# Report of qualitative and quantitative analysis of statistical data

## *European project ME.D.I.C.S. - MEntally Disturbed Inmates' Care and Support*

## Premise

In the light of the outcomes of the quantitative analysis we will here report a qualitative analysis of this outcomes, focussed on the factors which have a higher level of correlation. This assessment will be planned on the basis of the different analysis sheets included in the survey, for each of the professionals of the three penitentiary facilities involved in the project. For the sake of greater methodological completeness every comment has its own diagram which is followed by doc. De Tiberiis speech including suggestions and proposals in the training field.

Nursing staff: the sample consisted of 50 individuals:

Palermo: 28

Bologna: 18

Torino: 4

## Analysis sheet on mental distress

➢ *Section A1: "mental balance impairment"*

The subjects have been requested to express their opinion concerning what can mostly impair the mental balance of a person during the detention. The tool included a bunch of distress factors (items) and the subject had to express his/her opinion by means of a Likert scale.

The most agreed factors in the three facilities are:

- BEING VICTIM OF DISCRIMINATION

- HAVING BEEN VICTIM OF SEXUAL HARASSMENT
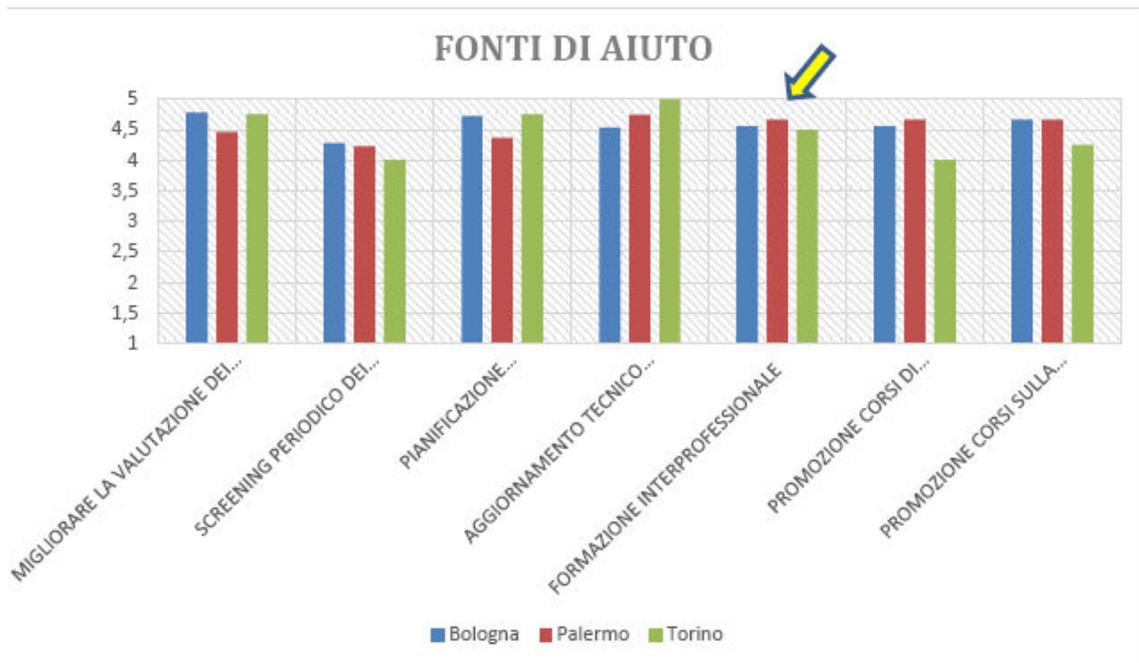
- FEAR

- VULNERABLE PERSONALITY
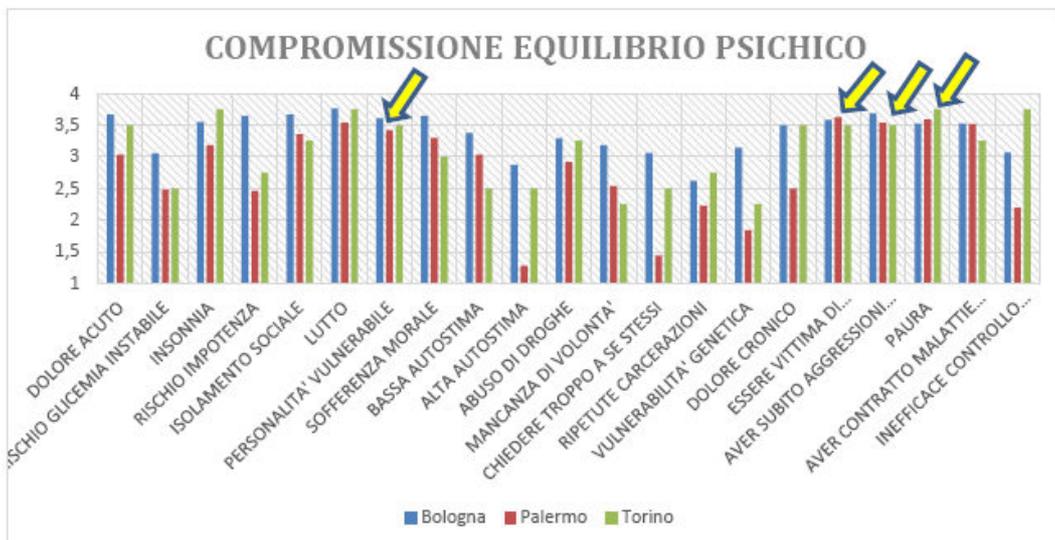
➢ *Section A2: "source of help"*

The subjects have been requested to express their opinion concerning the possible sources of help to be implemented within the penitentiary facility. The tool included a bunch of possible sources of help (items) on which the subject had to express his/her opinion using a Likert scale.

The most agreed factors among the three facilities are:
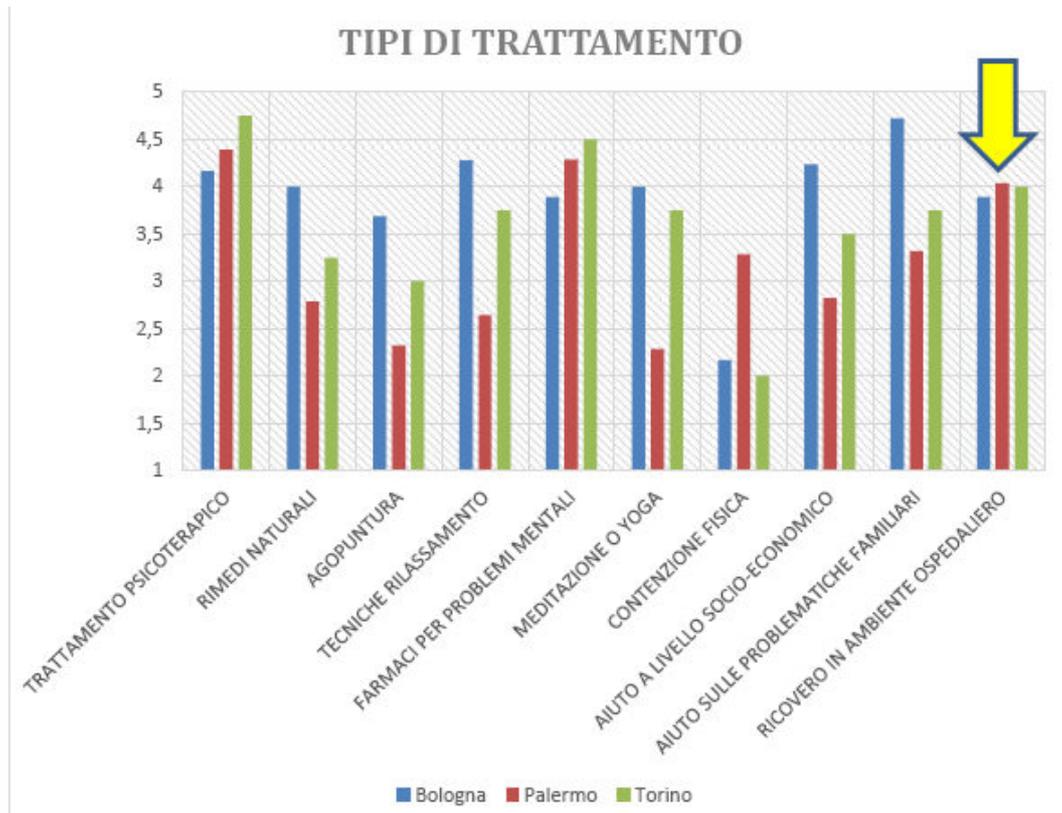
- INTERPROFESSIONAL TRAINING



➢ *Section A3: "Kinds of treatment"*

The subjects have been requested to express their opinion concerning the possible kinds of treatment to be implemented within the penitentiary facility, to reduce mental distress. The tool included a bunch of possible kind of treatment (items) on which the subject had to express his/her opinion using a Likert scale.

