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Ministero della Giustizia
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ME.D.I.C.S.



MEntally Disturbed Inmates
Care and Support

ME.D.I.C.S. - MENTALLY DISTURBED INMATES' CARE AND SUPPORT

Research in Croatia

Split, 26.11.2015



Table of Contents

1. Introduction.....	3
2. Croatian punitive system.....	3
3. Living conditions in Croatian prisons.....	6
3.1. Health care for prisoners and minors.....	7
3.2. Treatment of prisoners.....	7
3.3. Persons with disabilities	8
3.4. Prisoners with addictions	8
3.5. Training of prisoners and minors	9
3.6. Pastoral care and Confession	10
3.7. Therapeutic groups	10
4. Results of research in Croatia.....	10
4.1. Educators.....	10
4.1.1. Research methodology and sample structure	10
4.1.2. Results	11
4.2. Healthcare Staff.....	11
4.2.1. Research methodology and sample structure	11
4.2.2. Results	12
4.3. Managers / Prison Governors	13
4.3.1. Research methodology and sample structure	13
4.3.2. Results	13
4.4. Nursing Staff.....	14
4.4.1. Research methodology and sample structure	14
4.4.2. Results	14
4.5. Penitentiary Police Staff	14
4.5.1. Research methodology and sample structure	14
4.5.2. Results	15
4.6. Teachers	16
4.6.1. Research methodology and sample structure	16
4.6.2. Results	16
4.7. Volunteers / Prison Visitors.....	17
4.7.1. Research methodology and sample structure	17
4.7.2. Results	17



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Mentally Disordered Inmates
Care and Support

5. Instead of conclusion.....	18
References.....	20
Appendix 1 - Tables and charts	21
Educators.....	21
Healthcare Staff.....	72
Managers / Prison Governors	98
Nursing Staff.....	149
Penitentiary Police Staff	230
Teachers	303
Volunteers / Prison Visitors.....	330

1. INTRODUCTION

Prison sentence has passed long way from traditional custodial prison to modern rehabilitative prison. Great efforts were put in elimination of the brutality and dehumanization of the traditional custodial prisons. Modern prison sentence is perceived as deprivation of liberty, leaving prisoners all other rights guaranteed by international treaties and national laws. UN and EU had important role in setting standards for prison sentence implementation and national laws are constantly harmonized with those international standards.

However, there is a need for internationally comparative researches to examine to what extent there are similar living conditions with a high level of human rights protection in prison systems across the EU. This project, ME.D.I.C.S. - Mentally Disturbed Inmates' Care and Support, is the attempt to study the level of care standards in prison systems in a number of EU member states. This report refers to the survey in Croatian prisons and Croatian penitentiary system in general.

2. CROATIAN PUNITIVE SYSTEM

Croatia gained formal independence in 1991 and is a presidential/parliamentary democracy. The judiciary of Croatia is a branch of the Government of Croatia that interprets and applies the laws of Croatia, to ensure equal justice under law, and to provide a mechanism for dispute resolution. The legal system of Croatia is a civil law system, historically influenced by Austrian, Hungarian and Yugoslav law, but during the accession of Croatia to the European Union, the legal system was almost completely harmonised with European Union law. The Constitution of Croatia provides for an independent judiciary, led by a Supreme Court and a Constitutional Court.

The following courts are regular courts (dealing with crimes):

- Supreme Court of the Republic of Croatia
- County Courts (dealing with serious crimes sentences of more than 5 years) – first instance and with the appeals in case tried at the Municipal Courts – second instance
- Municipal Courts (dealing with crimes for which the law prescribes penalties up to 5 years imprisonment) – first instance

The following courts are specialised courts (dealing with minor offences):

- High Commercial Court of the Republic of Croatia
- Commercial Courts
- High Misdemeanour Court of the Republic of Croatia



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- Misdemeanour Courts
- High Administrative Court of the Republic of Croatia
- Administrative Courts

The country adopted its current criminal code in 1997, effective in 1998. The Criminal Procedures Act provides for provisional confinement and detention. In 2001, the Execution of Sanctions became the agency responsible for the country's prison administration. In Croatia, capital punishment is prohibited. The Act specifies the main purpose of imprisonment, defines basic principles of the execution of sentences, regulates special inmate rights and the procedures for exercising them, and regulates the placement of inmates in a particular prison. Confinement conditions discussed include cell placement, working outside the prison and education. Release potentials are discussed and include: temporary leave, conditional release, pardons, and amnesty. Croatia's objective is to use incarceration as a tool to improve offenders' chances of leading a crime-free life, as opposed to a form of punishment, as noted by the impressively low recidivism statistics (Hill, 2003).

Croatian penitentiary system is part of Ministry of justice. The tasks of the execution of prison sentence are within jurisdiction and competence of the Directorate for penitentiary system and executing judge. There are two types of penitentiary facilities: prisons and jails. Prisons are established for the execution of prison sentence (longer than six months), and jails are established for the execution of prison sentence pronounced in misdemeanor proceedings, of prison sentence pronounced in criminal proceedings – for those sentenced to prison sentence for less than six months, and those who have to serve the remainder of their prison sentence not exceeding six months, also for replacement of a fine pronounced in misdemeanor procedure and detainees. Prisons are categorized by the security level and freedom of movement into: maximum security regime (prison in Lepoglava, Glina), medium security regime (Lipovica-Popovača, Požega, Turopolje), and minimum security regime (Valtura). Prison hospital in Zagreb is maximum security institution. All jails (14) are maximum security establishments. Prisons are categorized by prisoners' age and gender: adult females are serving prison sentence in prison in Požega (closed, semi-open and open regime); juveniles are serving their prison sentence in close and semi-open regime in prison in Požega (males and females separately), and in open regime in prison in Valtura (Kovčo Vukadin, 2010, 148-149).

