



Strasbourg, 10.05.2021

PC-CP (2021) 4

COUNCIL FOR PENOLOGICAL CO-OPERATION
(PC-CP)

**REPLIES TO THE QUESTIONNAIRE ON MENTAL DISORDERS¹ AND DISABILITIES
OF PERSONS IN PENAL DETENTION**

The Council for Penological Co-operation (PC-CP) would like to collect information via the present survey in order to have some insight into the extent to which the mental health of the prison population² is considered and acknowledged both in policy terms and in a practical way across different European countries. Information from this survey will then be used by the Council of Europe to develop standards and/or practical advice addressed to the prison services of its 47 member States.

ANDORRA

1. Which country/jurisdiction do you work in/represent?

Principality of Andorra

2. What is your job title?

Head of the Mental Health Service of Andorra and psychiatric assistant at the Penitentiary Centre

Section 1: National Policy

1. Please provide details of any recent national policies/procedures/guidance /reports relating to dealing with detainees who experience mental disorders or disabilities (please provide a short summary in English or French and send such texts as attachments with the completed survey)

When prisoners are admitted they undergo mental health screening to determine whether there is a risk of self-harm or whether they require psychological and/or psychiatric treatment. There is follow-up care for all cases of mental disorder already being treated prior to admission to prison.

There are plans to organise group therapy for prisoners with the same mental illness or according to offence.

Section 2: The Organisation of Prison Service and Mental Health Care Provision

The Organisation of the Prison system

1. What is the total number of the prison population in your country/jurisdiction at 31 January 2021?

¹ According to the [World Health Organisation](#) "Mental disorders include: depression, bipolar disorder, schizophrenia and other psychoses, dementia, and developmental disorders including autism."

² Including those serving a custodial sentence, as well as those in pre-trial detention.

- **Women in pre-trial detention: 4**
- **Sentenced women: 3**
- **Men in pre-trial detention: 22**
- **Sentenced men: 20**
- **Home arrest: 12**

2. Do prison staff in your country/jurisdiction routinely receive mental health awareness training? **No**

a. If 'yes' please could you provide a brief description of this in terms of its content and who provides it? (If multiple providers and/or courses exist, please provide a brief summary of each). **No**

3. What is the total budget for the provision of mental health care in prison context for the detainees in your country/jurisdiction? (Please provide details, or tick here **if unknown**)

4. Approximately what percentage of the prison population in your country/jurisdiction do you estimate to have a current mental disorder or disability? **20%**

a. What data/ information do you base this estimate on?

Professional and personal experience

b. Has specific research been carried out on this? If the answer is yes, please provide details **No**

5. Is information on the prevalence of mental disorder or disability amongst the detainees routinely collected in your country/jurisdiction? **No**

a. a. If 'yes' please provide further details about how this is done (e.g., who provides and publishes this data? How often? **No**

6. Which organisation(s) have responsibility for providing mental health care in the prison context for detainees in your country/jurisdiction?

- Ministry of Justice/Criminal Justice organisations**
- Ministry of Health/Healthcare services**
- Voluntary sector providers**
- Other (please specify)

7. At what stage(s) of incarceration are detainees typically screened for mental disorders or disabilities? (Please tick all that apply)

- i. Intake**
- ii. Admission
- iii. At other times during incarceration**
- iv. At least once a year
- v. Less than once a year
- vi. Preparation for release**

8. During the period of incarceration, how is screening for mental disorders or disabilities is typically initiated? (Please tick all that apply)

- i. By request of the detainee**
- ii. By medical order**
- iii. Other (specify)** **In case of detection of symptoms**

Please provide details of which screening tools/questions are commonly used to detect mental disorders or disabilities amongst prison population

Interview with the nurse, the prison's general practitioner, the psychologist and the psychiatrist, and observation by prison officers.

9. Who usually screens those in the prison population for mental disorders or disabilities?

- Prison staff
- Other criminal justice staff
- Nurse
- General practitioner
- Psychiatrist
- Psychologist
- Social worker
- Other (please specify)

10. Please describe the route(s) by which detainees usually gain access to mental health care if they need it (if you have pathway diagrams please attach these in your reply)

Admission interview protocol.

11. If prison services are involved in the provision of mental health care to detainees, which of the following best characterise their role?

- Providing interventions/treatment themselves
- Inviting external services to work on their premises
- Referring people to external services working elsewhere
- Mixture of the above

12. Does the prison service in your country/jurisdiction has special units to provide treatment to detainees with mental disorders or disabilities? **No**

a. If 'yes' please provide further details about how this is done (e.g., separated wing inside prison, independent unit, dedicated nursery in prison hospitals, etc) **No**

13. Does the prison service have any sentence or sentence planning requirements/programmes specifically for detainees with mental disorders or disabilities? **No**

If yes, please provide details of these here **No**

14. Are the number of deaths by suicide in prison context collected nationally? **Yes**

If 'yes' can you attach a document that shows trends in such suicides over the past ten years? **No**

15. Is there a suicide prevention programme in the prison system of your country/jurisdiction? **Yes**

If yes, please provide a brief description here

Screening protocol with individualised measures.

16. Does the Prison Service work in co-operation with community organisations to ensure the continuity of care after imprisonment? **Yes**

17. Is there specific work with family members of the persons who experience mental disorders and disabilities? **No**

18. Is there a gender approach when dealing with persons who experience mental disorders and disabilities? **Yes**

ARMENIA

1. Which country/jurisdiction do you work in/represent?

Republic of Armenia

2. What is your job title?

Section 1: National Policy

1. Please provide details of any recent national policies/procedures/guidance /reports relating to dealing with detainees who experience mental disorders or disabilities (please provide a short summary in English or French and send such texts as attachments with the completed survey)

Section 2: The Organisation of Prison Service and Mental Health Care Provision

The Organisation of the Prison system

1. What is the total number of the prison population in your country/jurisdiction at 31 January 2021? **1976**

2. Do prison staff in your country/jurisdiction routinely receive mental health awareness training? **No**

a. If 'yes' please could you provide a brief description of this in terms of its content and who provides it? (If multiple providers and/or courses exist, please provide a brief summary of each).

3. What is the total budget for the provision of mental health care in prison context for the detainees in your country/jurisdiction? (Please provide details, or tick here **if unknown**)

"Penitentiary Medicine Centre" State Non-Commercial organization (hereinafter referred to as the SNCO) has been functioning since September 2019. SNCO is an independent body which operates under the authority of the Ministry of Justice of the Republic of Armenia and stands out from the Penitentiary Service.

The advantages of the SNCO are:

- **Institutional, professional and financial independence of healthcare staff;**
- **Lifting of age restriction for healthcare staff;**
- **Higher remuneration opportunities;**
- **Engagement of qualified medical personnel;**
- **Reinforced trust and confidence towards healthcare staff;**
- **Effective opportunities for integrating the prison healthcare system to that provided to the community.**

SNCO was not provided with separate funds for the care of persons deprived of their liberty with mental health problems. The budget is general, so the funds for providing mental health care are being used from the main budget.

4. Approximately what percentage of the prison population in your country/jurisdiction do you estimate to have a current mental disorder or disability?

As of December 31, 2020 an estimated 4.7% (100 prisoners) of the prison population was considered to have a disability, from which:

**1st group - 4 persons,
2nd group - 23 persons,
3rd group - 73 persons.**

According to the annual report of the SNCO as of December 31, 2020, the number of persons deprived of their liberty in penitentiary institutions was 2003, from which 249 (12.4%) were registered as having a mental health diagnosis, and 89 (4.4%) were registered as addicted to drugs other than those included in the methadone substitution treatment program.

a. What data/ information do you base this estimate on?

Taking into account the fact that the prison staff is the relevant authority which ensure the process of determination of disability of prisoners, the very information was collected and provided by the relevant division of the penitentiary institution.

The information which contains medical secret, was collected and provided by the SNCO.

b. Has specific research been carried out on this? If the answer is yes, please provide details

The Report on Psychiatric Assistance in the penitentiary institutions of the Republic of Armenia has been developed. The Report was carried out within the CoE Project “Enhancing health care and human rights protection in prisons in Armenia”. The aims of the report were:

- to review current practices on mental health assessment upon admission to penitentiary facilities;
- to assess therapeutic and rehabilitation techniques that are implemented as a part of treatment of inmates with mental disorders and their transition to a society after a release;
- to analyse safeguards available for prisoners with mental health problems in respect of the application of means of restrains, medical confidentiality, consent to hospitalization and treatment, compulsory treatment, access to medical files.

The assessment team consists of one international and one national consultant. The findings and recommendations of the Report are the result of an assessment on psychiatric assistance in Armenian penitentiary system which is based on the detailed questionnaire prepared by the experts.

The questionnaire was sent to the Ministry of Justice of the Republic of Armenia which provided the relevant information on the existing practices, as well as presented statistical data. Additional questions were also sent based on the answers provided by the Ministry.

The assessment also includes a desk analysis of the available materials (reports, research/study assessment results, etc.), a comparative analysis of national legislation and international standards.

5. Is information on the prevalence of mental disorder or disability amongst the detainees routinely collected in your country/jurisdiction? Yes

a. If ‘yes’ please provide further details about how this is done (e.g., who provides and publishes this data? How often?)

Data on people with mental health problems/registered dispensaries, as well as disability groups, are summarized in the SNCO's annual reports.

The divisions for social, psychological, legal works of the penitentiary institutions are sent monthly the quantitative data of the prisoners with disabilities to the social, psychological, legal works division of the central body of the Penitentiary Service. The information after completing is being sent to the Ministry of Justice of the Republic of Armenia. Then it is being sent to the Forensic Scientific-Practical Centre of the Ministry of Health, as well.

6. Which organisation(s) have responsibility for providing mental health care in the prison context for detainees in your country/jurisdiction?

Ministry of Justice/Criminal Justice organisations

Ministry of Health/Healthcare services

Voluntary sector providers

Other (please specify)

As mentioned above, The SNCO has been functioning since September 2019.

The advantages of the SNCO are:

- Institutional, professional and financial independence of healthcare staff;
- Lifting of age restriction for healthcare staff;
- Higher remuneration opportunities;
- Engagement of qualified medical personnel;

- Reinforced trust and confidence towards healthcare staff;
- Effective opportunities for integrating the prison healthcare system to that provided to the community.

7. At what stage(s) of incarceration are detainees typically screened for mental disorders or disabilities? (Please tick all that apply)

- i. Intake
- ii. Admission
- iii. At other times during incarceration
- iv. At least once a year
- v. Less than once a year
- vi. Preparation for release

Detainees who experience mental disorders or disabilities are under the constant attention of the SNCO medical personnel - psychiatrists in particular. All detainees go through medical examination in admission, and detainees with mental health problems are examined by a psychiatrist, after which they remain under the constant supervision of the latter.

Besides, a draft legislative amendment has been recently drafted and approved by the Government of the Republic of Armenia, according to which the examination of each person deprived of liberty and admission to a penitentiary institution and the drawing up of a report should be carried out immediately after transfer to the quarantine unit, but not later than 24 hours, which will allow a quick response attitude to other manifestations.

From a prevention point of view, it is also possible to carry it out during a medical examination, which it is necessary or there is a request from prisoners to be examined.

8. During the period of incarceration, how is screening for mental disorders or disabilities is typically initiated? (Please tick all that apply)

- i. By request of the detainee
- ii. By medical order
- iii. Other (specify)

Within the CoE Project “Enhancing health care and human rights protection in prisons in Armenia” CoE and The Ministry of Justice of the Republic of Armenia pay a huge attention on mental health care issues. Based on this approach, the Order N 513-L of the Minister of Justice "On approving the 2021-2022 strategy for the prevention suicides, self-harms in penitentiary institutions and the action plan for its implementation” was developed and approved on 10th of December, 2020.

The strategy envisages a number of measures which are focused on providing screening tools for mental disorders or disabilities. In the framework of the mentioned Project the screening tools on revealing suicide and self-harm risk are being developed.

Please provide details of which screening tools/questions are commonly used to detect mental disorders or disabilities amongst prison population

In case of not having in place the relevant screening tools yet, the following picture is working in reality:

The psychiatrist organizes appointments with patients, and the necessity of special supervision and treatment is determined taking into account the complaints received during those appointments, as well as the collection of anamnestic data and medical documents.

9. Who usually screens those in the prison population for mental disorders or disabilities?

- Prison staff
- Other criminal justice staff
- Nurse
- General practitioner
- Psychiatrist
- Psychologist

Social worker
Other (please specify)

Mental disorders or disabilities of prisoners and detainees are being screened by the medical staff, including by Psychiatrists.

10. Please describe the route(s) by which detainees usually gain access to mental health care if they need it (if you have pathway diagrams please attach these in your reply)

The patients receive medical care by the SNCO unit located in the relevant prison if the medical condition of the prisoner or detainee allows it, otherwise they receive medical care provided by the medical personnel of the SNCO unit in “Central Prison Hospital” in stationary conditions.

11. If prison services are involved in the provision of mental health care to detainees, which of the following best characterise their role?

Providing interventions/treatment themselves
Inviting external services to work on their premises
Referring people to external services working elsewhere
Mixture of the above

SNCO is the only body which is responsible for providing health care for prisoners and detainees. The Penitentiary Service cannot interfere in this Process.

Based on the recent reforms it was envisaged to license³ the units providing medical care and services based on the binding minimum requirements and conditions established for medical care and services in the penitentiary. As a result of this reform, the penitentiary institutions has been subject to mandatory licensing in order to carry out healthcare and service related activities. In this context the Government emphasise that the respective regulatory framework⁴ together with the technical and professional qualification requirements for provision of medical services⁵ has been approved⁶. This is the initial step in ensuring quality control over the above-mentioned services and thus addressing the respective recommendations made by the monitoring mechanisms as well.

It should be noted, that SNCO can provide medical care according to the received licences. If the SNCO does not have the relevant license for providing medical care, the civilian hospital should cover/provide the necessary medical care.

The SNCO has medical units which are located in every penitentiary institution of Armenia, which are 12. It should be noted that each patient is receiving individual treatment, only as a result of which maximum efficiency can be achieved.

12. Does the prison service in your country/jurisdiction has special units to provide treatment to detainees with mental disorders or disabilities? **Yes**

a. If 'yes' please provide further details about how this is done (e.g., separated wing inside prison, independent unit, dedicated nursery in prison hospitals, etc)

As mentioned above, SNCO is the only body which is responsible for providing health care for prisoners and detainees.

The SNCO has a specific unit (with its staff) in Central Prison Hospital to provide treatment to prisoners and detainees with mental disorders, which should receive inpatient treatment.

What about prisoners and detainees with disabilities, it should be noted the following:

³ The healthcare facilities in the frame of the penitentiary institutions were not licensed as it is the case for all health institutions in the country.

⁴ Government Decree No.867-N dated 29 June 2002 was amended on 9 August 2018 by Law No. 871-N

⁵ Referred to as draft Decree of the Government on *Approving Requirements and Conditions for Technical and Professional Qualifications Required for Medical Care and Services of Common Practice Physician and Separate Specialized Cabinets of Penitentiary Institutions* in the previous action plan, reference document: [DH-DD\(2017\)1150](#)

⁶Government Decree No. 1936-N of 5 December 2002 was amended on 9 August 2018 by Law No. 880-N

1) if they need inpatient treatment, they should be kept in Central Prison Hospital or in the relevant prison which has the necessary conditions for that treatment.

2) if there is no need for inpatient treatment, they are being under the control of the medical personnel of the relevant prison.

13. Does the prison service have any sentence or sentence planning requirements/programmes specifically for detainees with mental disorders or disabilities? **No**

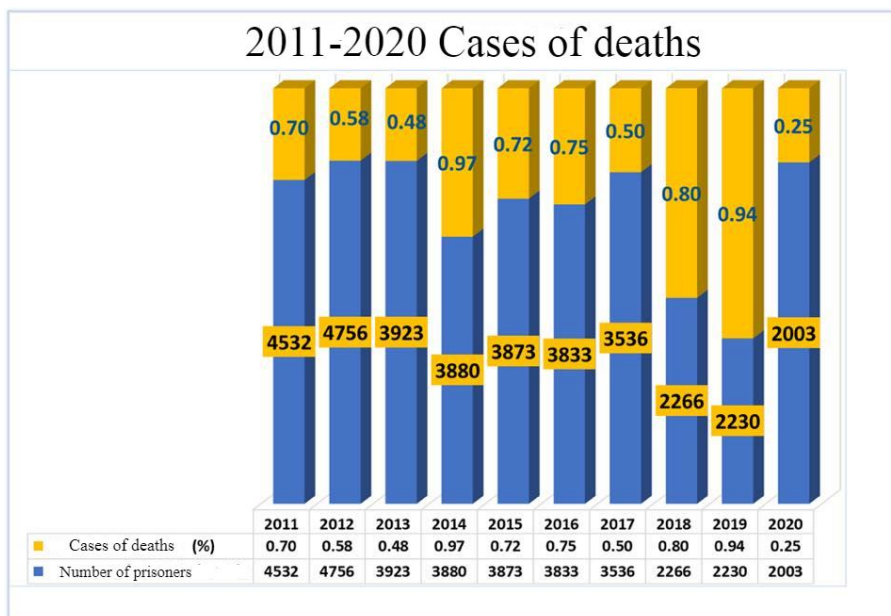
If yes, please provide details of these here

14. Are the number of deaths by suicide in prison context collected nationally? **Yes**

If 'yes' can you attach a document that shows trends in such suicides over the past ten years?'

It should be noted that in 2020, the number of deaths in penitentiaries has visibly decreased. In 2011, 37 (0.70%) deaths were registered among 4532 prisoners, in 2012, from 4756 to 28 (0.58%), etc. (see graphic figure). Thus, the lowest mortality rate was recorded in 2020 - 5 cases (0.25%) of 2003 prisoners, of which 2 deaths occurred in civilian hospitals, 3 - in penitentiaries.

The details of the statistics are presented in a graphic image:



15. Is there a suicide prevention programme in the prison system of your country/jurisdiction? **Yes**

If yes, please provide a brief description here

According to the 40th point of the appendix 2 of “The RA penitentiary and probation 2019-2023 strategy, the 2019-2023 action plan for its implementation” approved by the Government of the Republic of Armenia on 28th of November, 2019 (Decision N 1717-L), the order N 513-L of the Minister of Justice "On approving the 2021-2022 strategy for the prevention suicides, self-harms in penitentiary institutions and the action plan for its implementation” has been approved on the 10th of December, 2020. The Strategy raised the most important issues in the field, defined clear measures (including mental health assessment, elaboration of suicide, self-harm programs, trainings for a penitentiary and medical staff) and clear timelines for their implementation.

The implementation of these measures will ensure the prevention of self-harms and suicides among persons deprived of their liberty.

16. Does the Prison Service work in co-operation with community organisations to ensure the continuity of care after imprisonment?

The Penitentiary Service does not work in co-operation with community organisations to ensure the continuity of care after imprisonment.

The SNCO also does not cooperate with community organizations to ensure the continued care of persons deprived of their liberty after their release.

17. Is there specific work with family members of the persons who experience mental disorders and disabilities?

There is no specific work with family members of the persons who experience mental disorders and disabilities.

18. Is there a gender approach when dealing with persons who experience mental disorders and disabilities?

The specifics of each case (person) are taken into account, and the treatment plan is determined accordingly.

AUSTRIA

1. Which country/jurisdiction do you work in/represent?

Austria

2. What is your job title?

General Director of the Directorate General for the Prison Service and Prevention Detention

Section 1: National Policy

1. Please provide details of any recent national policies/procedures/guidance /reports relating to dealing with detainees who experience mental disorders or disabilities (please provide a short summary in English or French and send such texts as attachments with the completed survey)

Austria has an involuntary detention (“Maßnahmenvollzug gem. § 21 StGB”) for mentally abnormal lawbreakers. A distinction can be made between the execution of measures against insane, mentally abnormal lawbreakers (§ 21/1 StGB) and the execution of measures against sane, mentally abnormal lawbreakers (§ 21/2 StGB). The placement in an institution for mentally abnormal lawbreakers is intended to prevent the detainees from committing criminal offenses under the influence of their mental or emotional “abnormity”. The placement is intended to improve the condition of the detainees to such an extent that they can no longer be expected to commit acts threatened by a penalty, and to help the detainees to adopt a righteous attitude towards life that is adapted to the requirements of community life.

Based on the initial formulation “custodial sentence”, we assume that the questionnaire relates to the “phenomenon” of mental disorders and disabilities among inmates (here: sentenced prisoners and prisoners on remand) and not the mentioned above target group of mentally abnormal lawbreakers. Generally, at the process of the incarceration all inmates are checked (please see question 7-10) as well as during incarceration. Depending on diagnose or the mental disorder(s) - beside possible medication - the sentence planning includes different professional support, care and treatment offers for this target group (please see question 13) as well as the release management (connection to external institutions and therapy facilities, probation service ...). In case of insufficient care possibilities inside the prison, inmates can also be transferred to a prison with more treatment and care offers as well as - if necessary - to external psychiatric hospitals (cooperation with psychiatry).

Section 2: The Organisation of Prison Service and Mental Health Care Provision

The Organisation of the Prison system

1. What is the total number of the prison population in your country/jurisdiction at 31 January 2021? **8465**

2. Do prison staff in your country/jurisdiction routinely receive mental health awareness training? **No**

a. If 'yes' please could you provide a brief description of this in terms of its content and who provides it? (If multiple providers and/or courses exist, please provide a brief summary of each).

The prison staff does not routinely receive mental health support, but receives an offer of psychological support after a specific cause (suicide of an inmate, use of weapons, serious injuries, etc.). This program is called CISM (Critical Incident Stress Management). The offer of support must be given by the prison administration.

There is also the possibility that prison staff can request support in the form of "supervision". This supervision can take place in individual settings or in groups.

3. What is the total budget for the provision of mental health care in prison context for the detainees in your country/jurisdiction? (Please provide details, or tick here **if unknown**)

The budget for the provision of mental health care is part of the medical budget in prison and therefore cannot be separated.

4. Approximately what percentage of the prison population in your country/jurisdiction do you estimate to have a current mental disorder or disability?

5391 persons (1434 mentally abnormal lawbreakers (§ 21 StGB) and 3957 sentenced prisoners or prisoners on remand), which is all together about 64 % of the prison population.

a. What data/ information do you base this estimate on?

All data of all inmates Austria wide is documented in the computer based so called IVV (integrated execution management - "Integrierte Vollzugsverwaltung"). For different security reasons, treatments etc. there are used lots of different security codes in the IVV. Beside the number of the mentally abnormal lawbreakers (number of inmates with the detention status § 21 StGB, 1434 persons), the following 11 security codes were used for filtering the number of inmates with mental disorders:

- **Alcohol**
- **Custodian/guardian**
- **Self-harm**
- **Drugs/medication**
- **substitute drug**
- **Hunger strike / thirst strike**
- **Medically high level of care**
- **Psychiatric high level of care**
- **Mental abnormalities**
- **Swallower (drugs)**
- **Suicide**

Multiple entries in the security codes were only taken into account once.

b. Has specific research been carried out on this? If the answer is yes, please provide details **No**

5. Is information on the prevalence of mental disorder or disability amongst the detainees routinely collected in your country/jurisdiction? **Yes**

a. If 'yes' please provide further details about how this is done (e.g., who provides and publishes this data? How often?)

The data is collected from the inmates' medical files and then evaluated by the chief medical officer. These data are not published and are only used as a medical control module.

6. Which organisation(s) have responsibility for providing mental health care in the prison context for detainees in your country/jurisdiction?

Ministry of Justice/Criminal Justice organisations
Ministry of Health/Healthcare services

Voluntary sector providers
Other (please specify)

7. At what stage(s) of incarceration are detainees typically screened for mental disorders or disabilities?
(Please tick all that apply)

- i. Intake
- ii. Admission
- iii. At other times during incarceration
- iv. At least once a year
- v. Less than once a year
- vi. Preparation for release

8. During the period of incarceration, how is screening for mental disorders or disabilities is typically initiated? (Please tick all that apply)

- i. By request of the detainee
- ii. By medical order
- iii. Other (specify) Psychological Service (prison staff).

Please provide details of which screening tools/questions are commonly used to detect mental disorders or disabilities amongst prison population

Standard tests such as MinimalMentalTest, Intelligence Test, etc.

9. Who usually screens those in the prison population for mental disorders or disabilities?

- Prison staff
- Other criminal justice staff
- Nurse
- General practitioner
- Psychiatrist
- Psychologist
- Social worker
- Other (please specify)

10. Please describe the route(s) by which detainees usually gain access to mental health care if they need it (if you have pathway diagrams please attach these in your reply)

We do not have a pathway diagram, but in Austrian prisons, the routes are as followed:

- First contact with the admitting officials (prison guards), questionnaire (in many languages) in which the inmate is asked whether he has a mental disorder or not
- Control of the questionnaire by the health department (nurses)
- Processing and discussion in the course of the access examination by the general practitioner
- Decision on referral to a specialist in psychiatry
- Psychological Service / Social Service is also informed, contact is made parallel with the health department.

11. If prison services are involved in the provision of mental health care to detainees, which of the following best characterise their role?

- Providing interventions/treatment themselves
- Inviting external services to work on their premises
- Referring people to external services working elsewhere
- Mixture of the above

12. Does the prison service in your country/jurisdiction has special units to provide treatment to detainees with mental disorders or disabilities? Yes

a. If 'yes' please provide further details about how this is done (e.g., separated wing inside prison, independent unit, dedicated nursery in prison hospitals, etc)

The Austrian legal system distinguishes three types of imprisonment imposed by criminal courts, namely pre-trial detention, penal service and preventive measures in connection with detention (please see attachment section 1, question 1). These measures, especially for mentally disordered offenders who were found not guilty because of insanity, take place in special forensic psychiatric facilities. Prisoners with custodial sentences, who cannot be treated properly because of their mental state, can get treatment in these special facilities.

13. Does the prison service have any sentence or sentence planning requirements/programmes specifically for detainees with mental disorders or disabilities? **Yes**

If yes, please provide details of these here

E.g. special working training, special (therapeutic) treatments, ergo therapeutic interventions, socio-educational offers, close-knit support and care concepts, regular psychiatric/medical check-ups, connection to external therapy facilities.

14. Are the number of deaths by suicide in prison context collected nationally? **No**

If 'yes' can you attach a document that shows trends in such suicides over the past ten years?

15. Is there a suicide prevention programme in the prison system of your country/jurisdiction? **Yes**

If yes, please provide a brief description here

All prisons across Austria have an institution-specific suicide prevention concept which is regularly updated, the content is checked by the suicide prevention specialist group.

16. Does the Prison Service work in co-operation with community organisations to ensure the continuity of care after imprisonment? **Yes**

17. Is there specific work with family members of the persons who experience mental disorders and disabilities? **No, only in individual cases**

18. Is there a gender approach when dealing with persons who experience mental disorders and disabilities? **No**

BELGIUM

1. Which country/jurisdiction do you work in/represent?

Belgium

2. What is your job title?

Katelijne Seynnaeve, coordinator external care circuit internment, Hanne Beeuwsaert, coordinator care teams in prisons, Belgian Prison Service

Section 1: National Policy

1. Please provide details of any recent national policies/procedures/guidance /reports relating to dealing with detainees who experience mental disorders or disabilities (please provide a short summary in English or French and send such texts as attachments with the completed survey)

Below we provide a list of relevant legislation during imprisonment of internment. However, only the Internment Law contains specific provisions regarding the treatment of persons with a mental disorder who have committed a crime.

- **Law on the external legal position of the sentenced persons to a custodial sentence and the rights conferred on the victim in the context of the execution of sentences of 17 May 2006;**

- Basic law of 12 January 2005 on the prison system and the legal position of detainees is stated (internal legal position)⁷;
- Internment Law of 5 May 2014.

The procedure for and the execution of the internment is, as listed above, regulated by the Internment Law of 5 May 2014. This Law came into force on 1 October 2016. In Article 2 of this Law, the "right to care" is determined.

- Collective Letters from the prison system regulate in which prisons there is a psychiatric department⁸ and where a Department or Institution for the Protection of the Society (in Dutch ABM/IBM) is located. Interned persons sojourn in these settings and there is a care team who provides mental health care. A ministerial circular regulates the establishment of multidisciplinary care teams in the psychiatric departments of detention centers, departments and institutions for the protection of society. With regards to disciplines, these care teams consist of a psychiatrist, psychologist, social worker, tutor, an occupational therapist, and a psychiatric nurse, although not every team is sufficiently and / or fully completed. They are assisted by penitentiary officers (warder) who have been selected in consultation with the management and the psychiatrist and have received special training.

These multidisciplinary care teams were established in the context of the development of a comprehensive forensic care network for internees.

- The Law on patient rights, in particular the Law of August 22, 2002, is of course also applicable as general legislation. There are some restrictions inherent in the deprivation of liberty. For example, the prison offers free medical care. As a result, the free choice of physician is limited to the physicians associated with the institution. If a detainee wishes to appeal to a freely chosen physician (in prison) for advice or treatment, he must bear these costs. When specialized care is necessary, the choice of hospital or care setting is determined by the prison.

Section 2: The Organisation of Prison Service and Mental Health Care Provision

The Organisation of the Prison system

1. What is the total number of the prison population in your country/jurisdiction at 31 January 2021?

10357 prisoners

2. Do prison staff in your country/jurisdiction routinely receive mental health awareness training? **Yes**
 - a. If 'yes' please could you provide a brief description of this in terms of its content and who provides it? (If multiple providers and/or courses exist, please provide a brief summary of each).

In the psychiatric departments of detention centers, departments and institutions for the protection of society mental health care is provided by multidisciplinary care teams. With regards to disciplines, these care teams consist of a psychiatrist, psychologist, social worker, tutor, an occupational therapist, and a psychiatric nurse. Every year there is an advanced training on a specific topic.

Each penitentiary officer (PBA) receives basic training, in which topics such as suicide prevention, communication and conflict management and dealing with aggression are offered. They will also

⁷ Art. 167. § 1. Unless otherwise provided, the provisions of this Act apply to persons who are interned under Articles 7 and 21 of the Act of 9 April 1930 for the protection of society against abnormalities, habitual criminals and perpetrators of certain sexual offenses. pending that the legal status of these persons is regulated by law.
⁸ § 2. Articles 17 and 18 and 163 to 166 regarding placement and transfer do not apply to the persons mentioned in § 1.
³ § 3. The individual detention plan referred to in Article 38 must be drawn up with regard to the persons referred to in § 1, taking into account their specific needs.

⁴ § 4. In the context of disciplinary proceedings, a complaints procedure and an appeal procedure against the decision of the Complaints Committee, the person referred to in § 1 is always assisted by a lawyer. If the person concerned has not chosen a lawyer, the director will report this, with a view to the official appointment of a lawyer, to the chairman of the judicial district where the prison is located.

