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Ministero della Giustizia
Dipartimento Amministrazione Penitenziaria
Nucleo Progetti FSE

MEDICS – FINAL REPORT

Mental illness causes a difficulty in the rehabilitation in prison community and identifying it is very important to carry out an effective administrative action. Ensuring the dignity of imprisonment represents no doubt the first measure to control psychic disorders of prisoners and this action involves all prison workers. The Project carried out the first systematic study of mental disorders in prison and monitored every form of psychic disorder of prisoners, which does not necessarily coincide with the pathology in agreement with what is provided for in the World Health Organization's Articles of Association (New York, 1946) defining the health conditions as the status of complete physical, psychic and social wellness and not simply as an absence of disease or infirmity.

The Project developed a research in three different parts of our country and involved Torino "Lorusso-Cotugno", Bologna 'Dozza' and Palermo "Pagliarelli" prisons, located in the North, the Centre and the South of Italy. These three prisons, all very big, host both finally sentenced prisoners and prisoners waiting for trial, appellants or claimants in the Court of Cassation and even women and many foreigners represent, as for prison population, typologies of intervention and cooperation with local services, significant examples of the Italian prison system.

The project is in line with the general guidelines of the new Italian prison pattern, based on the importance of common activities and on the cooperation of the various professionals working in prison, and the new daily patterns have been experimented even with regard to this particular type of prisoners. According with the existing legislation and the new detention pattern, identified the importance of connecting the action of those working inside prison with local services. A working team composed of the Governor, the Commander of the Penitentiary Police Detachment, the Coordinator of the Treatment Area, the Executive managers of the competent local health Authority has been established in each of said prisons. The questionnaires drafted by the scientific Project Committee, aiming at identifying behaviour patterns, suffering symptoms, have been submitted to all the workers participating in prison activities (prison executives, penitentiary police staff, educators, physicians, psychologists, nursing staff, teachers, volunteers). During the research the above-mentioned team members and the questionnaires addressees implemented their level of knowledge of the problem.

In the territory falling under the competence of the Regional Directorate of the three prisons the data held and the types of intervention have been acquired. The analysis and check of the transferability of existing good practices, in particular under the aspect of the cooperation between healthcare and treatment areas and of the relationships with the external community will be carried out.

The Project acquired, through a scientific method, statistics about the number of prisoners with psychic disorders and the nature of such troubles, to identify the possible pathology (symptom, pathology, double diagnosis, etc.), acquired information on the family, existential, working, social situation of the persons concerned and on the presence of other conditions affecting their status (such as abuse of substances or conditions of extreme poverty) and to verify the possible care and support of existing situations by the structures present on the



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territory and offer therapeutic – rehabilitative solutions reducing the symptoms of the disease.

The Project compared the modalities of handling prisoners with psychic disorders implemented in the partner countries involved (through study visits). It also identified issues to be shared and possible common patterns for the reception care and support of this type of prisoners.

In cooperation with the project partners, a joint document will be drafted on the care and support of prisoners with psychic disorders of prisoners which will make the connection between the action carried out inside and outside prison effective. The document could constitute the basis to formulate proposals to be disclosed at national level and to research shared practices at European level to submit to the European Parliament for the possible drafting of Directives.

Training is one of the pillars on which prevention is based and among the project enriched the training experience of the healthcare, custody and treatment staff through training courses which involved the European network of European Prison Schools.

The project concluded with a Final Meeting and the publications of the research is going to outcome.

About 30 prisoners (10 for each region involved), identified among those with mental troubles and pathologies present in said prisons, during next weeks will be involved in the training carrying out concrete initiatives aiming at the social/working financed by the Penitentiary Administration.

The experience of MEDICS allowed a large participation of penitentiary workers, a greater awareness about the matter and about the importance of each professional's contribution for the solution of the problem within the daily work. It enabled to focus on the importance to overcome the problems in the "competition" between the healthcare services and the penitentiary services which both have to take care of the patients with mental troubles. The importance was highlighted of networking, of dialoguing and of jointly reflecting on the matter at national, regional and local level, in order to organize a homogeneous penitentiary healthcare service throughout the Country.

The objectives achieved are the following:

1. Improvement of the detention conditions of inmates suffering from mental disorders, from the point of view of interpersonal relationships with the staff, of the healthcare treatment programme, of their possibilities of job resettlement and coming back to the free society at the end of their sentence

The work carried out by the project was focused on the care to be put on the "loss of self-care" which is the first sign of maladjustment and was also focused on the quality of the relationships and interactions in the prison context. The Project allowed to shift from theory to concrete operations and represented one opportunity to think about and to propose integrations to the existing protocols; it was also the opportunity to focus also on the welfare of the penitentiary workers, since one system can only generate hope if the staff works in a



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welfare situation; on the contrary, an administration in suffering only produces more suffering.

The project also allowed to clearly understand that the problem of mental discomfort of inmates cannot be solved nor even faced without establishing positive and fruitful relations with local healthcare services.

The training provided within our Project allowed to enhance, with a more systematic and thorough view, the already existing practices of collaboration between penitentiary administration and healthcare services. The dialogue between those two institutions was considered as crucial in order to change the whole approach of the system to the problem of mentally disturbed inmates.