Croatia has 23 penal institutions. There are fourteen district prisons, or county prisons, housing pre-trial and short-sentence detainees, including the facilities at Bjelovar, Dubrovnik, Gospić, Karlovac, Osijek, Požega, Pula, Rijeka, Sisak, Split, Sibenik, Varazdin, Zadar, and Zagreb. They range in capacity from the 37 at Dubrovnik to 400 at Zagreb. There are six state prisons for those serving



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sentences of more than six months, including Lepoglava, Pozega, Pozega (females), Turopolje, Lipovica, and Valtura. Lepoglava is the largest with room for almost 900, whereas while the female prison at Pozega can hold less than 50 prisoners. Other institutions include the prison hospital at Lisene Slobode and prisons for juveniles at Pozega and Turopolje. As of mid-1994 the combined population was 3,068. With a prison population of 60 per 100,000 of the general population, during the previous decade it had one of the lowest proportions of prisoners in eastern and central Europe.

As late as 1994, there were no reports of overcrowding, even though the custom of single cells did not pertain here. The largest number in a room or cell was eight. During a prisoner's reception two weeks are taken to classify and place the individual in the appropriate setting. Sanitation, food and medical services are considered adequate, and no limits are placed on writing correspondence. Inmates are permitted up to four visits per month. One feature that is quite exceptional is the practice of allowing inmates to take vacations once a year outside the prison.

Great strides have been made in improving staff and prisoner relations as well as inculcating a sense of humanity. Prisoners are given the opportunity to work beside free residents in factories in Lepoglava, Lipovica, and Pozega. Prisoners staff one public restaurant outside the prison walls of Lepoglava. Inmates are allowed to watch television and are given a number of opportunities to prepare for life on the outside, including "home leaves". There have been few reports of abuses, and human rights groups and organizations are allowed to visit prisoners and prisons. One area of improvement that needs addressing is the lack of maximum-security facilities.

Between 1994 and 2001 the prison population rose from 2,301, or 48 per 100,000 of the national population, to 2,623, or 60 per 100,000. Although it appears crime rates have not increased significantly, public opinion supports a more punitive penal system. The end of the 1990s considered the prison system in full accordance with European prison standards (Roth, 2006, 72-73).

Most recently the country reported 23 prisons holding 4,352 prisoners of various formal and legal statuses. Most of them are prisoners (3196) and persons held in the investigative prison (943). During 2013, the 15,766 prisoners of various formal and legal statuses passed through the prison system of the Republic of Croatia. Compared to the year 2012 (16,743), the total number of all categories of prisoners in 2013 decreased by 5.84%. The gender ratio was relatively stable over the years and is about 19: 1 in favour of men, so that during 2013, the total number of prisoners who were in the prison system was 94.98% of men and 5.02% women (Report, 2013).

There were 2,686 officers/employees employed at December 31, 2013 which is 34 officers / employees more than in 2012. Positions are reportedly earned through the training and selection process. Because of the relatively important role played by staff, there are few reports of tensions and conflict behind prison walls. In 1999 a new staff-training center was opened at Lipovica. The greatest obstacle to prison modernization has been the lack of budgetary resources. Person who's

applying for the job must meet the following conditions: person must be free of the obligation of military service; maximum age is 30 and high school diploma is required; person must have certain physical characteristic and mental health; person must be a citizen of Croatia and cannot be involved in criminal proceedings against him.

Table 1 Employees by organizational units at 31.12.2013.

Prison System Administration	Male	Female	Total
Outside the organizational unit	28	29	57
Department of Administrative Affairs	78	131	209
Department of security	1499	151	1650
Department of treatment	60	148	208
Department for work and vocational training of prisoners	198	52	250
Department of financial-accounting operations	49	126	175
Department of health care of prisoners	35	86	121
Department of duty	16	0	16
Total	1963	723	2686

Source: Report, 2013

3. LIVING CONDITIONS IN CROATIAN PRISONS

The prison system is characterized by overcrowding and lack of compliance with established standards, which in 2012 resulted in about 343 compensation claims by prisoners. During 2012, there were 16,743 prisoners in the prison system of the Republic of Croatia, all of them of various formal and legal statuses. Compared to 2011, total number of prisoners in 2012 was decreased by 7.43%. In regards to the total number of prisoners in 2012, 95% of men and 5% of women were part of the prison system.

Prisoners' complaints were related primarily to: accommodation conditions, health care, conduct by officials, disciplinary proceedings, violation of other human rights. Substantiated complaints were related only to the accommodation conditions. Each prisoner who is illegally deprived of some right or has been exposed to any form of torture, abuse and humiliation, is entitled to compensation. In 2012, 343 claims for damage compensation were received by prisoners. Most claims for damage compensation were made for accommodation conditions.

Over half of the total number of prisoners (55.8%) finished secondary education, while 8.9% of them have not completed primary school. Women are on average more educated than men (62.3% of women compared to 45.2% of men have completed secondary or vocational school, while 13.8% of women compared to 4.1% of men completed college or university education). As in 2013, in

2012, the prevailing prisoners are among the age of 27 and 39 (41.11%), while women were slightly older than men. Prisoners older than 59 are classified as elderly prisoners. In December 31, 2012 there were 206 prisoners in the prison system under this classification (194 men and 12 women), which is 14.88% less than in December 31, 2011.

3.1. Health care for prisoners and minors

In 2012, health care was provided by physicians and other medical staff of the prison officials, as follows: 152,046 general medical examinations, 6642 dental examinations, 16 641 psychiatric examination, 12 758 laboratory tests, 5768 other examinations. In addition to public health institutions prisoners are provided with 13,831 medical examination and appropriate treatments.

Counselling for Viral Hepatitis and HIV operates in the prison hospital in Zagreb, and activities have been implemented by expert medical team. At the Department of Internal Medicine during 2012, 8 patients suffering from chronic HCV infection were treated by Interferon therapy. Six patients performed pre-therapeutical treatment in the prison hospital from 2009 to 2011, while the decision on approval of interferon therapy was given in 2012. Two patients were hospitalized at the Department due to the initiation of interferon therapy.