⁸ For prisons with a psychiatric ward, see Royal Decree of 17 August 2019 on the destination of prisons and the placement and transfer of detainees.

receive an introduction to psychology and training on how to deal with psychologically disturbed behaviour with a view to recognizing and dealing with this behaviour.

After the basic training, a PBA can follow the training 'dealing with mental disorders' on a voluntary basis. During this training, employees gain insight into the most common mental disorders in prison. They learn techniques to positively influence 'unwanted' or 'misunderstood' behaviour.

PBA who work in a special department (psychiatric annex or department / institution for the protection of society) receive specific training for this purpose, which focuses on dealing with mentally vulnerable prisoners.

For other staff members (such as principal, management, psychosocial service...) mental health awareness (such as suicide prevention, dealing with aggression, psychology of the prisoner...) is included in the basic training and in the advanced training.

3. What is the total budget for the provision of mental health care in prison context for the detainees in your country/jurisdiction? (Please provide details, or tick here if unknown)

The budget of mental health care is part of the general budget of health care and can't be given separately.

4. Approximately what percentage of the prison population in your country/jurisdiction do you estimate to have a current mental disorder or disability

We have no accurate data to provide an estimation of the percentage of the prison population with a mental disorder or disability.

In Belgium there is a difference between mentally ill offenders (of interned persons) and convicted offenders of defendants with mental health problems. Mentally ill offenders are offenders who have been found by a court of law to be of unfit/unsound mind (internment law). The topic of internment has been placed more prominently on the policy agenda and the government committed to a drastic limitation of the time which mentally ill offenders spend in detention and to the creation of a broader and more differentiated range of care outside the prison walls. The ultimate goal is to take care of mentally ill offenders as much as possible outside prison, offering them the necessary care and achieving a smooth progression within the care circuit (network of different care options) even in crisis or problematic situations.

We can provide figures of persons with an internment status: in the beginning of December 2020 622 interned persons were detained (source: daily population DG EPI), of which 416 persons in a Department or Institution for the Protection of the Society (in Dutch ABM/IBM) and 206 persons in a psychiatric ward of a prison.

There are also prisoners with a mental disorder among those who stay in prison, especially under the status of pre-trial detention and among those convicted who serve an effective prison sentence. We cannot accurately represent these figures. However, we can indicate how many of them are followed by the care teams (on 01.06.2020): 210 convicts and 137 defendants.

a. What data/ information do you base this estimate on?

The database of DG EPI provides on daily basis the number of interned persons.

b. Has specific research been carried out on this? If the answer is yes, please provide details

The database of DG EPI provides on daily basis the number of interned persons. In addition, every six months the Chamber for the Protection of the Society (CPS) is asked to give a data about all interned persons so we have data on the interned persons every six months. There are no data kept about the accuses/convicted.

5. Is information on the prevalence of mental disorder or disability amongst the detainees routinely collected in your country/jurisdiction? No

There is no systematic, complete registration. In the meantime, steps have been taken to develop such registration and it is now operational in 3 Departments for the Protection of the Society (in Dutch ABM/IBM).

a. If 'yes' please provide further details about how this is done (e.g., who provides and publishes this data? How often?)

The database of DG EPI provides on daily basis the number of interned persons. In addition, every six months the Chamber for the Protection of the Society (CPS) is asked to give a data about all interned persons so we have data on the interned persons every six months. There are no data kept about the accuses/convicted.

6. Which organisation(s) have responsibility for providing mental health care in the prison context for detainees in your country/jurisdiction?

Ministry of Justice/Criminal Justice organisations
Ministry of Health/Healthcare services
Voluntary sector providers
Other (please specify)

In addition to the judicial actors, there are also numerous non-judicial actors who provide an intra penitentiary care offer, such as Centers for Mental Health Care (voluntary counselling offer), guiding detainees to extra penitentiary care provision in function of social reintegration by services such as TANDEM (Counselling and Registration After Detention And More For Detainees), as well as VAPH projects in certain prisons with a psychiatric department or an ABM / IBM. The VAPH strives to expand this offer in terms of prisons and target group.

The ministry of Healthcare finances in two prisons a project for mental health care.

7. At what stage(s) of incarceration are detainees typically screened for mental disorders or disabilities? (Please tick all that apply)

i. Intake (first conversation after imprisonment/arrival in a new prison)
ii. Admission (first conversation after imprisonment/arrival in a new prison)
iii. At other times during incarceration (see below)
iv. At least once a year
v. Less than once a year
vi. Preparation for release

iii. at other times during incarceration: only for interned persons or when the psychosocial service must formulate substantiated advice in function of the realization of a reintegration plan or follow-up process after detention. In this advice, attention is paid to care needs and security needs.

8. During the period of incarceration, how is screening for mental disorders or disabilities is typically initiated? (Please tick all that apply)

i. By request of the detainee
ii. By medical order
iii. Other (specify)

Please provide details of which screening tools/questions are commonly used to detect mental disorders or disabilities amongst prison population

There are no screening tools used, the prisoner is seen by the psychiatrist.

9. Who usually screens those in the prison population for mental disorders or disabilities?

- Prison staff
- Other criminal justice staff
- Nurse
- General practitioner
- Psychiatrist
- Psychologist
- Social worker
- Other (please specify)

10. Please describe the route(s) by which detainees usually gain access to mental health care if they need it (if you have pathway diagrams please attach these in your reply)

Screening for mental disorders of disability's:

The following is provided in the service instructions of the prison system⁹:

The prison physician examines the prisoner within 24 hours of his arrival. When psychological / psychiatric problems are suspected, the physician can refer the detainee to the psychiatrist. When an internee (mentally ill offender) is locked up in prison, he is seen by default by the psychiatrist and (the social assistant of) the care team. The interned person is seen and followed by the care team.

Within 4 days after a prisoner arrives in prison, a member of the staff of the psychosocial service in prison has a conversation with him. That person explains to the detainee how he can make use of social, psychosocial, legal and family assistance.

Each prisoner is seen by various prison services. If there is a suspicion of mental health problems, each service can refer the detainee to a specialized external service. The detainee has the option of contacting the service directly.

At any time, any prisoner may contact a member of the care team, or a physician or community worker, via a report card.

Each prisoner also has the option to contact "Teleonthaal".

Mental health care:

There is a psychiatrist in each prison, as well as various external services (question 6). In a number of prisons this has been expanded with a multidisciplinary care team. The ministerial circular no. 1800 (Onkelinx, L., 2007) regulates the establishment of multidisciplinary care teams in the psychiatric departments of detention centers, departments and institutions for the protection of society. There is a psychiatrist, psychologist, social worker, tutor, an occupational therapist, and a psychiatric nurse in this care team (although not every team is sufficiently and / or fully completed). They are assisted by penitentiary officers (warder) who have been selected in consultation with the management and the psychiatrist and have received special training. These multidisciplinary care teams were established in the context of the development of a comprehensive forensic care network for internees.

In addition, specific projects concerning drug treatment have been set up in a limited number of penal institutions. For example, there are drug-free departments where detainees can go who want to live drug-free. They are guided by a medical team of doctors and nurses and are offered targeted drug assistance by an external service. Since 1995, a program for illegal drug users has been running in the Penitentiary Agricultural Center in Ruiselede. The aim of this program is to offer alternative detention to prisoners who have been imprisoned by drugs. During the detention, the foundation is laid for a drug-free future outside the walls.

9. See Articles 2 to 5 of the Royal Decree of 8 April 2011 determining the date of entry into force and implementation of various provisions of Titles III and V of the Basic Law of 12 January 2005 on prison services and the legal status of prisoners. This obligation is also included in the instructions in collective letter n ° 107 and the internal regulations of the prisons.

In addition, an external service is active in most of the penitentiary institutions, which examines the possibilities for orientation in post-penitentiary counselling (bridging function).

11. If prison services are involved in the provision of mental health care to detainees, which of the following best characterise their role?

- Providing interventions/treatment themselves
- Inviting external services to work on their premises
- Referring people to external services working elsewhere (See question 16)
- Mixture of the above

12. Does the prison service in your country/jurisdiction has special units to provide treatment to detainees with mental disorders or disabilities? Yes

a. If 'yes' please provide further details about how this is done (e.g., separated wing inside prison, independent unit, dedicated nursery in prison hospitals, etc)

For interned persons:

According to the Internment Law, interned persons may, depending on their legal situation (stage in their path), stay in a psychiatric department of a prison or a department or institution for the protection of society (in Dutch ABM / IBM). These settings belong to the prison system and there is a specific care team at work. In addition, they may also stay in many care contexts, adapted to their care need and security requirement, in so far as the Chamber for the Protection of the Society (CPS) agrees and the internee (mentally ill offender) in question agrees. This permission is not required if the interned person is placed in an extrapenitentiary residential care setting. On the basis of Collective Letters from the prison system, it is regulated in which prisons there is a psychiatric department¹⁰ and where a Department or Institution for the Protection of the Society (in Dutch ABM/IBM) is located. Interned persons sojourn in these settings and there is a care team who provides mental health care. In principle, this involves a division into separate wings or pavilions, but this cannot always be guaranteed due to overcrowding in prisons.

Within the detention context, there is not always a complete separation in terms of accommodation (cell, unit/wing) and activities (eg communal walk).

For convicted or accused prisoners:

As described in question 10; there is a psychiatrist in each prison, as well as various external services. In most psychiatric department or ABM / IBM there are also non-internees with psychiatric problems or with a mental frailty or intellectual disability.

In addition, specific projects concerning drug treatment have been set up in a limited number of penal institutions. For example, there are drug-free departments where detainees can go who want to live drug-free. They are guided by a medical team of doctors and nurses and are offered targeted drug assistance by an external service. Since 1995, a program for illegal drug users has been running in the Penitentiary Agricultural Center in Ruiselede. The aim of this program is to offer alternative detention to prisoners who have been imprisoned by drugs. During the detention, the foundation is laid for a drug-free future outside the walls.

In addition, an external service is active in most of the penitentiary institutions, which examines the possibilities for orientation in post-penitentiary counselling (bridging function).

In addition to the judicial actors, there are also numerous non-judicial actors who provide an intrapenitentiary care offer, such as Centers for Mental Health Care (voluntary counselling offer based on volunteering), guiding detainees to extrapenitentiary care provision in function of social reintegration by services such as TANDEM (Counselling and Registration After Detention And More For Detainees), as well as VAPH projects in certain prisons with a psychiatric department or an ABM / IBM. The VAPH strives to expand this offer in terms of prisons and target group.

10. For prisons with a psychiatric ward, see Royal Decree of 17 August 2019 on the destination of prisons and the placement and transfer of detainees.

13. Does the prison service have any sentence or sentence planning requirements/programmes specifically for detainees with mental disorders or disabilities? **Yes**

If yes, please provide details of these here

The care teams pursue of an equal and high-quality healthcare in prison. Their tasks is psycho-medical counselling including the provision of medication, crisis relief or support, socio-administrative support, individual counselling, group counselling (ranging from therapeutic activities to easily accessible activities aimed at activation), offering structure (daily schedule, activities ...) and giving motivational support. These care teams work in psychiatric department or ABM / IBM with the interned persons. When needed en possible (capacity) there are also non-internees with psychiatric problems or with a mental frailty or intellectual disability placed in these psychiatric department or ABM/IBM. Prisoners with an intellectual disability are -as much as possible- placed in a prison where there's specific care (VAPH projects).

14. Are the number of deaths by suicide in prison context collected nationally? **Yes**

If 'yes' can you attach a document that shows trends in such suicides over the past ten years?

nombre de suicides											
2010	2011	2012	2013	2014	2015	2016	2017	2018	2019	2020	Total
19	12	13	14	18	16	12	13	16	12	11	156

15. Is there a suicide prevention programme in the prison system of your country/jurisdiction? **Yes**

If yes, please provide a brief description here

The penitentiary institutions include suicide prevention in their daily policy. Increased vigilance by the medical and psychosocial services within the intake (first conversation) and at any contact with a detainee is part of the standard procedure.

Given the important role of prison staff in suicide prevention, special attention is also paid to this within penitentiary training.

The DG EPI also launched its own institution-related initiatives and cooperates structurally with community services on suicide prevention. Prisoners also have access to the free suicide line.

In addition, DG EPI works closely with an external service called 'Tandemwerking'(Referral and Registration after Detention and More. This service aims to guide detainees with mental health problems (including addiction problems and sexual offenders) more efficiently to mental health services in the community.

16. Does the Prison Service work in co-operation with community organisations to ensure the continuity of care after imprisonment?

Continuity of care can only be guaranteed if the person gives his/her consent and when care after imprisonment is a part of the conditions set by the court.

The psychosocial service must always formulate substantiated advice in function of the realization of a reintegration plan or follow-up process after detention. In this advice, attention is paid to care needs and security needs. The decision-making authority under which the person falls may or may not follow this advice. However, the realization of this plan also depends on the consent of the detainee, the agreement of the care setting where the person is registered and the capacity of this care setting (cf. problem off waiting lists).

With the patient's approval, the electronic medical patient file is transferred to the care institution that will admit the patient. If necessary, the treating psychiatrist of the prison and the treating psychiatrist

of the institution can exchange the necessary information. At the request of the institution, the medication sheet is transferred to guarantee continuity of treatment.

17. Is there specific work with family members of the persons who experience mental disorders and disabilities?

The family is not contacted by default. This is case-dependent and the deontological rules are respected. Family of patients can contact the care team by telephone, but the care team is bound by professional secrecy. Direct contact between patient and family is stimulated as much as possible by, for example, supervising contacts by telephone, inviting the family for a conversation if necessary in the presence of guidance, etc.

In addition, there are also several external organizations that make the link between family members and the prison, such as Similes, Familieplatform, Psytoyens,

18. Is there a gender approach when dealing with persons who experience mental disorders and disabilities?

In the context of the penitentiary regime, women and men are separated. The programme from the care team is there for specifically aimed at men or women.

BOSNIA AND HERZEGOVINA

1. Which country/jurisdiction do you work in/represent?

Bosnia and Herzegovina

2. What is your job title?

Inspector of the Sector for the Execution of Criminal Sanctions, Ministry of Justice of Bosnia and Herzegovina

Section 1: National Policy

1. Please provide details of any recent national policies/procedures/guidance /reports relating to dealing with detainees who experience mental disorders or disabilities (please provide a short summary in English or French and send such texts as attachments with the completed survey)

The Ministry of Justice of Bosnia and Herzegovina, through the Sector for Execution of Criminal Sanctions, monitors and supervises the prison system. Specifically during the pandemic, COVID-19 repeatedly gave opinions and instructions to prisons on how to deal with certain situations caused by the pandemic. Therefore, the Ministry of Justice of Bosnia and Herzegovina follows the recommendations of the Council of Europe and implements them in Bosnia and Herzegovina.

Section 2: The Organisation of Prison Service and Mental Health Care Provision

The Organisation of the Prison system

1. What is the total number of the prison population in your country/jurisdiction at 31 January 2021?

The total prison population in Bosnia and Herzegovina at 31 January 2021 is about 3,500 prisoners.

2. Do prison staff in your country/jurisdiction routinely receive mental health awareness training? **Yes**

a. If 'yes' please could you provide a brief description of this in terms of its content and who provides it? (If multiple providers and/or courses exist, please provide a brief summary of each).

They are provided by certified trainers working in prisons, most often under the auspices of the Ministry of Justice and the Council of Europe, which has played a significant role in conducting training in Bosnia and Herzegovina.

3. What is the total budget for the provision of mental health care in prison context for the detainees in your country/jurisdiction? (Please provide details, or tick here if unknown)

4. Approximately what percentage of the prison population in your country/jurisdiction do you estimate to have a current mental disorder or disability? No records are kept on these categories

a. What data/ information do you base this estimate on? On annual reports and legislation

b. Has specific research been carried out on this? If the answer is yes, please provide details. **No**

5. Is information on the prevalence of mental disorder or disability amongst the detainees routinely collected in your country/jurisdiction? **No**

a. If 'yes' please provide further details about how this is done (e.g., who provides and publishes this data? How often?)

6. Which organisation(s) have responsibility for providing mental health care in the prison context for detainees in your country/jurisdiction?

Ministry of Justice/Criminal Justice organisations

Ministry of Health/Healthcare services

Voluntary sector providers

Other (please specify)

Centre for forensic psychiatry

7. At what stage(s) of incarceration are detainees typically screened for mental disorders or disabilities? (Please tick all that apply)

i. Intake

ii. Admission

iii. At other times during incarceration

iv. At least once a year

v. Less than once a year

vi. Preparation for release

8. During the period of incarceration, how is screening for mental disorders or disabilities is typically initiated? (Please tick all that apply)

i. By request of the detainee

ii. By medical order

iii. Other (specify)

Please provide details of which screening tools/questions are commonly used to detect mental disorders or disabilities amongst prison population

9. Who usually screens those in the prison population for mental disorders or disabilities?

Prison staff

Other criminal justice staff

Nurse

General practitioner

Psychiatrist

Psychologist

Social worker

Other (please specify)

10. Please describe the route(s) by which detainees usually gain access to mental health care if they need it (if you have pathway diagrams please attach these in your reply)

Through a doctor or psychiatrist.

11. If prison services are involved in the provision of mental health care to detainees, which of the following best characterise their role?

Providing interventions/treatment themselves

Inviting external services to work on their premises

Referring people to external services working elsewhere

Mixture of the above



12. Does the prison service in your country/jurisdiction has special units to provide treatment to detainees with mental disorders or disabilities? **Yes**

a. If 'yes' please provide further details about how this is done (e.g., separated wing inside prison, independent unit, dedicated nursery in prison hospitals, etc)

There is a prison service in the prison that employs psychiatrists and psychologists, but if they deem it necessary, the prisoner is taken to special clinics for a psychiatric examination to help him.

13. Does the prison service have any sentence or sentence planning requirements/programmes specifically for detainees with mental disorders or disabilities? **Yes**

If yes, please provide details of these here

Yes, mentally ill prisoners go to a special institution, the Centre for Forensic Psychiatry.

14. Are the number of deaths by suicide in prison context collected nationally? **No**

If 'yes' can you attach a document that shows trends in such suicides over the past ten years?

15. Is there a suicide prevention programme in the prison system of your country/jurisdiction? **No**

16. Does the Prison Service work in co-operation with community organisations to ensure the continuity of care after imprisonment? **Yes**

17. Is there specific work with family members of the persons who experience mental disorders and disabilities? **No**

18. Is there a gender approach when dealing with persons who experience mental disorders and disabilities?

We do not have the information.

BULGARIA

1. Which country/jurisdiction do you work in/represent?

**Republic of Bulgaria.
General Directorate „Execution of Sentences“ (GDES) under the Minister of Justice.**

2. What is your job title?

**Head of Department „Social activities and educational work with offenders“
Head of Unit „Psychological laboratory“
Head of Unit „Medical services in places of deprivation of liberty“**

Section 1: National Policy

1. Please provide details of any recent national policies/procedures/guidance /reports relating to dealing with detainees who experience mental disorders or disabilities (please provide a short summary in English or French and send such texts as attachments with the completed survey)

A National action plan for the implementation of the mental health strategy of the Republic of Bulgaria for the period 2020-2030 is being developed, in which participate representatives of GDES.

Section 2: The Organisation of Prison Service and Mental Health Care Provision

The Organisation of the Prison system

1. What is the total number of the prison population in your country/jurisdiction at 31 January 2021?

6251 persons is the total number of the prison population in our country/jurisdiction at 31 January 2021.

2. Do prison staff in your country/jurisdiction routinely receive mental health awareness training? Yes

a. If 'yes' please could you provide a brief description of this in terms of its content and who provides it? (If multiple providers and/or courses exist, please provide a brief summary of each).

Doctors with a specialty „Psychiatry“ from the Psychiatric Ward of the Specialized Hospital for Active Treatment of Inmates at Lovech Prison actively participate in the annual meetings of the Bulgarian Psychiatric Association.

According to Ordinance № 2 of 22 March 2010 on the terms and conditions for medical care in the places of deprivation of liberty, the curricula for initial training of employees include lectures on medical topics on the characteristics of mental disorders, suicidal attitudes and ways to prevent of self-harms.

The inspectors-psychologists in the places of deprivation of liberty passed the following certification trainings:

1. Certifying specialized psychological training for psychodiagnostics of offenders.

Main topics:

- Psychodiagnostics of offenders - work with the approved test battery and conduction of a dynamic interview.
- Preparation of a psychodiagnostic conclusion.

2. Certifying specialized psychological training to master counselling techniques and crisis interventions for offenders and staff.

Main topics:

- Psychological counselling of offenders and staff - wording on the case; preparation of an intervention plan.
- Crisis interventions.

3. Certifying specialized psychological training in skills for leading groups for work with offenders and training in supervision of the staff, leading correctional programs and performing counselling work.

These trainings are mandatory for every newly appointed inspector-psychologist and are not permanent. They are conducted by psychologists from the Unit „Psychological Laboratory“ of GDES, who methodically manage the psychological activity in the places of deprivation of liberty. The supervision of the professional practice carried out by Unit „Psychological Laboratory“ of GDES is permanent in nature. It is a process of mentoring and supervision with four focuses - administrative, evaluational, training and supportive.

3. What is the total budget for the provision of mental health care in prison context for the detainees in your country/jurisdiction? (Please provide details, or tick here if unknown)

4. Approximately what percentage of the prison population in your country/jurisdiction do you estimate to have a current mental disorder or disability?

Round 0,36%.

In 2020, in the Psychiatric Ward of the Specialized Hospital for Active Treatment of Inmates - Lovech, specialized psychiatric medical care was provided to 23 patients with endogenous true psychoses.

a. What data/ information do you base this estimate on?

This information is based on summarized statistical information provided in the annual reports of the Psychiatric Ward of the Specialized Hospital for Active Treatment of Inmates - Sofia, at the end of each calendar year.

b. Has specific research been carried out on this? If the answer is yes, please provide details

It has not been carried out.

5. Is information on the prevalence of mental disorder or disability amongst the detainees routinely collected in your country/jurisdiction? **Yes**

a. If 'yes' please provide further details about how this is done (e.g., who provides and publishes this data? How often?)

Unit „Medical Services in places of deprivation of liberty“ under GDES at the end of each calendar year summarizes the medical statistical information and submits it for discussion in GDES.

6. Which organisation(s) have responsibility for providing mental health care in the prison context for detainees in your country/jurisdiction?

Ministry of Justice/Criminal Justice organisations	<input checked="" type="checkbox"/>
Ministry of Health/Healthcare services	<input type="checkbox"/>
Voluntary sector providers	<input type="checkbox"/>
Other (please specify)	<input checked="" type="checkbox"/> Through GDES.

With regard to the inmates, mental health care is provided through the provision of psychological services during the execution of the sentence. It is realized by the inspectors-psychologists. They perform psychodiagnostic research of inmates in the appearance of behavioural crises or personal problems and expert assessment of current mental and emotional state, potential risks, opportunities for penitentiary treatment and corrective action.

To provide psychological assistance, the inspector-psychologist performs psychological counselling and crisis interventions, the results of which are reflected in a written report on the individual case. The individual counselling helps to reduce the internal tension and affects, to overcome the readiness for violence and destructive reactions, for mediation in conflicts, as well as to reduce the risk of suicide and self-harm.

There is a ground to refer the case to a psychologist and to conduct a consultation and psychological examination in case of systematically observed problematic behaviour, expressed in:

- 1. loss of interest or pleasure in activities that were previously pleasant - hobbies, entertainment and etc.;**
- 2. low mood, sadness, anxiety, emptiness, hopelessness and pessimism, guilt, helplessness and uselessness, dissatisfaction, intolerance and irritability without explanation, insomnia, early awakening or tendency to sleep, loss of appetite and weight or vice versa, refusal of food;**
- 3. thoughts of death and suicide or declaration of suicidal intent, ritual farewell and bequest of things;**
- 4. problems with concentration, memorization or impaired cognitive abilities, but only in the cases when this change occurred during the serving of the sentence;**
- 5. systemic conflicts with inmates and employees of the surveillance and security staff with expressed impulsive and aggressive behaviour;**
- 6. systemic auto-aggressive manifestations, leading to severe injuries and danger to the health and life of the person.**

The inspector-psychologist prepares and proposes to the head of the prison a plan of interventions, which describes and determines the specific responsibilities of the different categories of employees involved in the case, including external specialists (a psychiatrist).

7. At what stage(s) of incarceration are detainees typically screened for mental disorders or disabilities? (Please tick all that apply)

- i. Intake
- ii. Admission
- iii. At other times during incarceration
- iv. At least once a year
- v. Less than once a year
- vi. Preparation for release

8. During the period of incarceration, how is screening for mental disorders or disabilities is typically initiated? (Please tick all that apply)

- i. By request of the detainee
- ii. By medical order
- iii. Other (specify)

According to data received by a social worker or psychologist, or during a visit to the Medical Centre in case of a change in behaviour. Psychological examinations of prisoners are carried out in:

1. initial assessment of the newcomers in admission ward;
2. increased risk of aggression or auto aggression;
3. presence of indications for personal and psychological deviations;
4. presence of indications for dependencies;
5. planning of the psychological interventions and monitoring of their effect.

Differentiated psychological examination of newcomers in admission ward is performed when:

1. they have been sentenced to life imprisonment or life imprisonment without parole;
2. they have been sentenced to more than 10 years of imprisonment.

Please provide details of which screening tools/questions are commonly used to detect mental disorders or disabilities amongst prison population

Psychological tests and methods, as well as a standardized psychiatric interview with a study of the mental activity by areas and observation.

9. Who usually screens those in the prison population for mental disorders or disabilities?

- Prison staff
- Other criminal justice staff
- Nurse
- General practitioner
- Psychiatrist
- Psychologist
- Social worker
- Other (please specify)

10. Please describe the route(s) by which detainees usually gain access to mental health care if they need it (if you have pathway diagrams please attach these in your reply)

Upon initial admission to prison, a mandatory psychiatric examination of newly admitted persons is performed, and subsequently, after examination, is performed an assessment by a general practitioner from the Medical Centre and the person is referred for consultation with a psychiatrist. In case of registered presence of indications for personal and psychological deviations during a psychological examination, the inmate is referred for consultation with a psychologist or a psychiatrist.

11. If prison services are involved in the provision of mental health care to detainees, which of the following best characterise their role?

- Providing interventions/treatment themselves
- Inviting external services to work on their premises
- Referring people to external services working elsewhere

Mixture of the above

12. Does the prison service in your country/jurisdiction has special units to provide treatment to detainees with mental disorders or disabilities? **Yes**

a. If 'yes' please provide further details about how this is done (e.g., separated wing inside prison, independent unit, dedicated nursery in prison hospitals, etc.)

The treatment of the detainees is carried out in the Reception Ward of the Specialized Hospital for Active Treatment of Inmates - Lovech.

13. Does the prison service have any sentence or sentence planning requirements/programmes specifically for detainees with mental disorders or disabilities? **No**

If yes, please provide details of these here

14. Are the number of deaths by suicide in prison context collected nationally? **Yes**

If 'yes' can you attach a document that shows trends in such suicides over the past ten years?'

The diagram shows the number of suicides in places of deprivation of liberty.

Figure 1 Suicides in prisons



15. Is there a suicide prevention programme in the prison system of your country/jurisdiction? **No**

If yes, please provide a brief description here

A diagnostic risk assessment shall be prepared for each person accommodated in places of deprivation of liberty and, if necessary, a risk reduction plan shall be prepared.

There is no specialized suicide prevention program.

There are methodological guidelines and a procedure for psychological counselling of inmates in suicide approved by the General Director of GDES.

Specific cases:

A/ In case of established risk of suicide in the course of the psychodiagnostic examination:

1. A clinical psychological examination shall be performed and the degree of risk of suicide shall be assessed.
2. Upon establishing an increased risk of suicide, the psychologist immediately includes the person in the list of the inmates with specific psychological and behavioural features, in which there is an increased risk of suicide and self-harm, with which all employees should be aware. /according to the Methodical manual for prevention of suicides and self-harms in the places of deprivation of liberty approved by the General Director of GDES from 13 February 2013.
3. The psychologist plans the management of the case, including taking down a mental status, a wording of the case and prepares an intervention plan, which he proposes to the head of the prison for approval.
4. The intervention plan shall describe and define the specific responsibilities of the psychologist and the different categories of staff involved in the case, including external specialists (a psychiatrist).
5. In the intervention plan the psychologist plans a certain number of sessions, after which he prepares a protocol.
6. The head of the prison manages and controls the team and the implementation of the plan.
7. The psychologist assesses the person's progress and respectively, makes adjustments to the intervention plan.
8. At the end of the consultation process with an inmate the psychologist prepares a report on the case.

B/ In case of a suicide attempt or a self-harm:

1. The psychologist conducts a crisis intervention to control the situation.
2. The psychologist shall prepare a report note to the head of the prison regarding the crisis measures taken and shall immediately include the person in the list of the inmates with specific psychological and behavioural features, in which there is an increased risk of suicide and self-harm, with which all employees to be aware. /according to the Methodical manual for prevention of suicides and self-harms in the places of deprivation of liberty approved by the General Director of GDES from 13 February 2013.
3. The psychologist plans the management of the case, including the taking down a mental status, a wording of the case and prepares an intervention plan, which he proposes to the head of the prison for approval.
4. The intervention plan shall describe and define the specific responsibilities of the psychologist and the different categories of staff involved in the case, including external specialists (a psychiatrist).
5. In the intervention plan the psychologist plans a certain number of sessions, after which he prepares a protocol.
6. The head of the prison manages and controls the team and the implementation of the plan.
7. The psychologist assesses the person's progress and respectively, makes adjustments to the intervention plan.
8. At the end of the consultation process with an inmate, the psychologist prepares a report on the case.

C/ Upon receipt of a signal for suicidal intentions of a person deprived of liberty by another employee/inmate

1. The psychologist gets acquainted with the results of the preliminary assessment of the signal performed by inspector social activities and educational work.
2. A clinical psychological examination is performed and the degree of risk of suicide is assessed.

3. If the risk of suicide is not increased, the psychologist closes the case by notifying the head of the prison with a report note.
4. If the risk of suicide is increased, the psychologist plans the management of the case, including taking down a mental status, a wording of the case and prepares an intervention plan, which he proposes to the head of the prison for approval.
5. The intervention plan shall describe and define the specific responsibilities of the psychologist and the different categories of staff involved in the case, including external specialists (a psychiatrist).
6. In the intervention plan the psychologist plans a certain number of sessions, after which he prepares a protocol.
7. The head of the prison manages and controls the team and the implementation of the plan.
8. The psychologist assesses the person's progress and respectively, makes adjustments to the intervention plan.
9. At the end of the consultation process with an inmate, the psychologist prepares a report on the case.

16. Does the Prison Service work in co-operation with community organisations to ensure the continuity of care after imprisonment?

Usually, after his discharge from the ward, the person is issued an epicrisis, instructing him to continue the maintenance treatment in prison or detention. Upon his release from the prison or detention, he is referred to a psychiatrist at the place of residence for control, monitoring and continuation of the treatment.

