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ME.D.I.C.S.



MEntally Disturbed Inmates
Care and Support



Ministero della Giustizia
Dipartimento Amministrazione Penitenziaria
Nucleo Progetti FSE

ME.D.I.C.S. PROJECT 3rdWORKSHOP

Zagreb, 2-3 March 2016

DRAFT AGENDA

Workshop Objective:
Comparison and analysis of the survey outcomes
to build a shared approach to mentally disturbed offenders care

2ndMarch 2016

15:00 – 18:00

First part of the 3rdMEDICS Project Workshop at the Training
Centre of the Croatia Prison Service – Zagreb, dr. Luje
Naletilića 1

Items:

1. Presentation of the Croatia Penitentiary System
2. “*Lessons Learned*”: Analysis of the different problems and challenges met by the partner Organizations during the carrying out of the MEDICS project activities and relevant solutions as good practices to share
3. Analysis and comparison of the surveys outcomes and drafting of a shared common approach to the care, treatment and support of mentally disturbed inmates

3rd March 2016

08:30 – 11:45

Second part of the 3rd MEDICS Project Workshop at the
Training Centre of the Croatia Prison Service – Zagreb, dr.
Luje Naletilića 1

Items :

4. ME.D.I.C.S. Project Final Meeting: date and place, topics and structure
5. Perspective of possible future partnerships
6. Choice of subjects for the publication and dissemination of the project results. Choice of relevant instrument for dissemination.



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ME.D.I.C.S. Project 2nd Study Visit and 3rd Workshop Zagreb, Croatia, 29th February – 3rd March 2016

TUESDAY 1ST MARCH 2016– Visit to Zagreb prison hospital

Participants: **ME.D.I.C.S. Project delegation (see the relevant list at the end of this Report), Mr. Danko Bakic, Director of Penitentiary Training Centre in Zagreb, Prison Hospital Director, Prison Hospital deputy Director, Ms Lorena Nadrčić, Educator at Prison Service Headquarters, acting as interpreter; Ms Martina Baric, Prison Service Headquarters**

The Prison Hospital Director specifies that the structure of the Croatian Prison Service is a centralized one, and there are no intermediate levels between the HQ and the local structures. The medical staff working in this establishment is employed by the Ministry of Justice and not by the Healthcare Service. However, they have the same functions and status of the medical staff employed by the National Healthcare Service.

The patients population here is composed both of prisoners who are sent from other prisons of Croatia in order to treat some kinds of pathologies and of offenders who are sent to that establishment by the judge, because of an important psychic illness.

Since 1962, prisoners suffering from PTSD have been treated here, as consequences of II World War.

Currently, this Hospital accommodates 126 patients.

The wards are: forensic psychiatry (where judges send prisoners suffering from a psychiatric illness identified by a psychiatric expertise), psychiatry, internal medicine, surgery, pneumology.

The Hospital Director got a specialization in anaesthesiology and has been working in that establishment for 31 years, first as a physician and then as Director.

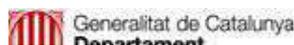
After a short presentation of the MEDICS delegation members, Ms Andrea Russo (Zdravi Grad, Healthy City) makes a presentation of the project activities carried out so far.

Mr. Starnini asks whether in Croatia a system of differentiation between prisoners and interneers exists. Mr Bonfiglioli explains the difference between prisoners and interneers in the Italian penal system.

The Director answers explaining that if an offender is held as mentally incompetent as a consequence of a psychiatric examination, the judge orders a diagnosis to be made. Before trial, the accused person is staying in this hospital. After the trial, if the offender is judged as mentally incompetent, the judge assigns him to a civilian healthcare structure and the offender exits from the Justice system. There are 4 civilian hospitals for mental illnesses in Croatia. The subjects will stay in those structure for 6 months at least.

Question: if a prisoner, during his detention, shows signs of mental problems, what happens? Is he sent to that hospital?

Answer: yes, in this establishment we carry out a diagnosis as well as an observation. At the end of that observation, the prisoner either remains in this hospital or is sent to a civilian hospital if he cannot be treated here. Prisoners can also be sent to other prisons to be treated





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from the psychiatric point of view. Each year their diagnosis has to be reviewed and confirmed by the judge and the doctors.

Question Mr Starnini: do you have here patients suffering from serious psychiatric illnesses?

Answer: Yes

Question: what happens to the patients with personality disorders?