3.2. Treatment of prisoners

In accordance with the Law on Enforcement of Prison Sentence the purpose of serving a prison sentence, together with the humane treatment and respect for the dignity of the person who is serving a prison sentence, is his capacity to live in freedom in accordance with the law and social rules. The individual program for each prisoners includes: (1) risk assessment during the execution of the prison sentence on which referral to prison depends according to the level of security (closed, semi-open, open); (2) work ability, working habits, type of work and working conditions to which prisoners may be transferred; (3) level of education and the need for education or training; (4) health condition and need for treatment; (5) participation in special programs (program of drug addiction, alcohol addiction, for patients suffering from PTSD, and others.) by court decision or the judgment of the expert team; (6) the need for specific psychological, psychiatric, social or legal assistance; (7) proposal of specific forms of individual or group work; (8) contents and forms of leisure activities (cultural and sports activities); (9) contact with the outside world (correspondence, phone calls, visits to family and others); (10) program of preparation for release from custody and support after discharge.

In 2012, in prisons, penitentiaries and correctional institutions following special programs were applied: treatment of alcohol addicted, treatment of Drug Addicts, treatment of persons suffering from PTSD, training of control of aggressive behavior, treatment of sexual offenders, treatment of criminal offenders in traffic and therapy group for people with the measure of compulsory psychiatric treatment.

Educational and developmental programs have been implemented as a program of responsible parenthood and communication workshops. In December, 31, 2012, 1,694 prisoners or minors, or 44,78% were included in special programs, out of 3783 of them who find themselves serving a prison sentence, the minor prison or educational measures.

3.3. Persons with disabilities

The Convention clearly states that people with disabilities are likewise considered people with intellectual disabilities and people with mental or psychosocial impairment. In 2012, 29 persons with disabilities - grievous bodily (related to wheelchairs) and sensory impairments (blind) were in prisons and penitentiaries. Experience shows that people with disabilities in one environment, encourage others to develop their understanding, empathy and social responsibility to assist.

In 2012, 70 persons were placed in a prison hospital in Zagreb until the decision on involuntary placement in a psychiatric health facility. Mentally incompetent persons even under the decision on involuntary placement often remain for months within the prison system, waiting for the realization of involuntary placement in institutions of public health which presents violation of law and fundamental human rights of these persons.

3.4. Prisoners with addictions

Drug addicts create one of the largest and most demanding group of prisoners. Characteristics of this part of prison population are: addiction is directly related to the commission of criminal offenses, proportion of drug addicts is highly continuous in prison population, rate of recidivism is higher than in general prison population, drug addicts are generally more prone to risky behaviour than other prison population (self-harm, suicide attempts, conflicts with other prisoners, attempts of drug intake, etc..). On average prisoners drug addicts are younger than the rest of the prison population and they are more prone to health issues (hepatitis, HIV, and generally poorer health status). During 2012, 2,261 prisoners lived in the prison system, which makes 13.5% of the total prison population in that year. Out of 7547 prisoners who were serving a sentence of imprisonment imposed in criminal proceedings in 2012, 1,625 or 21.53% were drug addicts. Until

2007 methadone was applied exclusively as a substitution therapy tool. In 2007 a partial opiate agonist buprenorphine was introduced and it is applied for detoxification of opiate addicts, as well as the first choice of in the treatment of a doctor holding. During 2012, the detoxification of opiate agonists was applied to 573 persons, in 39.8% cases the methadone was applied, and in 60.2% of cases buprenorphine. 1,625 prisoners or 21.53% were included in the special program of addiction treatment during 2012. Out of above mentioned number, 43.55% of drug addicts were enrolled in the program based on the security measure of addiction treatment, and the other as assessed by an expert team of the Center for the diagnostics or criminal authorities. In December, 31, 2012, 924 prisoners, or 12.24% of the total number of prisoners were included in a special program of addiction treatment.

During 2012, 1,123 prisoners addicted to alcohol lived in the prison system, which makes 6.71% of the total prison population in that year. In December 31, 2012, 491 prisoner addicted to alcohol was located in the prison system, which is 10.36% of the total prison population on that date. Among alcohol addicts significant representation of persons punished for misdemeanour with is significantly presented with 22.53%. Unlike drug addicts, prisoners who are alcohol addicts are committing a variety of offenses: Crimes of murder, aggravated murder and manslaughter are present with 16.9%, theft and aggravated theft with 16.1%, crimes of domestic violence and abuse together with negligence of a child with 11.72%, and robbery with 8.28%. In December, 31, 2012 a total of 404 prisoners or 10.98% of the total number of prisoners were included in a special program of addiction treatment. 45.69% of the total number of prisoners involved in the program was included on the basis of security measure of mandatory treatment of addiction, and the rest as assessed by an expert team of the Center for the diagnostics and / or criminal authorities.

3.5. Training of prisoners and minors

In 2012, 157 prisoners and minors continued to attend a variety of educational programs being involved in these programs since 2011, which means that in 2012, with newly included 754 prisoners, 902 of them and minors attended some of the training programs. The prisoners are engaged as follows: (1) in the prison workshop, 447 (28.34%); (2) additional, technical, physical and intellectual work (maintenance work) 1,062 (67.35%); (3) outside the prison or penitentiary 68 (4.31%). Compared to the same period of the previous year, observing absolute number of prisoners 9,42% less prisoners were engaged. Total employment of prisoners (1,851) compared to the total number of prisoners (4999) is 37.03%.

3.6. Pastoral care and Confession

Confession and pastoral care for the most prevalent religious communities is regulated by contract under international agreements. In case of other religious communities the contact of interested prisoners or minors with a representative appointed by the religious community is enabled.

3.7. Therapeutic groups

Psychiatrists are holders of this program, while advisers for treatment are co-operators in the implementation process. Therapeutic groups are divided according to the primary diagnosis, we can distinguish groups of persons suffering from PTSD, persons with psychosis and borderline personality disorder, addicted to drugs or alcohol in comorbidity with other mental disorders and groups of persons with mental insufficiency and organic disorders. 103 persons with a security measure of compulsory psychiatric treatment were included in the therapeutic group during 2012.