The work on the resocialization of inmates is supported by representatives of supervisory commissions, which are established at the municipal councils. They include a probation officer and a prison representative.

The monitoring commissions:

- support the resocialization of inmates, including by initiating social services on the territory of the municipality;
- support the families of inmates;
- assist in the work accommodation and conditions of life of the released people from the places of deprivation of liberty.

17. Is there specific work with family members of the persons who experience mental disorders and disabilities?

Family members who are interested in and are concerned about their relatives, are given the necessary information and recommendations for care and follow-up treatment, when the person returns to a family setting.

18. Is there a gender approach when dealing with persons who experience mental disorders and disabilities?

An approach to gender is applied, as it has specifics in terms of age, flow of the disease, peculiarities of the character and etc.

CROATIA

1. Which country/jurisdiction do you work in/represent?

Croatia

2. What is your job title?

Senior expert adviser at Head Office of the Prison System

Section 1: National Policy

1. Please provide details of any recent national policies/procedures/guidance/reports relating to dealing with detainees who experience mental disorders or disabilities (please provide a short summary in English or French and send such texts as attachments with the completed survey)

Based on the Ombudsman's recommendations, in July 2018 the following instruction was given to all the above mentioned correctional institutions on how to act for the purpose of protecting prisoners with mental health problems or intellectual disabilities: In the Diagnostic Centre and during the procedure of admission of prisoners in the prison/penitentiary, as well as during the admission of remand prisoners and detainees, it is necessary to detect and record any suspicion of mental health problems or intellectual disabilities and to assess the connection between these problems/difficulties with the risk of increased exposure to violence, abuse and manipulation by other prisoners. When assessing risk and planning the protection of prisoners, factors that may increase the risk of exposure to abuse or manipulation will be considered, such as lack of family support, difficulties in adjusting to the penal environment, group accommodation and participation in group activities with reduced supervision by authorized officials, etc. In case of mental health problems or intellectual disabilities, it is necessary to provide for enhanced individual work of the Treatment department experts (psychologist, social pedagogue, social worker) and, if applicable, psychiatric controls (in case of detected/diagnosed mental health problems) and/or special measures such as enhanced surveillance, i.e. enhanced monitoring and precautionary measures. The entire process of enforcing the prison sentence should be planned with bearing in mind an individual plan for the protection from violence, abuse and manipulation, which will prescribe in more detail preventive measures and familiarize officials involved in the implementation of prisoner's individual sentence plan, i.e. those who are in daily direct contact with a prisoner.

Section 2: The Organisation of Prison Service and Mental Health Care Provision

The Organisation of the Prison system

1. What is the total number of the prison population in your country/jurisdiction at 31 January 2021? 3511
2. Do prison staff in your country/jurisdiction routinely receive mental health awareness training? Yes
- a. If 'yes' please could you provide a brief description of this in terms of its content and who provides it? (If multiple providers and/or courses exist, please provide a brief summary of each).

Education and training of prison staff is as a rule organized in the Training Centre of the Directorate for prison system and probation. Different courses for prison staff are carried out in the field of mental health awareness, ensuring them with the knowledge and understanding of the associated symptoms, terms, causes and treatments related to mental health (psychopathology, suicide prevention, psychology of communication and of behaviour, at-risk groups of prisoners, prevention of risky behaviour of prisoners, etc.). Such topics are a part of the Basic training of the judiciary police officers, but also organized for other staff, as appropriate. In addition, Treatment Department specialist staff are trained to implement special treatment programmes mentioned under answer ¹³.

3. What is the total budget for the provision of mental health care in prison context for the detainees in your country/jurisdiction? (Please provide details, or tick here if unknown)

4. Approximately what percentage of the prison population in your country/jurisdiction do you estimate to have a current mental disorder or disability?

The questionnaire was completed based on responses collected from 7 penitentiaries (prison hospital included), 14 prisons and 2 juvenile correctional institutions. Estimation of the percentage of prisoners with mental disorders or disabilities varies depending on the prison/penitentiary, ranging from 10% to 80% (the lowest in open penitentiary, the highest in prison hospital).

a. What data/ information do you base this estimate on?

Sources of information on established mental disorder or disability are:

- expert reports of the Diagnostics Centre
- reports of prison/penitentiary's expert team with a proposal for an individual program of enforcement of the prison sentence
- data collected from the judgement or from the decision on determining the investigative (remand) prison
- findings of a forensic psychiatric expertise,
- data from a social survey,
- personal medical records of prisoners.

b. Has specific research been carried out on this? If the answer is yes, please provide details **No**

5. Is information on the prevalence of mental disorder or disability amongst the detainees routinely collected in your country/jurisdiction? **No**

a. If 'yes' please provide further details about how this is done (e.g., who provides and publishes this data? How often?)

Data are collected and kept individually, in prisoner's files, but can't be automatically excerpted for statistical data analysis.

6. Which organisation(s) have responsibility for providing mental health care in the prison context for detainees in your country/jurisdiction?

Ministry of Justice/Criminal Justice organisations

Ministry of Health/Healthcare services

Voluntary sector providers

Other (please specify)



Prison/penitentiary's health department for inmates and detainees.

7. At what stage(s) of incarceration are detainees typically screened for mental disorders or disabilities? (Please tick all that apply)

i. Intake

ii. Admission

iii. At other times during incarceration

iv. At least once a year

v. Less than once a year

vi. Preparation for release

8. During the period of incarceration, how is screening for mental disorders or disabilities is typically initiated? (Please tick all that apply)

i. By request of the detainee

ii. By medical order

iii. Other (specify)

Also, if the suspicion about possible mental disorders/disabilities occurs during interviews with expert prison staff of the Treatment Department, the prisoner is referred to a psychiatrist.

Please provide details of which screening tools/questions are commonly used to detect mental disorders or disabilities amongst prison population

Internally established screening tool is applied in the Diagnostic Centre, covering most relevant mental health disorders and related items in the field of mental health. Other methods used to detect mental disorder are the interview with a prisoner and insight into existing documentation, as already described under 4a.

9. Who usually screens those in the prison population for mental disorders or disabilities?

- | | |
|------------------------------|--|
| Prison staff | <input checked="" type="checkbox"/> |
| Other criminal justice staff | <input type="checkbox"/> |
| Nurse | <input checked="" type="checkbox"/> |
| General practitioner | <input checked="" type="checkbox"/> |
| Psychiatrist | <input checked="" type="checkbox"/> |
| Psychologist | <input checked="" type="checkbox"/> |
| Social worker | <input checked="" type="checkbox"/> |
| Other (please specify) | <input checked="" type="checkbox"/> Social pedagogue |

All the above mentioned are prison staff, except for a part of general practitioners and psychiatrists, who provide health services for prisoners based on the service contract with a prison/penitentiary or within their regular line of duty as employees of the Ministry of Health (in the latter case, prisoners are escorted to a regular/civil hospital).

10. Please describe the route(s) by which detainees usually gain access to mental health care if they need it (if you have pathway diagrams please attach these in your reply)

The necessity of providing mental health care to a prisoner is usually marked in one's individual sentence plan and in his/her medical files. Judiciary police officers working at the accommodation ward are informed in case of special procedures are applied to a prisoner (e.g. existence of a suicide prevention plan, necessity of more intensive monitoring of a prisoner etc.). A prisoner can also request for a conversation with a psychologist, or other expert of the Treatment Department anytime, or can request for psychiatric examination (oral request to a judicial officer or directly to the staff of Treatment Department, or written request which can be handed to a judiciary police officer or put in the mailboxes at the wards which are foreseen for prisoners written requests).

11. If prison services are involved in the provision of mental health care to detainees, which of the following best characterise their role?

- | | |
|---|-------------------------------------|
| Providing interventions/treatment themselves | <input checked="" type="checkbox"/> |
| Inviting external services to work on their premises | <input checked="" type="checkbox"/> |
| Referring people to external services working elsewhere | <input checked="" type="checkbox"/> |
| Mixture of the above | <input checked="" type="checkbox"/> |

12. Does the prison service in your country/jurisdiction has special units to provide treatment to detainees with mental disorders or disabilities? **Yes**

a. If 'yes' please provide further details about how this is done (e.g., separated wing inside prison, independent unit, dedicated nursery in prison hospitals, etc)

There are no special units to provide treatment exclusively to prisoners with mental disorders or disabilities, but in each prison/penitentiary there is a Treatment Department (psychologists, social pedagogues, social workers) and Department for Health Protection of Prisoners (general practitioners, nurses), while larger correctional institutions also employ psychiatrists. Prisoners who have severe mental disorders may be transferred to a prison hospital, where there are departments for both forensic and for acute psychiatry. Treatment Department and Department for Health Protection of Prisoners work jointly in detecting and treating mental disorders, each under their respective competences.

It is worth to mention that prisoners with mandatory psychiatric treatment imposed by a court decision (those with reduced accountability tempore criminis) are placed at the Forensic ward of the Prison Hospital, which is under the jurisdiction of the Ministry of Justice and Administration (one of the penitentiaries with the status of health institution), while persons who were found mentally

incapacitated and therefore not guilty in the criminal proceedings are placed in Forensic hospitals and are not under the jurisdiction of the prison service (Ministry of Justice and Administration), but under the jurisdiction of Ministry of Health.

13. Does the prison service have any sentence or sentence planning requirements/programmes specifically for detainees with mental disorders or disabilities? **Yes**

If yes, please provide details of these here

Prisons and penitentiaries do not have special programmes designed specifically for prisoners with mental disorders or disabilities, as individual approach is applied in the treatment of a specific psychiatric disorder. However, if the provided WHO definition of mental disorders is extended to substance abuse and different disorders related to violent and sexually deviant behaviour, several (group) intervention programmes are applied, all targeting the underlying factors of criminal behaviour - programmes for drug addicts, alcohol addicts, problematic gamblers, sex offenders, violent offenders.

14. Are the number of deaths by suicide in prison context collected nationally? **Yes**

If 'yes' can you attach a document that shows trends in such suicides over the past ten years?

Suicide data are published in the Annual reports of the Prison System. During the period 2011-2021, 8 suicides were committed.

15. Is there a suicide prevention programme in the prison system of your country/jurisdiction? **Yes**

If yes, please provide a brief description here

An Operational plan for prevention of suicide is established for each prisoner estimated to be at risk of suicide. It contains a plan of interventions such as more intensive monitoring by the prison staff (including judiciary police officers and medical staff), more frequent psychiatric examinations and, if necessary, referral to Prison Hospital in Zagreb.

16. Does the Prison Service work in co-operation with community organisations to ensure the continuity of care after imprisonment?

Prisons and penitentiaries actively cooperate with probation service and with different institutions and non-profit organizations in the process of preparation of post-penal treatment, protection and care. Such activities usually involve continuation of addiction treatment, psychosocial support after release and may involve helping prisoner to find a job, finding place of accommodation after release or other.

17. Is there specific work with family members of the persons who experience mental disorders and disabilities? **No**

18. Is there a gender approach when dealing with persons who experience mental disorders and disabilities? **No**

CZECH REPUBLIC

1. Which country/jurisdiction do you work in/represent?

Prison Service of the Czech Republic

2. What is your job title?

Head Psychologist

Section 1: National Policy

1. Please provide details of any recent national policies/procedures/guidance /reports relating to dealing with detainees who experience mental disorders or disabilities (please provide a short summary in English or French and send such texts as attachments with the completed survey)

Every year, the Psychological Department of the Prison Service prepares a detailed analysis of the suicidal behaviour of prisoners.

In the period from 1 January 2020 to 31 December 2020, 33 cases of suicidal behaviour (32 men and 1 woman) were registered in the Prison Service of the Czech Republic. Out of this number, there were 16 registered attempts and 17 completed suicides (self-harms are reported separately). Compared to 2019, when 26 cases of suicidal behaviour of prisoners were registered, in 2020 there was an overall increase of 30%, as for the completed suicides it was 55%.

It should be taken into account that the ongoing coronavirus pandemic may have had a negative impact on the mental state of prisoners which was accompanied not only by the usual manifestations associated with imprisonment but also by anxiety and concern for the person's own health and health of the loved ones. A similar phenomenon has been reported in psychiatric studies examining the effects of a coronavirus pandemic on the mental health of general population.

Section 2: The Organisation of Prison Service and Mental Health Care Provision

The Organisation of the Prison system

1. What is the total number of the prison population in your country/jurisdiction at 31 January 2021? **19,319**

2. Do prison staff in your country/jurisdiction routinely receive mental health awareness training? **Yes**

a. If 'yes' please could you provide a brief description of this in terms of its content and who provides it? (If multiple providers and/or courses exist, please provide a brief summary of each).

Prison staff consists of uniformed members (prison officers) and civilian staff such as psychologists, social workers, etc. All undergo mandatory entrance training where they receive basic information about mental health awareness.

In addition, special trainings and courses are provided to specialists which are focused on special prisoners' needs, including training in crisis intervention, treatment of certain target groups of prisoners (personality disorder, borderline, mental retardation, depression, anxiety, etc.), risk assessment etc.

Courses and trainings are provided by the Academy of the Prison Service (prison service staff training centre), either directly or they are outsourced via experts from public universities or other providers.

3. What is the total budget for the provision of mental health care in prison context for the detainees in your country/jurisdiction? (Please provide details, or tick here if unknown)

This cannot be calculated because the prison service has its own specialists /staff members (150 psychologists, 50 psychotherapists, psychiatrists and others) who provide these services and who are paid from the total prison service budget.

4. Approximately what percentage of the prison population in your country/jurisdiction do you estimate to have a current mental disorder or disability?

This is a tricky question. If personality disorders are included, then it is an absolute majority (up to 60%).

People with behavioural disorders due to substance abuse may also be counted (also a majority). These are prisoners who also have frequent dual diagnoses and also often receive psychiatric care.

If psychiatric disorders in the narrower sense of the word are meant, such as neurotic and psychotic disorders, then the population is around 10 percent.

a. What data/ information do you base this estimate on?

Personality disorders: estimation based on treatment

Substance use disorders: surveys

Psychiatric diagnoses: an estimate based on the consumption of psychiatric services.

b. Has specific research been carried out on this? If the answer is yes, please provide details

Not comprehensively, only in a partial way.

5. Is information on the prevalence of mental disorder or disability amongst the detainees routinely collected in your country/jurisdiction? **No**

Not comprehensively, only in a partial way.

a. If 'yes' please provide further details about how this is done (e.g., who provides and publishes this data? How often?)

6. Which organisation(s) have responsibility for providing mental health care in the prison context for detainees in your country/jurisdiction?

The prison service has its own specialists and these services are provided by its own staff members (150 psychologists, 50 psychotherapists, psychiatrists and others). Apart from that, particularly drug users receive services provided by NGOs.

Ministry of Justice/Criminal Justice organisations

Ministry of Health/Healthcare services

Voluntary sector providers

Other (please specify)

7. At what stage(s) of incarceration are detainees typically screened for mental disorders or disabilities? (Please tick all that apply)

i. Intake

ii. Admission

iii. At other times during incarceration

iv. At least once a year

v. Less than once a year

vi. Preparation for release

8. During the period of incarceration, how is screening for mental disorders or disabilities is typically initiated? (Please tick all that apply)

i. By request of the detainee

ii. By medical order

iii. Other (specify) **Within the risk assessment**

Please provide details of which screening tools/questions are commonly used to detect mental disorders or disabilities amongst prison population

Clinical psychiatric assessment

Risk assessment tools

Screening (and, if necessary, clinical) psychodiagnostics tools

9. Who usually screens those in the prison population for mental disorders or disabilities?

- Prison staff
- Other criminal justice staff
- Nurse
- General practitioner
- Psychiatrist depending on the context
- Psychologist depending on the context
- Social worker
- Other (please specify) There is an entry assessment

10. Please describe the route(s) by which detainees usually gain access to mental health care if they need it (if you have pathway diagrams please attach these in your reply)

The detainee contacts a staff member supervising the respective unit (usually an educator), or directly a psychologist or a psychiatrist - orally or via a written request thrown at the designated box on each unit.

The psychologist usually has the capacity for a consultation on the same or on the next day, the psychiatrist usually once a week or fortnight.

11. If prison services are involved in the provision of mental health care to detainees, which of the following best characterise their role?

- Providing interventions/treatment themselves
- Inviting external services to work on their premises
- Referring people to external services working elsewhere
- Mixture of the above

12. Does the prison service in your country/jurisdiction has special units to provide treatment to detainees with mental disorders or disabilities? **Yes**

a. If 'yes' please provide further details about how this is done (e.g., separated wing inside prison, independent unit, dedicated nursery in prison hospitals, etc)

There are so-called special treatment units (usually separated wings with their own rooms for intensive psychotherapy) for convicts with personality disorders, for convicts with behavioural disorders caused by substance abuse, for the mentally retarded, for convicts with court-ordered protective treatment.

For short-term treatment cases the Prison Service also has an equipped psychiatric ward within its own prison hospital.

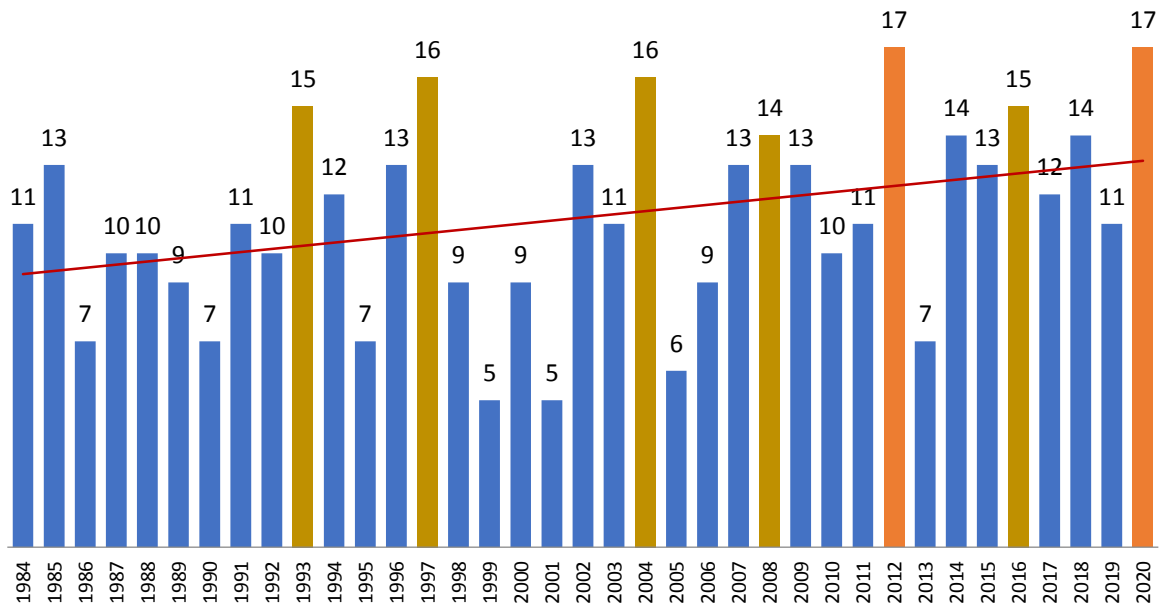
13. Does the prison service have any sentence or sentence planning requirements/programmes specifically for detainees with mental disorders or disabilities? **Yes**

If yes, please provide details of these here

The Prison Service offers a number of standardized programs for specific target groups of convicts with special needs. These can be psychiatric disorders, sexual deviance and paraphilia such as sadism, and others. However, most programs target mainly criminogenic risks.

14. Are the number of deaths by suicide in prison context collected nationally? **Yes**

If 'yes' can you attach a document that shows trends in such suicides over the past ten years?



15. Is there a suicide prevention programme in the prison system of your country/jurisdiction? **No**

If yes, please provide a brief description here

A relatively dense network of in-house psychologists and therapists deals with endangered individuals in an individual way.

16. Does the Prison Service work in co-operation with community organisations to ensure the continuity of care after imprisonment?

Yes, especially when it comes to transferring individuals to the care of therapeutic communities for substance users or people with specific personality disorders (borderline). This is voluntary. Services are usually provided by NGOs.

17. Is there specific work with family members of the persons who experience mental disorders and disabilities? **No**

18. Is there a gender approach when dealing with persons who experience mental disorders and disabilities? **No**

DENMARK

1. Which country/jurisdiction do you work in/represent?

Denmark, Department of the Prison and Probation Service

2. What is your job title?

Legal Special Consultant

Section 1: National Policy

1. Please provide details of any recent national policies/procedures/guidance/reports relating to dealing with detainees who experience mental disorders or disabilities (please provide a short summary in English or French and send such texts as attachments with the completed survey)

The Danish Prison and Probation Service has in 2020 introduced tools for the prison staff to use while working with detainees who show signs of ADHD. The tools provided is to help the detainee create focus and to decrease the detainees sense of confusion.

To increase the knowledge of ADHD among the prison staff, a pamphlet has been made in co-operation with the Danish ADHD Society as well as an e-learning module focusing on how to handle detainees with signs of ADHD in various everyday life situations in prison.

Section 2: The Organisation of Prison Service and Mental Health Care Provision

The Organisation of the Prison system

1. What is the total number of the prison population in your country/jurisdiction at 31 January 2021? **3.902**

2. Do prison staff in your country/jurisdiction routinely receive mental health awareness training? **Yes**

a. If 'yes' please could you provide a brief description of this in terms of its content and who provides it? (If multiple providers and/or courses exist, please provide a brief summary of each).

The Danish Prison and Probation Service offer non-mandatory courses in institutions which specifically address detainees with mental health illnesses.

Course content:

- **Knowledge about diagnoses and causes of mental illness, reactions and forms of treatment, from detainees and clients with mental illnesses.**
- **Knowledge about psychotic behaviour, substance abuse, and how to communicate appropriately with the detainee using supportive conversation techniques - depending on the detainees mental state.**
- **Knowledge about which interdisciplinary and cross-sectoral partners are relevant in this work.**
- **The distinction between a supportive conversation and a therapeutic conversation and knowledge of one's own role and competence.**
- **Observation and analysis of the needs of the mentally ill.**

Target group: All employees including prison officers and social workers.

Course provider: The Labor Market Training Centers (AMU-centre).

3. What is the total budget for the provision of mental health care in prison context for the detainees in your country/jurisdiction? (Please provide details, or tick here **if unknown**)

Provision of mental health care in prisons are dealt with as part of the general operating economy of the Danish prisons. Specific data on the budget is not available due to limitations in registrations.

4. Approximately what percentage of the prison population in your country/jurisdiction do you estimate to have a current mental disorder or disability?

a. What data/ information do you base this estimate on?

b. Has specific research been carried out on this? If the answer is yes, please provide details

It is not possible for The Danish Prison and Probation Service to answer the question. In 2013, a study was conducted regarding detainees in Vestre Prison. The result of this study cannot be generalized to apply to all detainees. However, according to this study, 8 % were diagnosed with a mental illness and 83 % were diagnosed with other psychiatric disorders (e.g. affective disorders and nervous and stress-related conditions).

5. Is information on the prevalence of mental disorder or disability amongst the detainees routinely collected in your country/jurisdiction?

a. If 'yes' please provide further details about how this is done (e.g., who provides and publishes this data? How often?) **No**

6. Which organisation(s) have responsibility for providing mental health care in the prison context for detainees in your country/jurisdiction?

Ministry of Justice/Criminal Justice organisations
Ministry of Health/Healthcare services
Voluntary sector providers
Other (please specify)

7. At what stage(s) of incarceration are detainees typically screened for mental disorders or disabilities? (Please tick all that apply)

i. Intake
ii. Admission
iii. At other times during incarceration
iv. At least once a year
v. Less than once a year
vi. Preparation for release

8. During the period of incarceration, how is screening for mental disorders or disabilities is typically initiated? (Please tick all that apply)

i. **By request of the detainee**
ii. **By medical order**
iii. **Other (specify)** **If the detainee shows signs of mental disorders the prison staff will notify the nurse.**

Please provide details of which screening tools/questions are commonly used to detect mental disorders or disabilities amongst prison population

There is a reception procedure within the first 24 hours of imprisonment. During this procedure staff makes a first assessment of whether the detainee has health issues.

Within the first 48 hours the detainee is asked a number of questions in order to assess whether the detainee might have mental disorders. It is a coverage of certain psychiatric conditions.

The questions are in the line of the following:

- **Have you ever harmed yourself, because you were feeling unwell, but not to end your life?**
- **Have you ever had suicidal thoughts?**
- **Do you have thoughts of suicide now?**
- **Have you ever attempted suicide?**
- **Have you ever been admitted to a psychiatric ward? If yes, when?**
- **Have you ever received outpatient psychiatric treatment? If yes, where were you treated?**

- Have you ever had a psychiatric diagnose? If yes, which?
- Has a doctor ever told you that you suffer from schizophrenia?
- Have you previously been sentenced to psychiatric treatment?
- Have you ever heard sounds that others might not be able to hear, for instance voices mumbling, talking to you or talking about you? If yes, do you sometimes still hear sounds or/and voices?
- Have you seen visions while you were awake or seen things that others could not? If yes, do you sometimes still see visions and/or other things that others could not?
- Have you ever thought that someone could read your mind or hear your thoughts or that you could read other people's thoughts or hear what someone else thought?

9. Who usually screens those in the prison population for mental disorders or disabilities?

- Prison staff
- Other criminal justice staff
- Nurse
- General practitioner
- Psychiatrist
- Psychologist
- Social worker
- Other (please specify)

10. Please describe the route(s) by which detainees usually gain access to mental health care if they need it (if you have pathway diagrams please attach these in your reply)

Detainees can request to talk to a doctor or a nurse. They can request via prison guards or use a request form. A nurse or doctor will assess the detainee. If a psychiatrist is needed one will be called.

11. If prison services are involved in the provision of mental health care to detainees, which of the following best characterise their role?

- Providing interventions/treatment themselves
- Inviting external services to work on their premises
- Referring people to external services working elsewhere
- Mixture of the above

12. Does the prison service in your country/jurisdiction has special units to provide treatment to detainees with mental disorders or disabilities? **Yes**

a. If 'yes' please provide further details about how this is done (e.g., separated wing inside prison, independent unit, dedicated nursery in prison hospitals, etc.)

Several prisons have special healthcare units. Detainees who requires special somatic or psychiatric attention can be placed at these units. The Danish Prison and Probation Service does not have actual healthcare wards (somatic or psychiatric) but the units allows us to pay special attention to detainees who are in need of it. It should be noted that the Prison and Probation Service has a special institution (Herstedvester Prison) for the placement of, for example, detainees who needs psychiatric, psychological and / or sexological examination and treatment.

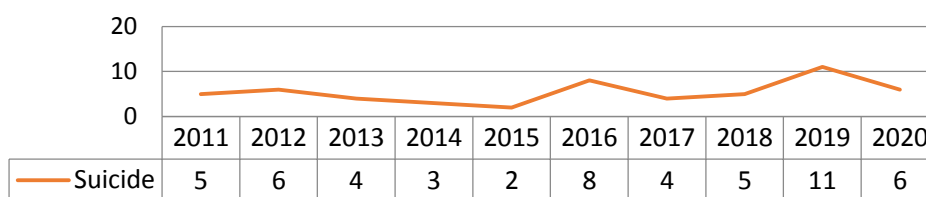
13. Does the prison service have any sentence or sentence planning requirements/programmes specifically for detainees with mental disorders or disabilities?

If yes, please provide details of these here **No**

14. Are the number of deaths by suicide in prison context collected nationally? **Yes**

If 'yes' can you attach a document that shows trends in such suicides over the past ten years?

Number of deaths by suicide from 2011 to 2020 in prisons in Denmark



15. Is there a suicide prevention programme in the prison system of your country/jurisdiction? **Yes**

If yes, please provide a brief description here:

When imprisoned conversations take place with the detainee and covers among other things mental illness as well as suicide risk using a standardized questionnaire.

16. Does the Prison Service work in co-operation with community organisations to ensure the continuity of care after imprisonment?

The Danish Prison and Probation Service cooperates i.a. with psychiatry to ensure continued treatment after release.

Prison and Probation Service for Zealand has stated that there is co-operation with community organizations to ensure the continuity of care after imprisonment. Before imprisonment it is relevant to go through health issues and the need to follow up. If there is a need after imprisonment for follow up treatment, contact to relevant treatment is established to ensure continuously treatment.

Prison and Probation Service for Central and Northern Jutland has stated that the health professionals in the prisons normally will contact the local psychiatry center or the detainees own doctor to ensure the continuity of treatment after release. In some cases, there will be specific conditions set in regard to adhere to psychiatric treatment after release on probation. In these cases the Probation service will administer the probate in close cooperation with the local municipality and/or psychiatric units at the hospitals.

Prison and Probation Service for Southern Denmark has stated that there is a formalized collaboration with the local psychiatry regarding detainees convicted to treatment. A collaboration with the local psychiatry can also be established after a health professional's assessment prior to release. Based on an individual assessment, an adapted collaboration with the municipality of residence can also be established.

Prison and Probation Service for Greater Copenhagen has stated that during custody and imprisonment there is no co-operation with actors outside of the penitentiary system. When a person is released the health journal is passed on to the general practitioner.

The Department of the Prison and Probation Service can furthermore inform that it is also possible to offer detainees a mentor in connection to the release. The purpose is to support the detainee - both practically and mentally. There is collaboration with both the public system and voluntary organizations in this regard.

Finally, it must be stated that co-operation with community organizations and general practitioners requires consent from the detainee.

17. Is there specific work with family members of the persons who experience mental disorders and disabilities?

Three of four regional penitentiary areas do not do specific work with family members of the persons who experience mental disorders and disabilities. One regional penitentiary area has informed that if

a detainee has special needs the nurse will contact relatives (municipality) to ensure correct care. This will be done after an individual health professional assessment with consent from the detainee.

18. Is there a gender approach when dealing with persons who experience mental disorders and disabilities?

In general there is not a gender approach when dealing with persons who experience mental disorders and disabilities. However, health care treatment in Denmark is always done after a concrete and individual assessment. One regional penitentiary area has informed that if there is a need to focus on gender that can be brought into play. Another regional penitentiary area has informed that in special cases the gender of the primary health care person may be taken into account if it is assessed that it is appropriate.

FINLAND

1. Which country/jurisdiction do you work in/represent?

Finland, Health care for prisoners

2. What is your job title?

Chief Physician, Psychiatric Hospital for prisoners

Section 1: National Policy

1. Please provide details of any recent national policies/procedures/guidance /reports relating to dealing with detainees who experience mental disorders or disabilities (please provide a short summary in English or French and send such texts as attachments with the completed survey)

There has been a remarkable change since 2016 when prison healthcare services were organized in a new way and under the surveillance of the Ministry of Social Affairs and Health. Since then there has been a lot of effort on describing the policies and rules of good clinical practice that are available in the intranet (IMS). SHQS quality system has been used, but in many areas there is still a lot of work left to be done. For a clinician the changes have been smaller and unfortunately the services are still under resourced.