Answer: those who have serious diagnosis, when their condition improves, are sent to other prisons where psychiatric assistance is provided by psychiatrists employed either by the Ministry of Justice or by the National Healthcare Service.

Drug-addiction is treated by psychiatry also in groups, with the participation of psychologists and professional educators.

Number of workers present in this structure: 135, of whom

50 penitentiary police

18 medical doctors, of whom 4 psychiatrists

25 nurses

10 social rehabilitation workers

Other technical and administrative staff

They all work on shifts

All the doctors are present in the morning. In turn, they provide a 24 hrs service. There is a lack of psychiatrists.

Currently there are 126 patients:

40 patients in forensic psychiatry

35 in psychiatry

22 surgery

22 internal medicine

22 pneumology

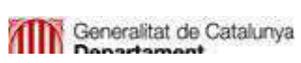
Questions: in this structure do you treat sex offenders? Are they included in mental illnesses?

Answer: we work with sex offenders since 2005. Among them, there are people with psychiatric diagnosis, but not all of them have a psychiatric problem.

Notes taken during the visit and the talks with doctors and other workers

Psychologists are employed by the Ministry of Justice and are included in the rehabilitation treatment staff.

Some restraints are used (prisoners waiting for their visits sitting on a bench with a restraining chain...). From an interview with one of the psychiatrists, it resulted that a single form is in use, as for the care of serious psychiatric diseases, with very specific indications of therapies: list of prescribed psychiatric drugs, time of administering, signature of prescribing doctors, name and signature of the nurse administering the therapy with relevant time. A similar single form does not exist in Italy.





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As for the medical file, it is not computerized, but it is composed of documents stored also in electronic format. It is a neat document and it is not composed of several spare sheets (like in Italy).

Another element to be underlined is the plan of interventions which doctors have to follow. Among the various kind of pathologies or disturbs, 40% of patients have personality disorders, borderline in particular. A percentage between 10% and 20% have a double diagnosis. Then we have bipolars, and 20 % suffer from psychosis.

Family visits: visits are carried out every 2 weeks and in general have a very positive effect on patients. The visits duration depends also upon the patients' mood and is decided by the medical director, in agreement with the treatment team. If a prisoner sticks to the behaviour rules of the establishment, then the visit duration can be extended.

An individual treatment plan is drafted for each patient.

All the wings have a room for recreational activities in common.

TUESDAY 1ST MARCH 2016 – Visit to Zagreb prison

Participants: **ME.D.I.C.S. Project delegation (see the relevant list at the end of this Report), Mr. Danko Bakic, Director of Penitentiary Training Centre in Zagreb, Prison Governor, Officer in charge of Treatment Activities, Ms Lorena Nadrčić, Educator at Prison Service Headquarters, acting as interpreter; Ms Martina Baric, Prison Service Headquarters**

Prison population at Zagreb prison is composed of 650 inmates. There are also 20 women and 2-3 minors. In each wing there are from 50 to 100 prisoners.

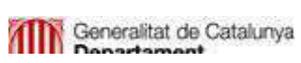
The surface available to each inmate is 4 square meters, toilet excluded. All showers are in common and are situated outside cells; access to showers is granted once a day in summer and once a week or in case of need in other periods.

Nurses go in the detention wings three times a day, while medical examinations of sick inmates are carried out in the sickroom. The newcomer prisoner too is examined in the sickroom.

Prisoners have their meals in their cell; the food is prepared in the central kitchen. They cannot cook on their own, but finally sentenced inmates have an electric boiler for preparing hot drinks. The central kitchen is staffed with 8 civilian cooks and 12-14 inmates, all of them employed by the Ministry of Justice. Different menus are prepared, according to different needs, also of religious nature: allergic people, diabetics, vegetarians, Muslims. There are 48 Islamic inmates who are allowed to observe Ramadan also in relation to meals consumption. They can buy items from the prison shop within the day limit of 150 HR Kunas (about 20 €).

In the female wing the medical assistance of a gynaecologist is not provided.

One hundred prisoners out of 650 are admitted to work. Works are both of a domestic nature and of other (external) kind. The salary amounts to 50 cents per hour; ¼ of the wage remains with the inmate, while ¾ goes to the prison.





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Healthcare services: next to the sickroom there is a dentist cabinet. The medical doctor carries out basic analysis, in particular blood analysis for drug-addiction suspicions. As for the care provided by the prison doctors, they are limited to basic interventions, like a family doctor providing primary cares.

Question: the psychologist has interviews with all the prisoners or only with those inmates applying for an interview?