The most agreed factors among the three facilities are:

- HOSPITALISATION

TIPI DI TRATTAMENTO

Legend: Bologna, Palermo, Torino

Categories: TRATTAMENTO PSICOTERAPICO, RIMEDI NATURALI, AGOPUNTURA, TECNICHE RILASSAMENTO, FARMACI PER PROBLEMI MENTALI, MEDITAZIONE O YOGA, CONTENZIONE FISICA, AIUTO A LIVELLO SOCIO-ECONOMICO, AIUTO SULLE PROBLEMATICHE FAMILIARI, RICOVERO IN AMBIENTE OSPEDALIERO

➢ *Section A4: "barriers to mental recovery"*

The subjects have been requested to express their opinion concerning the factors which can hinder mental recovery in a subject suffering from mental distress during his/her detention period. The tool included a bunch of possible barriers to mental recovery (items) on which the subject had to express his/her opinion using a Likert scale.

The most agreed factors among the three facilities are:

- NOT TAKING THE PRESCRIBED THERAPY

- HAVING NOTHING TO DO

- PENITENTIARY FACILITY INADEQUACY

**OSTACOLI AL RECUPERO**
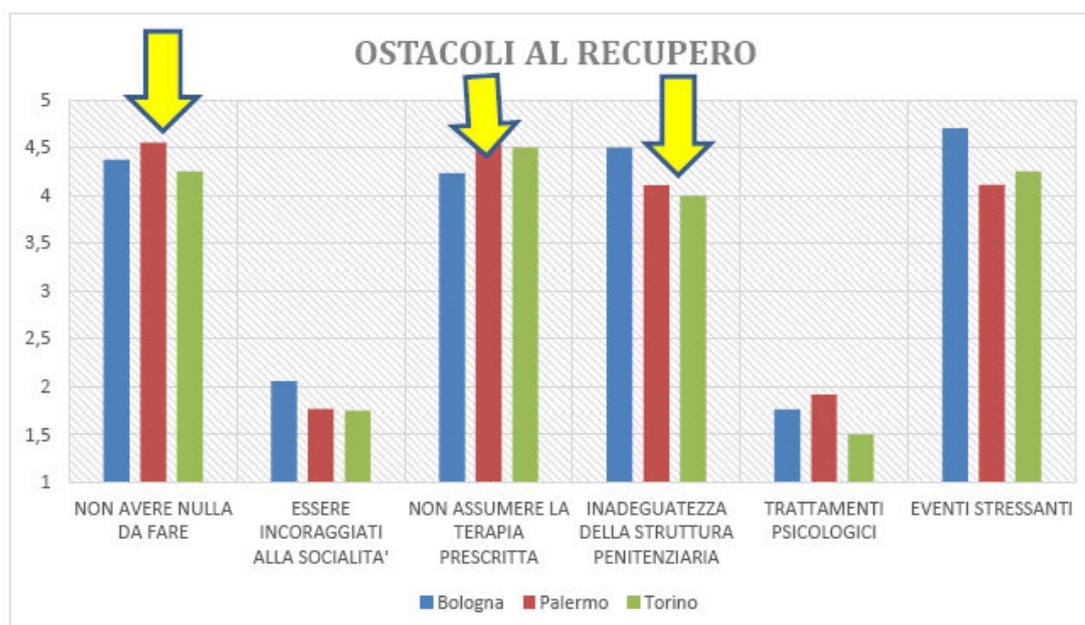
HEALTHCARE PROFESSIONALS: the sample consisted of 31 individuals:

Palermo:31

Bologna:7

Torino: 3

# Analysis sheet on mental distress

The survey distributed to healthcare professionals took into account two contexts:

- Context 1: survey on subjects suffering from mental distress ALREADY in charge of the territorial mental healthcare service

- Context 2: survey on subjects suffering from mental distress NOT in charge of the territorial mental healthcare service

**Context 1 (subject ALREADY in charge of the territorial mental healthcare service)**

➢ *Section A2a: "intervention strategies on subjects already in charge"*

The subjects have been requested to express their opinion concerning the intervention strategies adopted in case of self-harming or attempted suicide after the first imprisonment. The tool included a bunch of possible intervention strategies (items) on which the subject could choose one or more.

The most agreed factors among the three facilities are:
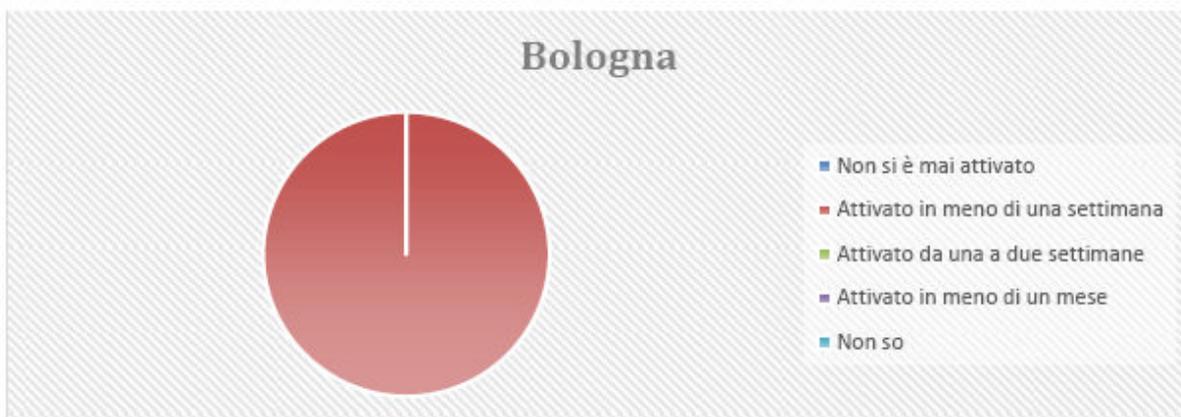
- TALKING DIRECTLY WITH THE SUBJECT