A remarkable change has happened in the treatment of hepatitis C. At the present moment treatment is offered for all prisoners and according to the policy prisoners serving a sentence for at least 1 year get the treatment when APRI-index is under 1. When APRI is over 1 the treatment is available also for prisoners with shorter sentences.

Opioid substitution treatment has also been made more available and there is an assessment group working in the psychiatric hospital for prisoners. Buprenorphine depot injections have been used widely but methadone is also available.

Telepsychiatry has become quite popular. As there are 15 closed and altogether 26 prisons in Finland it has become a routinely used tool when an outpatient psychiatric consultation is needed.

Section 2: The Organisation of Prison Service and Mental Health Care Provision

The Organisation of the Prison system

1. What is the total number of the prison population in your country/jurisdiction at 31 January 2021?

2600 (The number of prisoners has been reduced because of the COVID-19 epidemic. A year before the number was 3001).

2. Do prison staff in your country/jurisdiction routinely receive mental health awareness training? Yes

a. If 'yes' please could you provide a brief description of this in terms of its content and who provides it? (If multiple providers and/or courses exist, please provide a brief summary of each).

The Training Institute for Prison and Probation Services is the only education institution in Finland that provides training and qualification for supervision and guidance duties in prison. A degree in prison and probation services qualifies graduates to work in duties relating to supervising and managing prisoners and more specifically as prison officers. The degree programme consists of 90 credits and takes 16 months to complete.

Prison officers are responsible for the safety of the prisoners. Prison officers also contribute more and more to rehabilitative services such as substance abuse programmes and prisoners' recreational activities. Prison officers must have sufficient basic know-how of the causes and consequences of crime, its effects on control and the associated mental health and substance abuse problems. They must also be able to motivate and encourage convicts to lead a life free of crime.

3. What is the total budget for the provision of mental health care in prison context for the detainees in your country/jurisdiction?

For 2021 it is around 20 million euros.

4. Approximately what percentage of the prison population in your country/jurisdiction do you estimate to have a current mental disorder or disability?

According to the data of prison studies about 90% of all prisoners have a substance abuse disorder. In Finland it is typically polysubstance abuse when opioids, amphetamine, cannabis, and benzodiazepines are used daily. Alcoholics have become rare. About 65% of all prisoners have a personality disorder. Antisocial personality disorder is the most common of them. There has been much concern in psychotic disorders as we have now more than 200 prisoners every year suffering from schizophrenia and other serious psychotic disorders. Many of them need treatment in the psychiatric hospital for prisoners.

a. What data/ information do you base this estimate on?

The latest prison study was published in 2010, this year a new study has been started.

5. Is information on the prevalence of mental disorder or disability amongst the detainees routinely collected in your country/jurisdiction? **No**

But there is written information as every new prisoner has to be assessed by a nurse during the first 3 days after imprisonment.

6. Which organisation(s) have responsibility for providing mental health care in the prison context for detainees in your country/jurisdiction?

Ministry of Justice/Criminal Justice organisations

Ministry of Health/Healthcare services

Voluntary sector providers

There is a project for neuropsychiatric disorders.

Other (please specify)

7. At what stage(s) of incarceration are detainees typically screened for mental disorders or disabilities? (Please tick all that apply)

i. Intake

ii. Admission

iii. At other times during incarceration

iv. At least once a year

v. Less than once a year

vi. Preparation for release

8. During the period of incarceration, how is screening for mental disorders or disabilities is typically initiated? (Please tick all that apply)

- i. By request of the detainee
- ii. By medical order
- iii. Other (specify) By request of prison staff.

Please provide details of which screening tools/questions are commonly used to detect mental disorders or disabilities amongst prison population

Screening interview.

9. Who usually screens those in the prison population for mental disorders or disabilities?

- Prison staff
- Other criminal justice staff
- Nurse
- General practitioner
- Psychiatrist
- Psychologist
- Social worker
- Other (please specify)

10. Please describe the route(s) by which detainees usually gain access to mental health care if they need it (if you have pathway diagrams please attach these in your reply)

Health care is an important part of the imprisonment process. The health care professionals assess the health, working capacity and possible substance problems of prisoners in the arrival and placement phase. The prisons have a polyclinic where a prisoner can get treatment for health problems. The prisoners contact the polyclinic also if they have mental health issues. The polyclinic has a nurse. In most prisons, an appointment is made by filling in an inquiry form, which is left in a sealed envelope in the box at the ward meant for the post to the officials. In acute health problems, prisoners contact the staff.

Outpatient services are available in every prison, telepsychiatric consultations of psychiatric nurses and psychiatrists are available, in some prisons it is possible to have an appointment with consultant psychiatrists. A prisoner can ask for help or assessment and prisoners with possible suicide risk or psychotic symptoms are monitored by guards. For hospital treatment a referral of a general practitioner is needed.

11. If prison services are involved in the provision of mental health care to detainees, which of the following best characterise their role?

- Providing interventions/treatment themselves
- Inviting external services to work on their premises
- Referring people to external services working elsewhere
- Mixture of the above

12. Does the prison service in your country/jurisdiction has special units to provide treatment to detainees with mental disorders or disabilities? **Yes**

a. If 'yes' please provide further details about how this is done (e.g., separated wing inside prison, independent unit, dedicated nursery in prison hospitals, etc)

There are a couple of wards in two prisons with extra care for old prisoners and prisoners with neuropsychiatric disorders. There is a psychiatric hospital for prisoners that has 54 bed (6 beds for women).

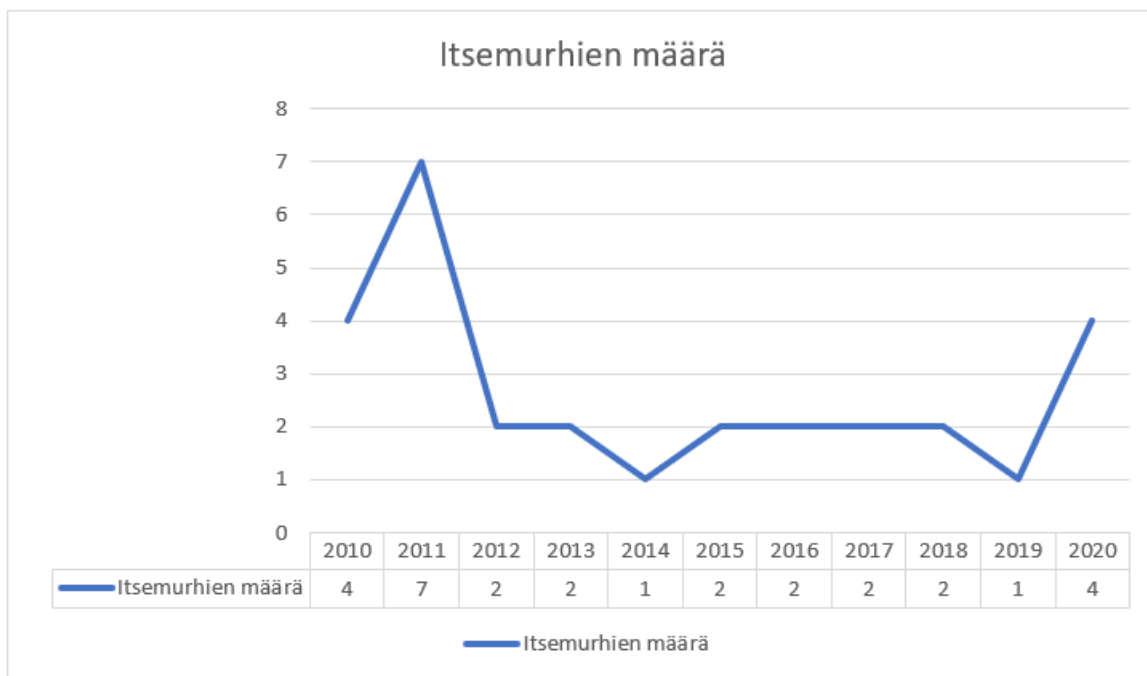
13. Does the prison service have any sentence or sentence planning requirements/programmes specifically for detainees with mental disorders or disabilities? **Yes**

If yes, please provide details of these here

An individual sentence planning has become available for “difficult to place” prisoners in 2020, assessments and planning for support are done in cooperation with psychiatric hospital for prisoners

14. Are the number of deaths by suicide in prison context collected nationally? **Yes**

If 'yes' can you attach a document that shows trends in such suicides over the past ten years?



15. Is there a suicide prevention programme in the prison system of your country/jurisdiction? **Yes**

If yes, please provide a brief description here

The Criminal Sanctions Agency has a prevention programme and written guidelines “Suicide prevention and emergency assessment in the field of criminal sanctions”, which are available in Finnish

https://www.rikosseuraamus.fi/material/attachments/rise/julkaisut-muut/wX8Hkn9I9/Itsemurhien_ehkaisy_-esite_2014.pdf

16. Does the Prison Service work in co-operation with community organisations to ensure the continuity of care after imprisonment?

Prisoners serving longer sentences have better opportunities to get plans for aftercare. More problems are with prisoners with very short sentences that are sometimes released in court and then no plans can be made.

17. Is there specific work with family members of the persons who experience mental disorders and disabilities?

During psychiatric hospital treatment it is a standard procedure, during outpatient treatment it depends on individual needs.

18. Is there a gender approach when dealing with persons who experience mental disorders and disabilities?

Women prisoners are serving their sentences mainly in one prison and there are psychiatric nurses and a part time consultant psychiatrist, hospital treatment and outpatient treatment are both available.

FRANCE

1. Which country/jurisdiction do you work in/represent?

France

2. What is your job title?

Directorate of Prison Administration (DAP) health unit and co-ordinator for loss of autonomy

Section 1: National Policy

1. Please provide details of any recent national policies/procedures/guidance /reports relating to dealing with detainees who experience mental disorders or disabilities (please provide a short summary in English or French and send such texts as attachments with the completed survey)

Better knowledge of prisoners' state of health is included as an objective in Field 1 of the Prisoners' Health Strategy. Mental health research is a priority, since the only French evaluation study of the prevalence of mental disorders in (male) prisoners in France was led by Professor Bruno Falissard in 2004.

Thus on 2 July 2019 the Minister for Solidarity and Health and the Minister of Justice put their signatures to a 2019-2022 roadmap for prisoners' health, the first measure of which concerns a better understanding of prisoners' mental health:

Two studies to gain insight into prisoners' mental health are to begin shortly:

- Firstly, a longitudinal study on "Prisons and mental health: mental health and factors affecting it in a prison environment" (PRISME), led by the National Health and Medical Research Institute (INSERM), will study prisoners' mental health and the factors affecting it during their incarceration, particularly provision of care, conditions of detention and intercurrent events during imprisonment. It should lead to recommendations for promoting mental health and improving psychiatric care in prisons. The study will start in 2021.
- Secondly, the Regional Federation of Psychiatric and Mental Health Research (F2RSMPsy) in Hauts de France is beginning a study called "Mental health of prison leavers" (SPCS). This study, which is to receive funding from the General Directorate for Health and the public health agency (Public Health France), has three aims:
 - To gauge the prevalence of psychiatric disorders in prison leavers by means of the MINI-International Neuropsychiatric Interview (MINI-Plus);
 - To describe and assess care and support pathways during detention and upon release;
 - To raise public awareness of prisoners' health.

This study, running for 18 months from September 2020, covers one hundred prisoners drawn by lot in each of twenty-six prisons also drawn by lot, thus totalling 2 600 people. The procedure is based on pre-release interviews. The study will be complemented by an ancillary qualitative study of 50 women prisoners and 50 men prisoners in overseas France.

Section 2: The Organisation of Prison Service and Mental Health Care Provision

The Organisation of the Prison system

1. What is the total number of the prison population in your country/jurisdiction at 31 January 2021?

63 553 detainees (at 03/02/2021).

2. Do prison staff in your country/jurisdiction routinely receive mental health awareness training? Yes

a. If 'yes' please could you provide a brief description of this in terms of its content and who provides it? (If multiple providers and/or courses exist, please provide a brief summary of each).

The National Union of Families and Friends of the Mentally Sick and/or Disabled (UNAFAM), which is a partner of the Directorate of Prison Administration, and the training department of Caen prison administration developed a training course on "Care for persons with mental disorders" several years ago. The course is available for prison staff and stakeholders (senior management, management, guards, prison rehabilitation and probation officers (CPIP), administrative staff, etc.). It lasts a day and covers the following points:

- Pathologies,
- Mental disability,
- Some potential warning signs,
- Establishing contact with people with mental disorders.

The training course is now well established. In addition to Rennes Inter-regional Directorate of Prison Services (DISP), Bordeaux DISP is going to run the course with UNAFAM in its area in 2021. UNAFAM and the Directorate of Prison Administration are also considering its roll-out in the other Inter-regional Directorates of Prison Services.

A Mental Health First Aid (PSSM) training course has been run for prison staff since 2020 under a partnership with the National Union of Families and Friends of the Mentally Sick and/or Disabled (UNAFAM).

This course is intended to raise awareness among and inform prison staff so that they better understand mental disorders.

Its objectives are:

- Developing basic skills concerning mental health disorders;
- Better understanding the different types of mental health attacks/crises;
- Developing interpersonal skills: listening without judging, offering reassurance and providing information;
- Dealing more effectively with aggressive behaviour;
- Testing and taking ownership of an action plan to be used to provide immediate support in the event of mental health issues.

12 of these mental health first aid courses were held in 2020; 28 are planned in 2021.

Specifications for the development of training on "mental health and behavioural disorders" for prison staff, to be provided by staff of healthcare units and/or regional medical psychology departments, are also being drawn up in co-operation with the Directorate General of Care Provision (DGOS).

In addition, as part of the initial training provided by ENAP (National Prison Administration Academy), future prison staff, including rehabilitation and probation staff (managers and officers), receive training on suicide prevention. In this connection, they are trained to assess suicide risks.

Moreover, although there is no training on "mental health" as such, ENAP runs psychology courses for a range of target groups, which cover mental health and relevant care provision in prisons. These courses are tailored to the needs of the various target groups concerned. ENAP also runs role-playing sessions for guards and prison rehabilitation and probation officers on dealing with behavioural disorders.

3. What is the total budget for the provision of mental health care in prison context for the detainees in your country/jurisdiction? (Please provide details, or tick here if unknown)

Under Law No. 94-43 of 18 January 1994 on Public Health and Social Protection, the Ministry of Solidarity and Health has sole responsibility for healthcare provision for prisoners.

4. Approximately what percentage of the prison population in your country/jurisdiction do you estimate to have a current mental disorder or disability?

Better knowledge of prisoners' state of health is included as an objective in Field 1 of the Prisoners' Health Strategy. Mental health research is a priority, since the only French evaluation study of the prevalence of mental disorders in (male) prisoners in France is that led by Professor Bruno Falissard in 2004. Prevalence of schizophrenia was then estimated to be 6.2% as compared with 0.37% in the general population, clinical depression 24% as against 7.8%, and generalised anxiety disorder 17.7%.

As for disabilities, a survey of a sample group of 97 prisons in August and September 2020 showed that 3.1% of prisoners were affected by a disability.

a. What data/ information do you base this estimate on?

See above. The information comes from a survey completed by prison officers rather than medical staff.

b. Has specific research been carried out on this? If the answer is yes, please provide details

A comprehensive survey is currently in progress, but since all the results have not yet been received, reminders are being sent out.

There have been cross-sectional surveys not only of the number of persons with disabilities in detention but also of the issues raised by provision of care. Thus, pending the findings of the current survey, previous surveys have revealed:

- 234 deaf or hard-of-hearing persons (of whom 23 were deaf), i.e. 0.32% of the prison population as at 31 July 2012;
- 329 prisoners with physical disabilities, i.e. 0.5% of the prison population as at 1 January 2013;
- 185 persons requiring assistance with daily activities as at 7 September 2015.

5. Is information on the prevalence of mental disorder or disability amongst the detainees routinely collected in your country/jurisdiction? No

No for mental disorder: see reply above.

No for disability: see reply above.

a. If 'yes' please provide further details about how this is done (e.g., who provides and publishes this data? How often?)

6. Which organisation(s) have responsibility for providing mental health care in the prison context for detainees in your country/jurisdiction?

Ministry of Justice/Criminal Justice organisations

Ministry of Health/Healthcare services

Voluntary sector providers

Other (please specify)

7. At what stage(s) of incarceration are detainees typically screened for mental disorders or disabilities? (Please tick all that apply)

i. Intake

ii. Admission

iii. At other times during incarceration

iv. At least once a year

v. Less than once a year

vi. Preparation for release

8. During the period of incarceration, how is screening for mental disorders or disabilities is typically initiated? (Please tick all that apply)

- i. By request of the detainee
- ii. By medical order With the consent of the detainee.
- iii. Other (specify)

Screening usually begins with the admission consultation. The prison health unit (USMP) carries out an assessment with the prisoner's consent, and this includes screening for mental disorders or disabilities.

Please provide details of which screening tools/questions are commonly used to detect mental disorders or disabilities amongst prison population

The prison health unit (USMP), which is attached to a general or psychiatric hospital, is responsible for screening prisoners' mental disorders or disabilities.

When an individual enters prison (incoming prisoner), the guards fill in a questionnaire designed to identify suicide risks (assessment criteria for the likelihood of suicide). The prisoner also has to undergo a medical examination in the prison health unit (as part of the admission pathway).

In addition, there is an observation process in the admission block during which mental disorders can be identified by prison staff.

9. Who usually screens those in the prison population for mental disorders or disabilities?

- Prison staff
- Other criminal justice staff
- Nurse
- General practitioner
- Psychiatrist
- Psychologist
- Social worker
- Other (please specify)

The prison health unit (USMP), which is attached to a general or psychiatric hospital and consists of nurses, doctors, a psychologist and a psychiatrist, is responsible for screening prisoners' mental disorders.

10. Please describe the route(s) by which detainees usually gain access to mental health care if they need it (if you have pathway diagrams please attach these in your reply)

Prisoners with mental disorders receive care as follows:

- For outpatient treatment, through Level 1 of the psychiatric care system (DSP), by the prison health unit (USMP) attached to a general or psychiatric hospital or by the regional prison psychiatric unit (SMPR);
- For part-time hospital care, through DSP Level 2, by SMPRs or prison health units, which organise outpatient care in hospital for prisoners and can also provide part-time care in their own day centres;
- For full-time hospital care, in a hospital (psychiatric hospital or specially equipped hospital unit (UHSA)) for hospitalisation without consent, and only in specially equipped hospital units in the case of voluntary hospitalisation.

11. If prison services are involved in the provision of mental health care to detainees, which of the following best characterise their role?

- Providing interventions/treatment themselves
- Inviting external services to work on their premises
- Referring people to external services working elsewhere
- Mixture of the above

Prison staff are not involved in the provision of mental health care for prisoners.

12. Does the prison service in your country/jurisdiction has special units to provide treatment to detainees with mental disorders or disabilities? **Yes**

a. If 'yes' please provide further details about how this is done (e.g., separated wing inside prison, independent unit, dedicated nursery in prison hospitals, etc)

Prisoners with mental disorders receive care as follows:

- For out-patient treatment, through Level 1 of the psychiatric care system (DSP), by the prison health unit (USMP) attached to a general or psychiatric hospital or by the regional prison psychiatric unit (SMPR);
- For part-time hospital care, through DSP Level 2 by SMPRs or prison health units, which organise outpatient care in hospital for prisoners and can also provide part-time care in their own day centres;
- For full-time hospital care, in a hospital (psychiatric hospital or specially equipped hospital unit (UHSA)) for hospitalisation without consent, and only in specially equipped hospital units in the case of voluntary hospitalisation.

13. Does the prison service have any sentence or sentence planning requirements/programmes specifically for detainees with mental disorders or disabilities? **Yes**

If yes, please provide details of these here

The prison service makes recommendations to the courts as provided for by law and therefore does not make decisions. Lawyers are involved in prisoner applications, since court jurisdiction has been extended to enforcement of sentences. In France, Article 122-1 of the Criminal Code states: "A person shall not be criminally liable if, when he committed the offence, he was suffering from a psychological or neuropsychological disorder that inhibited his judgment or his ability to control his actions." Consequently, persons found not to be responsible for their actions because of mental disorders are, depending on the stage at which absence of responsibility is found, either discharged by the investigating judge or acquitted by the criminal court.

The second paragraph of Article 122-1 states: "A person who, when he committed the offence, was suffering from a psychological or neuropsychological disorder that impaired his judgment or impeded his ability to control his actions may still be punished. However, the court shall take this circumstance into account when determining the sentence and the conditions applying to it. If a custodial sentence is incurred, it shall be reduced by a third; a crime carrying a life sentence shall be reduced to thirty years. A court may, however, by a decision giving specific reasons in criminal law, decide not to apply the sentence reduction. When, after medical advice, the court considers that the nature of the disorder so warrants, it shall satisfy itself that the sentence delivered allows the person convicted to receive care appropriate to his state."

Deferment of sentence on medical grounds was introduced for convicted persons in 2002 and release on medical grounds for prisoners in 2014. This is to allow release of individuals suffering from serious health problems not consistent with continued detention or putting their lives at risk. In both cases, the measure is conditional on there being no "serious risk of reoffending" (French Code of Criminal Procedure, Articles 147-1 and 720-1-1). Neither measure is subject to any time-limits or any serious effort at rehabilitation. Either measure can be requested at any time. Once the measure is granted, detention is deferred indefinitely. But it may resume if the conditions for the measure are no longer met (mainly if the individual's state of health improves).

Reduced sentences mean that convicted prisoners are entitled to a special detention regime allowing them to leave the prison to engage in an occupation, do a course or vocational training, seek employment, participate in a minimum of family life, undergo medical treatment or take part in any other employment or rehabilitation project tending to prevent the risk of reoffending.

14. Are the number of deaths by suicide in prison context collected nationally? **Yes**

If 'yes' can you attach a document that shows trends in such suicides over the past ten years?

Record of suicides for the period 2010-2020

2010-2020	In prison		
	Suicides in prison ¹¹	Suicide death rate in prison per 10 000 ¹²	Suicide death rate per 10 000 (total annual population) ¹³
2010	109	17.8	7.9
2011	116	18.2	8.4
2012	106	15.9	7.4
2013	97	14.4	6.7
2014	94	13.9	6.9
2015	113	17	8.1
2016	117	17.1	8.2
2017	103 ¹⁴	14.9	7.2
2018	119 ¹⁵	16.9	8.2
2019	114 ¹⁶	16	7.7
2020	113 ¹⁷	18	8.1

15. Is there a suicide prevention programme in the prison system of your country/jurisdiction? Yes

If yes, please provide a brief description here

An ambitious action plan was signed on 15 June 2009. It includes 20 measures in 5 major fields:

- **Better training for prison staff to assess suicide risk (primarily for staff assigned to the most sensitive sections, particularly the admission block),**
- **Enforcement of specific protection measures for suicidal prisoners (provision of emergency protection consisting of tear-proof bedding and tear-proof disposable clothing, emergency safe cells, intercoms, etc.),**
- **A more multidisciplinary approach to detention (single multidisciplinary standing committee on suicide prevention, for instance),**
- **Action to tackle feelings of isolation in the disciplinary block (reception procedure, telephone access and availability of radios),**
- **Mobilisation of all members of the “prison community” (main players, associations, families, other inmates, courts and partners of the Ministry of Justice).**

In addition, a prisoner-to-prisoner support scheme was introduced from 2010. Prisoners are meant to support other inmates who are suffering by identifying and listening to them and to adopt a “containing” and supportive attitude to prisoners at high risk of suicide, by lending them an ear and, where appropriate, offering to put them in touch with various members of staff and volunteers.

¹¹ Sum of suicide deaths in prison and deaths in hospital following attempted suicide in prison. These prisoners were entered on the prison register and in the custody of the prison service.

¹² Calculated on the basis of the average annual prison population: total number of prisoner suicides ÷ average annual prison population.

¹³ Calculated on the basis of the total annual prison population, i.e. all the prisoners entered on the prison register for the year. The rate is again calculated per 10 000 prisoners, as in the case of death rate based on average population.

¹⁴ From 1 January 2017, following the recommendations of the suicide prevention policy audit, the figures include deaths of released prisoners after attempted suicide in prison if such deaths occurred within 120 days of release. Of these 103 recorded suicides, four died within 120 days of release.

¹⁵ Of these 119 recorded suicides, two died within 120 days of release.

¹⁶ Of these 114 recorded suicides, one died within 120 days of release.

¹⁷ Of these 113 recorded suicides, one died within 120 days of release.

In 2015 the action plan was audited jointly by the General Inspectorate of Judicial Services and the General Inspectorate of Social Affairs. Once the audit report was published, the Ministry of Justice set out to implement its twenty-two recommendations.

In August 2020 the Minister of Justice and the Minister for Solidarity and Health began a joint inspection mission (General Inspectorate of Justice and General Inspectorate of Social Affairs) to bolster suicide prevention in prison and elucidate the circumstances in which an inmate of Les Baumettes Prison took his own life.

An evaluation of prison suicide prevention policy has also been launched in 2021. It will cover prevention as a whole, with two points of focus: the prisoner-to-prisoner support scheme and suicide prevention training for prison staff.

16. Does the Prison Service work in co-operation with community organisations to ensure the continuity of care after imprisonment?

A working group to assess the contribution made by existing consultations prior to release and outside prison to the continuity of mental health care will be set up in 2021. The National Prison Directorate (DAP) also supports the initiatives relating to mobile transition teams (EMOTs) for released prisoners with psychiatric disorders that are being developed in the Lille Inter-regional Prison Service (DISP) and, in the near future, the Toulouse DISP. The Toulouse project has been selected nationally by the Fund for Management Innovation in Psychiatry and has obtained funding for a start-up in September 2021. These mobile teams facilitate continuity of mental health care upon release and thus help ensure an individual's recovery.

A guide to contact Addiction Prevention, Support and Care Centres (CSAPAs) for prisons was sent to the regional health agencies (ARSs) and inter-regional prison services (DISPs) in late 2019. It pointed out that the contact CSAPA provided co-ordination with outside partners in preparation for release.

Continuity of care is also included in the fields of work set out in the roadmap for prisoners' health, one field being called "Organising continuity of care upon release from prison and lifting of judicial measures".

17. Is there specific work with family members of the persons who experience mental disorders and disabilities?

There is a partnership, currently in the process of renewal, with the National Union of Families and Friends of the Mentally Sick and/or Disabled (UNAFAM). The aim is to provide the families of prisoners who experience mental disorders with information about the scope of its work and how it is organised, in particular through:

- the distribution of leaflets, guides and posters through family visit centres;
- posters in visiting rooms;
- maintaining in family visit centres during opening hours, within its means and subject to the agreement of the family visit centres.

UNAFAM informs prisoners' families who contact it about channels of communication for passing on information to prison health units on their family member's care pathway and - in emergencies - to authorised staff on worrying developments in that person's health, based on information given to it by the prison service. A partnership of this kind does not exist for non-mental disabilities, since prisoners are supposed to be able to take these steps themselves. However, depending on the specific situation, needs of this type are handled by the rehabilitation and probation service (SPIP).

18. Is there a gender approach when dealing with persons who experience mental disorders and disabilities?

Care for people with mental disorders or disabilities is considered in the light of gender and its effects; work in this field also takes account of single-sex provision in prisons, the fact that women constitute a minority of the prison population, and the specific studies that have been conducted, which are described below.

A research project on the mental health of persons leaving prison was started by a team from Lille in September 2020. The study includes a section on women's mental health (to start shortly). Prisons taking women in the Hauts de France region will be included in this strand of the study in terms of specific groups recognised by the prison service.

A gender approach is also evidenced by Measure 20 of the roadmap for prisoners' health, which aims to "guarantee women prisoners continuing access to care".

GERMANY

Hamburg: Due to the limited staff capacities resulting from the pandemic situation, the City of Hamburg unfortunately is unable to respond in detail to the attached questionnaire from the Council for Penological Cooperation; nevertheless, I would like to briefly address certain items of key importance from the standpoint of Hamburg:

For years now, Hamburg has been working to improve the care provided to mentally ill detainees. Thus, when it comes to outpatient care at the Hamburg facilities, an excellent cooperation has evolved over the years with the Institute for Sex Research and Forensic Psychiatry at the Medical Centre Hamburg-Eppendorf (UKE), as well as with the forensic psychiatry unit of the Asklepios Klinik Nord in Ochsenzoll.

At present, Hamburg's correctional system does not operate inpatient care facilities of its own for mentally ill detainees. Thus far, the only way to provide detainees with inpatient psychiatric care has been in a hospital setting outside the correctional system, under application of section 63 (2) of the Hamburg Prison Act (Hamburgisches Strafvollzugsgesetz - HmbStVollzG), section 63 of the Hamburg Juvenile Prison Act (Hamburgisches Jugendstrafvollzugsgesetz - HmbJStVollzG) and of section 45 of the Hamburg Pre-Trial Detention Act (Hamburgisches Untersuchungshaftvollzugsgesetz - HmbUVollzG). As a general rule in such cases, the detainees are transferred to the forensic psychiatry ward of the Asklepios Klinik Nord in Ochsenzoll.

Demand for acute care beds (with detainees being moved to secure psychiatric detention) is high. There are plans to expand Hamburg's resources in terms of secure psychiatric units in the coming years.

North Rhine-Westphalia (Nordrhein-Westfalen): Given the limited staff capacities available in this department resulting from the pandemic, I will take the liberty of forgoing a detailed response to the questions submitted. This said, I am happy to provide observations on behalf of the Land of North-Rhine Westphalia on the topical areas addressed in the questionnaire, insofar as these pertain to my sphere of responsibility:

The penal institutions in the Land of North-Rhine Westphalia are working intensively to improve the care provided to mentally ill detainees. An important basis for this are the findings obtained by the Commission of Experts set up by the Justice Minister of the Land of North-Rhine Westphalia, which has focused on elaborating appropriate measures to identify and treat mental disorders among detainees. Attached to this writing as Annexes 1 and 2, respectively, are the report from the 'Commission of Experts on Potential Improvements in Penal Institutions in the Fields of Fire Safety, Communication and Mental Disorders' (Expertenkommission zu Optimierungsmöglichkeiten im Justizvollzug auf den Gebieten des Brandschutzes, der Kommunikation und der psychischen Erkrankungen) and the final report from the roundtable subsequently tasked with coordinating the implementation of these recommendations. In addition, the Land Ministry of Justice has developed a concept for the 'Psychiatrically Enhanced Treatment of Detainees in Correctional Facilities' (Psychiatrisch intensivierete Behandlung von Gefangenen in den Justizvollzugsanstalten or 'PIB'), which is now being put into practice with a high commitment of personnel resources. Said concept is attached to this writing as Annex 3. In parallel with this, the Land Ministry of Justice has been piloting the use of telemedicine at a number of prison, with promising results. The telemedicine approach is intended to further increase the availability of general practitioners and psychiatrists by additional consultation hours.