4. RESULTS OF RESEARCH IN CROATIA

This report presents the results of research of Croatian prisons conducted within the European project ME.D.I.C.S. - MENTALLY DISTURBED INMATES' CARE AND SUPPORT. The study involved research in five prisons and penitentiaries: The prison in Split, Penitentiary and prison in Sibenik, The prison in Zadar, The prison in Zagreb and Penitentiary in Glina. Ministry of Justice of Republic of Croatia and Prison System Administration issued the permission to Association "Healthy City" for the survey in these prisons and penitentiaries.

The study was conducted on seven different samples: Educators, Healthcare Staff, Managers/Prison Governors, Nursing Staff, Penitentiary Police Staff, Teachers and Volunteers/Prison Visitors. The research results can help to improve a better organization of the services aimed at satisfying the mental health needs of inmates and, as a consequence, a better work environment for the staff working in close contact with inmates.

4.1. Educators

4.1.1. Research methodology and sample structure

The instrument for collecting empirical data is designed as a structured questionnaire with open-ended and closed-ended questions. The questionnaire consisted of 24 questions, and the variables were divided into three parts. All of the questionnaires were completely anonymously. In

this study a convenience sample of 26 respondents was utilized, of which 4 respondents were men, 21 women and 1 were missing. Data collection took place in the first half of 2015. In processing the data, the statistical software package IBM SPSS 22 was used.

Most respondents were under the aged of 35-44 (40%), while other age groups were evenly distributed: 25-34 (20%), 45-54 (20%) and older than 54 (20%). Profession/function of almost one third of respondents (30,8%) is associate for treatment, followed by social pedagogue (19,2%), social worker (19,2%), psychologist (15,4%), defectologist (3,8%) and other. Almost nine-tenths of respondents (87,5%) have been employed at their current position for years.

4.1.2. Results

More than a third (37,5%) of respondents think that the prison where they work cannot ensure adequate care and treatment to prisoners with troubles, same percent of respondents think that it can be done in cooperation with the National Healthcare Service, and 25% of respondents think that they prison can ensure adequate care and treatment to prisoners with troubles.

Every respondent think that it would be useful to be updated about the early identification and the management of prisoners suffering from serious troubles. Educators believe that this type of continuous training and information would be particularly helpful for Contract Psychologists (50%), Health Managers (50%) and Penitentiary Police staff (46,2%).

Educators believe that the most helpful instruments for early detection of mental pathologies are “a link with a professional who has specific expertise on psychopathology (61,5%)” and “an information protocol (46,2%)”.

4.2. Healthcare Staff

4.2.1. Research methodology and sample structure

The instrument for collecting empirical data is designed as a structured questionnaire with open-ended and closed-ended questions. The questionnaire consisted of 20 questions, and the variables were divided into three parts. All of the questionnaires were completely anonymously. In this study a convenience sample of 3 respondents was utilized, of which all 3 respondents were women. Data collection took place in the first half of 2015. In processing the data, the statistical software package IBM SPSS 22 was used.

Two respondents were under the aged of 35-44 (66,7%), and one respondent was in the 45-54 age group. Profession/function of one third of respondents (33,3%) is doctor, one third works as psychiatrist and one third didn't provide an answer. More than two-thirds of respondents (66,7%)

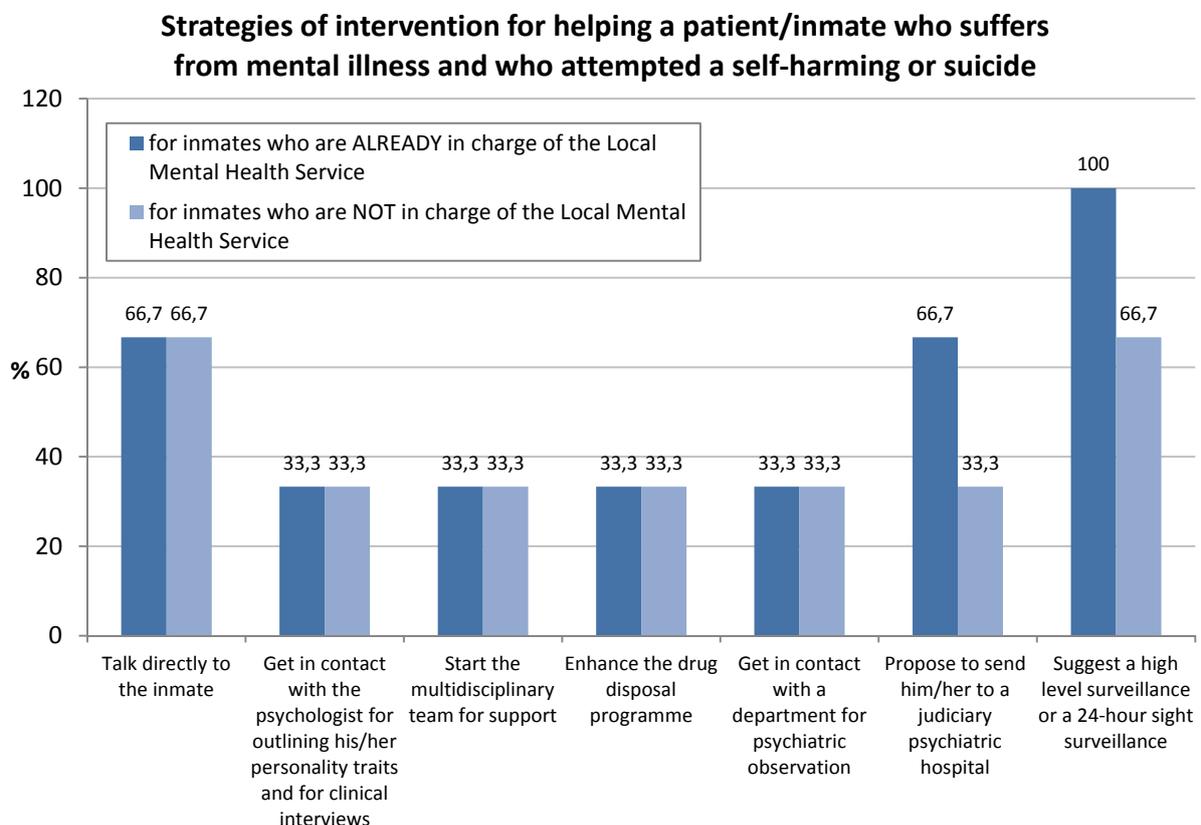
have been employed at their current position for years, while 33,3% have been employed for months.