- MAKING USE OF THE MULTIDISCIPLINARY STAFF FOR SUPPORT

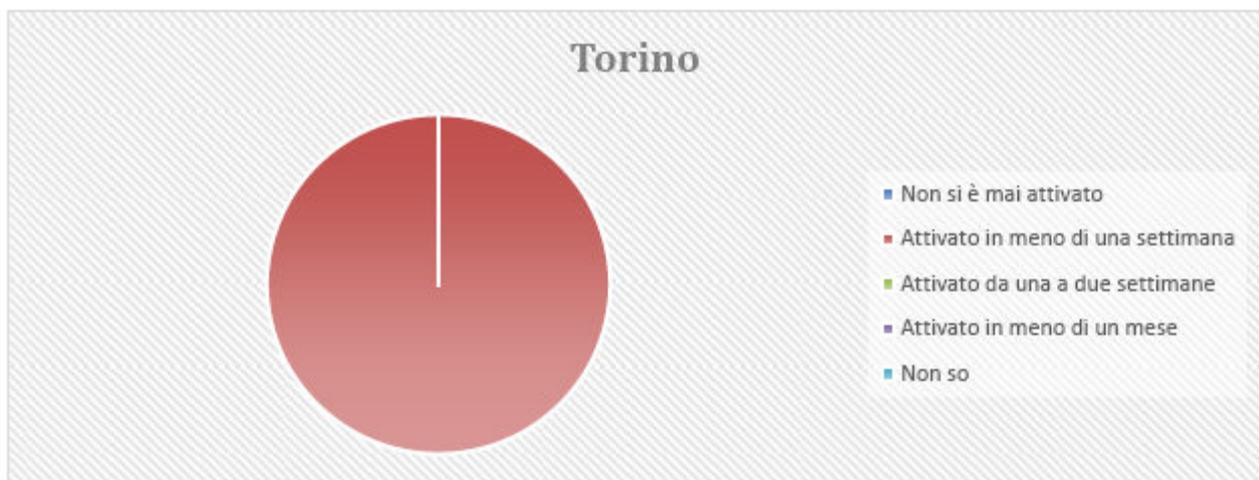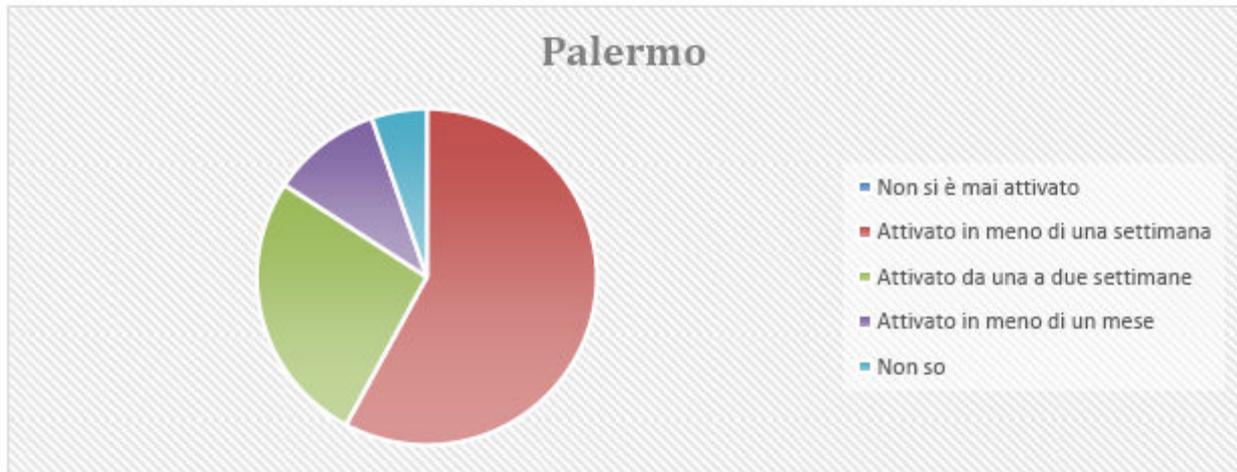- INTRODUCING LARGE-SCALE SURVEILLANCE OR 24H SIGHT-SURVEILLANCE
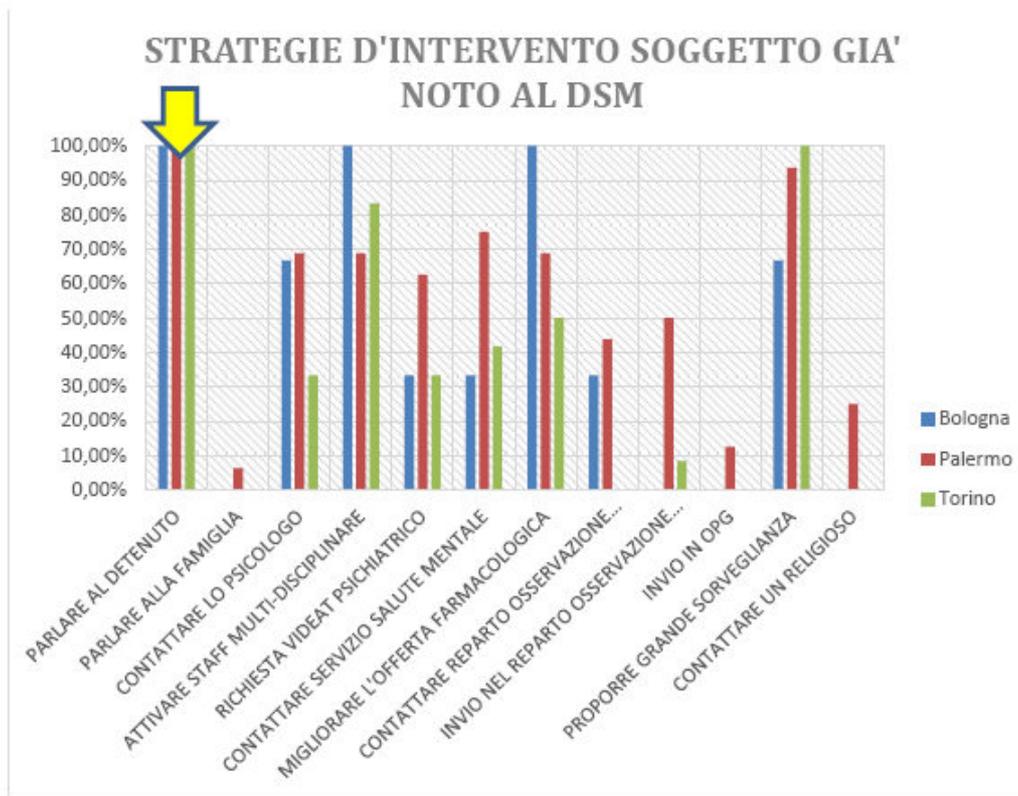


> *Section A2b:*

The subjects have been requested to specify the time elapsed between the implementation of the intervention strategy and the admission of the subject in the recommended process. The tool included a bunch of options on the implementation time, amongst which the subject had to pick just one.

The outcomes show that in Bologna 100% subjects answered "I don't know"; in Palermo 58% answered "the strategy is implemented in less than one week"; in Turin 100% answered "I don't know".

Palermo

- Non si è mai attivato
- Attivato in meno di una settimana
- Attivato da una a due settimane
- Attivato in meno di un mese
- Non so



Torino

- Non si è mai attivato
- Attivato in meno di una settimana
- Attivato da una a due settimane
- Attivato in meno di un mese
- Non so

> *Section 3A: "barriers to the intervention strategies"*

The subjects have been requested to express their opinion concerning the factors which can hinder intervention strategies. The tool included a bunch of possible barriers to the intervention strategies (items) and the subject had to express his opinion using a Likert scale.

The most agreed factors among the three facilities are:

- FEAR OF THE NON-HEALTHCARE STAFF TO DEAL WITH PEOPLE SUFFERING FROM A MENTAL PATHOLOGY

- CONCERNS ABOUT THE FACT THAT OUR NHS COULD TREAT OUR INMATES/PATIENTS WITH USELESS METHODS OR INADEQUATE WAYS.

**OSTACOLI INTERVENTO**
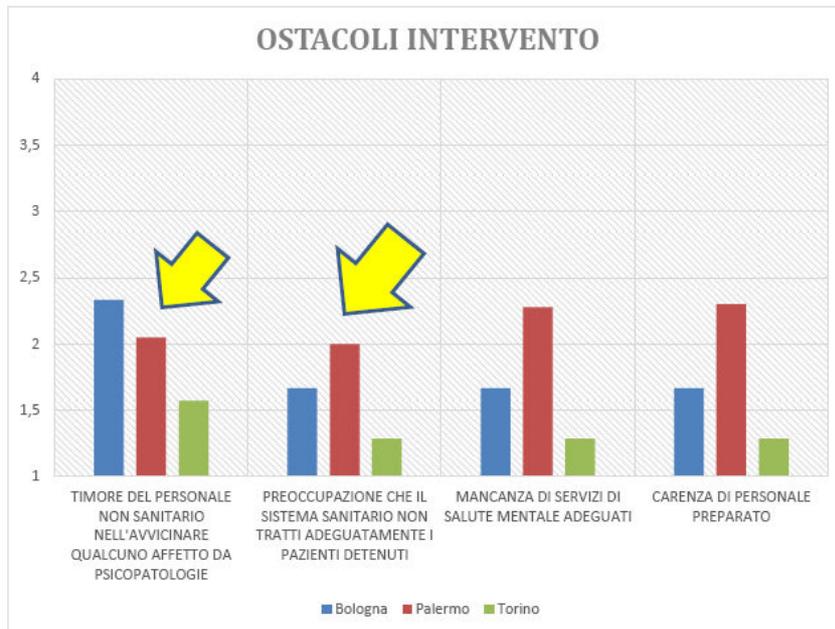
**Context 2 (subject NOT in charge of the territorial mental healthcare service)**

➢ *Section A2a: "intervention strategies on subjects not in charge"*

The subjects have been requested to express their opinion concerning the intervention strategies adopted in case of self-harming or attempted suicide after the first imprisonment. The tool included a bunch of possible intervention strategies (items), amongst which the subject had to pick one or more than one.