1. Which country/jurisdiction do you work in/represent?

BW: Baden-Württemberg

BY: Bavaria (Bayern)

HB: Bremen

HE: Hessen
MV: Mecklenburg-West Pomerania (Mecklenburg-Vorpommern)
NI: Lower Saxony (Niedersachsen)
RP: Rhineland-Palatinate (Rheinland-Pfalz)
SH: Schleswig-Holstein
SL: Saarland
SN Saxony (Sachsen)

2. What is your job title?

BW: Desk Officer for Medical Issues (General Practitioner, Medical Specialist in Public Health, Medical Specialist in Psychiatry and Psychotherapy)

BY: ./.

HB: Medical Doctor in prison.

HE: Head of Division at the Land Ministry of Justice

MV: Land Ministry of Justice of Mecklenburg-West Pomerania

Division of Corrections, Out-patient Rehabilitation Assistance and Pardons;

Division for the Organisation of Out-patient and In-patient Offender Support Services;

Caseworker (University Degree in Administration

NI: Physician (Medical Desk Officer at the Land Ministry of Justice of Lower Saxony).

RP: Head of Division at the Land Ministry of Justice.

SH: Diploma'ed Psychologist, as desk officer for the Ministry of Justice, Europe and Consumer Protection of Schleswig-Holstein

SN: Psychological Psychotherapist (Behavioural Therapy), Member of Staff at the Criminological Service of the Free State of Saxony, Head of the Land Task Force and Federal Task Force on 'Suicide Prevention in the Correctional System' (Suizidprävention im Justizvollzug).

Section 1: National Policy

1. Please provide details of any recent national policies/procedures/guidance/reports relating to dealing with detainees who experience mental disorders or disabilities (please provide a short summary in English or French and send such texts as attachments with the completed survey)

BW: A Commission of Experts was established in 2019 with the aim of adapting medical care in the correctional system to current challenges and further enhancing it going forward. December 2020 saw the publication of a report 'on Medical Care in the Baden-Württemberg Correctional System' (zur Medizinischen Versorgung im baden-württembergischen Justizvollzug), which also dealt with the provision of care to mentally ill detainees.

The entire report [in German] is available for retrieval under the following link:

https://www.justiz-bw.de/site/pbs-bw-rebrush-jum/get/documents_E830790683/jum1/JuM/Justizministerium%20NEU/Justizvollzug/Abschlussbericht-der-Expertenkommission-Medizinkonzept.pdf

BY: The Bavarian correctional system sets great store by ensuring that detainees with mental illnesses receive the best-possible care, whereby the rising number of detainees exhibiting psychological particularities and the increasing severity of the identified illnesses, respectively disorders, constitute a major challenge. One way in which mental illness on the part of detainees in the Bavarian correctional system is treated is through the healthcare provided by medical services (Article 58 et seqq. of the Bavarian Prison Act (Bayerisches Strafvollzugsgesetz - BayStVollzG)). Psychological therapy measures are applied as well, insofar as this indicated by the findings of the pre-treatment check-up

(Article 8 of the Bavarian Prison Act), or for purposes of minimising the risk of relapse and helping detainees come to terms with their crimes (Article 74 et seqq. of the Bavarian Prison Act). Particularly dangerous detainees are given integrative social therapy subject to the preconditions of Article 11 paragraphs (1) and (2) of the Bavarian Prison Act). The detainees who are considered good candidates for social therapy generally exhibit some kind of personality disorder.

HB: ./.

HE: The task of adequately housing and caring for detainees who exhibit mental illnesses, respectively psychological particularities, has proven difficult over the past years, both Germany-wide and in the Hessian correctional system. The manifestly deviant behaviour of these detainees makes it especially challenging for the correctional system to properly integrate them into normal prison life. Depending on the medical condition involved, their behaviour can be mercurial and characterised by verbal and physical aggression directed against objects, staff and/or their own selves. Dealing with these detainees poses a significant burden for the prison staff.

Against this backdrop, providing optimal care for these detainees is a special concern of the department competent for these matters. The problem of caring for mentally ill detainees figured on the agenda at the 85th Conference of Land Justice Ministers, who advocated in favour of guideline-compliant treatment for this population; as a follow-up, a task force was established in 2015 that was to identify areas of improvement in the Hessian correctional system with respect to the care and handling of detainees exhibiting psychological particularities.

Based on the task group's recommendations on how care for mentally ill detainees could be improved, steps have been taken over the past few years both to enhance the prison staff's qualifications through continuing training and to also roll out complementary programs (e.g. sports and ergotherapy) while optimising staffing criteria, thereby bringing about a marked improvement in the care provided to mentally ill detainees.

MV: This department is not aware of any such political policies.

NI: Based on the findings made in 2014 by a Land project group on 'Psychiatric Care for Prisoners' (Psychiatrische Versorgung von Inhaftierten) and also in 2018 by a corresponding task force, a three-level model has been rolled out for all facilities:

1. Development of own structures and concepts for outpatient care at every correctional facility. Key building blocks consist of regular psychiatric visiting hours with medical specialists and, in the outpatient sector, deploying nursing staff who have at least a basic qualification in psychiatric care and who can act as a liaison between the relevant prison departments, physicians and specialised services.

2. Setup of four so-called 'wards with a psychiatric focus' (Vollzugsstation mit psychiatrischem Schwerpunkt or VpS) across the Land. These accept detainees who, in keeping with the Land Penal Enforcement Plan (Vollstreckungsplan), meet the following criteria:

- a. Detainees who are not treatable in an outpatient setting and are unable to adjust to normal prison life due to a diagnosed or suspected mental illness giving rise to distinct symptoms.
- b. Detainees who have undergone psychiatric treatment and who are to receive follow-up therapy to prepare them to enter the regular prison population at the competent facility.

The following detainees are not accepted:

- a. Detainees whose illness is so severe as to necessitate 24/7 (round the clock) medical supervision (i.e. where at least "on-call" medical help must be available).
- b. Detainees who generally exhibit deviant behaviour that appears not to be caused primarily by a mental illness requiring treatment.
- c. Detainees who are not (or no longer) treatable.

Each ward with a psychiatric focus (VpS) has at least one medical specialist in psychiatric care on staff (in addition to the other specialised medical personnel) and has put in place its own specific concept.

Additional wards with a psychiatric focus are in planning.

3. Provision of external treatment for detainees who require closely coordinated inpatient care or intensive psychiatric supervision. A cooperation agreement with the Ministry for Social Affairs, Health and Equal Opportunities of Lower Saxony has been concluded for this purpose.

RP: There are/is no political policies/procedures/guidance/reports on this topic available in the Rhineland-Palatinate.

SH: At present, plans are underway to establish a fully inpatient psychiatric ward at one of the Land's two largest prisons. The second prison already has a psychiatric unit in the form of a day-care clinic.

Current policies on various aspects of barrier-free accessibility also have an effect, albeit a rather peripheral one, on the correctional system and on detainees who suffer from a range of disabilities.

SL: ./.

SN: Saxony's correctional system has not put in place any special policies, respectively recommendations, concerning this topical area. Care for mentally ill detainees in prisons is provided by psychological services (Psychologischer Dienst) and the psychiatrists who work there. A particular priority right now is restructuring the treatment of mentally ill detainees in the context of placing the newly built prison hospital into service.

Section 2: The Organisation of Prison Service and Mental Healthcare Provision

The Organisation of the Prison System

1. What is the total number of the prison population in your country/jurisdiction at 31 January 2021?

BW: 6,699

BY: 9,444

HB: 715

HE: 4,153

MV: 931

NI: 3,348

RP: 2,854

SH: 1,082 (men, women and male youth as of 3 February 2021; since 31 January 2021 was a Sunday, using it as a cut-off date would probably have produced an erroneous count given the number of detainees in the prison population who might be absent that day).

SL: 740

SN: 2,919

2. Do prison staff in your country/jurisdiction routinely receive mental health awareness training?

BW: Yes.

BY: Yes.

HB: No.

HE: Yes.

MV: Yes.

NI: Yes.

RP: No.
SH: Yes.
SL: No.
SN: Yes.

a. 'If 'yes' please could you provide a brief description of this in terms of its content and who provides it? (If multiple providers and/or courses exist, please provide a brief summary of each).

BW: The Correctional Training Centre (Bildungszentrum Justizvollzug) of Baden-Württemberg offers, on a recurring basis, various programmes providing ongoing professional training which are intended to raise awareness of the topic of 'mental health.'

The following programmes providing ongoing professional training can be listed as examples:

1. 'Stay Healthy'

This programme provides information on health risks and teaches techniques for maintaining mental and physical health.

2. 'When Detainees Exhibit Psychological Particularities'

The material covered in this training conference includes basic information on mental illnesses and their symptoms and frequency. Students also specifically learn how to identify and guard against potential errors in their perception.

3. 'Shift Work and Rotating Schedules'

Working in shifts and on rotating schedules puts a marked strain on a person's normal sleep-waking rhythm and makes it harder to maintain a balanced and regular eating pattern. This in turn can lead to serious mental and bodily impairments.

The goal of this programme providing ongoing professional training is to tackle this problem by imparting strategies and concepts that can help those affected compensate and stay healthy while fulfilling their work-related duties.

4. 'Drugs in the Prison Environment'

Staffers learn about various psychoactive substances, including their health risks and addictive potential and the reasons that drive people to use them; they also learn how to aid drug users in emergencies and how to help them quit their habit.

5. 'Resilience and Mindfulness'

The staffers learn how to come to terms with their own limits and to recognise situations that they are no longer in a position to handle by themselves.

6. 'Staying Calm during the Workday'

The staffers learn how to handle stress factors and apply relaxation techniques.

7. 'Ways of Moving'

The staffers learn how to positively influence their emotional states through physical motion.

8. 'Stress Be Gone! - No Time for Stress'

This ongoing professional training programme imparts techniques for coping with stress and for realising one's personal potential. Staffers learn techniques and mindsets that will be useful in tackling stressful situations.

The Correctional Training Centre also provides training to the career professionals at the middle levels of the Prison Service, Administrative Service and Prison Workshops, respectively. The training covers

basic skills in psychology/communication, also when dealing with detainees exhibiting psychological particularities.

BY: The entire series of training courses is offered at the Bavarian Correctional Training Academy (Bayerische Justizvollzugsakademie), or at the University of Applied Sciences for Public Administration in Bavaria (Judicial Administration Department), respectively. These institutions are responsible for the content taught and its ongoing enhancement. The teaching is performed as a secondary occupation by appropriately pre-qualified employees of the Bavarian correctional system who also have relevant practical experience. The content is geared towards the various spheres of responsibility and fundamentally is intended to impart basic knowledge.

The training courses include lectures on the following topical areas:

- Introduction to psychology with a focus on psychology in a prison setting:
What is psychology in a prison setting?,
What makes it different from psychiatry and psychotherapy?
- Criminal psychology:
Psychological explanations for the causes of aggression and criminal behaviour in their various manifestations.
- Illicit drugs and drug addiction.
- Sexual development, functional disorders, paraphilias and forms of delinquency.
- Victimology.
- Psychological and social consequences of incarceration.
- Psychological particularities and disorders and approaches to dealing with them:
Defining psychological particularity;
Key mental illness syndromes;
Schizophrenia;
Depression and mania;
Disorders associated with drug abuse;
Personality disorders;
Cognitive impairments.
- Psychotherapy:
Psychoanalytic therapy;
Client-centred therapy and talk-based psychotherapy;
Therapeutic intervention;
Cognitive behavioural therapy;
Organising psychotherapy and social therapy in a prison setting.

Notwithstanding the above, members of the specialised services (physicians, psychologists, psychiatrists, social workers) also can obtain ongoing professional training in a wide range of topical areas from external providers as part of their individual ongoing qualification.

HB: ./.

HE: The topical area of mental health, and particularly suicide prevention, are covered as part of the educational curriculum for prison staffs as well as in the context of ongoing professional training events. In addition, the prison staffs have access to a wide range of information via the in-house intranet. When it comes to the prison staffs' own health, a health-management system is in place that provides relevant information and offers training courses.

MV: The Correctional Training Centre at the University of Applied Sciences for Administration, Police and Judicial Administration (Bildungsstätte Justizvollzug bei der Fachhochschule für öffentliche Verwaltung, Polizei und Rechtspflege) has set itself the goal of offering a regular programme of education and ongoing professional training that is geared towards the practical and theoretical requirements of the correctional system. Thus, basic skills in psychology, criminology, social pedagogy and communication - including training in dealing with detainees who exhibit psychological

particularities - are already imparted during the qualifying curriculum, particularly for professionals at the mid-level of general correctional services.

Each year, the Correctional Training Centre in Mecklenburg-West Pomerania offers programmes providing ongoing professional training in the proper handling of detainees exhibiting psychological particularities. The objective here is to continually improve the prison staff's ability to deal properly and confidently with such detainees. These wide-ranging professional training programmes are tailored towards the respective technical areas, but cross-sectional training is offered as well.

Key focal points:

- Properly supervising detainees and recognising particularities.
- Learning about the mental-disorder syndromes typically associated with specific behavioural particularities.
- Teaching the trainees in the programme providing ongoing professional training how and when to intervene on their own.

NI: As part of the regular qualifying curriculum for the position of Correctional Administrator (Justizvollzugsfachwirt), the topic of 'mental health' is discussed in psychology class in connection with the types of 'traumatic work experiences' for which staffers can get help from the Operation Aftercare Team (Einsatznachsorgeteam - ENT). The programme specifically covers stress reactions, stress disorders and post-traumatic stress disorders along with their potential symptoms, as well as preventive measures ('psycho-education') and treatment options. There are also project days devoted to topics such as mental illnesses among detainees and suicide prevention.

The ongoing professional training on offer allows prison staffers to become certified as a 'Psychiatric Nursing Care Specialist' (Fachkraft für psychiatrische Pflege) or as someone specially qualified to deal with detainees exhibiting psychological particularities. There are also programme providing ongoing professional training on suicide prevention and violence prevention.

RP: ./.

SL: ./.

SN: A training course on mental illnesses taught at the Training Centre (Ausbildungszentrum) by employees of the Saxon correctional system forms part of the curriculum for becoming qualified as staffer/officer in the 'General Prison Service' (Allgemeiner Vollzugsdienst). Training courses on suicide prevention are also offered as part of the mandatory curriculum on a rotating basis.

SH: The topics 'dealing with detainees exhibiting psychological particularities' and 'suicide prevention' are part and parcel of the qualifying curriculum for staffers in the General Prison Service. Corresponding courses are offered as part of the programmes offering subsequent ongoing professional training, also for other groups of professionals.

Internal specialist personnel and external experts, particularly psychologists and psychiatrists, provide briefings on the visible symptoms of mental disorders and on how best to handle the affected persons, respectively on how to identify indications of a possible suicide risk and take appropriate preventive measures.

3. What is the total budget for the provision of mental health care in prison context for the detainees in your country/jurisdiction? (Please provide details, or tick here if unknown.)

BW: Unknown.

BY: Unknown.

HB: Unknown.

HE: A separate overall budget for the provision of mental healthcare to detainees does not exist here; the required medical/psychiatric and psychological treatment is an integral component of the general care and treatment available to detainees. In budget year 2021, financial resources in the amount of

€ 668,000 have been specifically set aside for additional measures to improve healthcare and treatment for detainees exhibiting psychological particularities in the Hessian correctional system.

MV: Unknown.

NI: There is no separate budget.

RP: Detainees are entitled to receive medically necessary treatment during the duration of their incarceration. The associated costs are paid in full out of the budget for the Land judiciary; inasmuch, there is no separate budget.

SL: Unknown.

SN: Unknown.

SH: Unknown.

It is impossible to quantify the total budget for the provision of mental healthcare since this encompasses varying cost items, some of which are fully attributable to this purpose and others only in part:

- Personnel costs for prison physicians and contract physicians, including inter-professional consultations with psychiatrists;
- Personnel costs for employees of the prisons' medical services prisons;
- Costs of external (outpatient or inpatient) medical treatment;
- Costs of psychotropic drugs;
- Costs of external evaluations;
- Personnel costs for prison psychologists;
- Costs of external therapists;
- Costs of the prison school and for external instructors.

This list is incomplete, also because all the persons working in the penal institutions, whether in the General Prison Service, in the Administration Service or in the Workshops, ultimately participate in providing mental healthcare to the detainees. Given that the authorities competent for the execution of sentences are responsible for certain aspects of caring for pre-trial detainees, it follows that certain cost items are properly attributable to these activities and not to the correctional system as such.

4. Approximately what percentage of the prison population in your country/jurisdiction do you estimate to have a current mental disorder or disability?

BW: see below (a);

BY: No statistics are collected regarding the number of detainees with a mental disorder or disability.

HB: Estimated at 150.

HE: It is assumed that approximately 30% of the detainees in the Hessian correctional system exhibit mental illness, respectively psychological particularities.

MV: The percentage is unknown, since these statistics are not collected in Mecklenburg-West Pomerania.

NI: There is no (centralised) collection of such data.

RP: No separate statistics are kept to track mental disorders or disabilities in the correctional system of the Rhineland-Palatinate; inasmuch, no numerical data is available. On the other hand, the observed trend suggests that psychological particularities and disorders are on the increase overall. This applies especially to younger detainees.

SL: No corresponding statistics exist.

SN: The term 'mental illnesses' is understood to mean all of the diagnosed conditions listed in the international classification systems (ICD-10 or DSM-5). This means that those personality and sexual-

preference disorders which are associated with criminality - and thus frequently diagnosed in prisons (particularly dissociative or antisocial, respectively, personality disorders) - are counted as well.

Systematic data surveys on mental illnesses in the penal institutions of Saxony are performed only to a limited extent, thus making it impossible to provide any meaningful data overview. Any data provided must be limited to a specific period of time, given that the prevalence figures will naturally tend to fluctuate. If a survey were to be performed during the current Corona phase, which is characterized by a significant decrease in the number of newly admitted detainees, this would potentially create a mistaken picture.

For the aforementioned reasons, Saxony refrains from providing an estimate.

SH: The operative assumption is that at least 20 percent of the entire detainee population exhibits a mental disorder in need of psychiatric treatment. Many of such these cases will tend to be characterised by co-morbidity.

According to a study carried out in 2006 by the Centre for Integrative Psychiatry and Psychotherapy (Zentrum für Integrative Psychiatrie und Psychotherapie - ZIP) in Kiel, the prevalence of diagnosed personality disorders amounted to 58%, whereby 20% of the detainees exhibited more than one disorder.

a. What data/ information do you base this estimate on?

BW: In 2019, a total of 6,437 mental disorders (Chapter V ICD 9/10) were recorded among the detainee population (prior year: 5,515). The number of mental disorders has grown appreciably relative to prior years since the mental illnesses exhibited by the detainees of the Hohenasperg Correctional Hospital had previously not been included in the count.

The number of detainees who exhibited a mental disorder for the first time amounted to 1,046 detainees, marking an increase over the prior year (919).

A total of 100 cases of alcohol-induced psychosis were recorded in 2019 (prior year: 90).

BY: ./.

HB: We know our patients.

HE: The estimate is based on the findings contained in the final report from a working group established in late 2015 with the goal of 'Optimising the Care and Treatment of Detainees Exhibiting Psychological Particularities in the Hessian Correctional System' (Optimierung der Versorgung und Behandlung psychisch auffälliger Gefangener im hessischen Justizvollzug).

MV: ./.

NI: ./.

RP: The aforementioned increase is derived from corresponding observations and impressions gathered from staffers across all professional sectors of the correctional system.

SL: ./.

SN ./.

SH: The estimate is based on survey responses provided by the respective prison facilities, most recently in February 2021, concerning demand for inpatient treatment (18 detainees) as well as on the 2006 study by the Centre for Integrative Psychiatry and Psychotherapy in Kiel (ZIP) (Huchzermeier/Bruss/Godt/Aldenhoff, The Kiel Project for Violent Criminal Offenders (Das Kieler Projekt für Gewaltstraftäter) published in Forum Strafvollzug, 2/19).

b. Has specific research been carried out on this? If the answer is yes, please provide details

BW: These are the absolute numbers from the annual health report; they are not based on a study.

BY: ./.

HB: These are the results of our working group on 'Mentally Disordered Patients'.

HE: The appropriate treatment of detainees exhibiting psychological particularities or of mentally ill detainees, respectively, is a topic that has intensively preoccupied the correctional system for years now.

The task force set up in 2015 to deal with this topic issued a final report in early 2017 that included recommendations for improving the care situation for mentally ill detainees and detainees exhibiting psychological particularities; this has now become the basis for treating detainees exhibiting psychological particularities. In particular, the recommendations have served as an impetus for achieving significant improvements in the financial resources allocated to personnel and equipment. Since 2017, for example, numerous additional positions have been created in the Hessian correctional system in order to expand and reinforce the guideline-compliant treatment provided to detainees exhibiting psychological particularities; the necessary material resources have been substantially ramped up as well.

MV: ./.

NI: ./.

RP: No.

SL: ./.

SN:

SH: An external scientific study is available with regard to prevalence; please see item a. above. The other figures provided are based on the prison facilities' own internal estimates; no separate studies have been done on this topic.

5. Is information on the prevalence of mental disorder or disability amongst the detainees routinely collected in your country/jurisdiction?

BW: No.

BY: No.

HB: Yes.

HE: No.

MV: No.

NI: The information is collected only for those detainees imprisoned for homicide offences and/or sexual offences, as well as for detainees in preventive custody.

RP: No.

SL: No.

SN: Yes. (as regards detainees with addictive disorders); otherwise No.

SH: No.

Although checks are done regularly to determine whether individual detainees exhibit a mental disorder, overall statistical surveys are not performed on a regular basis, but only sporadically on an ad-hoc basis.

a. If 'yes' please provide further details about how this is done (e.g., who provides and publishes this data? How often?)

BW: ./.

BY: ./.

HB: The weekly meeting of our working group on ‘Mentally Disordered Patients.’

HE: ./.

MV: ./.

NI: The assessment of whether or not a mental disorder or disability is present is performed once the detainee has been admitted and undergoes the relevant diagnostic procedures (pre-treatment check-up).

RP: ./.

SL: ./.

SN: A systematic, annual survey of detainees with addictive disorders as of the key reporting date is made after the prison physicians have arrived at their diagnoses. The data are compiled as part of a standardised, Germany-wide survey on the problem of substance addiction within the correctional system. The task of evaluating the figures compiled as of the key reporting date (31 March) on estimated drug consumption and on substitution treatment falls to the task force formed by the Länder on the “Substance Addiction Problem” (Stoffgebundene Suchtproblematik).

SH: ./.

6. Which organisation(s) have responsibility for providing mental health care in the prison context for detainees in your country/jurisdiction?

BW: Ministry of Justice / Criminal justice organisations.

BY: Ministry of Justice / Criminal Justice organisations.

Convicted offenders who have been deprived of liberty due to a court-ordered measure of reform and prevention (Massregel der Besserung und Sicherung) pursuant to sections 63 and 64 of the Criminal Code (Strafgesetzbuch - StGB) fall under the remit of the Bavarian Land Ministry for Family, Labour and Social Affairs.

HB: Ministry of Justice / Criminal justice organisations.

HE: Ministry of Justice / Criminal justice organisations.

MV: Ministry of Health/healthcare institutions.

NI: Ministry of Justice / Criminal justice organisations.

RP: Ministry of Justice / Criminal justice organisations.

SL: Ministry of Justice / Criminal justice organisations.

SN: Ministry of Justice / Criminal justice organisations.

SH: Ministry of Justice / Criminal justice organisations,

Ministry of Health / Healthcare institutions.

In principle, responsibility lies with the Land Ministry of Justice, but the authorities competent for the execution of sentences also take responsibility for certain aspects when it comes to detainees in pretrial detention. Healthcare institutions may also assume temporary responsibility insofar as they provide healthcare to a detainee, or when a detainee is transferred into a corresponding institution, respectively.

7. At what stage(s) of incarceration are detainees typically screened for mental disorders or disabilities?
(Please tick all that apply)

BW: ii. Upon admission.

BY: ii. Upon admission.

iii. At other times during incarceration.

Detainees are examined by a physician during the admission procedure pursuant to Article 7 paragraph (3) of the Bavarian Prison Act (Bayerisches Strafvollzugsgesetz - BayStVollzG). The admission procedure is directly followed by a pre-treatment check-up pursuant to Article 8 paragraph (1) sentence 1 of the Bavarian Prison Act, during which the required treatment measures are identified, amongst other things. Insofar as indications for a mental disorder requiring treatment only become apparent during the subsequent incarceration, a psychological or medical assessment will also be performed at a later time on an ad-hoc basis.

HB: i. At intake.

ii. Upon admission.

iii. At other times during incarceration.

vi. During the preparation for release.

HE: ii. Upon admission.

iii. At other times during incarceration.

iv. At least once a year.

If indications for a mental disorder on the part of a new detainee are identified during the admission procedure - which includes interviews as well as a medical check-up - this will trigger the necessary measures, e.g. assistance from the psychological services will be requested. These measures will be regularly reviewed and renewed as part of the sentence planning performed for the respective detainee.

Notwithstanding the foregoing, specialised medical diagnosis and treatment may also be provided as needed by psychiatrists involved as inter-professional consultants to the medical practitioners of the penal institution.

MV: ii. Upon admission.

NI: ii. Upon admission (during the medical examination).

iii. At other times during incarceration (see the response to Question 5a).

In addition, whenever particularities are observed or at the detainee's express request.

RP: ii. Upon admission.

iii. At other times during incarceration.

SL: ii. Upon admission

iii. At other times during incarceration (on an "as-needed" basis).

SN: i. At intake.

ii. Upon admission.

SH: i. At intake.

- ii. Upon admission.
- iii. At other times during incarceration.
- vi. During the preparation for release.

The corresponding screenings are performed at various times: Some are performed routinely for all detainees while others are performed on an “as-needed” basis for specific detainees. The nature, degree of formalization and scope of the screening will be geared towards the specific objective to be fulfilled, respectively the specific question to be answered.

8. During the period of incarceration, how is screening for mental disorders or disabilities typically initiated? (Please tick all that apply)

BW: ii. By medical order.

BY:

- i. By request of the detainee. 1 (if indicated).
- ii. By medical order. 1

Note: A medical order is treated as a recommendation.

iii. Other (please specify).

HB:

- i. By request of the detainee. X
- ii. By medical order. X
- iii. Other: psychological services. X

HE:

- i. By request of the detainee. 1
- ii. By medical order. 1

MV:

- ii. By medical order.

NI:

- i. By request of the detainee.
- ii. By medical order.
- iii. Other (please specify): As part of the diagnostic procedure.

RP:

iii. Other (please specify): Insofar as there are specific complaints, investigations are conducted as necessary for the individual case.

SL:

- i. By request of the detainee. 1
- ii. By medical order. 1
- iii. Other (please specify): Supplemental screening occurs in the form of behavioural monitoring conducted by the various professional groups and also in the context of assessing the detainee’s readiness for an easing of restrictions.

SN:

- i. By request of the detainee. x
- ii. By medical order. x
- iii. Other (please specify): By the psychological services once the detainee has been referred to that service (e.g. as part of the screening procedures for suicide prevention).

SH:

The screenings done upon the detainees’ intake and admission and during preparations for their release are performed in standardised fashion on the basis of the stipulations set forth in the Land Prison Act of Schleswig-Holstein (Landesstrafvollzugsgesetz Schleswig-Holstein - LstVollzG SH). The initial intake screening performed pursuant to sections 6 - 8 of the Land Prison Act includes, amongst

other things, querying and recording the detainee's mental stress factors, mental disorders and corresponding prior conditions, but does not include any statistical evaluation of this data. Additionally, a diagnosis of potential mental illnesses is performed during the medical examination performed at the start of the incarceration.

If particularities are found, they are reported to the psychological services and the prison physicians, who will then initiate further diagnostic procedures as needed. On occasion, the detainees themselves may request a corresponding check-up.

Please provide details of which screening tools/questions are commonly used to detect mental disorders or disabilities amongst prison population

BW: No such screenings are performed; instead, an overall assessment of the detainee's mental state is performed during the admission check-up by the prison physician of the facility, as well as by the prison doctors who see the detainee during consultation hours within the incarceration period, particularly with a view to identifying any potential suicidality or potential symptoms of mental illness.

BY: In order to clear up whether a mental disorder requiring treatment is present, the medical services and psychological services will not just analyse the detainee's case file but will also consider the observations made by all of the staffers who have been involved in the detainee's treatment. The diagnostic clarification is performed with the aid of recognised and standardised prognostic tools and psychological testing procedures.

HB: The psychological services are deployed every day among our patients.

HE: The normal standardised, internationally recognised test procedures are used.

MV: As part of the check-up at admission, the prison physician issues a diagnosis; if mental disorders or disabilities are indicated, the physician either refers the detainee to the appropriate medical specialist or recommends that further treatment be provided by the prison's own psychological services.

NI: The diagnostic procedure is based on the ICD-10 or DSM V classification systems and is performed with the aid of exploration techniques and special questionnaires/manuals for the screening of mental/psychiatric disorders.

RP: The required diagnostic procedures are invariably geared towards the individual case and therefore may vary.

SL: A psychopathological diagnosis is performed by a psychologist or physician who performs diagnostic testing procedures and asks to review any prior diagnoses.

SN: Diagnostic techniques:

- Exploration;
- Anamnesis, third-party anamnesis;
- Procurement of an epicrisis once the caregivers known to have provided prior treatment have been released from their professional secrecy obligation.
- Clinical diagnosis by the medical services and psychological services.
- Referral to a medical specialist for psychiatry (employee of the institution, psychiatrist involved for inter-professional consultations with the medical staff, or referral to the Landeskrankenhaus hospital operated by the Land).
- Application of screening procedures as needed.

SH: Once a detainee arrives for intake, the first order of business is to screen for an acute suicide risk using a standardised form for the initial interview. Any remarks forwarded by the police or the public prosecutor's office play an important role in this context. The prison physicians promptly perform an anamnesis and a physical check-up and issue a concomitant medical diagnosis with respect to any

psychological particularities. Within the framework of sentence planning, various standardised, questionnaire-based psychological tests are used to identify mental disorders, amongst other things. If required, additional ad-hoc screening is done in the context of inter-professional consultations with psychiatrists. Insofar as the detainee takes part in therapy for sexual offenders or violent offenders, further screenings will be performed in this context as well.

9. Who usually screens those in the prison population for mental disorders or disabilities?

BW: As regards screening, please see Question 8.

BY:

General practitioner
Psychiatrist
Psychologist

HB:

Prison staff
General practitioner
Psychologist
Social worker

HE:

Psychiatrist
Psychologist

MV:

Psychiatrist
Psychologist

Other (please specify): public medical officers; recognised experts such as medical specialists in psychiatry, certified psychotherapists.