4.2.2. Results

In a case of patient/inmate who suffers from mental illness, and who is already in charge of the Local Mental Health Service, all respondents (100%) will choose a high level surveillance to help him with self-harming or suicide attempt, followed by proposal to send him/her to a judiciary psychiatric hospital (66,75) and talking directly to the inmate (66,7%). All respondents (100%) said that less than a week passed from the moment they have chosen their intervention to when the patient has been started in the procedure.

In a case of patient/inmate who suffers from mental illness, and who is not in charge of the Local Mental Health Service, two-thirds of respondents (66,7%) will choose a high level surveillance to help him with self-harming or suicide attempt, as well as proposal to send him/her to a judiciary psychiatric hospital (66,75) and talking directly to the inmate (66,7%). All respondents (100%) said that less than a week passed from the moment they have chosen their intervention to when the patient has been started in the procedure (see Chart 1).

Chart 1 Strategies of intervention for helping a patient/inmate who suffers from mental illness and who attempted a self-harming or suicide



4.3. Managers / Prison Governors

4.3.1. Research methodology and sample structure

The instrument for collecting empirical data is designed as a structured questionnaire with open-ended and closed-ended questions. The questionnaire consisted of 24 questions, and the variables were divided into three parts. All of the questionnaires were completely anonymously. In this study a convenience sample of 9 respondents was utilized, of which 4 respondents were men, 4 women and 1 were missing. Data collection took place in the first half of 2015. In processing the data, the statistical software package IBM SPSS 22 was used.

Most respondents were under the aged of 45-54 (50%), followed by age group of 35-44 (37,5%) and group of 54 years and more (12,5%). Almost nine-tenths of respondents (87,5%) have been employed at their current position for years.

4.3.2. Results

More than three quarters (77,5%) of managers/prison governors think that the prison they govern can ensure an adequate care and treatment of inmates with troubles/discomfort in collaboration with the NHS; 11,1% of them think that they can do it on their own; and the same percent think that the prison they govern cannot ensure adequate care and treatment to prisoners with troubles.

All managers/prison governors think that the best option when inmates is developing a serious psycho-pathological situation is to contact the specialist psychiatric reference Service. 9 of 10 respondent think that it would be useful to be updated about the early identification and the management of prisoners suffering from serious troubles, but 11,1% of them doesn't have enough time.

Managers/Prison governors believe that this type of continuous training and information would be particularly helpful for Educators and Psychologists (62,5%), and also for Health Managers and Penitentiary Police (50%).

Mangers/Prison governors believe that the most helpful instruments for early detection of mental pathologies are „a link with a professional who has specific expertise on psychopathology (61,5%)” as well as “an information protocol” and „half-day training to learn what to do in the shared management of mentally disturbed inmates (46,2%)”.

4.4. Nursing Staff

4.4.1. Research methodology and sample structure

The instrument for collecting empirical data is designed as a structured questionnaire with open-ended and closed-ended questions. The questionnaire consisted of 28 questions, and the variables were divided into three parts. All of the questionnaires were completed anonymously. In this study a convenience sample of 8 respondents was utilized, of which 1 respondent were men (12,5%) and 7 were women (87,5%). Data collection took place in the first half of 2015. In processing the data, the statistical software package IBM SPSS 22 was used.

Most respondents were under the aged of 45-54 (62,5%), followed by age group of 54 years and more (25%) and group of 35-44 years and more (12,5%). Almost nine-tenths of respondents (87,5%) have been employed at their current position for years.

4.4.2. Results

All of respondents (100%) believe that better evaluation of the individual health needs can be valuable sources of help for persons in the prison, three quarters of respondents (75%) thinks the same for promoting courses for a better self-management of health, follow by almost two thirds of respondents (62,5%) which believes that technical professional continuous training and periodic screening of the community health needs can be valuable sources of help for persons in the prison. Overall, respondents think that the most valuable kind of help is promoting courses for a better self-management of health.

Three quarters of respondents (75%) thinks that abuse of psychiatric drugs can greatly affect the psychic balance of inmates, followed by half of respondents (50%) that thinks the same for being a victim of sexual harassment, being a victim of discrimination and insomnia, and one third of respondents (37,5%) that believes that ineffective impulse control, expecting too much from oneself, low self-esteem and social isolation can also greatly affect the psychic balance of inmates. Overall, the largest number of nursing staff believes that the most important cause of a big trouble/discomfort is “being a victim of sexual harassment”, and the second most important cause is “ineffective impulse control”.

4.5. Penitentiary Police Staff

4.5.1. Research methodology and sample structure

The instrument for collecting empirical data is designed as a structured questionnaire with open-ended and closed-ended questions. The questionnaire consisted of 21 questions, and the

variables were divided into three parts. All of the questionnaires were completely anonymously. In this study a convenience sample of 62 respondents was utilized, of which 53 respondent were men (88,3%), 7 were women (11,5%) and 2 were missing. Data collection took place in the first half of 2015. In processing the data, the statistical software package IBM SPSS 22 was used.

Most respondents were under the aged of 35-44 (37,7%), followed by age group of 45-55 (30,2%) and age group of 25-34 (28,3%). Only two respondents (3,8%) were younger than 24 years. Almost three thirds of respondents (73,8%) have been employed at their current position for years.

4.5.2. Results

The largest number of respondents thinks 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%).

The same amount of respondents (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”.

Almost all respondents (94,4%) believes that depression could explain a situation of great suffering of prisoner, 81,5% of them thinks the same for psychosis followed by help request (77,8%), simulation for judicial purposes (77,8%), problems in family relationships (75,9%), use of drugs (74,1%), schizophrenia (72,2%), personality disorder (72,2%) and so on. 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%).

