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M.E.D.I.C.S.
Mentally Disturbed Inmates
Care and Support



Ministero della Giustizia
DIPARTIMENTO AMMINISTRAZIONE PENITENZIARIA
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M.E.D.I.C.S. – MENTALLY DISTURBED INMATES CARE AND SUPPORT

Resume of the document written by the study in Croatia by Doctor Roberto Monarca, responsible for the translational research of the project

1. Introduction

The idea of penitentiary system as an expression of the traditional custodial sentence has been changed into a modern idea that defines the prison as a rehabilitation facility. The judgment is now perceived as a privation of the freedom, but it does not modify the other rights guaranteed by international treaties and national laws and it is constantly harmonized to international standards.

2. The Croatian punitive system

Croatia obtained formal independency in 1991 and it's now a parliamentary and presidential democracy. The legal system has been almost completely adjusted to the European regulations. The Croatian Constitution has an independent legal system, leaded by a Supreme Court and a Constitutional Court.

Regular courts that take care of crimes are:

- Supreme Court of the Croatian Republic
- Country Court (for judgement of more than 5 years)
- Municipal Court (for judgement of more than 5 years)

Specialized courts that take care of minor offense are:

- High Commercial Court of the Republic of Croatia
- Commercial Courts
- High Infringement Court of the Republic of Croatia
- Infringement Courts
- High Administrative Court
- Administrative Courts

In Croatia there's no death penalty and the Act for the Procedures on Crime administers on temporary restrictions and imprisonment. It specifies the principal aims of imprisonment, it defines the base principles for the executions of the judgement, it administers inmates' special rights and their integration into a specific penitentiary. The conditions taken into consideration include: the admission to the cell, the work outside the prison, education and all conditions related to the release of the inmate.

Croatia's aim is to use the tariff period not as a punishment but as an instrument to improve the possibility of the offender to live a life without offenses, as it has been demonstrated by the incredible low level of relapse.

The Croatian penitentiary system is part of the Ministry of Justice. There are two kind of detention facilities: prisons, created for judgements of more than six months and prisons for custody for judgement that last less than six months or for minor offenses.

Prisons are categorized basing on their level of security and freedom of movement and they're divided into: maximum security regime, average level of security and minimum security. The prison hospital of Zagreb is a maximum security prison, as custody prisons are.

Croatia has 23 penal prisons, among which 14 are district jails for all the pre-trial inmates held with brief judgement. They can receive from 37 individuals (Dubrocnik) up to 400 one (Zagreb). State prisons where inmates serve their sentences of more than 6 months are six: the one in Lepoglava is the biggest one with 900 inmates while the women's prison in Pozega can contain less than 50 women inmates.

Until 1994, there has never been a condition of overpopulation (that year there were 60 inmates over 100,000 civilians, one of the lowest rate in Europe). When an inmate arrives, the first two weeks are used to find the most appropriate environment for new arrivals. Health conditions, food and health care services are considered to be adequate, there are no prohibition to written correspondence; plus, inmates have the right to be visited four times a month and to go on leave once a year outside the prison. In some prisons, inmates are allowed to work in a factory together with free citizens while in Lepoglava they run a restaurant just outside the prison. Offenders are allowed to watch television and they are provided with opportunities to prepare themselves to the life outside the prison. Groups as well as organizations for human rights are allowed to visit the prison and inmates, and abuse charge are really rare.

Recently, 4,352 inmates have been registered in 23 penal prisons. In 2013, 15,766 Croatian inmates with different status passed through the Croatian detention system: 94.98% of them were men and 5.02% were women. On December 31 2013, the prison staff counted 2,686 employees.

3. Life conditions in Croatian prisons

The main obstacle to the modernization of prisons is the lack of economic resources. The penitentiary system is now characterized by overpopulation and lack of coherence with established standards.

Complaints by inmates are mostly related to accommodation, healthcare, police agents behavior, disciplinary procedure and violation of human rights, even if only those related to the accommodation were verified. Each inmate whose rights are not legally respected, (also in case of torture, abuse or humiliation), has the right to be payed back. In 2002 some inmates made 343 appeals.