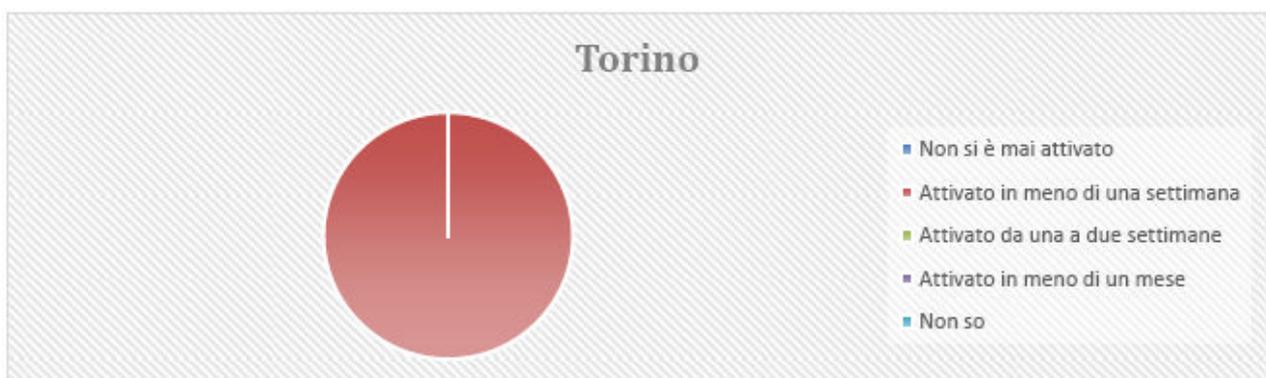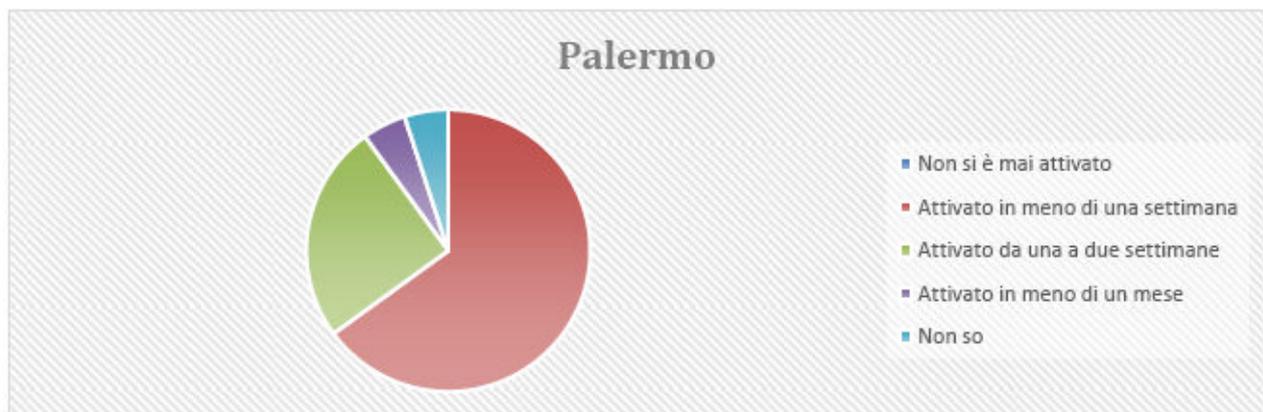The most agreed factors among the three facilities are:

➢ PUTTING INTO PRACTICE LARGE-SCALE SURVEILLANCEOR SIGHT-SURVEILLANCE
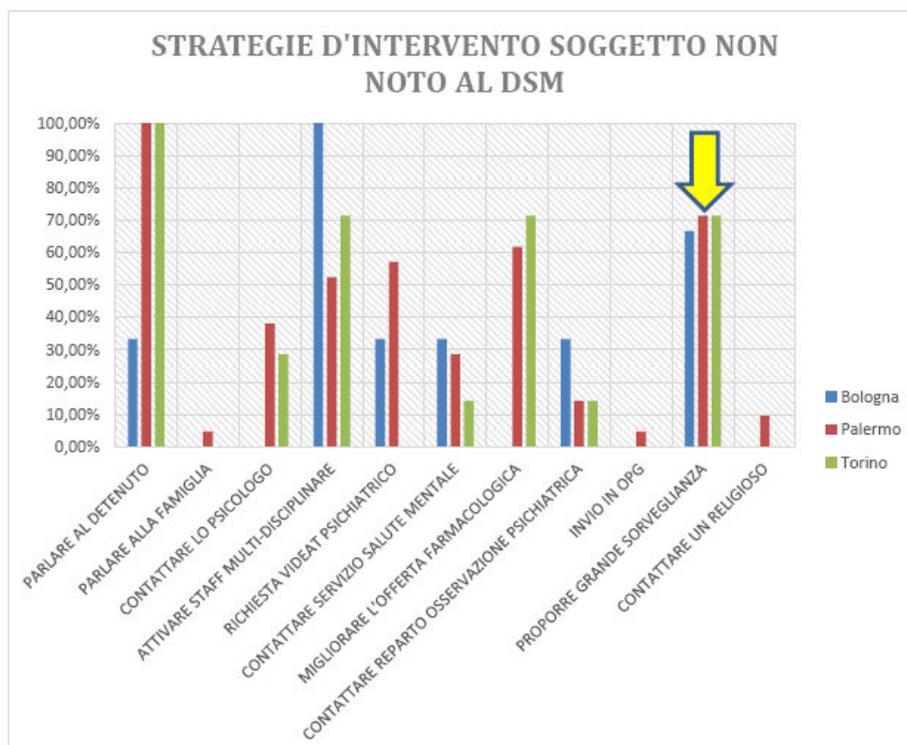


STRATEGIE D'INTERVENTO SOGGETTO NON NOTO AL DSM

The subjects have been requested to specify the time elapsed between the implementation of the intervention strategy and the admission of the subject in the recommended process. The tool included a bunch of options on the implementation time, amongst which the subject had to pick just one.

The outcomes show that in Bologna 100% subjects answered "I don't know"; in Palermo 65% answered "the strategy is implemented in less than one week"; in Turin 100% answered "I don't know".



**Bologna**

- Non si è mai attivato
- Attivato in meno di una settimana
- Attivato da una a due settimane
- Attivato in meno di un mese
- Non so



**Palermo**

- Non si è mai attivato
- Attivato in meno di una settimana
- Attivato da una a due settimane
- Attivato in meno di un mese
- Non so



**Torino**

- Non si è mai attivato
- Attivato in meno di una settimana
- Attivato da una a due settimane
- Attivato in meno di un mese
- Non so

➢ *Section 3A: "barriers to the intervention strategies"*

The subjects have been requested to express their opinion concerning the factors which can hinder intervention strategies. The tool included a bunch of possible barriers to the intervention strategies (items) and the subject had to express his opinion using a Likert scale.

The most agreed factors among the three facilities are:

➢ CONCERNS ABOUT THE FACT THAT OUR NHS COULD TREAT OUR INMATES/PATIENTS WITH USELESS METHODS OR INADEQUATE WAYS.
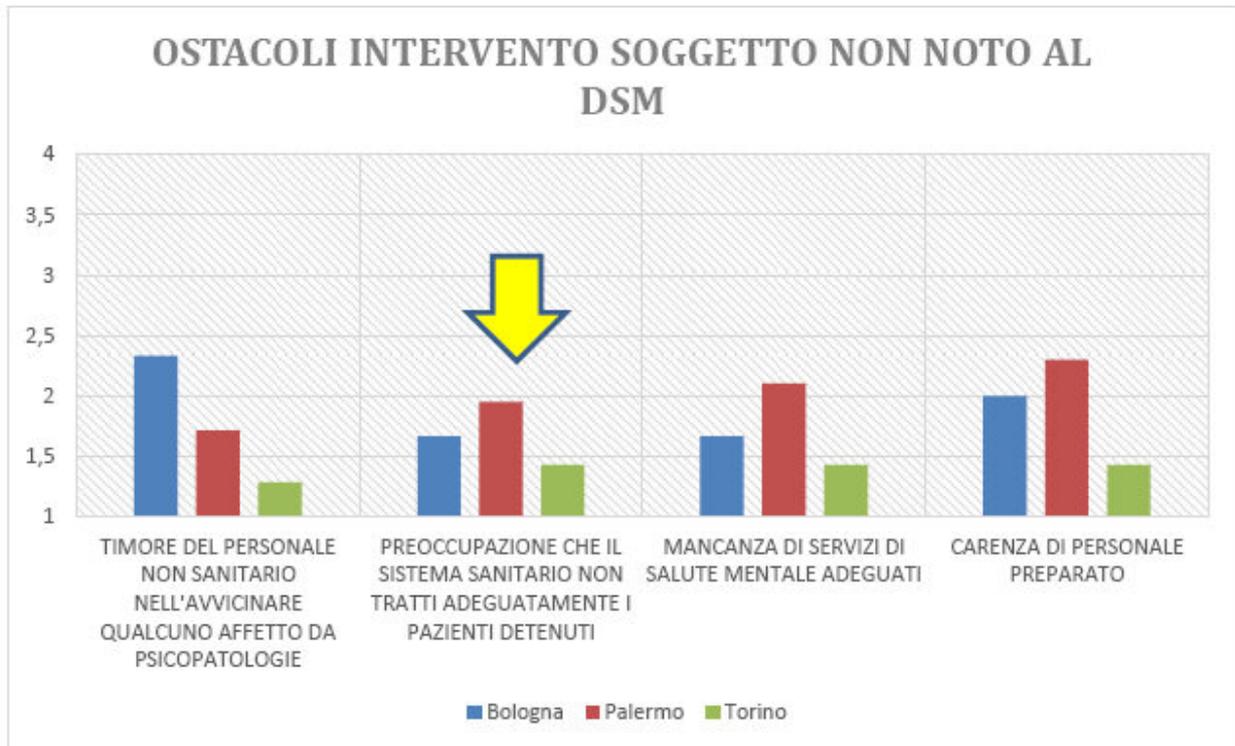