Answer: it is not compulsory for inmates to have an interview with a psychologist.

In this prison there are 3 family doctors, only 1 psychiatrist and 2 dentists. There are 15 nurses, who work between 7 a.m. and 9 p.m. They are all employed by the Ministry of Justice. The psychiatrist has got a part-time temporary contract (30 to 40 hours per month). The psychiatrist met by the MEDICS delegation complains about their huge workload, which only allows psychiatric drugs prescription, so that they are thinking of assigning the task of medicine prescription to a commission established outside the prison, in order to relief the specialist from the pressure made by the inmates who constantly apply to have those drugs prescribed. As for main pathologies, there are 10-15 psychotics, 300 personality disorders, 300 adjustment disorders, besides 150 prisoners with various addictions. 55-60% of inmates take psychiatric drugs.

Question: what happens if a troubled prisoner or a drug-addicted inmate on a crisis are brought to the sickroom?

Answer: if this happens between 7 a.m. and 9 p.m., the penitentiary police staff will bring the offender to the sickroom in order to manage the emergency, but outside that working time he is brought to Zagreb hospital. If the inmate is at risk for life, an ambulance is called for.

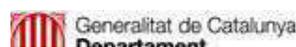
Visit to the sporting centre: a lot of sport activities are carried out in this area, also for staff. The interventions of volunteers inside the prison, in the opinion of the officer responsible for rehabilitation activities, are not so decisive, since they do not carry out very meaningful activities.

At the end of the visit, a meeting was held in the dining room, with power-point presentation on the Croatian penitentiary system in general and on the prison visited.

The Croatian penal establishments are classified into “prisons” and “penitentiaries”, the former being designed to accommodate pre-trial and remand prisoners and the latter intended for finally sentenced inmates with long sentences, and anyway longer than 6 months, and for those undergoing a security measure, that is that they have to follow a specific programme for alcohol or drug addiction or a programme of compulsory psychiatric treatment.

The judicial and sentencing system in Croatia provides for that the sentencing judge upon his judgment orders the offender to follow specific treatment programmes, for a maximum period of three years, including compulsory treatment for drug-addiction, for alcohol addiction, a psycho-social compulsory treatment or a compulsory psychiatric treatment.

In Zagreb prison there are also specific programmes to address PTSD, driving offences, violent crimes, sexual crimes as well as for responsible parenthood.





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WEDNESDAY 2ND MARCH 2016 – Visit to Lepoglava Penitentiary

Participants: **ME.D.I.C.S. Project delegation (see the relevant list at the end of this Report), Mr. Danko Bakic, Director of Penitentiary Training Centre in Zagreb, Lepoglava Prison Governor, Lepoglava prison Deputy governor, expert in treatment area, Ms Lorena Nadrčić, Educator at Prison Service Headquarters, acting as interpreter**

The Lepoglava penitentiary was established in 1854, in an ancient monastery. It was then enlarged and restructured. Since 1954, many rehabilitation treatment programmes for inmates have been implemented in this prison, mainly based upon prisoners' work.

Between 1908 and 1914 the star-shaped part was built, upon the Irish Progressive System model.

In 1945 the joiner's workshop was established, which is still functioning and where furniture is made: products are sold to the public, still today.

The Lepoglava main structure is a closed establishment, but it also has 3 semi-open structures and one open structure.

There are around 500 prisoners. Their average sentence is about 15 years. In general, prisoners here have to serve sentences of at least 6 months. We have 15 prisoners having to serve 40 years sentences, the longest sentence that may be imposed in Croatia.

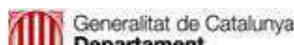
Until 5 to 10 years ago, overcrowding was a main issue and reached 150%. Today, we have 40 free places. Almost all prisoners, in the past years, submitted complaints to the European Court of Human Rights for the lack of adequate living surface.

The time of detention in this prison is structured so that inmates do not have to stay in their cell, but they might be engaged in some activities during the day. 90 % of prisoners who apply for a job and who are able to work are allowed to work. Various vocational training courses are organised for inmates, who can get a diploma which is valid also in the community. Also educational and school activities are provided. Specific vocational training courses are provided for the jobs available inside the penitentiary: for instance, there is a training course for beekeepers and honey production. Today, three former prisoners are working in the community as beekeepers.

Other courses concern: the hotel sector (the penitentiary runs a restaurant open to the public) and are addressed to helper cooks and helper waiters; IT officers; organic farmers; fruit farmers; etc. Sometimes, some prisoners come here from other prisons in order to follow specific training courses which do not exist in the establishment where they are living.