55.8% of the inmates finished secondary school while the 8.9% has not completed primary school. Normally, women received a better education than men (62% of women finished secondary school compared to the 45.2% of men and 13.8% of women hold a university degree compared to the 4.1% of the men). The majority of inmates have an age that goes from 27 and 39 years old (44.11%).

3.1. Health system for inmates and minors

In 2012 the sanitary staff performed 152,046 general visits, 6,642 dental care visits, 16,641 psychiatric visits, 12,758 laboratory tests and 5,678 other examinations. The counselling for viral hepatitis and HIV is done in the penitentiary hospital of Zagreb. In 2012, 8 patients with chronic HIV were treated with an interferon therapy. From 2009 to 2011, 6 patients received a treatment in the penitentiary hospital, while the approval of the therapy with interferon comes from 2012.

3.2. Inmates treatment

The personal program for each inmates includes: 1) evaluation of the risk during the application of the imprisonment; 2) evaluation of his/her capacities and work habits, the kind of job and the work structures that are appropriate to the inmate; 3) level of education and the necessity of training; 4) health conditions and the necessity of treatments; 5) participation to special programs according to the decision of the court or a team of experts (addiction to alcohol and drugs, patients who suffer from PTSD etc.); 6) the evaluation of the necessity for psychological, psychiatric, social or legal help; 7) individual or group job offers; 8) leisure activities (culture and sport); 9) relations with the outside world (correspondence, telephone, visits); 10) preparation to be released and be supported after detention.

3.3. People with disabilities

Agreements regulate that people with physical disabilities are considered and treated in the same way as people with intellectual disabilities and mental or psychosocial disabilities. In 2012, 29 inmates with physical disabilities were present in the prisons (both blind people and people on a wheelchair). It could be observed that inside the environment where disabled people live, other people are encouraged to develop comprehension, empathy and social responsibility.

In 2012, 70 inmates were transferred to the penitentiary hospital of Zagreb before being transferred to a structure for psychiatric health. Sometimes, inmates with mental problems stay in prisons for months waiting to be transferred in those kind of structures (either voluntarily or not). This lack represents a violation of the law and fundamental human rights of these people.

3.4. Inmates with addictions

Inmates with drug addictions are one of the biggest and picky group. Addiction is strictly related to crimes, the rate of drug abusers is almost constant in the prison population and the rate of relapse is generally higher than in other inmates. Those addicted to drugs are more likely to have risky behavior (self-destructing behavior, suicide attempts, fights with others, etc.) and to have health problems (hepatitis, HIV and a general bad health). In 2012, 21.53% of inmates suffered from drug addiction.

In 2007 buprenorphine was introduced for the detoxification of opiate users. In 2012, 573 people received a treatment of detoxification, 39.8% of the cases used methadone and 60.2% buprenorphine. 1,625 inmates (the 21.53%) were included into the special program to treat addiction during 2012.

During the same year, there were 1,123 inmates addicted to alcohol. Alcoholics are usually guilty of several crimes, aggravated murder or negligent homicide (16.9% of cases), robbery and aggravated theft

(16.1%), domestic violence, abuse and child abuse (11.72%), extortion (8.28%). In December 2012, 404 inmates (10.98% of inmate population) were included in a special program to treat their addiction.

3.5. Training of inmates and therapy groups

In 2012, 157 inmates (even minors) continued to attend a series of educational programs that they started attending the year before. Plus, inmates have these kind of jobs: 28.34% of them work in the prison laboratories, 67.35% take care of the technical, physical and intellectual support, 4.31% work outside the prison. In total, 37.03% of inmates are unemployed.

Therapy groups are divided basing on the primary diagnosis: we can find groups with people affected by PTSD (Posttraumatic Stress Disorder – ndt), people with psychosis and borderline personalities, drug users o with mental problems, etc... In 2012, 103 people following a psychiatric therapy were included in those groups.

4. RESULTS OF THE STUDY IN CROATIA

The study was carried out in 5 places (prisons as well as prison accommodation) placed in Split, Sibenik, Zadar, Zagreb e Glina and it was conducted on seven different samples grouped in categories: educators, healthcare professionals, governors of the prison, nurses, prison officers, teachers and volunteers/visitors. The results of the research can help improving the organization of all the services aimed to support inmates' needs (especially mental needs) so to provide a better work environment for all the employees who are in contact with them.