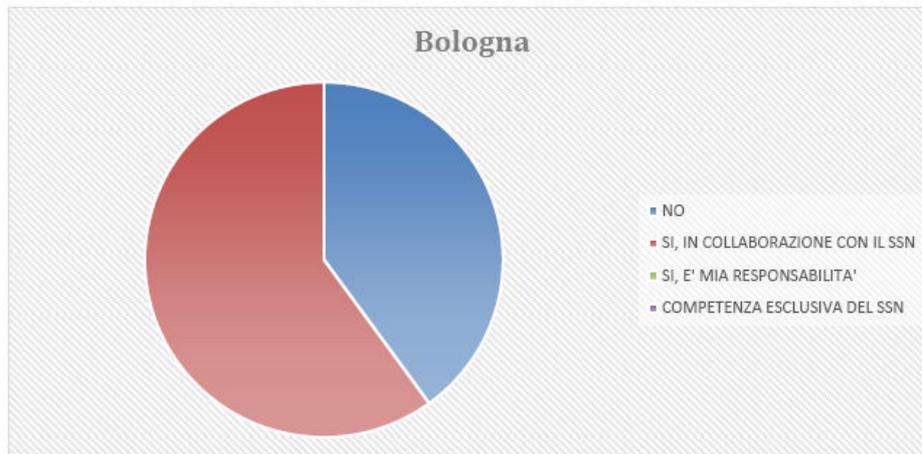EDUCATORS: the sample consisted in 18 individuals:

Palermo 12

Bologna 5

Turin 1

## Analysis sheet of mental distress

➢ *Section A1:*

The subjects have been requested to specify whether or not the institute could ensure a "proper taken in charge of the distress suffered from the detainees". The tool included a bunch of options amongst which the subject had to pick just one.

The outcomes show that in Bologna 100% subjects answered "exclusive competence of NHS"; in Palermo 100% answered "exclusive competence of NHS"; in Turin 100% answered "exclusive competence of NHS".

Bologna

Legend:
- NO
- SI, IN COLLABORAZIONE CON IL SSN
- SI, E' MIA RESPONSABILITA'
- COMPETENZA ESCLUSIVA DEL SSN

➤ *Section 2A: "intervention choice"*

The subjects have been requested to express their opinion about the best intervention choice to be adopted in case one of the inmates is developing a serious psychopathologic condition.

The tool included a bunch of options (possible intervention strategies) amongst which the subject had to pick one or more.

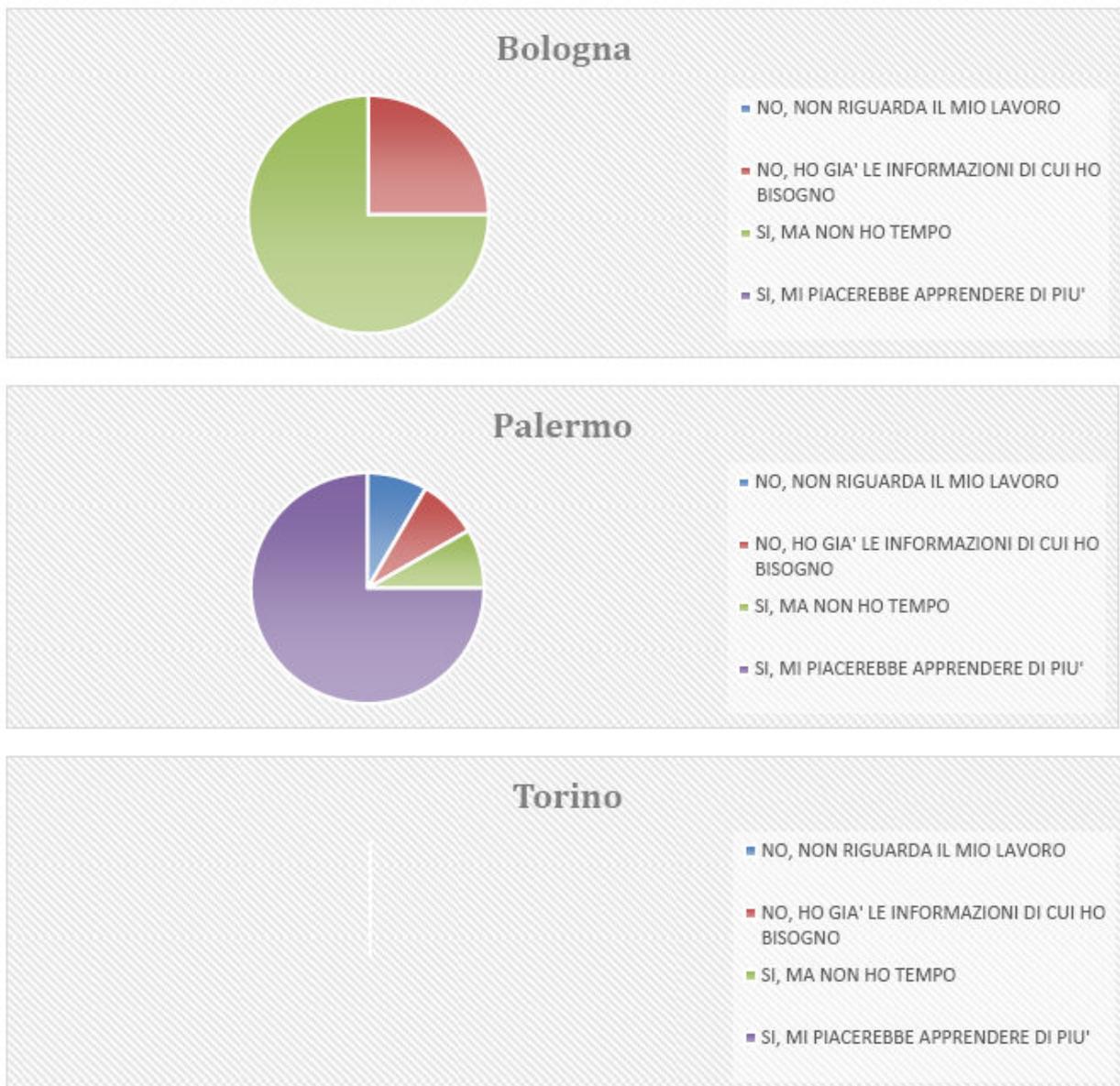The most agreed factors among the three facilities are:

➤ CONTACTING A PSYCHIATRIST FROM THE REFERENCE HEALTHCARE SERVICE



SCELTA DI INTERVENTO
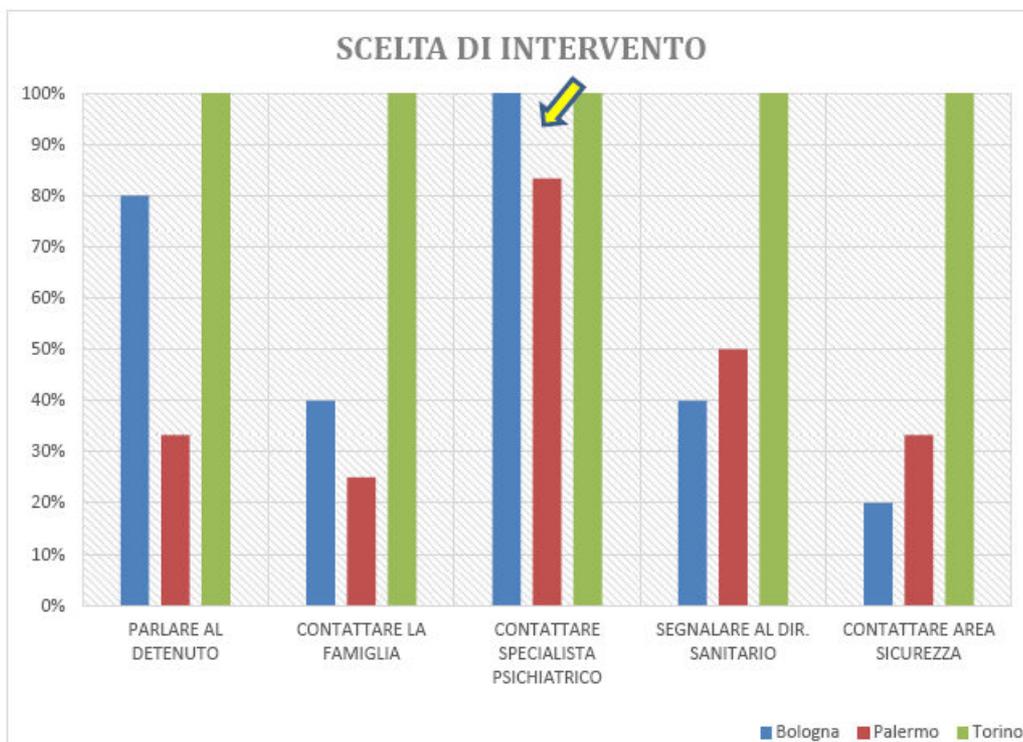
> *Section 3A:*

The subjects have been requested to specify whether could it be useful or not for them to receive updates and training courses on early diagnosis and management of detainees suffering from a serious distress. The tool included a bunch of options amongst which the subject had to pick just one.

