



Co-funded by the criminal justice  
programme of the European Union



Ministero della Giustizia  
Dipartimento Amministrazione Penitenziaria  
Nucleo Progetti FSE

## **RECOMMENDATIONS TO THE EUROPEAN UNION**

### **PHASE 1. INCOME –INPUT (Planning, programming and resource managing)**

#### *A. STREAM OF ACTIVITY: CONTEXT (legislation, facilities, resources)*

- A1. Through some amendments to legislations (national/European) a set of measures alternative to imprisonment for the treatment of mental illness shall be adopted so to foster the rehabilitation process of those affected inmates.
- A2. To foresee that inmates suffering from psychiatric pathologies can be condemned to non-custodial sentences (as it is already provided for drug addicts and HIV inmates).
- A3. To foresee that inmates suffering from a serious psychic infirmity can have the enforcement of the sentence postponed.
- A4. To manage and design adequate facilities for inmates (dimension, type of spaces, housing density), while considering the impact of physical environment on psychic health.
- A5. To improve relationships between the judiciary (supervisory judges and court judges) and the medical systems, also through dedicated legislations. The psychiatric/psychological expertise will support sentencing in a more qualified, relevant and systematic way and as well the defendant's personality evaluation being more significant especially with relation to the offence perpetrated.
- A6. To allocate adequate resources to medical assistance of inmates with mental illness/disorder (and defining consistent standards)
- A7. To disseminate knowledge and inform the public about the objectives of inmates rehabilitation, through the awareness networking on the impact of relapsing on the social community, that an adequate system of security/rehabilitation is nevertheless entailing.
- A8. To build on different facilities (and rehabilitation plans), also considering different levels of security orders, and the typology of mental disorder.

### **PHASE 2. SENTENCING (implementation of assistance)**

#### *B. STREAM OF ACTION: COMMUNITY INTERVENTION IN CUSTODY*

- B1. To focus on the environmental setting and on the future life expectations, on one hand, and to give less weight to drug treatment of mental disturbances.
- B2. To guarantee the full accomplishment of all rehabilitation strategies and full-day activities in detention through adequate activity plans.
- B3. To boost rehabilitation schemes based on life in community, on relationships and on detention time spent in common playgrounds.
- B4. To improve the inmate's relationship with his/er family and create more occasions for visits.
- B5. To foster relationship within the community of inmates, also through training and the help of "peer supporters", who may back the inmate with mental disorder/discomfort and avoid the vulnerable inmate's isolation.
- B6. To invest resources and carry out adequate strategies so to improve intercultural communication.

#### *C. STREAM OF ACTION: ELABORATION OF A CONSISTENT INTAKING SCHEME*

- C1. To guarantee continuity in the inmate's treatment, and to overcome the fragmentation of interventions from different correctional figures – medical staff, prison and rehabilitation officers. To get over the practical separation between prison environment and the community outside.
- C2. To pay much attention to the elaboration of rehabilitation plans, taking into account goals and related actions and expected results.
- C3. To guarantee an evaluation process for outlining the individual's profile and the rehabilitation and medical treatment objectives.
- C4. To avoid sanctions and orders determining the inmate's isolation

*D. STREAM OF ACTION: ORGANISATION ACTIONS (practical tools to be used for indirect targets)*

- D1. To implement an integrated and inter-institutional training, on three axis: a) To enhance expertise on mental healthcare, also of non-medical staff; b) to enhance proficiency and improve adequateness of medical treatments; c) to ameliorate interactions in prison setting among the different actors and actively involve prison custodial staff.
- D2. To provide on-the-spot practical training, and not only face-to-face traditional training.
- D3. To develop, manage and empower both inter-institutional and inter-professional networking.
- D4. To support all professionals working in prison by implementing decision-making activities and an active listening approach to their daily working difficulties.
- D5. To provide a set of rules and regulations on how to use the inmate's medical data, which shall both safeguard sensitive information and support the prison administration when in need of accessing those data to realise an effective rehabilitation plan, which is tailored on the actual inmate's physical conditions.

**FASE 3. MONITORING (results and evaluation)**

*E. STREAM OF ACTIONS: METHODOLOGIES AND PRACTICAL TOOLS*

- E1. To identify the "tasks" of the single prison professional and his/her intervention scope (rehabilitation, medical, custodial)
- E2. To define and implement computerised systems for saving (elaborating) medical data, while safeguarding sensitive information, circulation of information among the professional figures (medical staff working in prison, local healthcare bodies and facilities, specialists, prison administration – only restricted to the needed information). Eventually, the starting of a European watchdog on prison mental healthcare can be considered?
- E3. To use an assessment system of the single treatment and care programmes through responsibility-based processes carried out by all professionals working in prison (rather than evaluation implemented by external bodies)
- E4. To foresee a national and European monitoring of mental health in prison. In Italy, for instance, it might start from the work already done at local/regional level since 2008: the national monitoring will help in overcoming those local inconsistencies in the health service offer to prison population and it may also guarantee finances distribution programmes to the specialised health care.