Questionnaires have open ended and closed questions, they will be filled anonymously.

4.1. Educators

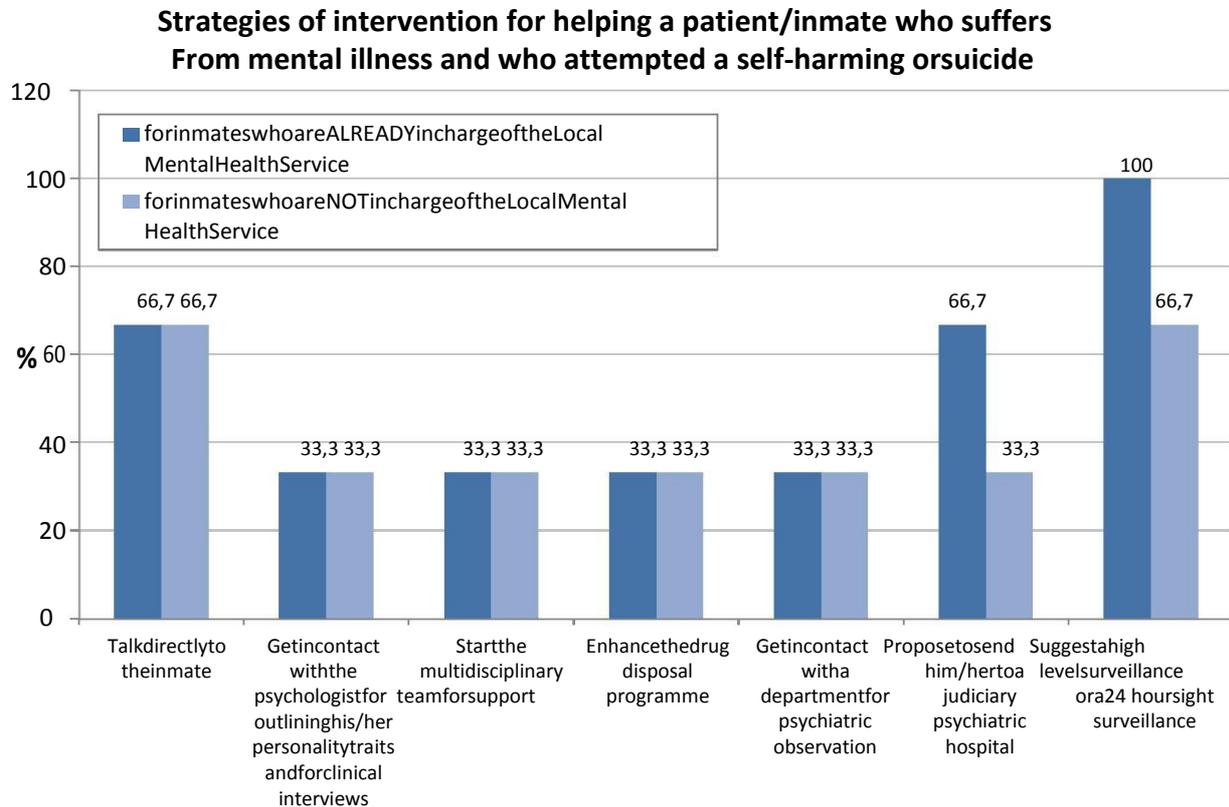
A questionnaire with 24 questions was given to respondents. The sample includes 25 people: 4 men and 21 women : therapy assistants (30.8%), educators (19.2%), social workers (19.2%), psychologists (15.4%), people studying "defectology" (unknown word ndt) (3.8%) and others. The 87.5% of these people has been working for more than a year.

37.5% of participants think that the prison where they work is not able to ensure adequate treatments to all the inmates who need them, this aim could be reached cooperating with the National Health Care System. Everybody agrees that it would be useful receiving updates on how to recognize and manage patients with mental health problems. This kind of constant training would be particularly useful for psychologists, health system managers and police agents. Educators believe that the most useful tools to identify mental illnesses are "a contact with an expert professional in psychopathology" (61.5%) and an "informative protocol" (46.2%).