The degreed psychologists in the prison facilities perform screening only when this is required for an expert opinion (e.g. an assessment of suicide risk) or to check for indications for the detainees' referral to social therapy or their participation in therapeutic measures, etc.

NI:

Nurse
Psychiatrist
Psychologist

RP:

General practitioner;
Psychiatrist
Psychologist

SL:

Psychiatrist (External psychiatrists occasionally are consulted as needed.)
Psychologist

SN:

General Practitioner
Psychiatrist
Psychologist

SH:

Correctional system staff
Other staff in the criminal justice system.
Nurse
General Practitioner
Psychiatrist
Psychologist
Social worker

Other (please specify).

As it is broadly defined above, the term “screening” (Testung) theoretically encompasses all the groups of persons listed here. “Expert assessments” (Begutachtungen) in the narrow sense are generally performed by (internal and external) psychologists and psychiatrists with corresponding supplemental qualification.

10. Please describe the route(s) by which detainees usually gain access to mental health care if they need it (if you have pathway diagrams please attach these in your reply)

BW: During the consultation hours of the respective prison physician. If needed, the prison physician will initiate psychological or psychiatric co-treatment, possibly also via external professional services.

BY: This essentially can be answered by referring to the explanations provided to Question 7. The detainees have the opportunity to communicate their concerns at any time by making confidential contact with any of the staffers involved in their treatment. Thus, for example, members of the General Prison Service regularly will report psychological particularities exhibited by detainees to the psychological services or medical services, whereupon the specialised services will generally initiate a clarification of the particularities.

HB: They were reported by staff or they asked for help.

HE: The detainees are briefed during the admission examination on all the medical treatment options available to them. During their subsequent period of incarceration, they will be free to contact the medical services and/or psychological services of the respective prison on any matter for which they require assistance. Once the need for psychological treatment has been established, moreover, the required measures will be initiated by the prison authorities and will be reviewed and adjusted in line with the regular updates to the sentence planning.

MV: The prison physicians prepare a diagnosis as part of the admission check-up; if mental disorders or disabilities are found, they will either refer the detainee to the respective medical specialist or recommend that treatment be provided by the prison’s own psychological services.

NI: The detainees gain access to care either upon their own request or because staffers have reported indications that they may suffer from possible psychological particularities.

RP: Detainees will visit the psychological services or medical services in accordance with their needs. In some cases, the presence of particularities may also be reported to the psychological services or medical services by the staff of the responsible unit.

SL: Detainees who exhibit psychological particularities, deviant behaviour or signs of a mental illness are examined by the prison’s specialised personnel and, if applicable, a diagnosis is issued. A helpful measure in all cases is to request any prior diagnoses from the physicians or clinics who provided prior treatment, subject to the proviso of the affected persons declaring their corresponding consent. If the prison’s specialised personnel is uncertain about a specific diagnosis, the affected detainee will be introduced to a privately practicing psychiatrist by way of supervised prison leave. Depending on the diagnosis and treatment recommendation obtained from the privately practicing psychiatrist, the prison physician may initiate a medication-based course of treatment which will then be monitored, respectively adjusted, in the course of the incarceration, whereby additional out-of-prison visits to external medical specialists (organised as supervised prison leave) may play a supporting role. In cases in which detainees suffer from mental distress, one option is to place them in contact with psychological services and/or with the prison physician so that they can receive psychological - and possibly psychotherapeutic - support during regular counselling sessions.

SN: The procedure for arriving at a diagnosis under consideration of the incarceration history is as follows:

- The detainee requests a visit to the prison physician.
- Psychological particularities are diagnosed during the admission procedure, respectively as part of suicide prevention efforts (electronic suicide-prevention form), by the prison physician, psychiatrist, psychologist or psychological psychotherapist.

- Enquiries regarding prior psychiatric treatment are made as part of the admission procedure; the detainee's current symptoms are assessed by medical services and psychological services;
- Case assessment and initial diagnosis for standard cases is performed by staffers of the psychological services (for detainees who have committed a violent, sexual or arson offence and who are serving a sentence of more than two years).
- Aberrant behaviour is monitored during the course of incarceration by the entire treatment team; if needed, medical-psychological inter-professional consultations with psychiatrists are pursued.
- A psychiatrist may be consulted by the prison physician.
- Inpatient treatment is provided in the prison hospital or, in an emergency, in the Landeskrankenhaus hospital operated by the Land.

SH: In principle, detainees already gain access to mental healthcare simply by virtue of being admitted to a penal institution. The question of whether or to what extent they require specialised treatment for mental disorders or disabilities will be cleared up in a coordinated manner by a mixed group of professionals and will ultimately be decided by medical specialists; please see the answer to Question 8. Indications that such treatment is required may come not only from the groups of professionals described in connection with Question 9; it may also be provided by the detainees themselves, their attorneys, family members, or by the public prosecutor's office.

Detainees who have committed offences of a sexual or violent nature and appear to pose a continuing danger are offered an offence-specific course of treatment by the penal authorities, one which specifically makes allowance for various mental disorders.

11. If prison services are involved in the provision of mental health care to detainees, which of the following best characterise their role?

BW: A mixture of the above.

BY: External services are invited to work on the prison premises.

Please refer to the explanations provided in response to Question 10.

HB: A mixture of the above.

HE: The relevant interventions/treatments are performed in-house.

External services are invited to work on the prison premises.

MV: A mixture of the above.

NI: The relevant interventions/treatments are performed in-house.

RP: The relevant interventions/treatments are performed in-house.

SL: The relevant interventions/treatments are performed in-house.

SN: The relevant interventions/treatments are performed in-house.

A mixture of both.

Explanations:

Psychologist/psychotherapist

Prison physician

Physician regularly involved for inter-professional consultations

An external psychological psychotherapist is brought in in line with treatment requirements.

A medical specialist for psychiatry works full-time at the prison hospital or is involved in inter-professional consultations with the physicians.

In a psychiatric emergency, the detainees will be transferred to a Landeskrankenhaus hospital operated by the Land where they can receive intensive care.

SH: A mixture of both.

12. Does the prison service in your country/jurisdiction have special units to provide treatment to detainees with mental disorders or disabilities?

BW: Yes.

BY: Yes.

HB: No.

HE: Yes.

MV: No.

NI: Yes.

RP: Yes.

SL: No.

SN: Yes.

SH: Yes.

a. If 'yes' please provide further details about how this is done (e.g., separate wing inside prison, independent unit, dedicated nursery in prison hospitals, etc.)

BW: The Hohenasperg Correctional Hospital has facilities to lodge 66 detainees suffering from psychiatric disorders; these are distributed over three wards for acute, chronic and post/sub-acute stages of illness, respectively.

BY: Infirmaries have been set up in nearly all the organisationally independent prisons. In addition, Straubing Prison and Würzburg Prison each have psychiatric wards.

HB: ./.

HE: Depending on the degree of severity and complexity of the condition involved, medical treatment for detainees exhibiting psychological particularities and mentally ill detainees is currently provided on an inpatient basis in the appropriate treatment wards at Weiterstadt Prison and at the central hospital of Kassel I Prison.

Both wards are designed to enable a temporary inpatient stay during which the admitted patient's psychiatric condition can be cleared up, a diagnosis issued and a medication-based therapy initiated as needed. The objective of both these facilities is to sufficiently stabilise the admitted detainees so that they can return to normal prison life as soon as possible and resume their course of treatment with the prison's own medical services.

MV: ./.

NI: Three of the Land's prisons as well as its juvenile detention facility feature so-called 'ward with a psychiatric focus' (Vollzugsstation mit psychiatrischem Schwerpunkt - VpS). Detainees also can be transferred here from other prisons. The spheres of responsibility relevant in this context are defined in the Land's Penal Enforcement Plan (Vollstreckungsplan). The wards are staffed by medical specialists in psychiatry, working either as salaried employees or on a contract basis, as well as by nurses and psychiatric nurses; the wards work together with the psychological services, with physiotherapists and the social services, whereby they coordinate closely with the prisons' other medical services. Additional wards with a psychiatric focus (VpS) are in planning.

RP: The psychiatric unit of the central prison hospital.

SL: ./.

SN: The prison hospital with its two wards (for mentally ill male and female detainees, respectively).

An addiction-therapy ward at one of the prisons.

SH: For some years now, one of two largest prisons in Schleswig-Holstein has been outfitted with a psychiatric unit consisting of a day-care clinic with room for twenty patients. This unit is physically segregated from the other areas of the prison but is otherwise connected to its infrastructure.

A full inpatient psychiatric unit on the premises of the Land's second large prison facility is in planning; cf. the answers provided under item 1 of Question 1.

13. Does the prison service have any sentence or sentence planning requirements/ programmes specifically for detainees with mental disorders or disabilities?

BW: Yes.

BY: Yes.

HB: No.

HE: No.

MV: No.

NI: No.

RP: No.

SL: No.

SN: Yes.

SH: Yes.

If yes, please provide details of these here

BW: As part of sentence planning, the presence of mental illnesses is examined under consideration of the following items:

- Clarification of housing conditions and review of indications for therapeutic measures.

- Item 2: Transfer to the social therapy facility.
- Item 3: Allocation to residential groups and treatment groups.
- Item 4: Work activities and education (if applicable, transfer to treatment-intensive workshop operations).
- Item 6: Special assistance and treatment measures (social therapy, psychotherapy, addiction counselling/therapy, victim-perpetrator conciliation, compensation of damage caused, debtor counselling, family counselling, other assistance and treatment measures).
- Item 7: Measures paving the way for minimum-security detention (e.g. measures which impart practical skills and abilities that will enable the detainee to participate in social life or to live on a trial basis in halfway houses for the mentally ill or for recovering addicts).
- Item 7: Preparation for release and follow-up care (if applicable, by searching for follow-up care facilities such as halfway houses for the mentally ill, assisted living facilities, vocational training centres, etc.)

In the case of detainees in preventive custody, the following items are reviewed as part of the sentence planning:

- Psychiatric/psychotherapeutic/social-therapeutic treatment measures.
 - Treatment programme for sexual offenders.
 - Treatment programme for violent offenders.
 - Art therapy, movement therapy, music therapy and creative therapy.
 - Individual psychotherapy.
 - Social skills training.
 - Other treatment measures.
- Other individual or group-treatment measures.

- Residential group assemblies.
 - Social training.
 - Addiction-treatment programmes.
- Measures to increase the detainee's motivation to receive treatment.
 - Allocation to a residential group.
 - Nature/scope of activities (if applicable, work therapy, professional qualification and ongoing training programmes, basic scholastic education, language courses, etc.)
 - Measures to organise leisure time (home cooking, sports/leisure/hobby groups, etc.)
 - Measures to set financial matters in order.
 - Measures to set family matters in order.
 - Measures to promote outside contacts.
 - Measures to prepare a socially welcoming space.
 - Measures paving the way for minimum-security detention.
 - Preparation for release and follow-up care
 - Follow-up care from the forensic outpatient client.
 - Follow-up care from inpatient facilities.
 - Help with probation/probationary supervision.
 - Offender support services.
 - Medical treatment for social reintegration.

BY: Psychological or medical treatment measures for detainees with mental disorders or disabilities are embedded in the sentence planning performed on the basis of the findings of the pre-treatment check-up pursuant to Article 8 paragraph (1) of the Bavarian Prison Act (Bayerisches Strafvollzugsgesetz). The planned measures are set forth in a sentence plan, as per Article 9 paragraph (1) sentence 1 of the Bavarian Prison Act. Information on the relevant therapeutic measures is recorded in the plan, as per Article 9 paragraph (1) sentence 2 of the Bavarian Prison Act. The sentence plan as a whole is updated annually pursuant to Article 9 paragraph (2) of the Bavarian Prison Act.

Additional requirements are to be found in Article 76 of the Bavarian Prison Act. Thus, the psychotherapeutic treatment methods must be geared towards the recognised procedures defined under the Law on Psychotherapists (Psychotherapeutengesetz - PsychThG), while the other psychological treatment measures must be geared towards current scientific findings concerning the treatment of criminal offenders, as per Article 76 paragraph (2) of the Bavarian Prison Act. When it comes to transferring detainees into a social therapeutic facility, the relevant statutory provisions are Article 11 paragraphs (1) or (2) of the Bavarian Prison Act.

HB: ./.

HE: ./.

MV: ./.

RP: ./.

SL: There are no special requirements; however, as part of the sentence planning and planning for integration of the detainees, regular reviews are done to determine whether detainees with mental disorders or disabilities can be offered special treatment programmes customised to their individual case, respectively whether the already existing treatment programmes on offer can be adapted to fit their individual needs.

SN: Problematic mental health situations are duly considered by having the treating psychologists assist with the sentence planning (FB 7 'Treatment Documentation'), by holding inter-professional consultations with specially trained psychologists (in the case of detainees with suicide risk and external threats), and by incorporating their recommendations into the structuring of custodial security measures and treatment programmes.

SH: Assuming the disorder is sufficiently severe, a review is performed to determine whether or not to transfer the detainee into the already mentioned psychiatric unit. Insofar as further therapeutic or diagnostic screening is required, the sentence plan expressly will provide for such measures to be taken. If a detainee is found to pose an extraordinary danger, then corresponding precautions will be adopted. Where severe mental disabilities are involved, the possibility of setting up a legal guardianship arrangement may be considered.

14. Are the number of deaths by suicide in a prison context collected nationally?

BW: Yes.
BY: Yes.
HB: Yes.
HE: Yes.
MV: Yes.
NI: Yes.
RP: Yes.
SL: Yes.
SN: Yes.
SH: Yes.

If 'yes' can you attach a document that shows trends in such suicides over the past ten years?

BW: Data on the number of suicides at the national level are not available to the Land Ministry of Justice, nor is Europe-wide data on this topic available to Baden-Württemberg. The queried trend in the number of suicides in the Baden-Württemberg correctional system can be derived from the following table:

Year	Number
2010	3
2011	1
2012	9
2013	7
2014	6
2015	7
2016	12
2017	4
2018	5
2019	5
2020	5

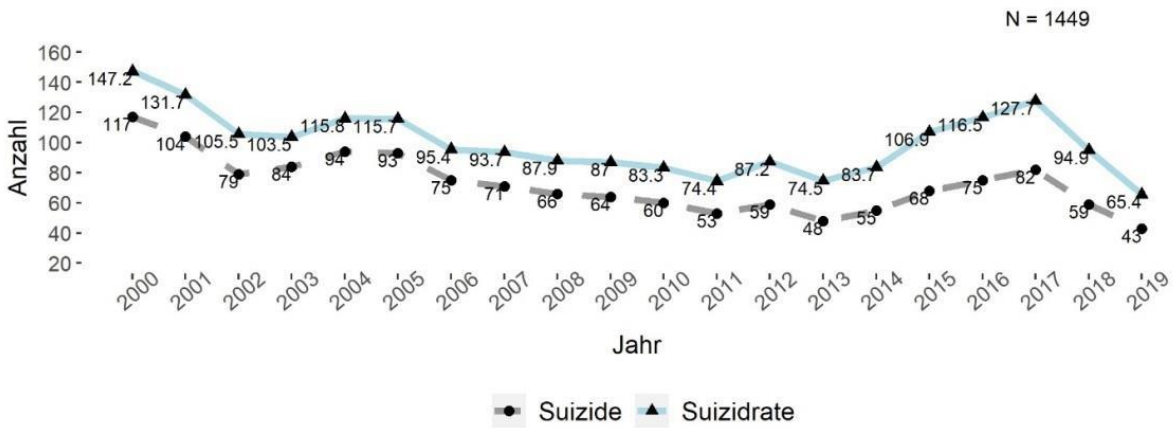
BY: St 7/8 [St = statistic?] of the Correctional System Statistics.

HB: The number of deaths by suicide in prison is collected nationally. At present, we do not possess a document in this regard. From 2000 - 2018, the national survey of suicides in prisons was conducted by the Criminological Service of Lower Saxony. Since 2019, the Criminological Service of Saxony has been responsible for the national survey. Most informative in this regard seems to be the listing and documentation of the Federal Working Group on Suicide Prevention in the Prison System (Bundesarbeitsgruppe Suizidprävention im Justizvollzug - BAGSP): From 2000 to 2019, 1,449 prisoners, 42 of them women and 1407 men, committed suicide in the German correctional system. On average, 72 prisoners commit suicide each year. The absolute number varies between 43 (in 2019) and 117 (in 2000). (Federal Working Group on Suicide Prevention in the Prison System, (2021, 29 March). Retrieved from <https://www.https://www.bag-suizidpraevention.de/aktuelles-zu-suiziden-und-suizidpraevention-im-deutschen-justizvollzug/>)

2011	6
2012	3
2013	3
2014	6
2015	6
2016	3
2017	6
2018	4
2019	2
2020	1

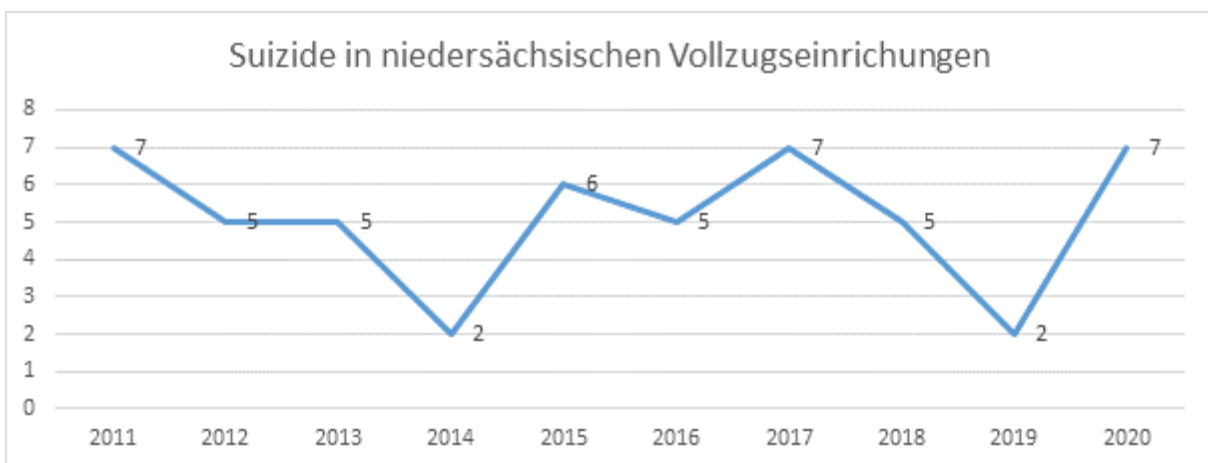
MV:

Suicides in the correctional system are centrally compiled for Germany by the Criminological Service of the Free State of Saxony. The results of the survey of total suicides in the correctional system from 2000-2019 have been summarised by the Criminological Service of the Free State of Saxony in the following overview:



Anzahl = Number
 Jahr = Year
 Suizide = Suicides
 Suizidrate = Suicide Rate.

NI: Suicides in the Prisons of Lower Saxony



RP:

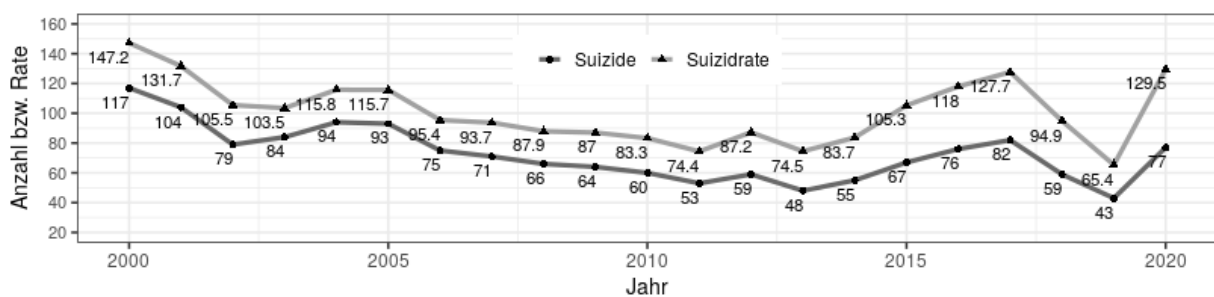
- 2010 5
- 2011 4
- 2012 1
- 2013 1
- 2014 3
- 2015 2
- 2016 2
- 2017 8
- 2018 3
- 2019 4
- 2020 3

SL: <https://www.bag-suizidpraevention.de/aktuelles-zu-suiziden-und-suizidpraevention-im-deutschen-justizvollzug/>

SN: Suicides in the correctional system of Saxony from 2010 to 2020

Year	Number
2010	4
2011	2
2012	5
2013	2
2014	2
2015	6
2016	4
2017	4
2018	1
2019	3
2020	1

SH: The number of suicides (committed, not just attempted) in the German correctional system has been systematically compiled since the year 2000. The chart below summarises the data compiled by Saxony at the German federal level (Source: Survey of Total Suicides in the Correctional System, Criminological Service of the Free State of Saxony, Effective as of February 2021):



Anzahl bzw. Rate: Number or rate, respectively

Suizide: Suicides

Suizidrate: Suicide rate

Jahr: Year

The suicide rate states the number of suicides per 100,000 detainees (total prison population as of 31 March of the reference year). The following table shows the number of suicides committed in the correctional system of Schleswig-Holstein during the same period. Given that the number is very small, it would make little sense to derive a graph or to calculate a suicide rate.

Year	Number
2000	5
2001	1
2002	2
2003	2
2004	1
2005	1
2006	3
2007	3
2008	2
2009	1
2010	0
2011	0
2012	1
2013	1
2014	1
2015	2
2016	2
2017	0
2018	2
2019	2
2020	0

15. Is there a suicide prevention programme in the prison system of your country/jurisdiction?

BW: Yes.
 BY: Yes.
 HB: Yes.
 HE: Yes.
 MV: Yes.
 NI: Yes.
 RP: Yes.
 SL: Yes.
 SN: Yes.
 SH: Yes.

If yes, please provide a brief description here.

BW: Yes, there is a suicide prevention programme.

In keeping with the recommendations made in 2015 by the Baden-Württemberg Commission of Experts on 'Handling detainees exhibiting psychological particularities,' the post of a Suicide Prevention Commissioner (Beauftragter für Suizidprävention) with state-wide responsibility was created as part of the 2017 Land Budget. The Suicide Prevention Commissioner took up her post on 18 April 2017. The Commissioner's office is located at the Baden-Württemberg Correctional Training Centre and accounts for 0.4 full-time equivalents (FTEs) within the Criminological Service.

The Suicide Prevention Commissioner moreover has prepared a screening form which is to be used to record suicide-risk factors for newly admitted detainees and which was tested as a pilot project in 2018. The pilot project 'Suicide-Risk Screening in the Admission Procedure' was successfully completed under the aegis of the Criminological Service of Baden-Württemberg and a general rollout across all of the prisons in Baden-Württemberg is now nearing completion.

The goal of the overall project is to use a screening questionnaire to identify any suicide-risk factors for newly admitted detainees within hours of their intake.

BY: Using a bundle of measures, the prison facilities are doing all that is within their power to prevent suicides as effectively as possible. During the initial interview and medical screenings performed when the detainee is first admitted, particular attention is already paid to identifying a potential suicide risk and providing appropriate help and supervision if the detainee is indeed at risk for suicide. Clearing up a potential suicide risk is also one of the agenda items of the initial interview which the expert services concerned conduct with detainees upon their admission. Any staffer who suspects that a health-related risk may exist is obligated to report it without undue delay. In order to raise prison staffers' awareness of the need to recognise suicidal ideation on the part of detainees ahead of time, suicide prevention is covered as a recurring topic in the education and ongoing professional training of correctional system workers. Especially in situations that escalate to a crisis level, detainees are provided with appropriate psychological or psychiatric supervision by the prison services or by external psychologists and psychiatrists. If psychiatric or neurological treatment is dictated, the detainee may also be transferred to the psychiatric ward of Straubing Prison or Würzburg Prison, or to the competent regional hospital (Bezirkskrankenhaus) operated by the district, for as long as such treatment remains necessary. Ordering special custodial security measures for the detainee's own safety may also be considered. These measures will be tailored to the individual case and may include, for example, lodging a detainee in the company of other, particularly trustworthy detainees, subjecting the detainee to particularly close supervision by the staff, or lodging the detainee in a video-surveilled space or in a particularly secure cell devoid of dangerous objects. Since July 2017, moreover, so-called 'suicide conferences' have been held at all Bavarian prisons whenever a suicide occurs. The goal here is to gain insights into whether suicide prevention at the prison facilities could be improved and if so, how.

The concepts and measures applied for suicide prevention continually are reviewed and adjusted as needed on the basis of practical experience, recommendations from correctional system staffers, as well as new insights.

HB: Suicide prevention programme

1. Assessment of suicidal risk at the moment of detention

Immediately after a person is detained, an entrance interview is conducted, using the 'First Impression Screening' form. The goal is to gain knowledge about the possible existence of a suicide risk. Experienced staff members familiar with the special problems of a new incarceration situation conduct the initial interview.

2. Basic measures for suicide prevention

- General measures:

Avoidance of isolation, promotion of a social network of relationships in the institution, employment of the prisoner, regular checks to detect changes in prisoner's personal conditions.

- All prison staff:

The prison guards should address prisoners personally and approach them in a humane manner. The careful observation of prisoners' behaviour should help in the early recognition of suicidal danger.

- Psychological services:

If there is evidence of an acute and exaggerated stress experience of inmates or an actual risk of suicide, psychological services will be consulted. The psychologist involved will perform an assessment regarding the existence of an acute suicidal danger and discusses the further course of action in cooperation with the prison staff. If necessary, the external psychiatric consultation service becomes involved.

3. Security measures in case of a risk of suicide

Special security measures can be ordered against prisoners if, due to their emotional state, there is an increased risk of suicidality. In this case, an accommodation in a specially equipped and furnished detention room takes place.

For example, the at-risk detainee will be housed together with a prisoner who appears to be suitable in a shared space. Other possibilities are the specially secured detention in rooms without dangerous objects (bgH) or in specially designated observation detention rooms (BEO).

4. Further safety measures in case of an increased risk of suicide

Acute suicidality often requires further support, which also includes psychiatric assistance. In this regard, external psychiatrists regularly support the prison.

HE: There is a Land Task Force (Landesarbeitsgemeinschaft) for the Hessian correctional system which deals explicitly with suicide prevention measures and which prepares and supplies the appropriate informational materials for staffers of the correctional system. The work of said Task Force includes evaluating new scientific findings, reviewing the existing information available to prison staffers and supplementing/adapting it as needed.

MV: The prison facilities of the Land of Mecklenburg-West Pomerania consider it their special duty to safeguard the physical integrity of their detainees. This particularly applies to detainees in pre-trial detention and newly admitted detainees, who often find themselves in a state of mental and emotional crisis. In Mecklenburg-West Pomerania, an 'Informational Sheet/Bulletin on Identifying Suicidality and Preventing Suicide in Prisons' (Informations- und Merkblatt über das Erkennen von Suizidalität und die Suizidprävention im Justizvollzug) has been available since 2009 and is targeted towards all staffers working in the correctional system. In the prisons of the Land of Mecklenburg-West Pomerania, screening for suicide risk is performed in standardised fashion as part of the admission procedure. Individually tailored security measures can be ordered as needed. Every newly admitted detainee's mental condition and possible susceptibility to a suicide risk are examined and reviewed as early as at the initial interview, i.e. usually within two hours of admission, but always before the detainees spend their first night locked away in their cell. Thus, care must be taken during the initial interview to look for possible indications of suicidality and, if applicable, to perform a screening using the special pre-printed form entitled 'Screening Procedure for Suicidality' (Screeningverfahren Suizidalität). If indications of suicidality are found, the affected detainees are transferred to the prison's psychological services. These services then hold crisis meetings/interviews and will take any additional interventions that may be needed. In addition to the above, the Land of Mecklenburg-West Pomerania also has set up a Land Task Force (Landesarbeitsgruppe) on suicide prevention. The Task Force is charged with defining the contents of the mandatory ongoing professional training on suicide prevention which all staffers must undergo once a year. The agenda also includes evaluating any new scientific findings of relevance while engaging in detailed discussions on the topic of suicide and self-harming behaviour. Another key priority is monitoring the effectiveness of the in-house training courses which primarily are conducted by members of the Task Force itself.

NI: Minimum standards for suicide prevention have been defined for the Lower Saxony correctional system. These standards are regularly reviewed and supplemented/expanded as needed. Said supplementations/expansions of the minimum standards are intended to define new tactical approaches while providing guidance for practical implementation. Under due consideration of the relevant scientific findings, the existing specifications are supplemented by defining additional case scenarios whose occurrence dictates a re-evaluation of suicide risk. Information on possible crisis-intervention measures is provided as well.

RP: Suicide prevention is accorded a high priority within the correctional system of the Rhineland-Palatinate and is thus an integral component of the education and ongoing profession training of the general prison staff. The underlying concept calls for all the various professional groups to coordinate closely and carefully on this topic. Reports of suspected cases are directly forwarded to the psychological services and medical services. If required, individual crisis-intervention measures are initiated along with special supervision and surveillance measures.

SN: Checklists for the assessment of suicidality have been developed and are used for each newly admitted detainee; in addition, the flyers on suicide prevention developed and supplied in several languages by the Federal Task Force on Suicide Prevention in the Correctional System have been introduced for incoming detainees and are handed out to each newly admitted detainee. They are intended to give mentally distressed detainees the courage to promptly and confidentially request any help they may require from the prison staff. Regular employee training sessions are held to raise prison staffers' awareness of the topics of suicidality and mental illness and to brief them on early warning signs; in addition, specially designed posters on the topic have been hung in staff offices to serve as constant reminders to staffers. In the wake of a survey conducted by Ansorge (2011), which found that

distressed detainees often obtain empathetic support from fellow prisoners, the so-called “Listener Project” was introduced in the Saarland correctional system. Here, particularly suitable detainees were trained to act as so-called empathetic “listeners” who, if needed, could be housed in a so-called “listener cell” together with a newly admitted detainee who had not yet learned to adjust to daily prison life. Another method used to enable social encounters amongst detainees was to set up so-called “tandem cells.” Tandem cells are two adjoining prison cells connected by an unlocked door. This allows both detainees to meet whenever they wish.