In 2015 the penitentiary had an income of 1,500,000 € from working and production activities. The net income was 200,000 €. The money earned is used and re-invested by the penitentiary Governor, under approval of the central Headquarters, for the improvement of production and for the needs of the structure. From the food and consumption points of view, the penitentiary is autonomous. Prisoners earn about 100 € per month.

The number of critical events was remarkably reduced in comparison with some years ago, keeping into account the number of prisoners present in the structure. The last suicide





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occurred 11 years ago. Anyway, for each prisoner an assessment for suicide risk is made and an individual plan for suicide prevention is ensured.

In semi-open and open structure the main activity is farming (80 hectares) and cattle breeding. They have pigs and sheep for meat, and a good production of wine (30,000 litres).

There are also 420 hectares of woods, providing wood for heating and for the furniture production. There is also a forge. As for the joiner's workshop, the production is decreasing, because of the financial crisis and also of the type of products which are not exactly in line with the current market.

A remarkable percentage of income (40%) comes from the restaurant activity, where some prisoners work as assistant cook and assistant waiter. A further 30% of income comes from agricultural activities.

In this establishment there is also a handicraft workshop for manufacturing wooden chessboards. This is an activity which inmates can make during their spare time; they can sell chessboards on their own if they buy by themselves the materials which they will use in manufacturing items.

There is a gradual system, by which prisoners are assigned to less restrictive regimes according to the progresses made in their rehabilitation.

Prisoners are free to profess their faith. There is a large catholic Chapel, but there are also 30 Islamists (5 of whom practice their worship assiduously). Each worship has a dedicated space.

Staff:

Of a total number of 407 workers, there are:

Half of them belonging to the Penitentiary Police

There are 34 rehabilitation treatment workers, 20 of whom work in close contact with inmates.

Healthcare area staff

Prisoners' work area staff

There is a hard work of transfer of prisoners: at least 20 transfers per day, to hospitals or to courts throughout Croatia.

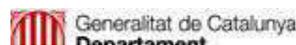
There is one doctor and one dentist, plus 2 doctors coming from outside. If a medical problem arise during the night, the ambulance is called for. In general, the local healthcare service reacts quickly to our requests, but if the emergency rescues are late, the penitentiary police sometimes transfer the sick inmate to the local hospital.

The psychiatric service is particularly poor, due to the lack of staff. The psychiatric treatment is provided in Zagreb prison hospital. Here, the psychiatric care is limited to psychiatric drugs prescription.

About 200 inmates are sent to outside medical examination every month.

In 2015, the number of internal medical examinations carried out was of 14,000.

In the past, in this penitentiary there was a problem of illicit introduction and trafficking of drugs and other substances, which was crushed in 2005. Today, only 4% of inmates is positive





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to tests of identification of substances, including benzodiazepines. Beforehand, up to 40% of inmates used the drug therapy prescribed to other co-inmates.

Question: in this penitentiary, do you receive any kind of inmate – also sick or weak prisoners - or only offenders who are able to work?

Answer: in this penitentiary there are recidivists and people with very long sentences to serve: this is the only criterion of assignment. There is no medical screening affecting the assignment of an offender to this establishment.

Contribution of the expert of rehabilitation treatment area:

In 1965, the first programme was started for alcohol-addicted treatment. In the Seventies the programme for drug-addicted was started. In the Nineties, a specific programme was included for managing PTSD for those inmates who participated in the Balkan war.

Today, we have also one programme for sex offenders and one for violent offenders. These are programmes provided for by the law currently in force and are ordered by the judge as a measure to be executed during detention.

Prisoners arrive in Lepoglava penitentiary after passing by the diagnostic centre, with their personal file indicating what type of offender they are. At the beginning, they are assigned in the new entries wing, where they stay for 30 days. During those 30 days, a treatment plan is worked out by a team including the psychologist, the social worker, the educator and the penitentiary police staff. That programme includes the use of leisure time and the activities which the inmates will have to carry out.

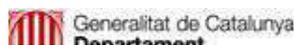
After the 30 days are expired, the prisoner is assigned to a group of inmates who are closely followed by one educator. Every 6 months the treatment programmes are reviewed for the offenders having to serve sentences longer than 5 years. Such review is carried out every 3 months for offenders having to serve sentences under 5 years. The outcomes of the review and the report on the inmate's behaviour are sent to the judge.