4.2. Healthcare professionals

The questionnaire for healthcare professionals only contains 20 questions and the respondents taken into consideration are only 3 women: a physician, a psychologist ad a third one who didn't reveal her profession. Two participants are between ages 35-44 years old and the other between 45-54.

In case there's an inmate/patient affected by mental illness (Fig.1), there are several options available to prevent self-harming or suicide attempts: the first answer chosen by the three respondents was a high level of surveillance, followed by the transfer of the inmate in a forensic psychiatric (2/3) and last the direct dialogue with the inmate (2/3). All participants say that less than a week passes from the moment of the attempt of the patient to the direct intervention or the beginning of the rehabilitation.



4.3. Governor of the prison/manager

A questionnaire of 24 questions was given to 8 respondents (4 women and 4 men), whose majority have been in charge for years.

77.5% of participants think that the prison they direct can guarantee adequate treatments and therapies to inmates with mental problems, in collaboration with the National Healthcare Service, 11.1% say that these guarantees can be provided by the institute itself. On the other hand, another 11.1% says that the prison they run is not able to ensure adequate treatments to the inmates who need them.

All interviewees agree that, in case an inmate develops mental problems, the best choice would be to contact a specialised psychiatric center. Plus, the majority thinks that it would be useful receiving updates on the first identification and management of inmates who suffer from severe mental illness, even if the 11.1% does not have the time to do it.

Governors or managers of prisons think that education and constant updating on examined issues would be extremely helpful for educators and psychologists (62.5%), and also for healthcare governors and police (50%). Things that would be more useful to identify mental pathologies are “a direct contact with a professional specialized in psychopathology” (61.5%), “an informative protocol” and “half-day of training to learn what to do in dealing with inmates with mental problems” (46.2%).

4.4. Nurses

A questionnaire with 28 questions was given to 8 respondents (one man and 7 women). The majority of interviewees (62.5%) is between ages 45-54 years old, 87.5% of all nurses has been working for that position for years.

100% of participants think that a better evaluation of individual health needs could be an important resource for inmates, 75% has the same opinion about promoting courses for the improvement of self-management of personal health, followed by a 62.5% of them who say that another help could be provided by education and technical training---like a periodic screening of inmates' health.

Concerning what could affect the inmate's psychological stability, 75% of people say it's the exaggerated use of psychiatric medicines, 50% says it could be the condition of being victims of sexual abuse, discrimination or insomnia, 37.5% think that it could be caused by the lack of impulse control, too high expectations, low self-esteem and social isolation. Generally, nurses say that the major causes of problems are being "sexual abuse victims" and "lack of impulse control".

4.5. Prison officers

A questionnaire with 21 questions was given to 60 respondents (53 men and 7 women). 73.8% of participants have been in charge for years. 37.7% is between ages 35-44, 30.2% between 45-55, 28.3% between 25-34 and 3.8% is less than 24 years old.

To the question asking what resources help the most whoever suffers from mental problems, 98.2% of people answered to "consult a psychiatrist", 91.2% "to participate to a help group", 89.5% "to talk to a member of the family" and 87.7% "to consult a psychologist". 89.9% think that the main obstacles to the rehabilitation of an inmate with psychiatric problems are "events that cause stress", "refusing to take medicines" and "having nothing to do".

The majority of participants think that depression can be the major cause of suffering for the inmate, while the second cause could be problems with relatives. For what concerns the causes of severe problems, (anxiety in inmates), 96.2% of people referred to an incorrect use of medicines or drugs, 92.5% to the home environment, 81.1% to a vulnerable personality and 79.2% to being a victim of sexual abuses.

4.6. Teachers

A questionnaire with 8 questions was given to teachers (9 men and 4 women). 91.7% of them have been working for many years. A third of the participants work as a real teacher, a fourth one is a cook, 8.3% of them are graphic designers, security engineer or head of the department. 36.4% have an age between 45 and 53 years old, 27.3% between 25 and 34, 27.3% between 35 and 44 and just one of the teacher is more than 54 years old.

