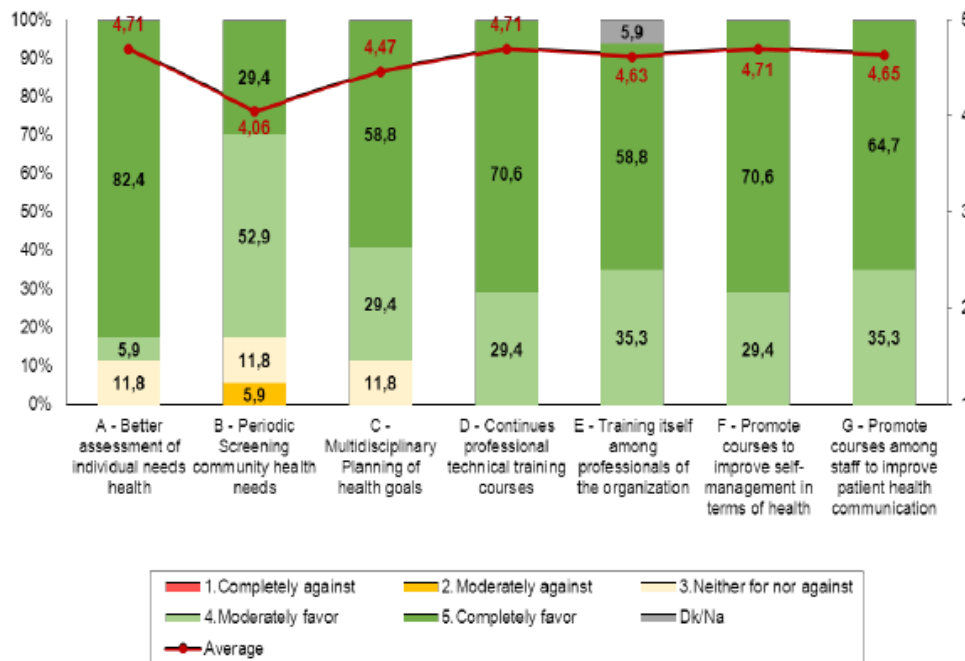
- Doctors - Negative factors



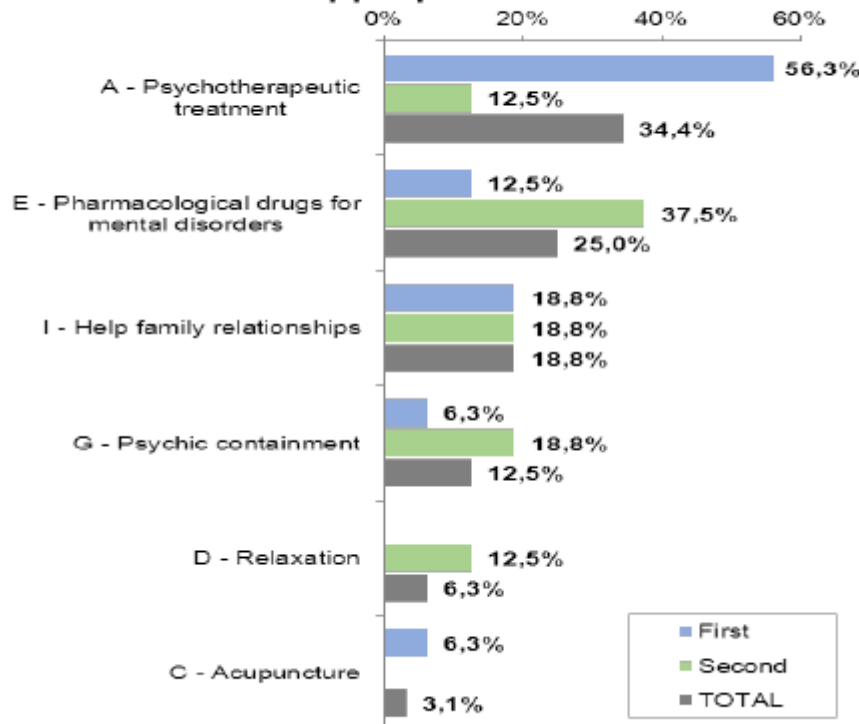
- Nursing staff - Factors that may affect psychologically



