

**24TH COUNCIL OF EUROPE CONFERENCE OF  
DIRECTORS OF PRISON  
AND PROBATION SERVICES  
(CDPPS)**

**“OFFENDER MANAGEMENT:  
TRADITION AND  
TECHNOLOGY”**

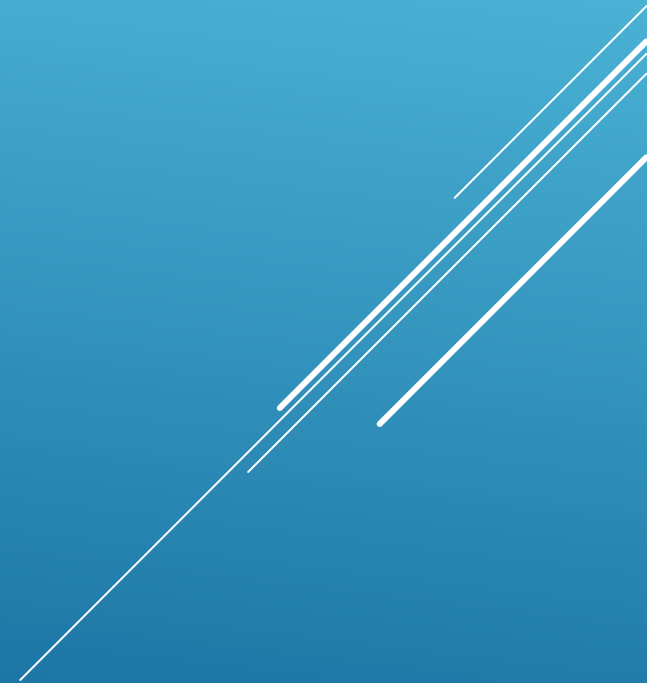
**21-22 MAY 2019  
AYIA NAPA, CYPRUS**

- PREVENTION OF SUICIDES AND VIOLENCE IN PRISON




- MENTAL HEALTH SERVICES
- PRISONS DEPARTMENT

MENTAL HEALTH SERVICES  
MINISTRY OF HEALTH



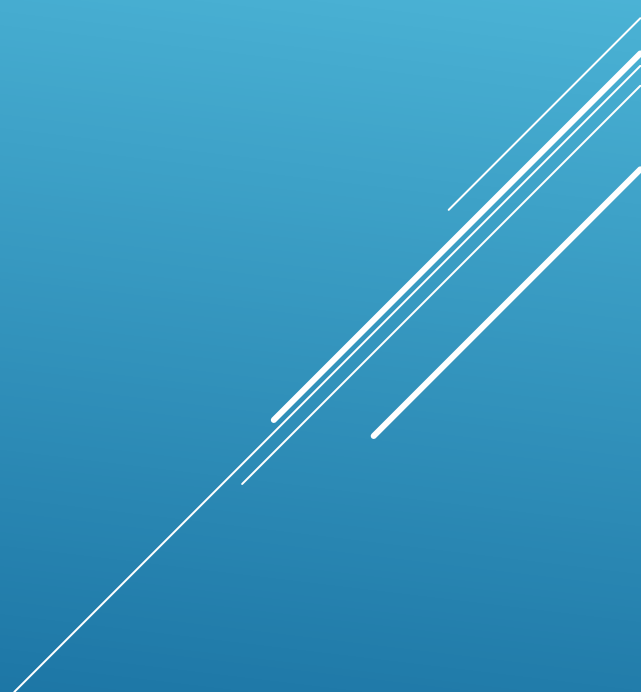


## The professional mental health:

- Psychopathology
  - Offender history
  - History of the offense
- 

Equal opportunity for all prisoners to:

- treatment
- personal development
- remorse
- rehabilitation



- SOCIO-CULTURAL DIVERSITY PHYSICAL  
HEALTH PROBLEMS MENTAL HEALTH


PROBLEMS THE MULTIPLE SOCIAL

PROBLEMS THAT CONCERN NOT ONLY  
THEMSELVES BUT ALSO THEIR  
FAMILIES

# Purpose of MHS

IT IS THE PROVISION OF HIGH-LEVEL  
MULTIDIMENSIONAL PSYCHIATRIC CARE  
IN A VULNERABLE POPULATION WITH  
PARTICULAR PSYCHOPATHOLOGICAL  
CHARACTERISTICS




- Direct response to requests / needs related to mental health issues
  - Risk of suicide
  - Recognizing vulnerable groups - Hazard identification
  - Continuous training
  - Process improvement
  - Improving the quality of the services provided
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## WORLDWIDE

prisoner suicide remains a challenge

Suicide in prisons is multifactorial, with contributing factors that include medical and mental health issues as well as those involving family, lack of purposeful activity, and conditions of the specific prison environment, as well as the stress of adjusting to incarceration.