SN: Ever since 2006, a suicide prevention strategy has been systematically developed, implemented and regularly updated in the correctional system of the Free State of Saxony. Key elements of the strategy are as follows:

1. **Screening procedure:** A screening procedure is used to systematically identify any risk factors present at the start of incarceration as well as during the course of the detention and in crisis situations. Depending on the severity of the suicide risk and the individual treatment required, the detainee will be systematically assigned to additional caregivers by way of the screening procedure. The screening procedure has been applied in electronic form since 2019.
2. **Work with family members:** The detainee’s family members, guardians, trusted confidants, attorneys, etc. are offered the opportunity to collaborate with the treatment team; the position of family coordinator (Angehörigenbeauftragter) was created to structure and steer the process.
3. **Informational forum:** An online platform on the intranet which contains important information on suicide prevention and which is kept readily accessible to staffers.
4. **Suicide prevention standards:** Starting in 2011, suicide prevention standards have been put in place which define requirements in connection with the following workflows:
 - a. Documentation.
 - b. Training.
 - c. Admission of detainees.
 - d. Verification of custodial security measures.
 - e. Monitoring (for detainees with mental illnesses and a prior history of suicide attempts).
 - f. Seeking advice from a pool of experts (to help the treatment team with detainees who exhibit suicidality and/or pose a danger to others, or who are difficult to treat as well as suicidal, etc.)
 - g. Returning transferees from an outbound transport or from an external appointment, respectively.
 - h. Carrying out relocations.
 - i. Taking the required steps once a suicide risk is established.
 - j. Transporting detainees with elevated suicide risk.
 - k. Suicide prevention during the course of incarceration.
 - l. Using a special cell for suicide prevention, protective custody or custodial security.
 - m. Holding suicide conferences.
 - n. Follow-up care for staffers.
 - o. Follow-up care for detainees.
 - p. Research.
 - q. Ward conferences.

- r. Activities by the prison's in-house task force on suicide prevention.
 - s. Holding informational forums on suicide prevention in the correctional system.
5. Provision of multi-lingual informational material, respectively psychoeducational material, upon the detainee's admission to prison (flyer from the Federal Task Force on Suicide Prevention, orientation bulletin for the first days of incarceration).
 6. Offering systematic ongoing professional training on suicide prevention
 - a. Annual training of the multipliers who conduct the training sessions at the prisons.
 - b. Mandatory training for new hires in the psychological services.
 - c. A training-related exhibition entitled 'Ways (Out)?! - Suicides and Suicide Prevention in the Correctional System' ((Aus-)Wege?!- Suizide und Suizidprävention im Justizvollzug); originally mounted as a travelling exhibition, this is now permanently installed at the Waldheim Youth Detention Centre.
 7. Land Task Force on Suicide Prevention, set up in 2010.
 8. Membership and steering of the Federal Task Force on Suicide Prevention in the Correctional System.
 9. Performance of the Germany-wide survey of all suicides across the correctional system (since 2000; the survey has been conducted by the Criminological Service of the Free State of Saxony since 2019).

SH: Schleswig-Holstein participates in the Federal Task Force on Suicide Prevention and has also set up its own complementary Land Task Force. Requirements for the prisons are promulgated through the issuance of ordinances (most recently in January 2019) and support is provided in order to help prevent suicides. Various informational brochures are made available and regularly adapted to reflect the most current findings, e.g. on the topic of suicide amongst radicalised detainees. The process of looking for possible suicide risk in the admission interviews has been formalised and programmes providing ongoing professional training on suicide prevention are offered twice annually. In addition, a system has been put in place that offers support and counselling to staffers who have been traumatised by a detainee suicide. Completed suicides are analysed using a standardised questionnaire in order gain further useful insights for suicide prevention.

16. Does the Prison Service work in co-operation with community organisations to ensure the continuity of care after imprisonment?

BW: Yes.

Pursuant to a transition-management agreement concluded between the correctional system's social services and the probation service and court assistance agency of Baden-Württemberg, prisoner releases are planned along with a concomitant assignment to a probation officer (Bewährungsunterstellung), so that suitable re-integration and res-socialisation measures can be initiated by the probation service. A cooperation agreement on the integration of convicts and pretrial detainees in Baden-Württemberg has been in place since 2016, having been concluded between the Land Ministry of Justice and European Affairs and representatives of the following organisations: the Land Ministry of Social and Economic Affairs, the Baden-Württemberg Regional Directorate of the Federal Employment Agency (BA), the Association of Cities and Towns (Städtetag), the Rural Districts Association (Landkreistag), the Municipal Association for Youth and Social Affairs (Kommunalverband für Jugend und Soziales), the three offender-support associations forming part of the Offenders' Support Network (Netzwerk Straffälligenhilfe) and the League of Independent Welfare Associations (Liga der freien Wohlfahrtspflege). The objective of the agreement is to ensure that as many released offenders as possible succeed in starting a new life, thereby reducing the risk that they will relapse into crime. This specifically involves finding lodgings for the ex-offenders upon their release, designating a contact point for their reintegration into the workforce, and clearing up any claims to social benefits which they may have.

The Penal Enforcement Code of Baden-Württemberg (Justizvollzugsgesetzbuch Baden-Württemberg - JvollzGB BW) stipulates that prison facilities are to work together closely with other institutions, organisations and persons who provide social assistance for the benefit of the detainees or whose influence can further the detainees' integration, treatment or mentoring. These specifically include, aside from the relevant public authorities, the so-called 'independent providers' (freie Träger).

The network of independent providers of offender support, which traditionally has played a very strong role in Baden-Württemberg, is an important cooperation partner. The tried and tested 'two-pillar model' of cooperation between the government-organised probation services and the network of independent providers of offender support is a cornerstone of the cooperation among all the various players involved in assisting ex-offenders - the prison's social services, the probation services and the independent providers of offender support.

BY: To optimise transition-management in Bavarian prisons, the Land Ministry of Justice has concluded a recommendation agreement (Empfehlungsvereinbarung) on 4 February 2015 with all the key players in the transition-management process, including the top central organizations of German municipalities (Kommunale Spitzenverbände), the Bavarian Independent Welfare Association (Freie Wohlfahrtspflege Bayern) and the Land Ministry for Family, Labour and Social Affairs. The objective of the cooperation is to enable the detainees to transition as smoothly as possible from imprisonment to freedom and to minimise any potential interface losses among the participating institutions. This transition-management process also includes the provision of follow-up care for mentally ill detainees.

If a detainee continues to require psychotherapeutic or psychiatric treatment even after being released, the specialised prison services will endeavour to make arrangements for treatment with a psychotherapist or medical specialist in psychiatry ahead of the release. Sometimes probationary sessions can even be scheduled during the incarceration period with psychotherapists whose private practices are located at the detainee's future place of residence. In addition, the Bavarian cities of Munich, Nuremberg and Würzburg each have set up a specialised, psychotherapeutic outpatient clinic (Fachambulanz) for violent and sexual offenders which also stand ready to provide follow-up care to the detainees in question. Finally, the Bavarian Land Ministry of Justice coordinates closely with the Bavarian Chamber of Psychological Psychotherapists and Child & Adolescent Psychotherapists (Bayerische Landeskammer der Psychologischen Psychotherapeuten und der Kinder- und Jugendlichenpsychotherapeuten).

HB: Yes.

HE: Yes.

This occurs as part of the transition-and-release management. Integration agreements have been concluded and regular 'roundtables' have been initiated.

MV: In Mecklenburg-West Pomerania, we have been working on the basis of the so-called 'Integrated Ex-Offender Assistance' system (Integrale Straffälligenarbeit - InStar) since 2007. This establishes binding standards for the relevant prison workflows as well as for cooperation between the correctional system and the participating sections of the Land Office for Out-patient Offender Support (Landesamt für ambulante Straffälligenarbeit - LaStar). In 2011, the probation and court social work service (Bewährungs- und Gerichtshilfe), the supervised release office (Führungsaufsichtsstelle) and the forensic out-patient service (Forensische Ambulanz) were all merged into the Land Office for Out-patient Offender Support. The workflows at the interface points of prisoner admission and prisoner release have been optimised, documentation has been standardised and the steps required to fulfil the statutory reintegration mandate have been specifically defined. Likewise, communication between public prosecutors and police has been expanded and standardised in recent years.

NI: Yes.

RP: During the preparation for their release, detainees will be assisted, in individual cases, in making contact with follow-on care organisations or supervised living facilities.

SL: If required, therapeutic follow-up treatment programmes are initiated already before the release and the detainee to be released is assigned to these programmes.

SN: Yes.

The detainee is transferred into a Landeskrankenhaus hospital operated by the Land or referred to the social psychiatry services after the release.

SH: The correctional system's efforts to promote the detainee's eventual re-integration begin as soon as the detainee is first admitted to prison. If a detainee has special needs, internal and external services work together in an attempt to achieve treatment continuity. In recent years, the Land Ministry of Justice of Schleswig-Holstein has implemented a project entitled 'Transition Management - Avoiding Relapse via Coordination and Integration' (Übergangsmanagement - Rückfallvermeidung durch Koordinierung und Integration), which bundles the measures of both internal and external stakeholders. This also applies to detainees with mental disorders, though not first and foremost. The same holds true for the soon-to-be-adopted 'Law on Outpatient Resocialisation and Victim Protection in Schleswig-Holstein' (Gesetz zur ambulanten Resozialisierung und zum Opferschutz in Schleswig-Holstein - ResOG SH).

17. Is there specific work with family members of the persons who experience mental disorders and disabilities?

BW: No. There are no special assistance programmes for family members in Baden-Württemberg in connection with a detainee's incarceration or their assignment to a probation officer, nor as part of the work of the network of independent providers of offender support (Freie Straffälligenhilfe). However, various counselling and assistance support services of this sort are available from the municipalities and from other independent providers.

BY: The network of independent providers of offender support (Freie Straffälligenhilfe), which works closely with the Land Ministry of Justice as described above, offers such programmes for the family members of detainees.

HB: No.

HE: This is not the case as far as [mentally] ill detainees are concerned.

MV: The prison facilities of the Land of Mecklenburg-West Pomerania do not offer any special assistance programmes for family members. Such support programmes are offered by specialised, independent providers, amongst others.

NI: No.

RP: There are no special assistance programmes for family members in the correctional system. However, family members are asked to become involved where appropriate in individual cases, and are also offered help in locating sources of further assistance.

SL: No.

SN: No.

SH: There are no programmes of this nature in place. Generally speaking, however, there has been a strong ramp-up in recent years of efforts to actively involve and better inform the family members of detainees. In individual prisons, family counselling on a wide range of issues is offered by an external provider.

18. Is there a gender approach when dealing with persons who experience mental disorders and disabilities?

BW: A gender-specific approach is taken, both when it comes to housing the overall detainee population and also when it comes to housing and caring for mentally ill detainees. Women and men are housed separately. As a matter of principle, however, both genders enjoy equal access to the same housing and treatment programmes (e.g. psychiatric / psychotherapeutic care, social therapy, sports and leisure options, work activities, preparation for release, etc.)

Also when it comes to inpatient housing in the psychiatric unit of Hohenasperg Correctional Hospital, male and female detainees exhibiting psychological particularities are housed in separate in-patient facilities, but still have equal access - albeit subject to segregation by gender - to all treatment programmes (e.g. psychotherapy, ergotherapy, movement therapy, sports and leisure activities).

There are no special wards for transgender detainees in the Baden-Württemberg correctional system. When a transgender detainee is admitted, decisions on how to proceed are made on a case-by-case basis, which also may involve obtaining input from the supervisory authorities. If mental illness is evident, the detainee is examined to confirm the relevant indications and is then admitted to the psychiatric ward of the prison hospital.

BY: The detainees are lodged by gender in different prison facilities or in segregated wings; thus, the prison services and external specialists tasked with providing treatment are sufficiently familiar with the gender-specific peculiarities involved. At Aichach Prison, for example, which is Bavaria's main penal facility for female detainees, a trauma-therapy programme specifically geared towards women is provided.

HB: No.

HE: No.

MV: Men and women are lodged separately at the prison facilities. Aside from that, no other gender-specific approach is taken.

NI: Yes.

RP: As a general rule, a gender-sensitive approach is taken with regard to all incarcerated persons; inasmuch, this also applies to persons with mental disorders or disabilities.

SL: No.

Only men are incarcerated in Saarland's prison facilities.

SN: Yes, to the extent that the staffers are experienced and specifically trained in the proper treatment of female detainees.

SH: A designated gender-sensitive approach - in the sense of an official concept - is not applied. This said, a specific approach to handling the small group of female detainees in the correctional system has evolved over time which makes due allowance for gender-specific differences.

GREECE

1. Which country/jurisdiction do you work in/represent?

Greece, Ministry of Citizen's Protection, General Secretariat for Anticrime Policy

2. What is your job title?

Head of the Department of Operation of Prison Establishments & Reformatory Institution for juvenile boys of Volos

Section 1: National Policy

1. Please provide details of any recent national policies/procedures/guidance /reports relating to dealing with detainees who experience mental disorders or disabilities (please provide a short summary in English or French and send such texts as attachments with the completed survey).

See attached file.

Section 2: The Organisation of Prison Service and Mental Health Care Provision

The Organisation of the Prison system

1. What is the total number of the prison population in your country/jurisdiction at 31 January 2021?

The total number of prison population on 31 January 2021 was 11,334.

2. Do prison staff in your country/jurisdiction routinely receive mental health awareness training? **No**

a. If 'yes' please could you provide a brief description of this in terms of its content and who provides it? (If multiple providers and/or courses exist, please provide a brief summary of each).

3. What is the total budget for the provision of mental health care in prison context for the detainees in your country/jurisdiction? (Please provide details, or tick here **if unknown**)

4. Approximately what percentage of the prison population in your country/jurisdiction do you estimate to have a current mental disorder or disability?

Kind of Mental or Developmental Disorders	On 31/01/2021		On 31/01/2020	
	Number of detainees	% in the total number of detainees	Number of detainees	% in the total number of detainees
Total number of Detainees	11.334		10.891	
Total number of Detainees with mental or developmental disorders	1.036	9,1	1.117	10,3
Mental Disorders (Depression, bipolar disorder, schizophrenia and other psychoses)	999	8,8	1.078	9,9
Developmental Disorders (including autism)	37	0,3	39	0,4

a. What data/ information do you base this estimate on?

Data were collected by the penal institutions.

b. Has specific research been carried out on this? If the answer is yes, please provide details

A census survey was conducted in the 34 Detention Centers of the country, with a reference date the 31/01/2021 and 31/01/2020. Data were collected and processed. Detainees with mental disorders have got diagnoses from a competent body or doctor.

5. Is information on the prevalence of mental disorder or disability amongst the detainees routinely collected in your country/jurisdiction? **No**

a. If 'yes' please provide further details about how this is done (e.g., who provides and publishes this data? How often?)

6. Which organisation(s) have responsibility for providing mental health care in the prison context for detainees in your country/jurisdiction?

Ministry of Justice/Criminal Justice organisations

Ministry of Health/Healthcare services

Voluntary sector providers

Other (please specify)

Ministry of Citizen's Protection/ General Secretariat for Anticrime Policy

7. At what stage(s) of incarceration are detainees typically screened for mental disorders or disabilities? (Please tick all that apply)

i. Intake

ii. Admission

iii. At other times during incarceration

iv. At least once a year

v. Less than once a year

vi. Preparation for release

8. During the period of incarceration, how is screening for mental disorders or disabilities is typically initiated? (Please tick all that apply)

i. By request of the detainee

ii. By medical order

iii. Other (specify)

By reference from a psychologist to a psychiatrist

Please provide details of which screening tools/questions are commonly used to detect mental disorders or disabilities amongst prison population

Clinical interview by a psychiatrist or a psychologist, general clinical examination by the psychiatrist or General practitioner and clinical estimation from the psychiatrist.

9. Who usually screens those in the prison population for mental disorders or disabilities?

Prison staff

Other criminal justice staff

Nurse

General practitioner

Psychiatrist

Psychologist

Social worker

Other (please specify)

10. Please describe the route(s) by which detainees usually gain access to mental health care if they need it (if you have pathway diagrams please attach these in your reply)

Clinical examination by the psychiatrist during the intake of the detainee. During incarceration the psychiatrist examine the detainee after his request or after referral from the medical, prison or scientific staff (social service, psychologist).

11. If prison services are involved in the provision of mental health care to detainees, which of the following best characterise their role?

- Providing interventions/treatment themselves
- Inviting external services to work on their premises
- Referring people to external services working elsewhere
- Mixture of the above**

12. Does the prison service in your country/jurisdiction has special units to provide treatment to detainees with mental disorders or disabilities? **Yes**

a. If 'yes' please provide further details about how this is done (e.g., separated wing inside prison, independent unit, dedicated nursery in prison hospitals, etc)

Korydallos Psychiatric Establishment for Prisoners.

13. Does the prison service have any sentence or sentence planning requirements/programmes specifically for detainees with mental disorders or disabilities? **Yes**

If yes, please provide details of these here

The sentences imposed to the detainees with mental disorders and disabilities are served in the Korydallos Psychiatric Establishment for Prisoners with the consequent benefits provided by the relevant legislation.

14. Are the number of deaths by suicide in prison context collected nationally? **Yes**

If 'yes' can you attach a document that shows trends in such suicides over the past ten years?'

A census survey is conducted every year in 34 Detention Centres of the country.

Here are the results of the survey by year:

YEAR	Number of detainees (deaths by suicide)
2020	6
2019	5
2018	10
2017	0
2016	5
2015	4
2014	5
2013	7
2012	4
2011	1
2010	4
2009	3

15. Is there a suicide prevention programme in the prison system of your country/jurisdiction? **No**

If yes, please provide a brief description here

Initiative of the General Secretariat for Anticrime Policy to distribute information sheets to prison staff about suicide prevention.

16. Does the Prison Service work in co-operation with community organisations to ensure the continuity of care after imprisonment? **Yes**

17. Is there specific work with family members of the persons who experience mental disorders and disabilities? **Yes**

18. Is there a gender approach when dealing with persons who experience mental disorders and disabilities? **No**

ICELAND

1. Which country/jurisdiction do you work in/represent?

Iceland

2. What is your job title?

Clinical lead at the Prison and Probation Administration

Section 1: National Policy

1. Please provide details of any recent national policies/procedures/guidance /reports relating to dealing with detainees who experience mental disorders or disabilities (please provide a short summary in English or French and send such texts as attachments with the completed survey)

An interdisciplinary mental health team has been established for the prison system, starting in 2020. The team includes psychologists, a psychiatrist, psychiatric nurses and is expected to have resources to access other professions as needed. The team operates on the basis of internationally recognized standards, evidence based methodology and clinical treatment guidelines. The team works both onsite (within the prisons) and in the community as well as using teleconferencing equipment when needed or when appropriate. The team works closely with employees of the prison service, mental health teams in the community, health care institutions and other service providers to ensure continuity of services once the detainee has left prison.

The main goals of the prisons' mental health team:

- **To provide general and specialized mental health services in prisons.**
- **To provide individualized, coordinated and continuous mental health services in collaboration with health and social services inside and outside prisons.**

Team tasks include:

- **Develop interdisciplinary mental health services, including addiction treatment in prisons consistent with evidence-based knowledge.**
- **Psychiatric risk factors are monitored, in particular self-harm and suicide risk, psychosis and withdrawal symptoms.**
- **Screening all new prisoners for mental disorders immediately after arrival at the prison and to ensure appropriate treatment as well as working on prevention and health promotion against mental disorders, substance use as well as suicide prevention.**
- **Collaborative work with the Prison and Probation Administration, social services, municipal and health services in preparation for the release of the detainee from prison.**

The mental health team works independently but alongside and in close collaboration with other agencies. It is important that both staff and prisoners make a clear distinction between healthcare professionals and professionals within the prison administration and that issues of confidentiality are adhered to.

Section 2: The Organisation of Prison Service and Mental Health Care Provision

The Organisation of the Prison system

1. What is the total number of the prison population in your country/jurisdiction at 31 January 2021? **160**
2. Do prison staff in your country/jurisdiction routinely receive mental health awareness training? **Yes**
- a. If 'yes' please could you provide a brief description of this in terms of its content and who provides it? (If multiple providers and/or courses exist, please provide a brief summary of each).

All prison staff go through initial training where mental health issues in prison populations are addressed such as anxiety, depression, suicidal thought, self-harm, drug dependency and psychosis. The main focus is to help the staff be aware of the signs as well as how to help/get help for individuals in prison with mental health problems. There are also opportunities for further training as both the prison and probation administration treatment team as well as the mental health team have provided staff with information and tools that are aimed at helping them meet the needs of those incarcerated with mental health problems.

3. What is the total budget for the provision of mental health care in prison context for the detainees in your country/jurisdiction?

Funding for the mental health team for the year 2021 is approximately 450.000 euros or 70.000.000 icelandic kroner.

4. Approximately what percentage of the prison population in your country/jurisdiction do you estimate to have a current mental disorder or disability?

Serious mental disorders or disabilities within the prison population, at any given time, is estimated to be around 15% not including those who are addicted to drugs.

- a. What data/ information do you base this estimate on?

The data used is first and foremost based on professional opinions of those working within the prison system. In some cases there is a formal diagnosis of serious mental disorder.

- b. Has specific research been carried out on this? If the answer is yes, please provide details

No formal research has been conducted on this issue.

5. Is information on the prevalence of mental disorder or disability amongst the detainees routinely collected in your country/jurisdiction? **No**

- a. If 'yes' please provide further details about how this is done (e.g., who provides and publishes this data? How often?)

6. Which organisation(s) have responsibility for providing mental health care in the prison context for detainees in your country/jurisdiction?

Ministry of Justice/Criminal Justice organisations
Ministry of Health/Healthcare services
Voluntary sector providers
Other (please specify)

7. At what stage(s) of incarceration are detainees typically screened for mental disorders or disabilities? (Please tick all that apply)

- i. Intake
- ii. Admission
- iii. At other times during incarceration
- iv. At least once a year
- v. Less than once a year
- vi. Preparation for release

8. During the period of incarceration, how is screening for mental disorders or disabilities is typically initiated? (Please tick all that apply)

- i. By request of the detainee
- ii. By medical order
- iii. Other (specify) **Prison staff as well as other service provider within the prison sector can send a request to the mental health team if they have concerns regarding an incarcerated person.**

Please provide details of which screening tools/questions are commonly used to detect mental disorders or disabilities amongst prison population

Mini mental health is the main screening tool.

9. Who usually screens those in the prison population for mental disorders or disabilities?

- Prison staff
- Other criminal justice staff
- Nurse**
- General practitioner**
- Psychiatrist**
- Psychologist**
- Social worker
- Other (please specify)

10. Please describe the route(s) by which detainees usually gain access to mental health care if they need it (if you have pathway diagrams please attach these in your reply)

In many cases those screening the prison population are also personnel working within the mental health team so the access is straightforward. However in some cases the detainee first sees a general practioner, nurse or sometimes a social worker/prison psychologist who then flags that there might be a mental health problem and sends a request to the mental health team.

11. If prison services are involved in the provision of mental health care to detainees, which of the following best characterise their role?

- Providing interventions/treatment themselves
- Inviting external services to work on their premises
- Referring people to external services working elsewhere
- Mixture of the above**

12. Does the prison service in your country/jurisdiction has special units to provide treatment to detainees with mental disorders or disabilities? **No**

a. If 'yes' please provide further details about how this is done (e.g., separated wing inside prison, independent unit, dedicated nursery in prison hospitals, etc)

13. Does the prison service have any sentence or sentence planning requirements/programmes specifically for detainees with mental disorders or disabilities? **No**

If yes, please provide details of these here

14. Are the number of deaths by suicide in prison context collected nationally? **Yes**

If 'yes' can you attach a document that shows trends in such suicides over the past ten years?

Number of suicides in Icelandic prisons from 1993-2020:	
1998	3
2004	1
2005	1
2007	1
2013	1
2017	1
2018	1
2019	1
	Total 10

15. Is there a suicide prevention programme in the prison system of your country/jurisdiction? **No**

If yes, please provide a brief description here

Although there is not a formal suicide prevention programme in the prison system all personnel receive basic training on how to intervene if they are concerned about a detainee and what they can do in such situations. There is also a leaflet and a manual where personnel can access information on warning signs, how to talk to detainees with suicidal thoughts and whom to contact in such situations.

16. Does the Prison Service work in co-operation with community organisations to ensure the continuity of care after imprisonment?

The Prison Service work with social services, health services, community projects and NGO when relevant to try and ensure continuity of care.

17. Is there specific work with family members of the persons who experience mental disorders and disabilities?

In many cases the prison service has contact with family members of mentally disordered person who are incarcerated in conjunction with their illness however there is no structured approach applied to this work. The prison service does not contact family members without the incarcerated person's consent.

18. Is there a gender approach when dealing with persons who experience mental disorders and disabilities?

The overall approach to dealing with persons with mental disorders or disabilities in prison settings takes into account, as much as possible specific issues and needs pertaining to their gender and factors which have been shown to contribute to mental health problems such as; safety, trauma and children/family.

ITALY

1. Which country/jurisdiction do you work in/represent?

Italy, Department of Penitentiary Administration, Ministry of Justice

2. What is your job title?

Penitentiary Executive, Director of the Office for Institutional Co-operation, Department of Penitentiary Administration, Ministry of Justice

Section 1: National Policy

1. Please provide details of any recent national policies/procedures/guidance /reports relating to dealing with detainees who experience mental disorders or disabilities (please provide a short summary in English or French and send such texts as attachments with the completed survey)

On the 22 March 2019 the National Committee on Bioethics issued the paper on “*Mental Health and Psychiatric Assistance in prisons*”, containing general guidelines on mental health in prison. Similarly, among the literature available, there are guidelines issued by the Italian Society of Psychiatry and by the Italian Society of Healthcare and Medicine in prison.

In terms of a norm dated 2008, the mental healthcare assistance falls under the competence of the Regions, through their Departments of Mental Health (DSM).

As for the interventions carried out by the Italian penitentiary Administration, please refer to Annex 1.

Section 2: The Organisation of Prison Service and Mental Health Care Provision

The Organisation of the Prison system

1. What is the total number of the prison population in your country/jurisdiction at 31 January 2021? **53329**

2. Do prison staff in your country/jurisdiction routinely receive mental health awareness training? **Yes**

a. If 'yes' please could you provide a brief description of this in terms of its content and who provides it? (If multiple providers and/or courses exist, please provide a brief summary of each).

The Directorate General for staff training of the Department of Penitentiary Administration started, in the training year 2020/21, a wide training action on the delicate topic of the management of imprisoned persons suffering from mental troubles and diseases. The relevant training course was attended by 216 executives (prison governors) and by 161 heads of the rehabilitation sectors of Italian prisons and was repeated in ten editions.

The subjects included in the curricula were:

a) the organization of penitentiary services for the management of inmates suffering from mental diseases;

b) the role of the two institutions involved: the Local Healthcare Agencies on the one hand and the various structures of the penitentiary Administration on the other hand;

c) the description of the symptoms which can allow to detect a mental disease;

d) the reform of penitentiary healthcare, in particular concerning the regime of the Residences for the Execution of security Measures (REMS). The teachers were professionals and professors experienced in the field and some of them were active in the local services of the penitentiary healthcare.

The topic of mental health in prison is addressed also in the induction training of Penitentiary Police staff as well as in their ongoing training.

In particular, in the initial basic training of penitentiary Police agents, information is provided about the organization of the healthcare assistance to prisoners and the psychic troubles are the object of

in-depth analysis. The trainees are taught about the procedure implemented in the prisons upon one offender's arrival from liberty in order to assess the subject's risk of suicide and his/her possible conditions of psychic suffering. The penitentiary police students are also trained in first-aid interventions in case of self-harm and suicide attempts. Didactic materials are provided aimed at learning techniques of de-escalation, to depower violent and aggressive reactions also towards persons with mental troubles. The same didactic materials are used also in the ongoing training.

In 2016, the Department of Penitentiary Administration was the leader of a European-funded project named "*ME.d.i.c.s. - Mentally disturbed inmates care and support*". The project foresaw, inter alia, to draft a Protocol with guidelines for the prison workers in matter of treatment of psychic maladjustment in prison. The training course which was included in the project aimed at presenting and sharing the content of said protocol, containing the operational good practices for psycho-physical well-being of inmates with mental troubles. The project was implemented in three prisons in Turin, Bologna and Palermo, and the training course beneficiaries were the penitentiary police staff, the rehabilitation officers (educators) and the healthcare staff of those three prisons. The total number of staff involved was 100 persons of both prison and healthcare administrations.

3. What is the total budget for the provision of mental health care in prison context for the detainees in your country/jurisdiction? (Please provide details, or tick here if unknown)

4. Approximately what percentage of the prison population in your country/jurisdiction do you estimate to have a current mental disorder or disability?

About 40% of inmates have psychic disorder and/or behavioural troubles. A percentage between 1 and 2 % have a psychiatric pathology.

a. What data/ information do you base this estimate on?

We base it upon the consumption of psychiatric medicines.

b. Has specific research been carried out on this? If the answer is yes, please provide details

One research carried out by the Tuscany Region in 2014 on the health status of inmates in Italy found that more than 40% of prisoners suffer from mental troubles. In particular, the survey of 2014 concerned six Regions of our country and a total number of 15,750 inmates who at that time were accommodated in the prisons of those regions. The result was that 41.3% of the sample of inmates suffered at least from one psychiatric illness, with a strong prevalence of mental troubles from substances addiction (49.6 % of the total number of psychic troubles found in the sample) and of neurotic troubles and adaptation reactions (27.6 % of the total number of psychic troubles found in the sample).

5. Is information on the prevalence of mental disorder or disability amongst the detainees routinely collected in your country/jurisdiction? **Yes**

a. If 'yes' please provide further details about how this is done (e.g., who provides and publishes this data? How often?)

The data are surveyed by regional observatories because the provision of healthcare is made on a regional basis. There is no national Observatory.

6. Which organisation(s) have responsibility for providing mental health care in the prison context for detainees in your country/jurisdiction?

- | | |
|--|-------------------------------------|
| Ministry of Justice/Criminal Justice organisations | <input type="checkbox"/> |
| Ministry of Health/Healthcare services | <input checked="" type="checkbox"/> |
| Voluntary sector providers | <input type="checkbox"/> |
| Other (please specify) | |

7. At what stage(s) of incarceration are detainees typically screened for mental disorders or disabilities? (Please tick all that apply)

- i. Intake
- ii. Admission
- iii. At other times during incarceration
- iv. At least once a year
- v. Less than once a year
- vi. Preparation for release

8. During the period of incarceration, how is screening for mental disorders or disabilities is typically initiated? (Please tick all that apply)

- i. By request of the detainee
- ii. By medical order
- iii. Other (specify) **There are different procedures in the various Italian Regions because the provision of healthcare is made on a regional basis**

Please provide details of which screening tools/questions are commonly used to detect mental disorders or disabilities amongst prison population

There are different procedures in the various Italian regions because the provision of healthcare is made on a regional basis.