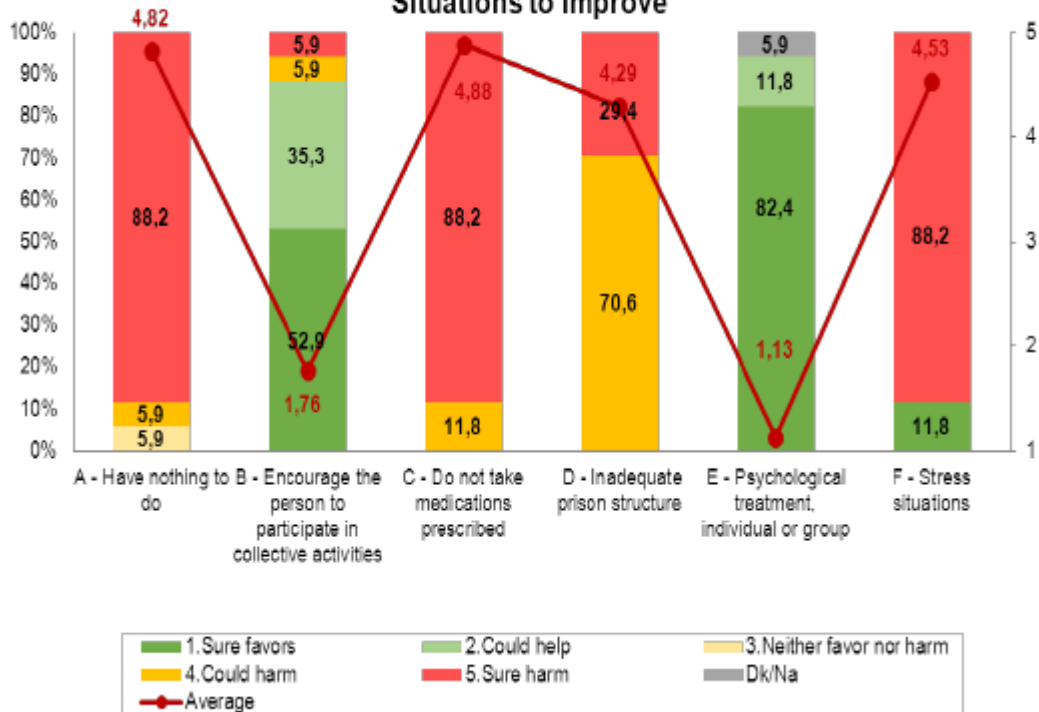
- Nursing staff - Sources of help



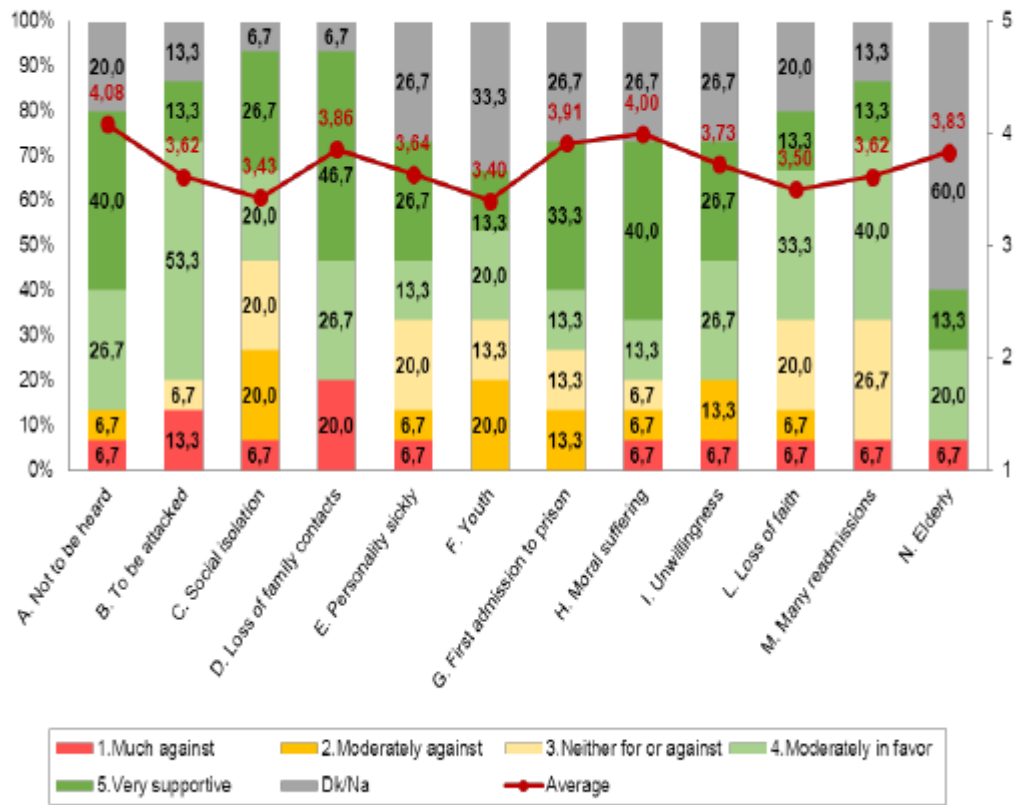
- Nursing staff - Most appropriate treatment



- Nursing staff - Situations to improve



**- Volunteers -
Causes of psychic suffering of inmates**



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