All student inmates taken into consideration are male, the majority of them of an age between 30 and 40 years old. 91.7% of teachers claim they had a good first impression being received by students for the first time. 66.7% says that students respond in a good way to teaching activities, 25% say the response is sufficient while 8.3% think it's excellent.

They were asked if inmates with mental problems could attend their courses: 54.5% answered in a negative way because these people could be an obstacle to others' learning, 36.4% say they could participate but it would be difficult and 9.1% think that they should follow a specific therapy.

4.7. Volunteers/visitors

Respondents (5 men and a woman) received a questionnaire with 14 questions. All the volunteers have been in contact with the prison environment for less than a year, so their knowledge is based on their experience.

100% of volunteers say that "the fear of being assaulted" can seriously compromise the psychic balance of inmates. 60% think that the most important help would be "promoting help groups", 50% also indicated "the awareness of workers in prison about the alternatives offered".

Plus, all volunteers think that their principal duty is "to be prepared and patient", "to respect the law" and "to respect other people's opinions". 66.7% has the same opinion on "being flexible" and 50% think it's their duty to "respect the role of professionals and require respect for their role itself", as of "taking care of people's needs". Respondents didn't really take into consideration answers like "offering a concrete help" and "asking for more".

5. CONCLUSIONS

Almost 9 out of 10 of the nurses and policemen think that **having nothing to do** is the major obstacle to the rehabilitation of an inmate with psychiatric problems; this is an opinion shared by 2/3 of volunteers. More than a third of the nurses think that "being encouraged to participate to common activities/staying outside" could be an obstacle to rehabilitation; police partially agree with this (1.7%) while volunteers/visitors don't.

All volunteers, 9/10 of policemen and 2/3 of nurses agree on another obstacle to rehabilitation: the **refusal to take medicines**. ¾ of policemen also find a limit in the **inadequacy of the prison**.

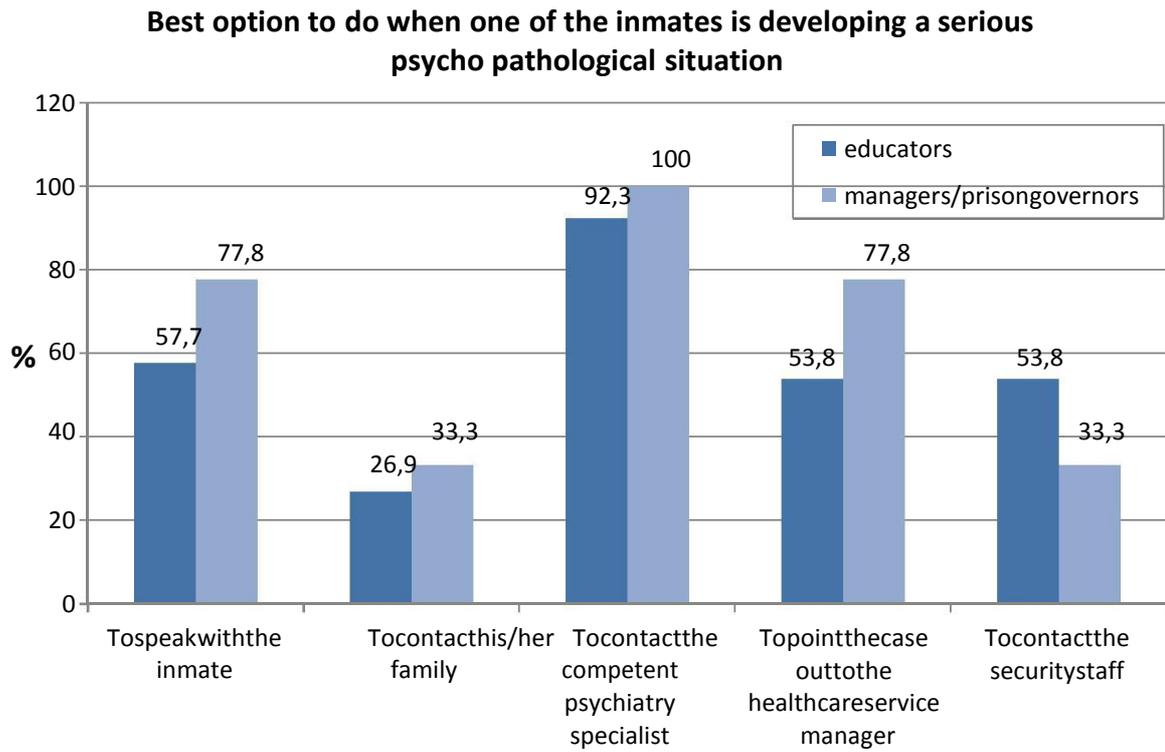
Other obstacles to the inmate's rehabilitation are:

--- Individual or group therapies (37.5% nurses, 16.7% volunteers/visitors, 5% penitentiary police)

--- Stressful events.

Other different opinions show up concerning what to do when an inmate is developing a severe psycho pathological situation (Fig. 2). Governors are willing to talk to the patient, contacting his/her family, contacting the psychiatrist so to inform the health service. On the other hand, teachers are willing to contact security service rather than the governor. The two points of view are also different when it comes to choose how to identify a mental pathology in an inmate: the majority of governors suggested to have "a connection with an expert professional in psychiatry", while most of the teachers chose "an informative protocol".

Fig.2



Here you can find some of the slides used during training courses in Italian prisons in Palermo and Turin to summarize the study held in Croatia.

Croatia's punitive system

- Supreme court
- County courts (dealing with serious crime sentences more than 5 years)
- Municipal Courts (dealing with crime up to 5 years of imprisonment)

Croatia's punitive system

- Croatia's penitentiary system is part of Ministry of Justice
- 2 types of penitentiary facilities: Prisons (for sentences longer than 6 months), and Jails
- 23 penitentiaries (Lepoglava the largest with 900 rooms); 4,352 prisoners (94.98% men and 5.02% women) in 2013.
- Prison population rate 60 per 100,000 (one of the lowest in eastern and central Europe)

Croatia's punitive system

- The prison system is characterized by overcrowding and lack of compliance with established standards, which in 2012 resulted in 343 compensation claims by prisoners (mainly for accommodation conditions, health care, and conduct by officials, disciplinary proceedings, and violation of human rights)
- Drug addicts represent one of the largest and most demanding groups of prisoners. Out of 7,547 prisoners who were serving a sentence in 2012, 1,625 or 21.23% were drug addicts. 1,123 prisoners were addicted to alcohol (6.71% of the total prison population)

MEDICS'Project'in'Croatia

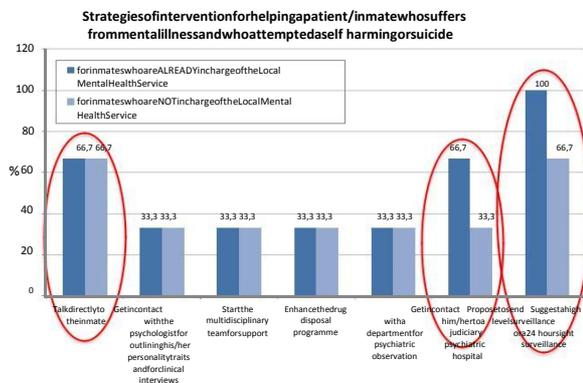
- The study involved 5 prisons in Split, Sibenik, Zadar, Zagreb and Glina, and was conducted on 7 different categories: Educators, Healthcare Staff, Managers/ Prison Governors, Nurses, Guards, Teachers and Volunteers/prison visitors
- The tool for collecting empirical data was a structured questionnaire with questions both open ended and closed ended questions.
- The questionnaires were completely anonymous

Educators*

- 26 respondents (4 men, 21 women, 1 missing); 40% of the age 35@44 yrs.
- More than a third (37,5%) think that the prison cannot ensure adequate care and treatment to prisoners with troubles
- All think that it would be useful to be updated about early identification and management of prisoners suffering from serious mental troubles, particularly for psychologists (50%), Health Managers (50%) and Police staff (46.2%)

Health Staff

- Anonymous questionnaire with 20 questions divided in 3 parts
- 3 women respondents (1 doctor, 1 psychiatrist, 1 missing)