Since 2007, there are prisoners who have to follow the compulsory psychiatric treatment, which can be carried out even outside the prison. In cases where a drug therapy is prescribed to an offender who respect it, that prisoner can be sent to this penitentiary, so that he may work, instead of staying in the prison psychiatric hospital. Indeed, here also psychiatric inmates can work, while they cannot carry out any working activity when they are in a prison hospital. In this moment, we have 6 inmates undergoing the compulsory psychiatric treatment.

The compulsory psychiatric treatment is structured into two phases. In a first time, the psychiatrists of the prison hospital in Zagreb come to our penitentiary to carry out a group-work with prisoners, participating in the work carried out by the rehabilitation treatment team. Now we are waiting for the arrival of 30 more prisoners with serious psychiatric diagnosis.

Once the group-work is over, the psychiatrists are still the points of reference for any problem, but they will not come to the penitentiary anymore, they will be in contact at the prison hospital.

Each worker of the treatment team has got his/her voice in the assessment of that kind of prisoners. They all know that the highest risk occurs when the inmate stops taking his





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medicines, so the highest attention has to be paid by the penitentiary police staff and by the healthcare staff administering therapies. In any case, working in team is crucial. Staff is not specially trained to work in contact with this kind of offenders, but the treatment of psychiatric inmates is anyway included in the basic training of the penitentiary police staff. The main problem arising with these offenders is the poor psychiatric service, because a psychiatrist is not always present. The psychiatrist in Zagreb is contacted each time the inmate's programme is changed and in case of important changes in the subject's behaviour. If a prisoner does not want to participate in the activities, he can stay in his cell.

Notes taken during the visit to the structure and talks with workers and doctors

There are only one general doctor and one dentist, both employed by the Ministry of Justice. The shift is 7 a.m. – 3 p.m. or 3 p.m. – 11 p.m. At night (between 11 p.m. and 7 a.m.), there is no medical service.

The prescription of medicines is made by the family doctor of the inmate, the prison doctor does not make any prescription of medicines. There is a pharmacy technician who is in contact with the doctors outside the establishment and stocks the medicines necessary for each prisoner.

In acute cases, the prison doctor can administer medicines.

Medical examinations: if it is an acute case, and if it happens between 7 a.m. and 11 p.m., the penitentiary police immediately brings the inmate to the sickroom. If it is an ordinary case, the prisoner has to submit his request to the nurse. In each wing there is a box where the inmates can post their request of medical examination, without any intermediation by the penitentiary police.

The assessment of the suicide risk does not fall within the competence of the healthcare sector, but pertains to the rehabilitation treatment team.

The newcomer prisoner sees the doctor within 24 hours from his entry. Self-harm has recently decreased and is quite low.

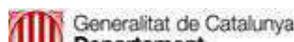
**Training Academy of the Croatian Prison Service, Zagreb
1st Part of the III Workshop of the ME.D.I.C.S. Project – 2nd March 2016**

Participants: ME.D.I.C.S. Project delegation (see the relevant list at the end of this Report), Mr. Danko Bakic, Director of Penitentiary Training Centre in Zagreb, Ms Lorena Nadrčić, Educator at Prison Service Headquarters, acting as interpreter, Ms. Vedrana Koceic, Office Manager, Probation Office of Zagreb

Presentation of the Probation system of Croatia

Power point presentation (see slides)

The Croatian probation system achieved a long way in a short time. It made many progresses, starting as a small and unknown structure with few resources and becoming a well-structured public service, known to the public.





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The system was started in 2013, after that in 2009 a law was passed establishing the probation service; in 2010 the staff was recruited and in 2011 the first cases had been assigned to the service.

The development of the probation system had a decisive impulse also from the carrying out of specific projects within the EU Programmes named CARDS and IPA.

The probation system in Croatia is part of the Ministry of Justice – Directorate of Crime and Probation.

It is structured into 12 local Offices covering all the geographic areas of Croatia, islands included. It is staffed with 113 officers, of whom 91 in the local structures and 16 at the Headquarters; in particular, there are 62 social workers, with an average workload between 50 and 70 cases. As of September 2015, the followed cases were 3262, of which: 500 conditional release, 2278 community works and 233 suspended sentence with supervision.

* **

The objective of the first part of this workshop was to gather information on the partners' organizations, that is to assess the impact that the statistical survey had on our penitentiary systems. We intended to understand at what level our organizations are ready to deal with mental troubles of inmates, what is known about this issue and how it was learnt. Moreover, other characteristics can be underlined about the various organizations, and corrections and modifications to the systems can be proposed in order to improve their efficiency and effectiveness.

