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Ministero della Giustizia
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Nucleo Progetti FSE

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MENTALLY DISTURBED INMATES' CARE AND SUPPORT RECEPTION OF MENTALLY DISTURBED NEW ARRIVALS IN THE ITALIAN PRISONS

THE BOLOGNA PRISON PROPOSAL

After registration, the newly arrived inmate is sent, within 24 hours, to the reception unit where he must undergo a first interview which consists of a medical examination with detection of the vital signs, with medical history and analysis of the health records and of the possible symptoms or behavioural disorders or possible information in possession of the police who arrested the inmate or escorted him from another prison.

During the examination of the newly arrived inmates made by the doctor, a form in the computerized pre-filled folder is filled in, at the end of which, according to the reached score, the activation of the psychiatric service, activated as a function of the psychopathological framework of the detained patient, is taken into account. The service is operating from Monday to Friday, on Saturday according to telephone availability, on Sunday and on holidays upon access from the first aid of the city, if it's deemed necessary. During the visit, if the inmate results to be in documented psychiatric therapy, the doctor will establish the continuation of the ongoing therapy on hold of redefinition of the specialist. Otherwise, the inmate will be referred to the psychiatrist according to the degree of urgency (if in priority within 24 hours).

On hold of psychiatric counseling, according to the assessments of the clinical framework and of probable assessments of the custody, it can be activated a supervisory order (in cell in order to prevent self-harming actions) and/or special supervision in shared cells.

At the moment, the mentally disturbed inmates are allocated in ordinary cells with fixed furniture.

The newly arrived inmates referred to psychiatric visit, to the doctor of the newly arrived, will be evaluated and followed according to the attached flow chart. Other possible medical examinations will be prescribed by the unit doctor or by the doctor on duty. Regarding the assessment of the need of rehabilitative interventions and the related treatment indications, we are waiting for the next developments of this project because at the moment there aren't any rehabilitative interventions in progress.

The reference point for any kind of request is the penitentiary police staff, who provide for sorting to whom it may concern. Possible requests of individual psychotherapy are now possible only for patients supported by the drug addicted service.

Regarding the information to be provided to the family we now conform to the protocol agreement which needs the authorization of the authorities, the agreement of the inmate and an informational interview between health inspectors and relatives by appointment.

During imprisonment, courses about follow up chronic diseases and interventions of proactive medicine and health promotion are activated, through participation to information groups if possible.

Psychiatric healthcare area in prison
Second degree service with indirect access
Bologna Azienda USL – DSM Ser.T. – U.O.S.D. Arcipelago Carcere –
Director: Doc. Claudio Bartoletti

NEWLY ARRIVED INMATES SENT TO PSYCHIATRIC VISIT



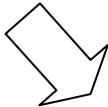
The clinical framework of the patient at the moment of the first visit suggests a possible mental disorder/ the medical history shows previous psychiatric manifestations



The patient (according to the seriousness of the clinical framework) can be placed in supervisory regime/close surveillance



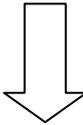
The patient is referred to psychiatric visit to be done in the following days (generally in the same or in the following day)



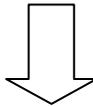
The patient, according to the results of the psychiatric visit which he will be referred to, will follow the already expected courses related to the supply of the psychiatric healthcare in prison (see flow chart 2/3/4)



The clinical framework of the patient during the visit suggests the presence of a real risk of suicide



The patient is placed in supervisory regime/ close surveillance in cell to prevent self-harming actions/actions which could harm other people



The patient is urgently referred (priority) to psychiatric visit (within the following 24 hours upon request or when it's possible in the same day)



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MEDICAL PRACTITIONERS
OF THE AREA PRIMARY
TREATMENTS
Doctors in charge, SIAS
(*Supplementary Healthcare
Service*) doctors, emergency
doctors

AREA MINISTRY OF
JUSTICE
Judicial authorities, custodial
and treatment authorities
(criminologists/rehabilitation
officers)

PSYCHIATRIC VISIT

Patient who suffers from severe
manifested mental disorder and/or
already known (in charge) by other
local psychiatric services

Patient who DOESN'T SUFFER from
severe manifested mental disorder

The consultation is completed and the
patient is referred again to the primary
cares, remaining available for possible
future needs

Patient who is unknown to the local
services, or without previous mental
disorders in the medical history

Patient ALREADY KNOWN to the
local psychiatric services of the
company, or who was previously
affluent to other healthcare companies
of other regions

Care of the patient, activation of a
course of psychiatric care and support in
prison with the UOSD Arcipelago
Carcere

Keeping on the care of the patient
throughout the period of imprisonment
or until resolution of the clinical
framework

Reference services which had already
treated the patient are contacted in order
to ensure him the best therapeutic
continuity of treatment

INMATE IN TAKING

The clinical framework of the patient at the moment of the visit doesn't allow an appropriate support in prison

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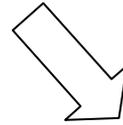
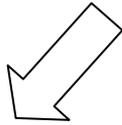
The patient taken into care benefits from regular medical visits, from drug controls every two or three weeks and from regular support from nurses

It is activated an urgent hospitalization procedure, or if it's possible it's programmed a hospitalization period at RTI Arcipelago

Upon request of the judicial authorities, regular reports about the clinical status of the patient are written

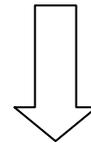
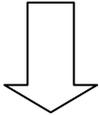
After discharge from the emergency department and/or from RTI Arcipelago, the patient is taken into care again when he comes back in prison

INMATE IN TAKING



Resolution of the clinical framework before conclusion of the imprisonment period

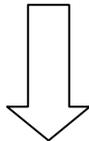
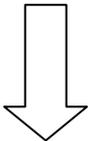
The clinical framework of the patient presents an ongoing disorder even at the end of the imprisonment period



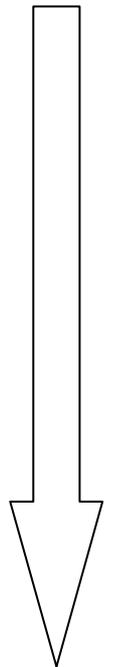
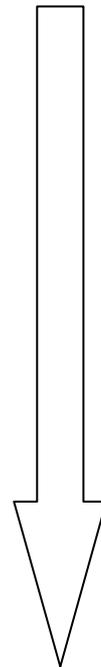
The patient is discharged from the psychiatric support institute and he is referred again to the primary cares, remaining available for possible future needs

Patient already known to the local psychiatric services of the company, or previously afferent to other healthcare companies of other regions

Patient unknown to the local services, or without previous mental disorders in the medical history



Local services are alerted in order to identify a reference local psychiatric service which could take into care the patient at the end of the imprisonment period in order to ensure the necessary treatment continuity



Reference local services which had already treated the patient are contacted in order to continue the treatments. For this purpose it is sent to these services a detailed letter of discharge