The outcomes show that in Bologna 100% subjects answered "yes, I would like to learn more about this issue"; in Palermo 75% answered "yes, I would like to learn more about this issue"; in Turin 100% answered "yes, I would like to learn more about this issue".



**Bologna**

- ▪ NO, NON RIGUARDA IL MIO LAVORO
- ▪ NO, HO GIA' LE INFORMAZIONI DI CUI HO BISOGNO
- ▪ SI, MA NON HO TEMPO
- ▪ SI, MI PIACEREBBE APPRENDERE DI PIU'



**Palermo**

- ▪ NO, NON RIGUARDA IL MIO LAVORO
- ▪ NO, HO GIA' LE INFORMAZIONI DI CUI HO BISOGNO
- ▪ SI, MA NON HO TEMPO
- ▪ SI, MI PIACEREBBE APPRENDERE DI PIU'



**Torino**

- ▪ NO, NON RIGUARDA IL MIO LAVORO
- ▪ NO, HO GIA' LE INFORMAZIONI DI CUI HO BISOGNO
- ▪ SI, MA NON HO TEMPO
- ▪ SI, MI PIACEREBBE APPRENDERE DI PIU'

> *Section A4: "early diagnosis tools"*

The subjects have been requested to express their opinion concerning what tools they would consider useful to make an early diagnosis of mental disease. The tool included a bunch of options (possible diagnostic tools) amongst which the subject could pick one or more.

Notwithstanding it would not be possible to make a real correlation among the three facilities since the only institute that answered was the one in Turin and it picked the option "other", we can, anyway, make a general correlation between Palermo and Bologna institutes.

The most agreed factors are:

➢ A COMFORTABLE CLINICAL ENVIRONMENT
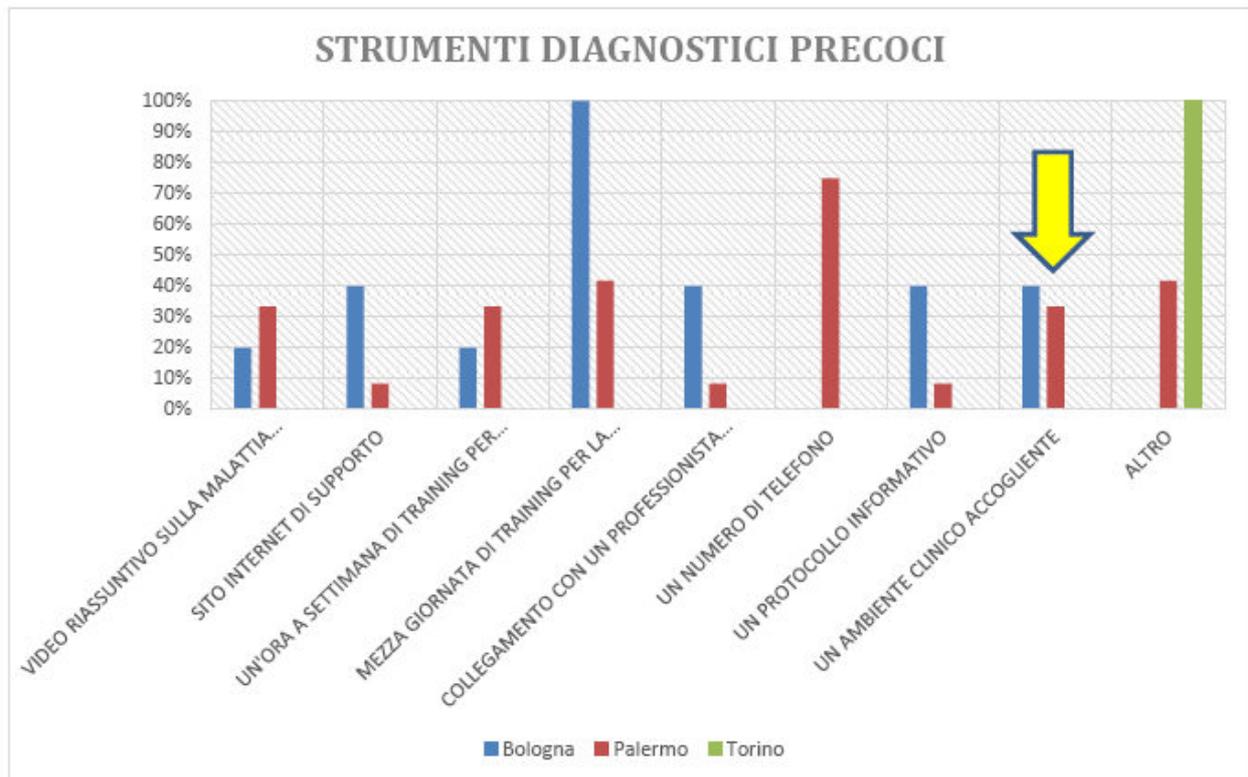


➢ *Section 5A: "training courses addressees"*

The subjects have been requested to express their opinion concerning which professions within the penitentiary facility could benefit from training courses. The tool included a bunch of options (possible professionals) among which the subject could pick one or more.

The most agreed factors among the three facilities are:

➢ PENITENTIARY POLICE
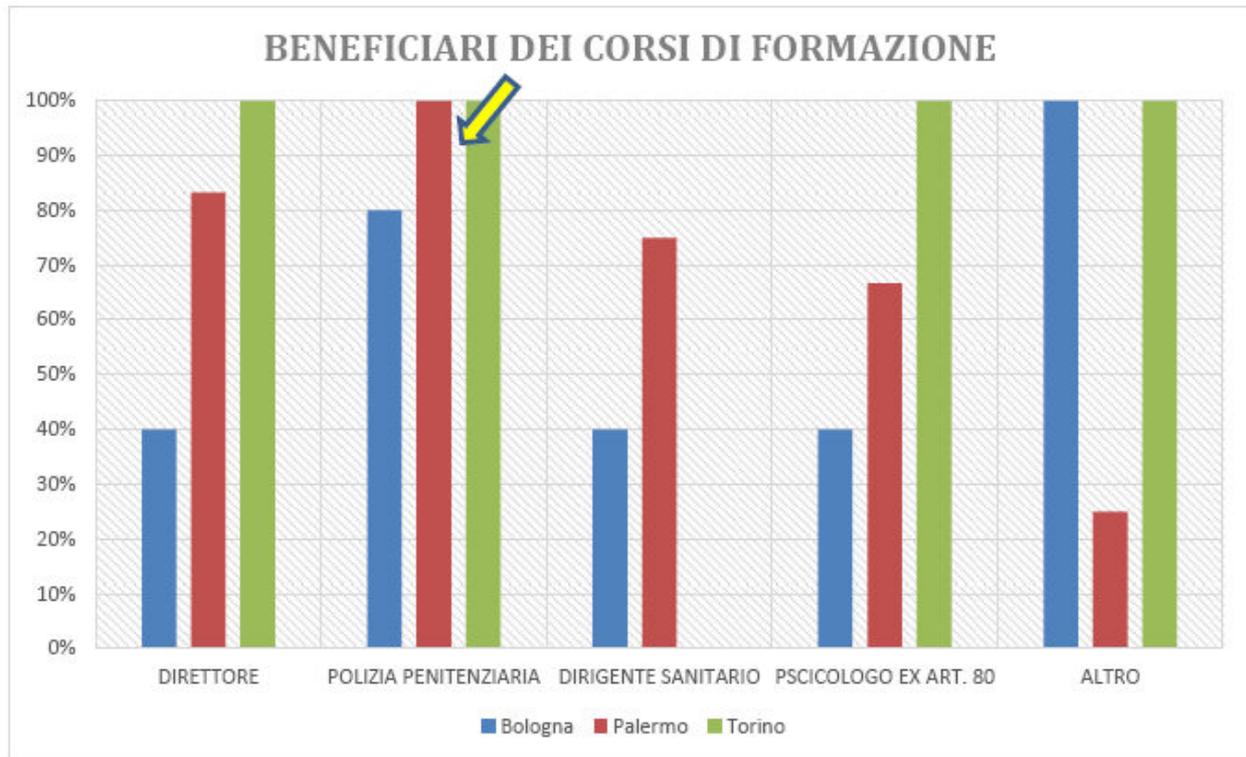


PENITENTIARY POLICE: the sample consisted of 164 individuals

Palermo 64

Bologna 82

Turin 18

# Analysis sheet on mental distress

➢ *Section 1A: "external distress condition"*

The subjects have been requested to express their opinion concerning what they consider to be the cause of sufferance for the inmates that lead to extreme actions such as self-harming, hunger strike or suicide attempts. The tool included a bunch of items (possible extreme distress situations) and the subject had to express their opinions by means of a Likert scale.