Prison Governors

- 9 respondents (4 men, 4 women, 1 missing)
- 77,5% think that 'prison can ensure adequate care and treatment of inmates with mental troubles' in collaboration with the NHS; 11,1% think that they can do it on their own
- All think that the best option when inmates develop a serious psychopathology is to contact the psychiatric reference service
- 90% think that it would be useful to be updated about early identification and management of prisoners suffering from serious mental troubles but 11,1% of them doesn't have enough time
- Training would be particularly helpful for Educators, and Psychologists (62,5%, and also for Health Managers and Penitentiary Police (50%)

Nursing (staff)

- Anonymous questionnaire (of 28 questions)
- 8 respondents (1 man, 7 women), 87,5% employed in their current position for years
- Three quarters of respondents (75%) think that abuse of psychiatric drugs can greatly affect the psychological balance of inmates
- The largest number of nursing staff believe that the most important cause of mental troubles is the second most important cause of psychopathology

Penitentiary Police

- Sample of 62 respondents of which 53 men (88,3%), 7 women (11,5%) and 2 were missing.
- Almost three thirds of respondents (73,8%) have been employed at their current position for years.
- The largest number of respondents think that the most helpful sources of help for someone suffering from an important psychopathological disease are:
- 1) Consult a psychiatrist (98,2%);
- 2) Join a self-help group (91,2%);
- 3) Speak with one's family member (89,5%); and 4) Consult a psychologist (87,7%).

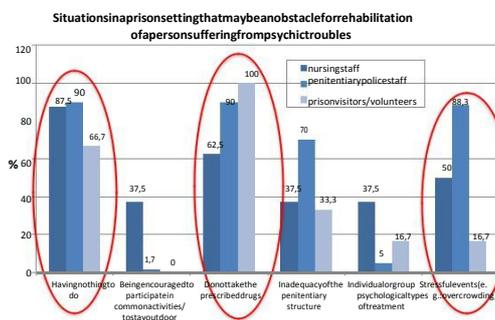
Penitentiary Police

- (89,8%) thinks that in a prison setting, „stressful events“, „not taking the prescribed drugs“ and „to have nothing to do“ could be an obstacle for the rehabilitation of a person suffering from psychic troubles.**
- Almost three thirds of respondents (71,2%) thinks the same for „inadequacy of the penitentiary structure“.**
- Overall, the largest number of police staff believes that the most important cause of suffering is „depression“ (25,8%), and the second most important cause is „problems in family relationships“ (17,7%).**
- Overall, the largest number of police staff believes that the most important cause of troubles is „misuse of drugs or medicines“ (30%), and the second most important cause is „to grow up in a family with many problems“ (16,7%).**

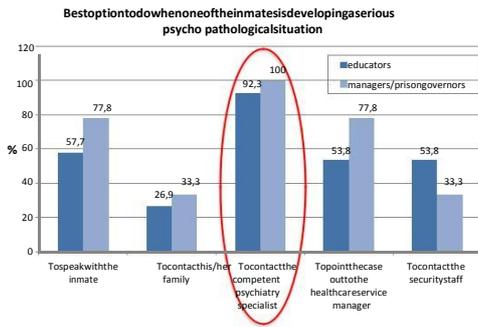
Teachers/Volunteers

- A sample of 12 respondents of which 8 were men (66,7%) and 4 women (33,3%).)
- More than nine tenths of respondents (91,7%) have been employed at their current position for year)
- All volunteers (100%) think that „fear of being aggressed“ can seriously compromise the (psychic) balance of an inmate.)

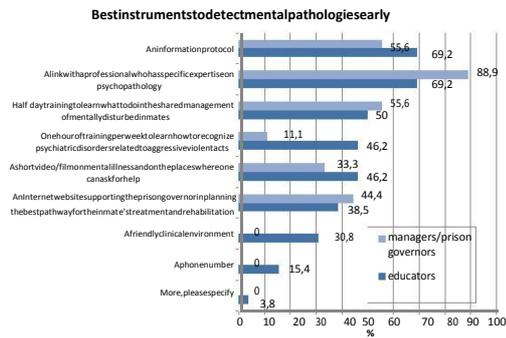
Differences in the responses of different samples



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Doctor Roberto MONARCA

Responsible of Transnational research