The largest number of respondents (96,2%) believes that misuse of drugs or medicines can be the cause of big trouble/uneasiness for prisoners, little less (92,5%) thinks the same for growing up in a family with many problems, followed by problems in the relationships with partner or family (84,9%), vulnerable personality (81,1%), being a victim of sexual harassment (79,2%) and so on. 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%).

4.6. Teachers

4.6.1. Research methodology and sample structure

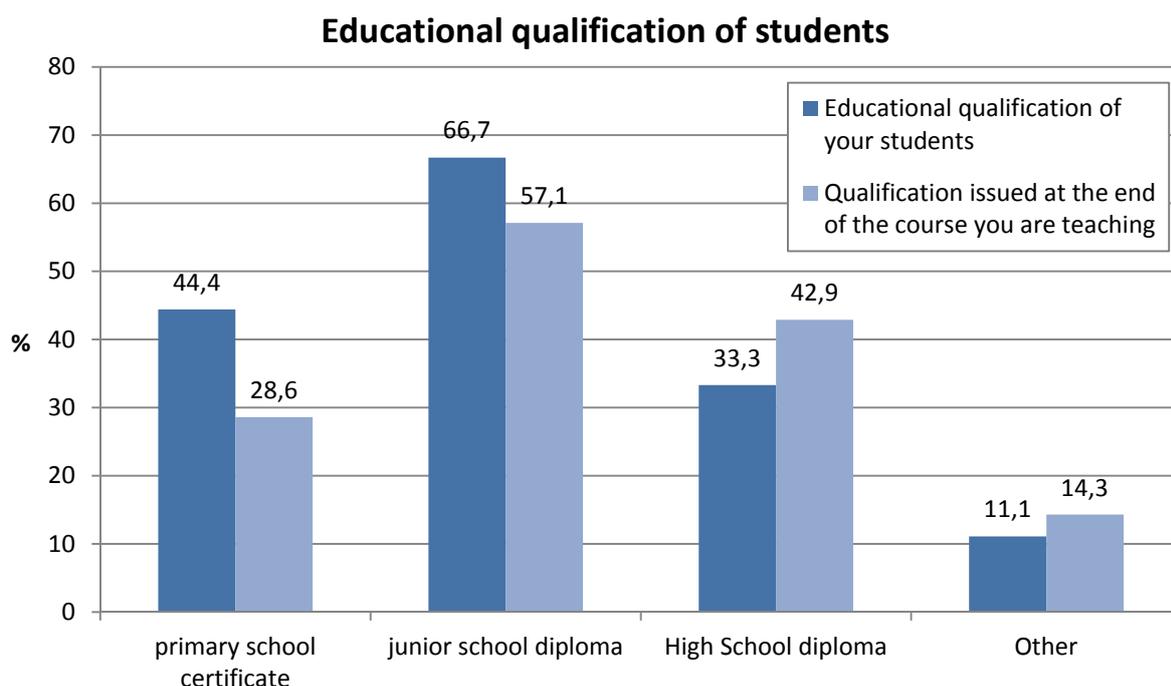
The instrument for collecting empirical data is designed as a structured questionnaire with open-ended and closed-ended questions. The questionnaire consisted of 28 questions, and the variables were divided into three parts. All of the questionnaires were completely anonymously. In this study a convenience sample of 12 respondents was utilized, of which 8 respondent were men (66,7%) and 4 were women (33,3%). Data collection took place in the first half of 2015. In processing the data, the statistical software package IBM SPSS 22 was used.

Most respondents were under the aged of 45-54 (36,4%), followed by age group of 25-34 (27,3%) and 35-44 (27,3%). Only one respondent (9,1%) were older than 54. More than nine-tenths of respondents (91,7%) have been employed at their current position for years and same amount of respondents had previous experiences as teacher in other prisons. One third of respondents (33,3%) works as vocational teacher, profession of one quarter of respondents (25%) is chef, and 8,3% of them is graphic designer, safety engineer and head if department.

4.6.2. Results

All students in the prisons in the sample were male (100%). Most students are between the ages of 30-40 (72,7%), followed by those between 19-20 (27,3%). The same number of students (9,1%) is between 41-50 and 51-60. Educational qualifications of students are shown in the Chart 2.

Chart 2 Educational qualification of students



Nine of ten teachers (91,7%) said that they have satisfying impression of the first welcome they received from their students. Two thirds of respondents (66,7%) assess the quality of the responses of their students as good, one quarter (25%) assess it as sufficient, and 8,3% of respondents assess it as excellent. Almost two thirds of respondents (63,6%) said that they mostly receive attention from students, 9,1% of them believes that they have definitely receive attention from students, and more than a quarter (27,3%) thinks that they didn't receive as much attention as they expected. When asked could inmates with evident mental discomfort attend their courses, more than half of teachers (54,5%) said that they could not attend because they would be an obstacle for other, about one third of teachers (36,4%) said that they could attend but with some difficulties, and less than a tenth of teachers (9,1%) believes that they first should follow some treatment before attending courses.

4.7. Volunteers / Prison Visitors

4.7.1. Research methodology and sample structure

The instrument for collecting empirical data is designed as a structured questionnaire with open-ended and closed-ended questions. The questionnaire consisted of 14 questions, and the variables were divided into three parts. All of the questionnaires were completely anonymously. In this study a convenience sample of 6 respondents was utilized, of which 5 respondent were men (83,3%) and 1 were women (16,7%). Data collection took place in the first half of 2015. In processing the data, the statistical software package IBM SPSS 22 was used.

Most respondents were under the aged of 25-34 (66,7%), and others was younger than 24 (33,3%). Half of volunteers (50%) are economists, 40% of them are students, same amount are workers, while one-fifth of them (20%) are unemployed. All of respondents have been acting as volunteer in this prison only for months (100%). Also, all of them (100%) gained their knowledge for this subject by direct experiences in the field.