The most agreed factors among the three facilities are:

➢ DEMENTIA

➢ DEPRESSION

➢ HELP REQUESTS

➢ STRESS DUE TO IMPRISONMENT

SITUAZIONE ESTREMA
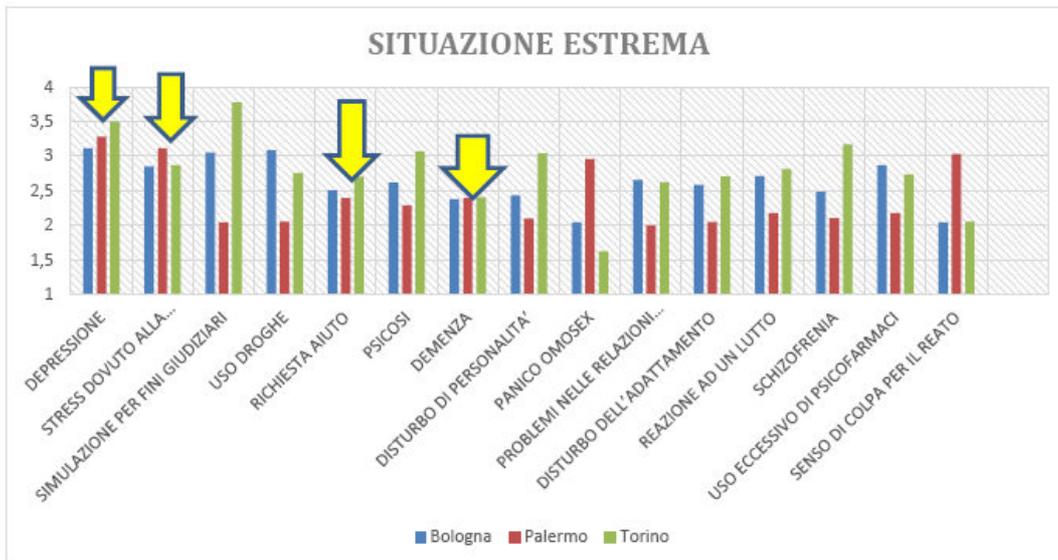
> *Section 2 A: "distress factors"*

The subjects have been requested to express their opinion concerning what they consider to be the cause of a strong distress. The tool included a bunch of item (possible distress factors) and the subject had to express their opinions by means of a Likert scale.

The most agreed factors among the three facilities are:

- LACK OF WILLINGNESS

- HIGH EXPOSURE TO A MULTIETHNIC SOCIETY

- LIFESTYLE



FATTORI DI DISAGIO
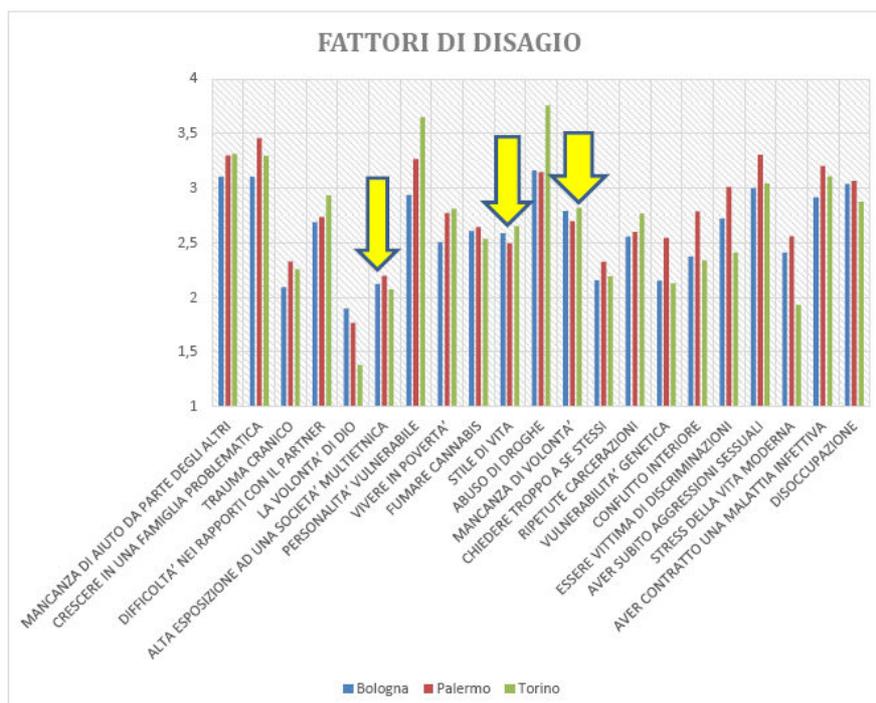
➢ *Section 3A: "sources of help"*

The subjects have been requested to express their opinion concerning what they consider to be a feasible source of action within the facility. The tool included a bunch of item (possible sources of help) and the subject had to express their opinions by means of a Likert scale.

The most agreed factors among the three facilities are:

- REFERRING TO A GUARANTOR

- CONFIDING IN SOMEONE THEY CAN TRUST
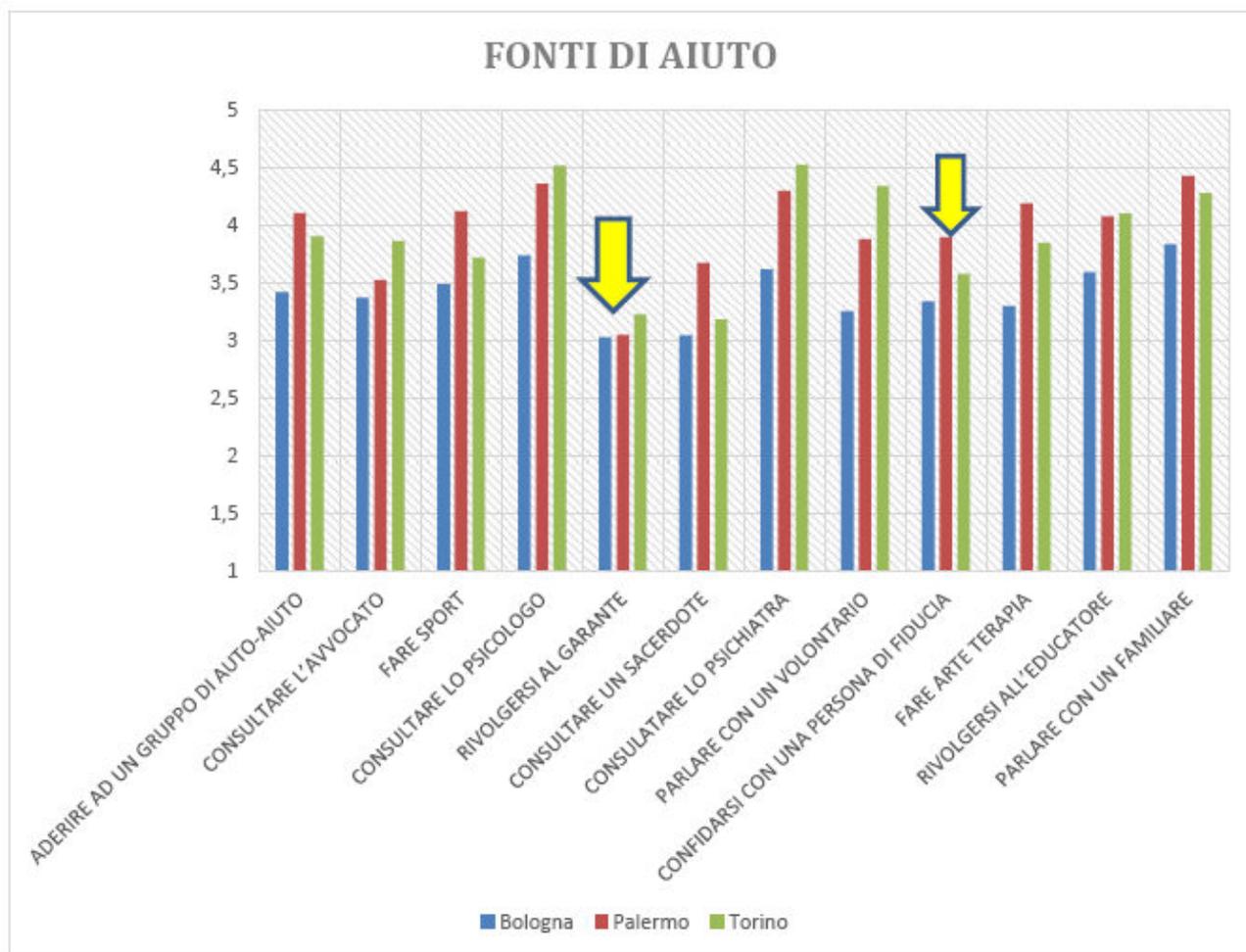


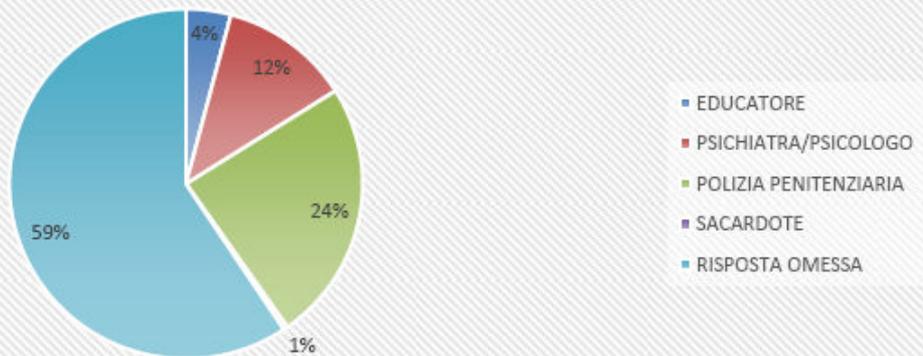➢ *Section 4 A: "ability to understand precursory signals of distress that can lead to self-harming"*

The subjects have been requested to express their opinion concerningtheir ability to understand precursory signals of distress that can lead to self-harming. The tool included the chance to answer YES or NO, in case of positive answer the subjects had to specify the professional to whom they could refer.

By comparing the answers of the three institutes we can see that:

CAPACITA' DI COGLIERE SEGNI DI DISAGIO PRODROMICI ALL'AUTOLESIONE

- SI
- NO
- RISPOSTA OMESSA



FIGURA DI RIFERIMENTO

- EDUCATORE
- PSICHIATRA/PSICOLOGO
- POLIZIA PENITENZIARIA
- SACARDOTE
- RISPOSTA OMESSA

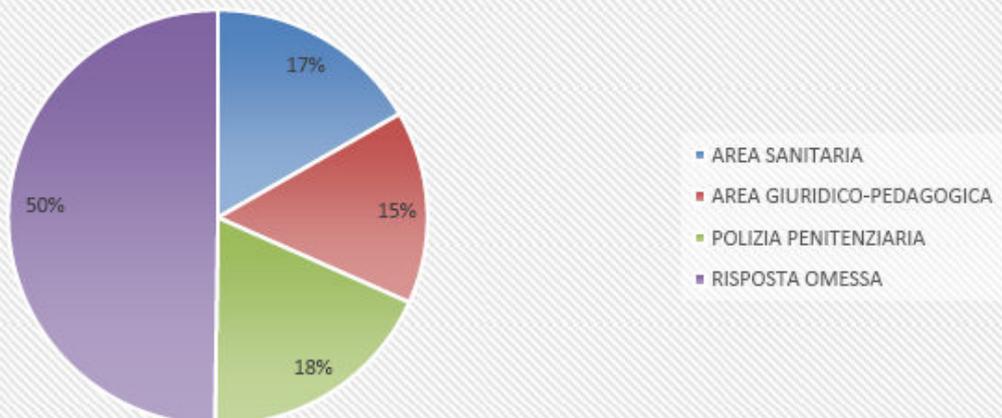> *Section A4b: "sense of belonging to a net of distress restraint"*

The subjects have been requested to express their opinion concerning their sense of belonging to a net of distress restraint. The tool included the chance to answer YES or NO, in case of positive answer the subjects had to specify the reference area.

By comparing the answers of the three institutes we can see that:

SENSO SI APPARTENENZA AD UNA RETE DI CONTENIMENTO DEL DISAGIO

- SI
- NO
- RISPOSTA OMESSA

62% / 32% / 6%



AREA DI RIFERIMENTO

- AREA SANITARIA
- AREA GIURIDICO-PEDAGOGICA
- POLIZIA PENITENZIARIA
- RISPOSTA OMESSA

17% / 15% / 18% / 50%

> *Section 5A: "patient prognosis"*

The subjects have been requested to express their opinion concerning the prognosis of a subject suffering from psychopathological distress in two possible situations: -1 with treatment; -2 without treatment. The tool included a bunch of options (possible prognosis) among which the subject had to pick one.

The outcomes show that:

- With treatment: THE DISTRESS WILL PROBABLY GET BETTER BUT IT WON'T NEVER REGRESS COMPLETELY

- Without treatment: THE DISTRESS WILL PROBABLY GET MORE AND MORE WORSE

PROGNOSI DEL PAZIENTE
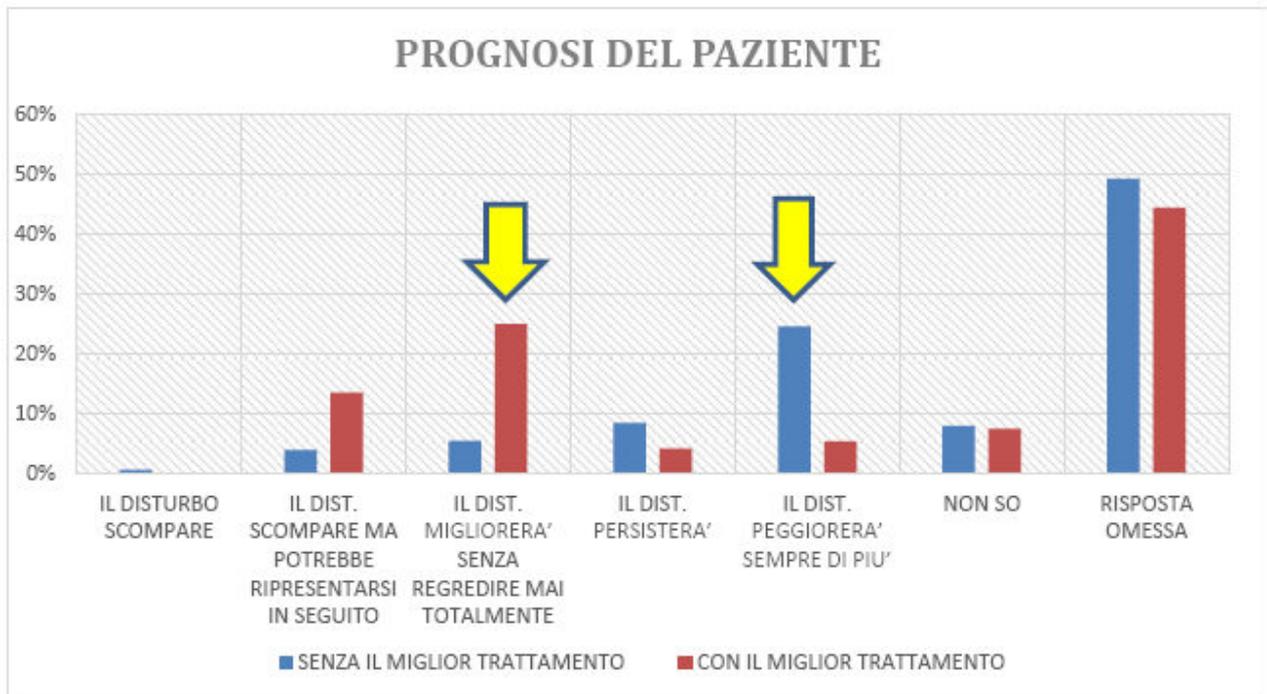
➤ *Section 6 A: "factors that hinder recovery"*

The subjects have been requested to express their opinion concerning those situations within the penitentiary environment that can hinder recovery in a subject suffering from psychic distress. The tool included a bunch of items (possible recovery factors) and the subject had to express their opinions by means of a Likert scale.

The most agreed factors among the three facilities are:

- PENITENTIARY FACILITY INADEQUACY

- HAVING NOTHING TO DO



FATTORI CHE OSTACOLANO IL RECUPERO