Mr. De Risio (see slides):

Greets the participants on behalf of partner SIMSPE NGO.

He introduces the project from the point of view of the results achieved with the administration of questionnaires. The purpose of the involvement of the whole prison staff was to answer that question: "What I cannot see of the prison, which other professionals can see? And how do they see it? What does a worker can see, which is not registered in the inmate's medical file?". All of this has the aim of building bridges with the inmates suffering from mental troubles, in order to achieve a better condition for inmates and for the whole system.

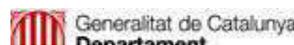
Mr. Schiattone and Mr. Bonfiglioli– the integrated training in the MEDICS Project

They briefly described the Italian penitentiary training system to the benefit of foreign partners, highlighting the following critical factors identified in the integrated training:

- Mistrust of healthcare staff
- Problems in inter-professional relations (contrasts between "knowledge" of different areas and from different sources)
- Lack of attention by prison management

Success factors were:

- Great interest about the issue was shown by the workers involved, mainly by penitentiary police staff and educators





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- Heterogeneity of professionals involved
- Participation in the courses by the Regional persons of reference and regional facilitators of training

Possible developments: to draw guidelines, protocols to manage mentally troubled prisoners

Mr Joan Potau, representative of the Catalonian Penitentiary Administration

In the description of the results of questionnaires administration, two interesting issues arise about the Catalan organization:

1. The reluctance of the security staff to answer the questionnaires, because they see them as a sort of instrument of judgment towards them. Also, the solidarity arises of the security staff, which leads to close their group to other staff and to outside inputs (like the questionnaire)
2. A national (Catalan) register of volunteers (prison visitors) does not exist. Therefore, it was not possible to contact many of them, since their contact details are not known...

Only 13% of the security staff replied, while good percentages (80%) have been obtained from other staff categories (except volunteers, as already explained).

They received 174 answers out of 744 potential participants.

62% of the persons who replied think that the concrete experience in the field is crucial to know the matter, while 38% think that they have already acquired the necessary knowledge during the training courses which they participated in.

An interesting datum on security staff: 80% perceived some problems before the inmate showed signs of troubles and reported to the Head of Service (63%) or to the doctor (33%). Said staff is quite pessimistic about prisoners' rehabilitation. Only 5% think that the prisoner will rehabilitate himself through treatment. 25% think that the prisoner might well come back to the prison, after release; 70% think that the prisoner will worsen, or that he will not solve his problems.

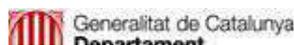
Among medical doctors, a high percentage think that their own interventions are conditioned by the fact that the healthcare staff is not adequately trained.

Nurses are more optimistic: 82% of them think that the interventions of group or individual psychotherapy would be the best actions to be carried out. Moreover, 88% think that not taking medicines could harm the patient.

Mr Potau then reads the 10 points of conclusions drafted by Mrs Humet Matilla, but it is necessary to ask for some clarifications about some of them.

Training Academy of the Croatian Prison Service, Zagreb 2ndPart of the III Workshop of the ME.D.I.C.S. Project – 3rdMarch 2016

Participants: **ME.D.I.C.S. Project delegation (see the relevant list at the end of this Report), Mr Danko Bakic, Director of Penitentiary Training Centre in Zagreb, Ms Lorena Nadrčić, Educator at Prison Service Headquarters, acting as interpreter**





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MEntally Disturbed Inmates
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Presentation of the Croatian Prison System (2nd part) by Mr Danko Bakic, Director of the Training Academy of the Croatian Prison Service in Zagreb. (see slides)

Report by Ms. Andrea RUSSO, NGO “Zdravi Grad – Healthy City”

The scientific research of the MEDICS project in Croatia: at the beginning, we met some problems because the Croatian government was a bit reluctant to authorise Zdravi Grad research staff to enter into penal establishments in order to administer questionnaires. Then they were admitted and it was possible to carry out the project survey.

Ms Russo thinks that the Croatian penitentiary system is not yet at the level of the Catalan prison system, but it is on the good way. Probably it is still a system a bit closed in itself.

In Croatia there is still a situation of overcrowding, although conditions are quickly improving and there are some free places in some prisons, mainly in the open and semi-open establishments. Anyway, it is known that overcrowding does not facilitate recovery from mental troubles, since the fact of staying in small spaces for a good part of the day (as it happens in some wings of the prison hospital) does not bring any benefit to the patient with mental troubles.