2. Creating a transferable pilot pattern of intervention for the reception, care and treatment of inmates with mental disorders which could be transferred, adapted and applied in other EU Countries and in the candidate country

(see annexed common model)

From the activities carried out within the MEDICS Project, it was possible to identify one common model of reception, care and treatment of prisoners with mental troubles, which can be found in Annex WS3.1.

3. Knowing the exact dimension of the number of inmates with mental disorders in the three Italian targeted regions

The statistic survey allowed to take a picture of the state of the psychic health of prisoners in the three prisons as well as to assess the influence on such a state of a number of social and personal variables, such as age, gender, nationality and social and family condition, but also of the length of sentence, of the judicial status and of previous imprisonments.

The phenomenon of psychic maladjustment in prison concerns a large number of prison population, about one prisoner out of three. Only in 17% of the cases the diagnosis is made upon the subject's entry into the prison. In the remaining cases, the diagnosis is made afterwards, and even 18 months after. The prisoners sample with psychic maladjustment not linked with substances or alcohol misuse is composed mainly of Italians with a very high percentage of women.

As for foreign inmates, they are poorly represented in the sample of prisoners with psychic maladjustment not linked with substances or alcohol misuse.

4. Early identification of mental diseases of inmates and therefore a larger capacity of preventing critical situations in prisons

The work of the Project intended to follow the current general direction of the Italian Penitentiary Administration, which has always been putting great attention to supporting prisoners in psychological difficulties and to preventing suicide risks in prisons.

In particular, as it also happens in the other partner jurisdictions, a new detention model is currently under experimentation, based upon making prisoners and staff more responsible and on the territorialization, providing for the necessary interventions in the organization of life in detention, in order to improve the quality of time which people must spend in prison.



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5. Rationalisation and optimization of the psycho-pharmacological and psychological clinic treatments targeting different typologies of diagnosis, of the evolution of requests and the specificity of needs

The MEDICS project focused on actions of prevention, that is on the establishment of a prison environment which could protect in itself prisoners' health, rather than on medical care through psycho-drugs after that the problem arose.

In order to make the prevention more effective, a work was made on the interaction of penitentiary and healthcare system so as to avoid that each system delegates to the other one every intervention, overburdening it of excessive and not realistic responsibilities.

6. Strengthening the necessary relationship of mutual trust between the healthcare service in prison and penitentiary workers of each rank

The group-working and the training courses allowed to strengthen the dialogue between local healthcare service and penitentiary administration on an equal position.

7. Enrichment of the training education of the staff;

the project provided an answer to the strong demand of the Penitentiary Police staff to be committed in the comprehension and in the participation in the treatment and therapeutic projects for the inmates. At the end of the training courses, some proposals of operational Protocols were drafted for the reception and care in prison of mentally disturbed offenders, and the final training day was dedicated to the training of trainers in order to ensure the continuation and the dissemination of the training model throughout Italy.

8. Experimentation of the possibilities of job resettlement of some inmates with mental disorder at the end of the rehabilitation process also providing vocational training courses.

Some inmates with mental troubles were identified as beneficiaries of project of job-placement in the prisons of Turin, Bologna and Palermo, as described below, at paragraph 1.4. Those three projects directly involved prisoners in the project activities.

The project has been enforced by the comparison within the project's international partnership, which has elaborated differences and similarities in approaching the project main issue of how to manage mental health in prison.

In the three countries in partnership, healthcare in prison has shown different management strategies:

- Healthcare delivered and managed by the prison system (Croatia)
- Healthcare delivered and managed by the Regional Healthcare Service (Italy and Catalonia)

The project has therefore detected three different systems of the prison administration, relevant to prison healthcare, each attributing to the prison establishments different levels of self-management: in Catalonia, the prison management has responsibility in enforcing some decisions, and is very similar to the Italian probation judicial and supervision system; in Croatia, the prison management directly depends from the national prison system, with no



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mid-levels; in Italy, there is an intermediate regional level of intervention with the Regional Prison Directorates.

The project overview has allowed, thus, to analyse the achieved outcomes also through a comparison of the prison organisational systems, while highlighting the positive and critical perspectives and the best practices of each adopted different solution.

Moreover, the survey let us experience a pattern of investigation on mental health in prison, which had examined two different perspectives: from one side, the epidemiological data, on the other hand the perception and the description of mental health issues in prison by front liners involved in the care of imprisoned patients.

Achieved results and given proposals have allowed to:

- a) Promote the most advanced practices, coming up from the survey and the comparative research developed by the project;
- b) Detect strategies for reducing risks and lessen the consequences of a lack or inadequate health assistance to individuals, such as the inmates, with psychological vulnerabilities, and frequently subjected to migration flows
- c) Elaborate system schemes and intervention plans which might allow an efficient management of budgetary resources dedicated to mental health issues in prison and much effective actions for guaranteeing adequate responses to the inmates' and prison staff's health needs
- d) Further develop trans-national networking to implement the research scheme and disseminate best practices. It will also help in monitoring mental health in prison from a European perspective
- e) Actively participate in sharing and adopting the inspirational principles of the European legislation, while indicating and suggesting appropriate amendments to the Member States' national set of rules