4.7.2. Results

All volunteers (100%) think that "fear of being aggressed" can seriously compromise the psychic balance of an inmate. Overall, the largest number of volunteers believes that the most important kind of help is "promotion of peers self-help groups" (60%), and the second most important kind of help is "making penitentiary workers aware of the responses to be offered" (50%).

All respondents (100%) think that strong points for a prison volunteer should be to identify and put human resources into value and to be able to seize opportunities, as well as to analyse and understand without judging. Two thirds of respondents (66,7%) thinks the same for "focus on one

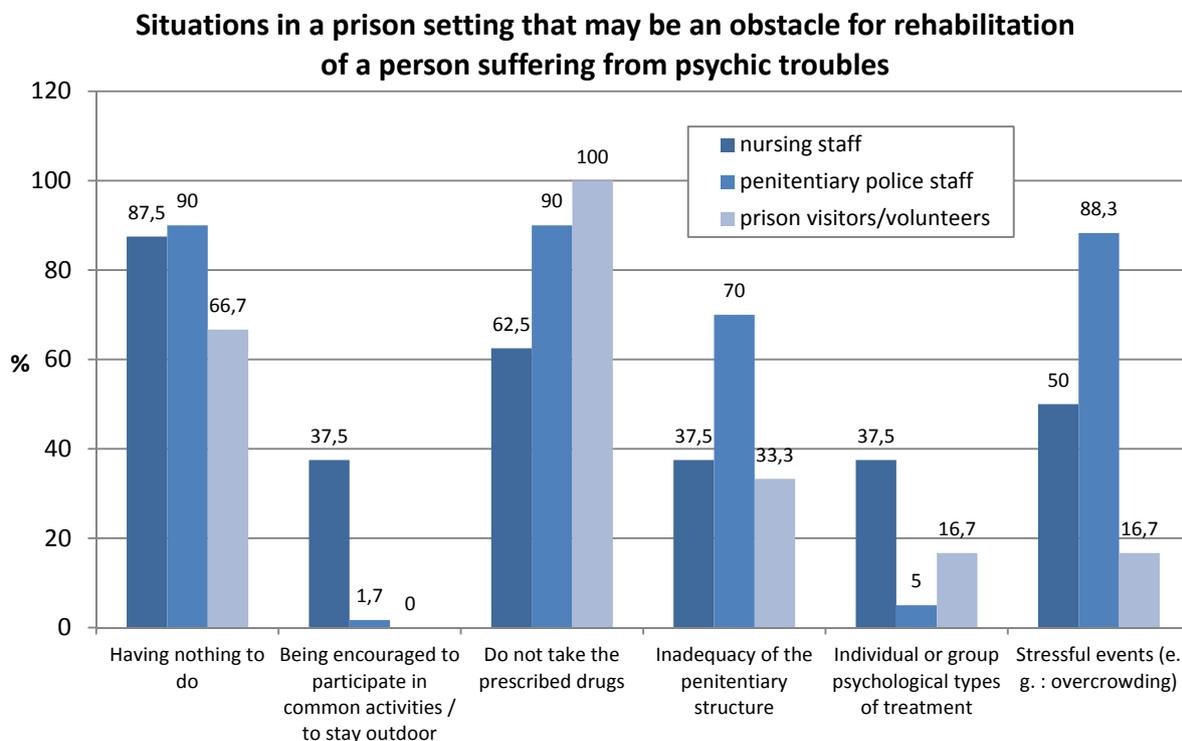
problem at a time, in order to solve it” and “get along well with the Governor and his/her deputies”, followed by half of respondents (50%) who thinks that strong points for a prison volunteer should be to “get along well with educators” and “get along well with medical staff and nurses”.

According to their experience on the field, all respondents (100%) think that volunteer’s mandate is to “be prepared and patient”, to “comply with the law” and to “respect others’ opinions”. Two thirds of respondents (66,7%) thinks the same for “being flexible”, followed by half of respondents (50%) who thinks that volunteer’s mandate is to “respect the role of other professionals and require respect for his/her own role” and “care about other persons’ needs”. Respondents considered that the least important for volunteer’s mandate is to “offer concrete help” and “aim at the top”.

5. INSTEAD OF CONCLUSION

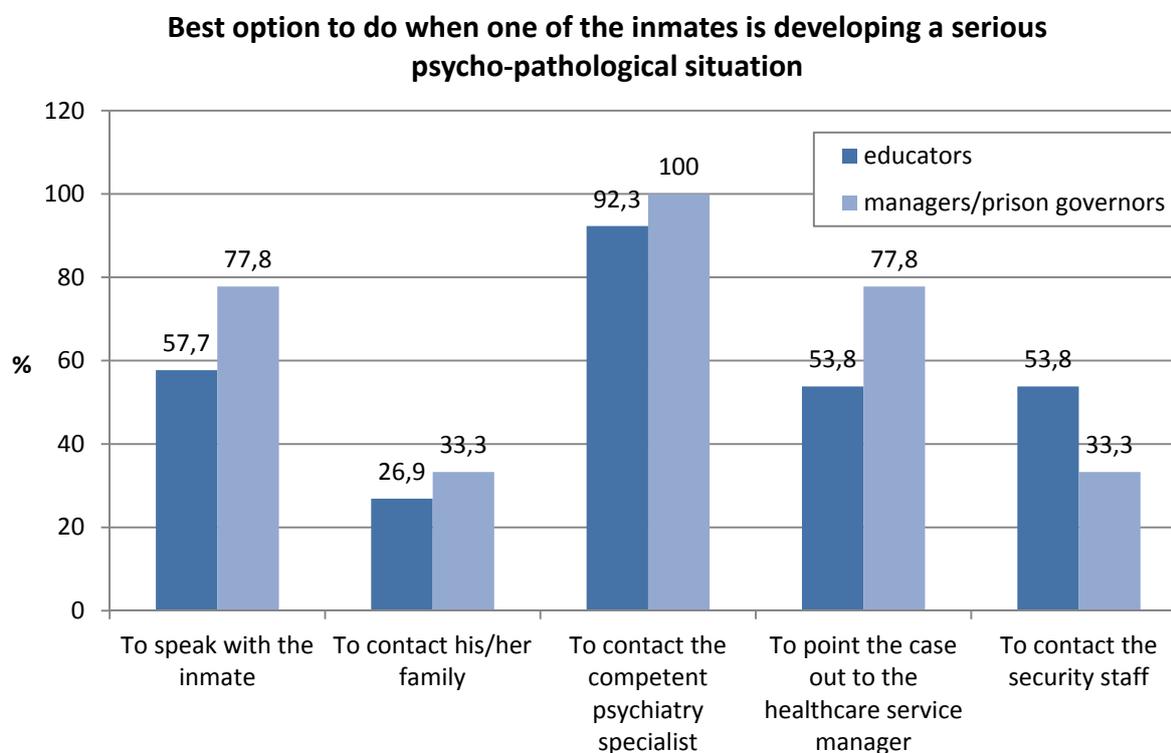
It is possible to offer some comparisons of different samples. For example, there are differences in the responses of different samples for situations in a prison setting that may be an obstacle for rehabilitation of a person suffering from psychic troubles (see Chart 3).