A very critical issue is undoubtedly the poor presence of the psychiatric service inside the penal establishments, excepted in the Zagreb prison hospital.

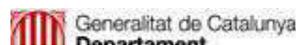
It is necessary to increase staff training and to provide workers with further skills in other fields related with their job. It is also necessary to improve the inmates’ contacts with their families, because prisons are often very far from the places of residence of offenders. One could think about longer visits or about visits carried out in consecutive days, for which the trip is worthwhile.

Ms Russo also thinks that staff is under stress because they see an increase in prisoners’ rights and in the relevant protection of those rights, but they do not see a corresponding increase in the respect of their conditions. This is rather frustrating for staff.

Ms Lorena Nadrčić says that, from her interviews with many security staff members, it results that they are having problems since they feel not to be adequately taken into consideration and regarded, given that very often they are requested only to obey orders. Also, the fact that psychiatrist only prescribe psychiatric drugs to patients is not regarded as a positive attitude by the security staff.

Mr Starnini asks a number of questions and proposes items for discussion and thinking; those items and questions are on the one hand the outcomes of the two workshops and study visits abroad and, on the other hand, are the basis to build on the final document for EU in matter of management of mental troubles in prison. He invites all the partners to answer questions and to comment on items, wishing a direct involvement also of the Croatian penitentiary Administration, although it is not formally a partner in the ME.D.I.C.S. Project.

He also states that integrated training (healthcare staff and penitentiary staff) has shown to be a key element for a correct management of mentally disturbed inmates.





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In conclusion, Mr de Tiberiis speaks.

The matter of the MEDICS project is very extended and includes various aspects of judicial, medical, organizational, cultural and psychic nature.

We all have to objectives to share:

1. To have a prison where the climate is serene enough for both staff and prisoners;
2. Time of imprisonment has not to be too traumatising so that the inmate, once released, is not worse than when he came into the prison

What instruments do we use?

The first one concerns the spaces available, the time spent outside and inside cells. The second one concerns more the true trouble. It is necessary to work on two levels:

- a) To identify the inmate's socio-cultural profile
- b) To identify the inmate's personality profile

It is therefore necessary that not only the healthcare system, the Governor, or the security staff knowledge are directed towards the same objective. Knowledge has to be understood and shared among all the professionals involved. Once we have drawn the personality profile, we can overcome the inmate's disturb, intended in a strictly medical sense.

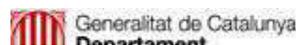
We must imagine a range of proposals for taking care of people, using different instruments: involvement of families, psychotherapy, medicines administration...

The great request of psychiatric assistance from prisoners is connected with the demand of psychiatric drugs which alleviate the anguish of detention; the same anguish which, before imprisonment, the offenders addressed by their substances abuse, their antisocial behaviour, their violence, their crimes, in a word.

Another crucial point: we must not be caught in the snare of being a too understanding and too indulgent administration, very close to the inmate's needs, but leaving to the penitentiary police all the "dirty work", the work of open contrast against the inmates. If the penitentiary police perceives that our Administration is more concerned about the prisoners than about staff, they will lose their confidence and will put themselves in contrast against our initiatives.

LIST OF MEMBERS OF ME.D.I.C.S. PROJECT DELEGATION

- Mr. Giulio Starnini, Project scientific coordinator, Directorate-General for prisoners and treatment, Department of Penitentiary Administration, Italy
- Mr. Domenico Schiattone, Executive, Director of the Office for Executives' and Officers' training, Directorate-General for training, Department of Penitentiary Administration, Italy
- Mr. Pierdomenico Pastina, Prison governor, European projects unit, Department of Penitentiary Administration, Italy
- Mr. Marco Bonfiglioli, prison service executive, Regional penitentiary Directorate of Piedmont, Department of Penitentiary Administration, Italy





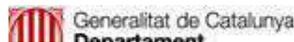
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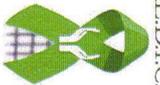
- Mr. Andrea Beccarini, project staff, European projects unit and international relations, Department of Penitentiary Administration, Italy
- Mrs. Antonella Dionisi, project staff, Directorate-General for training, Department of Penitentiary Administration, Italy
- Mr. Joan Potau, Catalonia Prison service (MEDICS partner), Unit of institutional support and coordination, Departament de Justícia, Generalitat de Catalunya.
- Mr. Alfredo De Risio, SIMSPe NGO (Italian Organization for healthcare in prison) delegate (MEDICS partner)
- Mr. Francesco Giovanni de Tiberiis, healthcare expert, psychiatrist at the Rome “Regina Coeli” remand prison
- Ms. Andrea Russo, President, NGO “Zdravi Grad – Healthy City” – Croatia