Factors linked with a higher risk of prisoner suicide included:

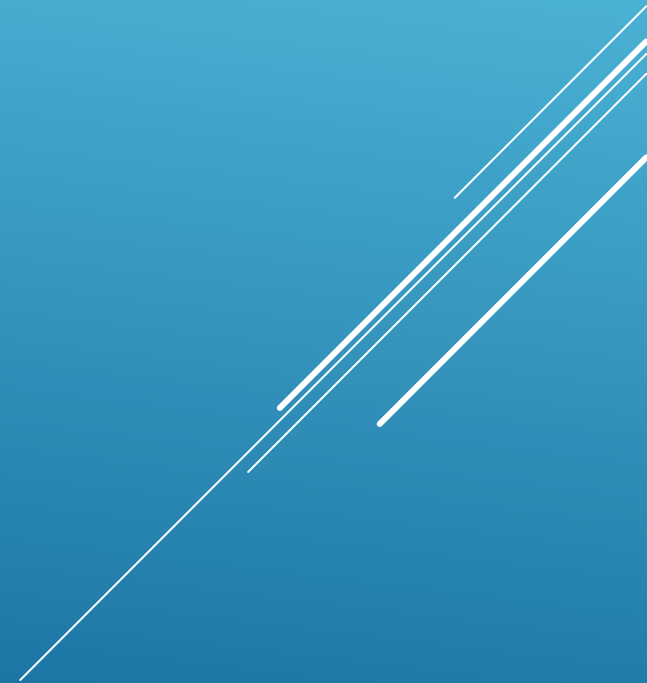
- a history of self-harm or suicide attempts,
- prior psychiatric treatment,
- adverse life events,
- a family history of suicide,
- a prior prison stay,
- a short stay (fewer than 30 days) in prison for the current prison stay,
- current mental health problems, primarily major depressive symptoms, anxiety disorders and psychosis
- after release

Prison violence is a daily occurrence due to the diverse inmates with varied criminal backgrounds in prison.

Four different types of attacks:

- inmate on inmate
  - inmate on guard
  - guard on inmate
  - and self-inflicted.
- 
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These attacks can either be impulsive and spontaneous or well-planned out and premeditated.



- WORK CLOSELY WITH THE DIRECTOR OF THE PRISON DEPARTMENT AND PRISON STAFF
- TOGETHER WE ARE PASSIONATE ABOUT THE HEALTH/MENTAL HEALTH AND WELLBEING OF PRISONERS

TEAM WORKING!

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PSYCHIATRIST 2  
MENTAL HEALTH NURSES  
4+6(BLOCK 10)  
PSYCHOLOGIST 4  
OCCUPATIONAL THERAPIST 2

**Structure / Organisational Chart**

# RISK ASSESMENT/ EVALUATION TOOLS

HCR-20

Historical Clinical Risk Management-20

SAPROF

Structured Assessment of Protective Factors for  
violence risk

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## Test for Dementia

- **MoCA** : Montreal Cognitive Assessment
- **MMSE** : Mini Mental State Examination


## Personality/Psychopathology

- **MMPI**: Minnesota Multiphasic Personality Inventory
- **Rorschach**

## IQ Test

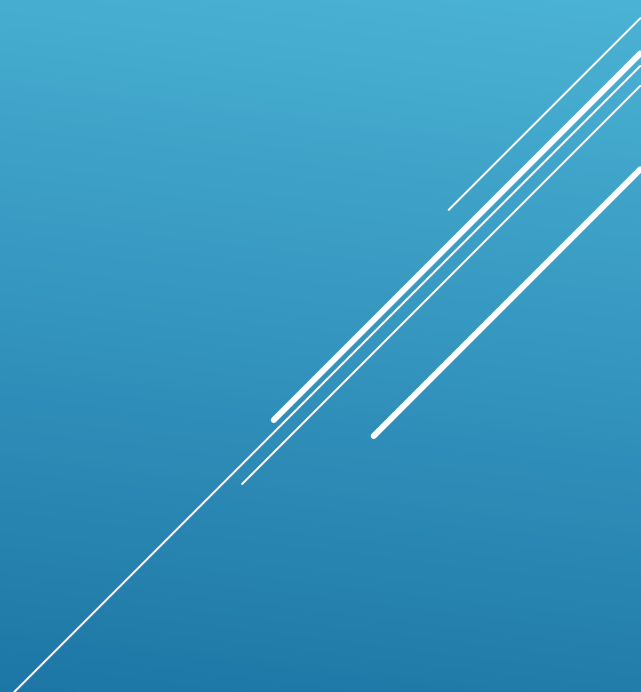
- **Ravens** Advanced Progressive Matrices
- **WAIS: Wechsler Adult Intelligence Scale**

# MAIN OBJECTIVES

- Individual therapy
  - Block 10 : Constant observation before or after hospitalization in Mental Health Hospital
  - Drug treatment programmes
  - Parole Board
  - Supervisory Authority for Persons convicted of sexual offenses against minors
  - Education for Prison staff
  - Classification Committee
  - Committee of Guidance Center for the out of prison employment and rehabilitation
- 

Clinical Institutional Meetings	Outpatient clinic	Nursing Individual Meetings	Interconnecting	Requests from the Prison Section	New Incidents	People served
			<b>2016</b>			
23	2233	<b>885</b>	86	1538	480	546
			<b>2017</b>			
23	1831	2594	78	1498	485	958
			2018			
28	2096	5265	119	2693	554	1174

<b>Suicide attempts</b>	<b>Suicides</b>	<b>Athalassa Hospital</b>
	<b>2016</b>	
0	0	28
	<b>2017</b>	
0	0	17
	<b>2018</b>	
1	1	15





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