Chart 3 Situations in a prison setting that may be an obstacle for rehabilitation of a person suffering from psychic troubles



Almost nine-tenths of nursing staff and penitentiary police staff thinks that having nothing to do may be an obstacle for rehabilitation of a person suffering from psychic troubles, while much less volunteers, two thirds of them, thinks the same. More than a third of nursing thinks that “being encouraged to participate in common activities / to stay outdoor” may be an obstacle for rehabilitation, while only 1.7% of penitentiary police staff and none of prison visitors/ volunteers think the same. However, all volunteers and nine-tenths of penitentiary police staff believes that not taking prescribed drugs may be an obstacle for rehabilitation, as opposed to two-thirds of nursing staff who thinks the same. Nearly three-quarters of penitentiary police staff thinks that inadequacy of the penitentiary structure may be an obstacle for rehabilitation, while the same considers only one-third of nursing staff and prison visitors/volunteers. 37,5% of nursing staff, 16,7% of prison visitors/volunteers and only 5% of penitentiary police staff thinks that individual or group psychological types of treatment may be an obstacle for rehabilitation. Half of nursing staff, almost nine-tenths penitentiary police staff and 16,7% of volunteers thinks that stressful events can be an obstacle for rehabilitation of a person suffering from psychic troubles.

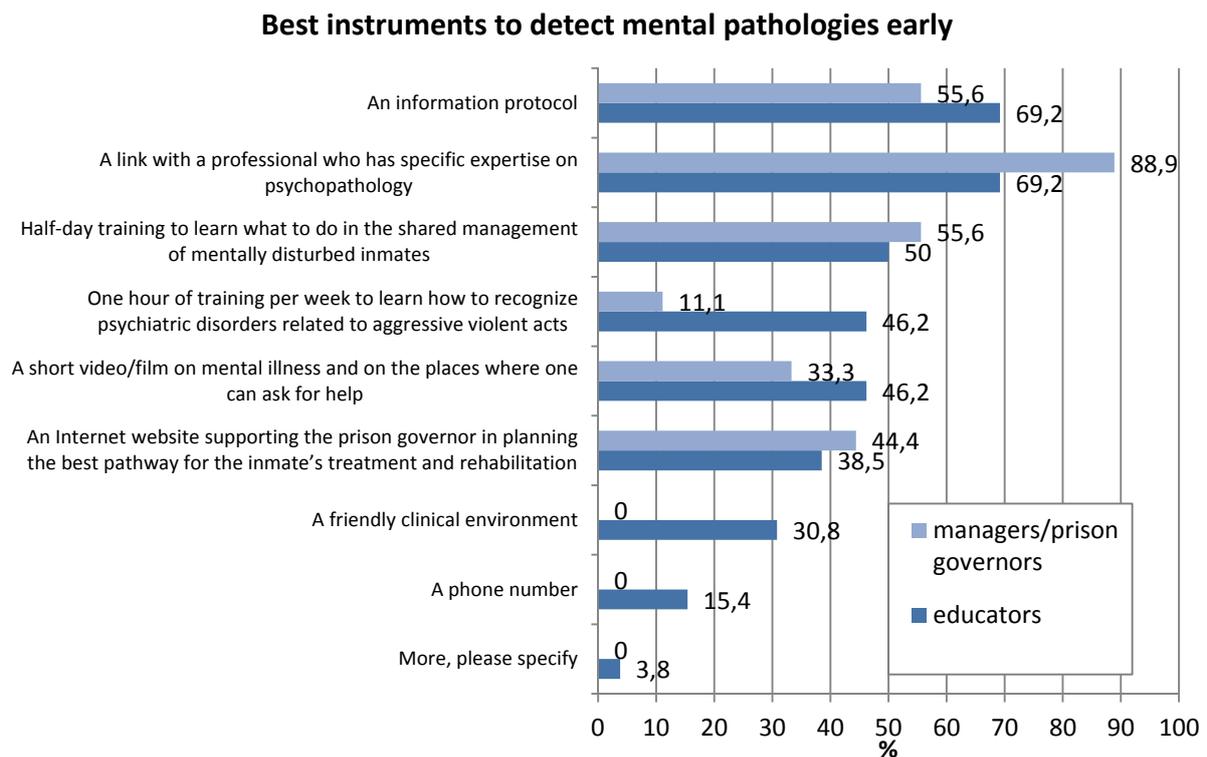
Chart 4 Best option to do when one of the inmates is developing a serious psycho-pathological situation



There are also differences in the selection of option to do when one of the inmates is developing a serious psycho-pathological situation (see Chart 4). The managers/prison governors are more inclined to choose to speak with the inmate, to contact his/her family, to contact the

competent psychiatry specialist and to point the case out to the healthcare service manager than educators. On the other hand, educators are more prone to contact the security staff than managers/prison governors. The views of governors and educators also differ in choosing the best instruments to detect mental pathologies early, and this is shown in detail in the Chart 5.

Chart 5 Best instruments to detect mental pathologies early



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