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ME.D.I.C.S. – Mentally Disturbed Inmates Care and Support

ZAGREB, 29th February -3rd March 2015

Ministarstvo pravosuđa
Republika Hrvatske

Centar za izobrazbu

ATTENDANCE LIST – SIGNATURES

1st March 2016

Name	Function	Office	SIGN IN	SIGN OUT
Mr Pierdomenico PASTINA	Project secretariat co-ordinator	Department of Penitentiary Administration - Italy		
Mr Giulio STARNINI	Project research co-ordinator - Healthcare Expert	Directorate-General for Prisoners and International Relations, Department of Penitentiary Administration, Italy		
Mr Andrea BECCARINI	Project team	Department of Penitentiary Administration - Italy		
Ms Antonella DIONISI	Project team	Department of Penitentiary Administration - Italy		
Mr Domenico SCHIATTONE	Project team - Staff Training Expert	Directorate-General for Training, Department of Penitentiary Administration, Italy		



SIMSPE



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Departament de Justícia



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Maffioletti Deborah, Immagine Care and Support



Ministero della giustizia
DIPARTIMENTO AMMINISTRAZIONE PENITENZIARIA
Nucleo Progetti PSE

1st March 2016

Name	Function	Office	SIGN IN	SIGN OUT
Mr Marco BONFIGLIOLI	Project team	Prison Service Manager, Regional Penitentiary Directorate of Piedmont, Department of Penitentiary Administration, Italy		
Mr Ioan POTAU	Project team - Spain	Catalonia Prison Service Delegate (Medics Partner), Unit of Institutional Support and Coordination, Generalitat de Catalunya, Departament de Justícia		
Ms Andrea RUSSO	Project team leader - Croatia	ONG Zdravi Grad / Healthy City - Split - CROATIA		
Mr Alfredo DE RISIO	Project team - Italy	SIMSPE ONLUS - Italian Society of Penitentiary Healthcare and Medicine		
Mr Francesco DE TIBERIIS	Psychiatrist	National Health Service - Psychiatrist at the Rome Regina Coeli Remand Prison		



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Nucleo Progetti FSE

M.E.D.I.C.S. – Mentally Disturbed Inmates Care and Support

ZAGREB, 29th February -3rd March 2015

MINISTARSTVO PRAVOSUDA
Republike Hrvatske

Centar za izobrazbu

ATTENDANCE LIST – SIGNATURES

2nd March 2016

Name	Function	Office	SIGN IN	SIGN OUT
Mr Pierdomenico PASTINA	Project secretariat co-ordinator	Department of Penitentiary Administration - Italy		
Mr Giulio STARNINI	Project research co-ordinator - Healthcare Expert	Directorate-General for Prisoners and International Relations, Department of Penitentiary Administration, Italy		
Mr Andrea BECCARINI	Project team	Department of Penitentiary Administration - Italy		
Mrs Antonella DIONISI	Project team	Department of Penitentiary Administration - Italy		
Mr Domenico SCHIATTONE	Project team - Staff Training Expert	Directorate-General for Training, Department of Penitentiary Administration, Italy		



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Departament de Justícia



National Office for Management Service



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M.E.D.I.C.S.



Miembros: "Cárcel y Familiares"
Cuidado y apoyo

Ministero della giustizia
DIPARTIMENTO AMMINISTRAZIONE PENITENZIARIA
Nucleo Progetti FSE



2nd March 2016

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Mr Marco BONFIGLIOLI	Project team	Prison Service Manager, Regional Penitentiary Directorate of Piedmont, Department of Penitentiary Administration, Italy		
Mr Ioan POTAU	Project team - Spain	Catalonia Prison Service Delegate (Medics Partner), Unit of Institutional Support and Coordination, Generalitat de Catalunya, Departament de Justícia		
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ME.D.I.C.S. – Mentally Disturbed Inmates Care and Support

ZAGREB, 29th February -3rd March 2015



Ministarstvo pravosuđa
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Centar za izobrazbu

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3rd March 2016

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MED.I.C.S.

Mentally Disturbed Inmates Care and Support



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Nucleo Progetti FSE

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