9. Who usually screens those in the prison population for mental disorders or disabilities?

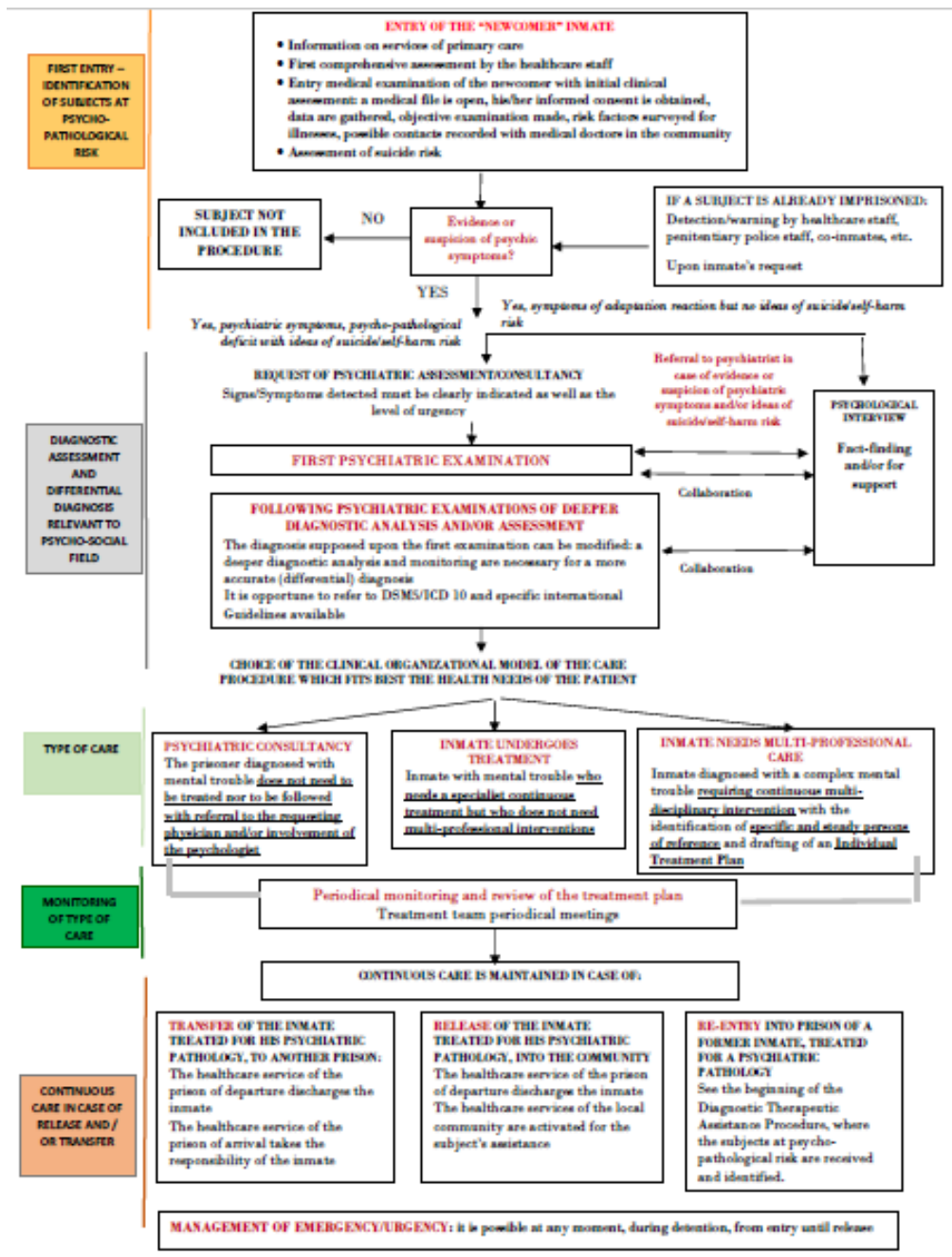
- Prison staff
- Other criminal justice staff
- Nurse
- General practitioner
- Psychiatrist
- Psychologist
- Social worker
- Other (please specify)

10. Please describe the route(s) by which detainees usually gain access to mental health care if they need it (if you have pathway diagrams please attach these in your reply)

Diagnostic Therapeutic assistance Procedure (PDTA)

- 1) **Step of induction: the inmate arrives at the prison (either from liberty or from another prison), is informed about the primary assistance care services and receives a first comprehensive assessment by the healthcare staff**
- 2) **Step of diagnostic assessment and differential diagnosis relevant to psycho-social field**
- 3) **Step of the care (consultancy, treatment)**
- 4) **Step of Monitoring of the treatment provided**
- 5) **Step of emergency management**
- 6) **Follow up in case of release/transfer to another prison**

Please refer to Annex 2 below for details relevant to the above-mentioned steps.



11. If prison services are involved in the provision of mental health care to detainees, which of the following best characterise their role?

- Providing interventions/treatment themselves
- Inviting external services to work on their premises
- Referring people to external services working elsewhere
- Mixture of the above**

12. Does the prison service in your country/jurisdiction has special units to provide treatment to detainees with mental disorders or disabilities? **Yes**

a. If 'yes' please provide further details about how this is done (e.g., separated wing inside prison, independent unit, dedicated nursery in prison hospitals, etc)

In each Region there is one or more prisons with one "Wing for the protection of mental health", which are special wings dedicated to the mental care of inmates. In particular, those wings accommodate inmates ascertained as «mentally impaired» in terms of art. 111 of the Regulations of Enforcement of the Penitentiary Act; Prisoners whose mental impairment has to be ascertained in terms of art. 112 of

the Regulations of Enforcement of the Penitentiary Act; prisoners whose mental trouble/illness arose during their imprisonment and who cannot stay in ordinary wings, in medical staff's opinion.

13. Does the prison service have any sentence or sentence planning requirements/programmes specifically for detainees with mental disorders or disabilities? **Yes**

If yes, please provide details of these here

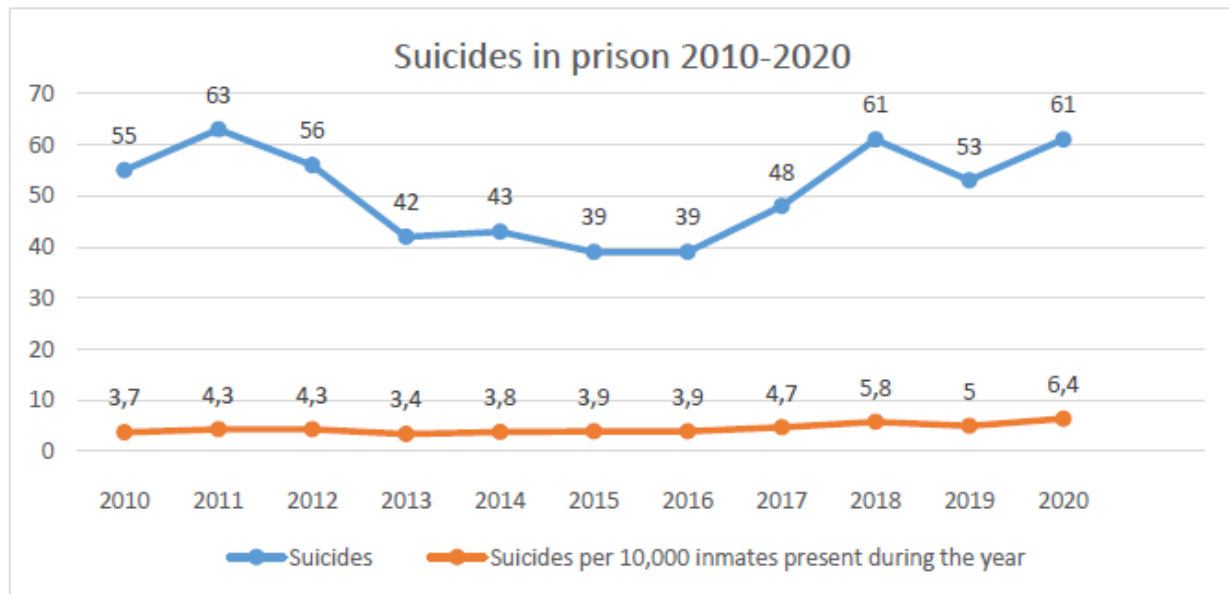
14. Are the number of deaths by suicide in prison context collected nationally? **Yes**

If 'yes' can you attach a document that shows trends in such suicides over the past ten years?

Please refer to Annex 3 below.

Annex 3

Years	Average presence inmates	Prisoners in custody during the year (present on 1 st January + entered from liberty)	Suicides		
			Absolute number	Per 10,000 inmates present on average	Per 10,000 inmates in custody during the year
2009	63.087	146.193	58	9,2	4,0
2010	67.820	149.432	55	8,1	3,7
2011	67.405	144.943	63	9,3	4,3
2012	66.449	129.917	56	8,4	4,3
2013	65.070	125.091	42	6,5	3,4
2014	57.019	112.753	43	7,5	3,8
2015	52.966	99.446	39	7,4	3,9
2016	53.984	99.506	39	7,2	3,9
2017	56.946	102.797	48	8,4	4,7
2018	58.872	104.865	61	10,4	5,8
2019	60.610	105.856	53	8,7	5,0
2020	55.445	96.049	61	11,0	6,4



15. Is there a suicide prevention programme in the prison system of your country/jurisdiction? **Yes**

If yes, please provide a brief description here

There is a national plan for the prevention of suicides in prison, which entered into force in 2017. That National Plan provides for three organizational levels - central, regional and local level - where the healthcare and penitentiary institutions are always represented. There are four operational areas which encompass the work of all the components: staff, volunteers and prisoners.

The first area is entrusted with a task of clinical attention. That area includes all those professionals who can detect symptoms and/or requests of care during visits, interview, therapy administration: medical doctors, nurses, psychologists.

The second area includes the rehabilitation officers (“educators”), who, during their tasks (periodical interviews with prisoners) can often identify personal situations of weakness and difficulties.

There is a third area, much wider, that includes all those prison workers, and first of all the Penitentiary Police staff, who are constantly present in detention wings and can therefore pay particular and widespread attention. Co-inmates are also included in that area. The penitentiary volunteers, too, during their support actions, can detect cases of weakness.

The final area is the area of “decision-making”, composed of the prison Governor, the Penitentiary police detachment Commander and the officer in charge of Surveillance in case of absence of the first two executives.

16. Does the Prison Service work in co-operation with community organisations to ensure the continuity of care after imprisonment? **No**

17. Is there specific work with family members of the persons who experience mental disorders and disabilities?

There are regional procedures because the provision of healthcare is made on a regional basis.

18. Is there a gender approach when dealing with persons who experience mental disorders and disabilities?

There are regional procedures because the provision of healthcare is made on a regional basis.

LITHUANIA

1. Which country/jurisdiction do you work in/represent?

Lithuania

2. What is your job title?

Head of the Healthcare Unit of the Prison Department under the Ministry of Justice of the Republic of Lithuania

Section 1: National Policy

1. Please provide details of any recent national policies/procedures/guidance /reports relating to dealing with detainees who experience mental disorders or disabilities (please provide a short summary in English or French and send such texts as attachments with the completed survey)

Law on Mental Health Care; Lithuanian Health Strategy for 2014 2025; The Mental Health Strategy; The Description of the Procedures for Prevention of Suicides and Self-harm in Prisons.

Section 2: The Organisation of Prison Service and Mental Health Care Provision

The Organisation of the Prison system

1. What is the total number of the prison population in your country/jurisdiction at 31 January 2021? **5392**

2. Do prison staff in your country/jurisdiction routinely receive mental health awareness training? **Yes**

a. If 'yes' please could you provide a brief description of this in terms of its content and who provides it? (If multiple providers and/or courses exist, please provide a brief summary of each).

Lecturers from Training Center under Prison Department or other educational institutions provides regular trainings for prison staff on suicide prevention, mental and behavioural disorders caused by the use of drugs and alcohol.

3. What is the total budget for the provision of mental health care in prison context for the detainees in your country/jurisdiction? (Please provide details, or tick here if unknown)

Provision of health care services in prisons are financed from National Health Care Fund under request and without any limitation.

4. Approximately what percentage of the prison population in your country/jurisdiction do you estimate to have a current mental disorder or disability? **10,4%**

a. What data/ information do you base this estimate on?

Annual activity reports of health care units (data of 31 December 2020).

b. Has specific research been carried out on this? If the answer is yes, please provide details **No**

5. Is information on the prevalence of mental disorder or disability amongst the detainees routinely collected in your country/jurisdiction? **Yes**

a. If 'yes' please provide further details about how this is done (e.g., who provides and publishes this data? How often?)

Health care sub-divisions of each prison provide data to the Health Care Unit of the Prison Department, which summarizes and analyses them and provides them to other authorities upon request.

6. Which organisation(s) have responsibility for providing mental health care in the prison context for detainees in your country/jurisdiction?

- Ministry of Justice/Criminal Justice organisations
- Ministry of Health/Healthcare services
- Voluntary sector providers
- Other (please specify)

7. At what stage(s) of incarceration are detainees typically screened for mental disorders or disabilities? (Please tick all that apply)

- i. Intake
- ii. Admission
- iii. At other times during incarceration
- iv. At least once a year
- v. Less than once a year
- vi. Preparation for release

8. During the period of incarceration, how is screening for mental disorders or disabilities is typically initiated? (Please tick all that apply)

- i. By request of the detainee
- ii. By medical order
- iii. Other (specify)

Please provide details of which screening tools/questions are commonly used to detect mental disorders or disabilities amongst prison population

Patients' complaints, medical history, life history and objective monitoring of a patient's condition.

9. Who usually screens those in the prison population for mental disorders or disabilities?

- Prison staff
- Other criminal justice staff
- Nurse
- General practitioner
- Psychiatrist
- Psychologist
- Social worker
- Other (please specify)

10. Please describe the route(s) by which detainees usually gain access to mental health care if they need it (if you have pathway diagrams please attach these in your reply)

A patient may register for a visit to a psychiatrist by submitting a request to a social rehabilitation unit; or a health care specialist may also do so during a patient's visit if he/she identifies patient's needs for a consultation with a psychiatrist.

11. If prison services are involved in the provision of mental health care to detainees, which of the following best characterise their role?

- Providing interventions/treatment themselves
- Inviting external services to work on their premises
- Referring people to external services working elsewhere
- Mixture of the above

12. Does the prison service in your country/jurisdiction has special units to provide treatment to detainees with mental disorders or disabilities? **Yes**

a. If 'yes' please provide further details about how this is done (e.g., separated wing inside prison, independent unit, dedicated nursery in prison hospitals, etc)

Specialized inpatient psychiatric services are provided in a Psychiatric unit, which is a special sub-division of the Central Prison hospital.

13. Does the prison service have any sentence or sentence planning requirements/programmes specifically for detainees with mental disorders or disabilities? **No**

If yes, please provide details of these here

14. Are the number of deaths by suicide in prison context collected nationally? **Yes**

If 'yes' can you attach a document that shows trends in such suicides over the past ten years?

15. Is there a suicide prevention programme in the prison system of your country/jurisdiction? **Yes**

If yes, please provide a brief description here

Procedures for Prevention of Suicides and Self-harm in Prisons sets forth the algorithms for the prison administration in crisis management.

16. Does the Prison Service work in co-operation with community organisations to ensure the continuity of care after imprisonment?

In Lithuania It's a lack of non-governmental organizations working with patients suffering mental disorders in Lithuania and none of them work in penitentiary facilities and there is no cooperation with them. In case a patient needs a continuous medical treatment after release he/she is referred to a relevant public medical institution.

17. Is there specific work with family members of the persons who experience mental disorders and disabilities?

No specific programs are implemented in penitentiary facilities.

18. Is there a gender approach when dealing with persons who experience mental disorders and disabilities? **Yes**

LATVIA

1. Which country/jurisdiction do you work in/represent?

Latvia

2. What is your job title?

Head of Medical Department, Latvian Prison Administration

Section 1: National Policy

1. Please provide details of any recent national policies/procedures/guidance /reports relating to dealing with detainees who experience mental disorders or disabilities (please provide a short summary in English or French and send such texts as attachments with the completed survey)

The Mental Health Care Access Improvement Plan for year 2019-2020 sets out the formation of a multidisciplinary team in the Psychiatry Department of the Latvian Prison Hospital and establishment of observation beds.

Section 2: The Organisation of Prison Service and Mental Health Care Provision

The Organisation of the Prison system

1. What is the total number of the prison population in your country/jurisdiction at 31 January 2021? **3038**

2. Do prison staff in your country/jurisdiction routinely receive mental health awareness training? **Yes**
- a. If 'yes' please could you provide a brief description of this in terms of its content and who provides it? (If multiple providers and/or courses exist, please provide a brief summary of each).

The Training Centre of the Latvian Prison Administration implements the professional continuing education training program "Prison Guard", the target audience of which is the officers of the Prison Security and Monitoring Departments (guards, supervisors, senior guards, senior supervisors and junior inspectors). The training program's subject "Work with specific groups of prisoners" includes the following topics: "Mental and behavioural disorders, their forms and influence on behaviour of prisoners" (5 hours) and "Mental retardation, its forms. Peculiarities of work with persons with mental retardation in prisons" (2 hours). A separate topic on working with people with disabilities is not included in the content of the program.

3. What is the total budget for the provision of mental health care in prison context for the detainees in your country/jurisdiction? (Please provide details, or tick here **if unknown**)
4. Approximately what percentage of the prison population in your country/jurisdiction do you estimate to have a current mental disorder or disability?

37.52 % have mental disorders, 3.9% have a disability due to mental illness.

- a. What data/ information do you base this estimate on?

From the medical documentation in which the diagnosis is registered.

- b. Has specific research been carried out on this? If the answer is yes, please provide details
5. Is information on the prevalence of mental disorder or disability amongst the detainees routinely collected in your country/jurisdiction? **Yes**
- a. If 'yes' please provide further details about how this is done (e.g., who provides and publishes this data? How often?)

Prison medical institutions provide data to the Statistics Division of the Centre for Disease Prevention and Control of the Ministry of Health, which compiles and publishes it.

6. Which organisation(s) have responsibility for providing mental health care in the prison context for detainees in your country/jurisdiction?

Ministry of Justice/Criminal Justice organisations

Ministry of Health/Healthcare services

Voluntary sector providers

Other (please specify) Latvian Prison Administration

7. At what stage(s) of incarceration are detainees typically screened for mental disorders or disabilities? (Please tick all that apply)

i. Intake

ii. Admission

iii. At other times during incarceration

iv. At least once a year

v. Less than once a year

vi. Preparation for release

8. During the period of incarceration, how is screening for mental disorders or disabilities is typically initiated? (Please tick all that apply) The State Commission of Health and Working Ability Examination Doctors determine the disability and prisoner submits confirmation to the medical institution of the prison.

i. By request of the detainee

ii. By medical order

iii. Other (specify) At the suggestion of a psychologist or resocialization worker.

Please provide details of which screening tools/questions are commonly used to detect mental disorders or disabilities amongst prison population.

The psychiatrist asks questions about the prisoner's medical history, complaints and the symptoms of the diagnosed illness. The questions for each prisoner are individual depending on the mental illness. A prison psychiatrist does not determine disability.

9. Who usually screens those in the prison population for mental disorders or disabilities?

- Prison staff
- Other criminal justice staff
- Nurse
- General practitioner The family doctor refers a prisoner to a psychiatrist after a general medical examination.**
- Psychiatrist The diagnosis of mental illness is determined only by a psychiatrist.**
- Psychologist Can participate at the inspection.**
- Social worker Can participate at the inspection.**
- Other (please specify)

10. Please describe the route(s) by which detainees usually gain access to mental health care if they need it (if you have pathway diagrams please attach these in your reply).

The program is determined by a psychiatrist for each prisoner individually.

11. If prison services are involved in the provision of mental health care to detainees, which of the following best characterise their role?

- Providing interventions/treatment themselves Performed by prison medical institutions, employees of resocialization departments, psychologists**
- Inviting external services to work on their premises
- Referring people to external services working elsewhere
- Mixture of the above

12. Does the prison service in your country/jurisdiction has special units to provide treatment to detainees with mental disorders or disabilities? **Yes**

a. If 'yes' please provide further details about how this is done (e.g., separated wing inside prison, independent unit, dedicated nursery in prison hospitals, etc)

Each prison medical institution has a separate room for psychiatrist, but the Latvian Prison Hospital has Psychiatric Department.

13. Does the prison service have any sentence or sentence planning requirements/programmes specifically for detainees with mental disorders or disabilities? **No**

If yes, please provide details of these here

14. Are the number of deaths by suicide in prison context collected nationally? **Yes**

If 'yes' can you attach a document that shows trends in such suicides over the past ten years?

There is no information on the last ten years. The number of prisoners over the past decade has twice decreased. In recent years, there have been on average 6 to 7 cases of suicide per year in all prisons together.

15. Is there a suicide prevention programme in the prison system of your country/jurisdiction? **Yes**

If yes, please provide a brief description here.

From 2016, the Guidelines for the Prevention of Suicidal Behaviour of Prisoners have been implemented in practice, the aim of which is to determine the procedure by which the Latvian Prison Administration and prisons implement measures for the prevention of suicidal behaviour of prisoners.

Currently, the guidelines are improved at process level, and a new tool for assessing suicidal behaviour has been developed and tested. The resocialization program "I am aware" consists of 14 lessons, duration of one group lesson is 90 minutes, and the lessons are organized once a week. The program is based on the basic principles and methods of Dialectical Behavioural Therapy (DBT). DBT is an effective way to help people cope with emotions by strengthening their ability to cope with stressful situations without losing control or behaving destructively. Within the framework of the program, it is planned to acquire three basic skills that help to reduce the flashes of emotions and keep a cool mind when emotions prevail - the practice of awareness; control of emotions; interpersonal relationships. The target group of the resocialization program "I am aware" is prisoners with a tendency to suicide. The aim of the program is to promote prisoners' development of communication and emotional self-control skills in order to promote self-awareness and the ability to form interpersonal relationships.

16. Does the Prison Service work in co-operation with community organisations to ensure the continuity of care after imprisonment?

Work is under way on this issue and the cooperation is being improved.

17. Is there specific work with family members of the persons who experience mental disorders and disabilities?

It has been stopped during the Covid-19 pandemic.

18. Is there a gender approach when dealing with persons who experience mental disorders and disabilities?

Each person has an individual approach, also taking into account gender.

LUXEMBOURG

1. Which country/jurisdiction do you work in/represent?

Luxembourg, Prison administration

2. What is your job title?

Director

Section 1: National Policy

1. Please provide details of any recent national policies/procedures/guidance /reports relating to dealing with detainees who experience mental disorders or disabilities (please provide a short summary in English or French and send such texts as attachments with the completed survey)

Prisoners with mental disorders are dealt with by the Prison Psychiatric Department (SMPP), which provides care in Luxembourg's two prisons at present and will do so in a third from early 2023. It consists exclusively of staff from Luxembourg's neuro-psychiatric hospital (Centre Hospitalier Neuro-Psychiatrique (CHNP)), which is bound by an agreement with the Ministry of Justice for this purpose.

All prisoners receive psychiatric care from this department, which also provides care and treatment for addiction through a sub-department called Suchthëllef.

Prisoners whose illnesses require hospitalisation on a closed ward are transferred to the CHNP as medical placements. Those found to be not, or only partly, criminally responsible for their actions are never put in prison but are placed on a CHNP closed ward (under court supervision). Mental disabilities are also dealt with in this way.

Physical disabilities are dealt with by the internal medicine department and treated according to the most advanced medical standards.

In both cases, special attention is paid to equivalence of care.

Section 2: The Organisation of Prison Service and Mental Health Care Provision

The Organisation of the Prison system

1. What is the total number of the prison population in your country/jurisdiction at 31 January 2021? **557**
2. Do prison staff in your country/jurisdiction routinely receive mental health awareness training? **Yes**
- a. If 'yes' please could you provide a brief description of this in terms of its content and who provides it? (If multiple providers and/or courses exist, please provide a brief summary of each).

Mandatory in-service training is provided by Luxembourg's general hospital (CHL) and neuro-psychiatric hospital (CHNP) for all their staff, both medical and paramedical.

3. What is the total budget for the provision of mental health care in prison context for the detainees in your country/jurisdiction? (Please provide details, or tick here **if unknown**)

These are the budgets of hospitals that collaborate with the prison administration in this area.

4. Approximately what percentage of the prison population in your country/jurisdiction do you estimate to have a current mental disorder or disability?

If mental disability is included under disability, the percentage is around 15% according to the SMPP.

- a. What data/ information do you base this estimate on?

Statistics from the Prison Psychiatric Department (SMPP).

- b. Has specific research been carried out on this? If the answer is yes, please provide details

The prison service only has access to the statistics; all other information is subject to medical confidentiality.

5. Is information on the prevalence of mental disorder or disability amongst the detainees routinely collected in your country/jurisdiction? **Yes**

- a. If 'yes' please provide further details about how this is done (e.g., who provides and publishes this data? How often?)

This exercise falls under medical confidentiality and is an integral part of the psychiatric history. The details are not known to the prison administration.

6. Which organisation(s) have responsibility for providing mental health care in the prison context for detainees in your country/jurisdiction?

Ministry of Justice/Criminal Justice organisations
Ministry of Health/Healthcare services
Voluntary sector providers
Other (please specify)

7. At what stage(s) of incarceration are detainees typically screened for mental disorders or disabilities? (Please tick all that apply)

- i. Intake
- ii. Admission**
- iii. At other times during incarceration
- iv. At least once a year
- v. Less than once a year
- vi. Preparation for release

8. During the period of incarceration, how is screening for mental disorders or disabilities is typically initiated? (Please tick all that apply)

- i. **By request of the detainee**
- ii. By medical order
- iii. **Other (specify)** **A prisoner may request a consultation with a psychiatrist at any time. During the admission procedure a prisoner is seen within three days by a representative of the Psychosocial and Educational Department. If this member of staff identifies signs of psychiatric illness, he or she either requests confirmation by a psychologist from the department or immediately informs the Prison Psychiatric Department (SMPP) so that it can take responsibility for the prisoner.**

Please provide details of which screening tools/questions are commonly used to detect mental disorders or disabilities amongst prison population

These are common screening tools in criminal psychology, such as: CISS, DAS, EKF, FAF, FEEL-E, FERUS, FKK, FLZ, FPI-R, HPI, K-FAF, Million, MMPI, NEO PI-R, NISS, PFI, SEE, STAXI II, VRS, etc.

9. Who usually screens those in the prison population for mental disorders or disabilities?

- Prison staff
- Other criminal justice staff
- Nurse**
- General practitioner**
- Psychiatrist**
- Psychologist**
- Social worker**
- Other (please specify)** **Senior educators, social workers and educators do not undertake psychiatric examination but can report their observations to their psychiatric and psychologist colleagues.**

10. Please describe the route(s) by which detainees usually gain access to mental health care if they need it (if you have pathway diagrams please attach these in your reply)

At the prisoner's request at any time during detention, at the recommendation/request of the internal medicine department or upon notification of the Prison Psychiatric Department (SMPP) by the prison authorities.

11. If prison services are involved in the provision of mental health care to detainees, which of the following best characterise their role?

- Providing interventions/treatment themselves
- Inviting external services to work on their premises**
- Referring people to external services working elsewhere**
- Mixture of the above**

12. Does the prison service in your country/jurisdiction has special units to provide treatment to detainees with mental disorders or disabilities? **Yes**

a. If 'yes' please provide further details about how this is done (e.g., separated wing inside prison, independent unit, dedicated nursery in prison hospitals, etc)

Treatment is provided in an independent unit inside the Luxembourg prison (CPL) by nursing, paramedical and specialist psychiatric staff, or, for serious cases, in the neuro-psychiatric hospital (which has several closed wards).

13. Does the prison service have any sentence or sentence planning requirements/programmes specifically for detainees with mental disorders or disabilities? **No**

14. Are the number of deaths by suicide in prison context collected nationally? **Yes**

If 'yes' can you attach a document that shows trends in such suicides over the past ten years?

15. Is there a suicide prevention programme in the prison system of your country/jurisdiction? **Yes**

If yes, please provide a brief description here

There is a highly detailed alert system for immediate reporting of suicidal tendencies in a prisoner to the SMPP.

16. Does the Prison Service work in co-operation with community organisations to ensure the continuity of care after imprisonment? **No**

17. Is there specific work with family members of the persons who experience mental disorders and disabilities?

Work with family members and even family therapy is possible but depends on the decision of the attending doctor and the prisoner's consent.

18. Is there a gender approach when dealing with persons who experience mental disorders and disabilities?

NO, care is strictly the same. The only difference lies in the fact that women prisoners in psychiatric care in the Luxembourg prison cannot sleep in the psychiatric unit. The cells available to the psychiatry department are reserved for men to maintain gender separation; women prisoners spend the night in the women's block.

MALTA

1. Which country/jurisdiction do you work in/represent?

Malta

2. What is your job title?

Clinical Director, Psychiatry

Section 1: National Policy

1. Please provide details of any recent national policies/procedures/guidance /reports relating to dealing with detainees who experience mental disorders or disabilities (please provide a short summary in English or French and send such texts as attachments with the completed survey):

1) Part VIII of the Mental Health Act 2012 (ACT No. XXII of 2012)(attached); 2) Articles 260.03 & 260.04 of the Prison's Act (attached); 402(4) or 525(3) or 623 of the Criminal; 3) Article 122 of the Malta Armed Forces Act.

Section 2: The Organisation of Prison Service and Mental Health Care Provision

The Organisation of the Prison system

1. What is the total number of the prison population in your country/jurisdiction at 31 January 2021?

Approximately 900.

2. Do prison staff in your country/jurisdiction routinely receive mental health awareness training? **Yes**

a. If 'yes' please could you provide a brief description of this in terms of its content and who provides it? (If multiple providers and/or courses exist, please provide a brief summary of each):

Approximately 90 minutes familiarizing prison officials with concepts of disorders such as depression, anxiety, psychosis and delirium and related issues such as deliberate self-harm, risk assessment, emotional regulation and self-care (attached).

3. What is the total budget for the provision of mental health care in prison context for the detainees in your country/jurisdiction?

€1.5 million (just staff salaries alone) out of a total annual budget of €23 million (approximately 7%). The total percentage spent would actually be higher. We have just completed the construction of a fully equipped on-site clinic which includes facilities for ambulatory (outpatient) mental health care.

4. Approximately what percentage of the prison population in your country/jurisdiction do you estimate to have a current mental disorder or disability? **20%**

a. What data/ information do you base this estimate on?

Correctional Services Agency (prison) records.

b. Has specific research been carried out on this? **No**

5. Is information on the prevalence of mental disorder or disability amongst the detainees routinely collected in your country/jurisdiction? **Yes**

a. If 'yes' please provide further details about how this is done (e.g., who provides and publishes this data? How often?)

Collected by prison clinic staff and stored in internal electronic database. Only released for specified reasons, eg parliamentary questions.

6. Which organisation(s) have responsibility for providing mental health care in the prison context for detainees in your country/jurisdiction?

Ministry of Justice/Criminal Justice organisations
Ministry of Health/Healthcare services
Voluntary sector providers
Other (please specify) **N/A**

7. At what stage(s) of incarceration are detainees typically screened for mental disorders or disabilities? (Please tick all that apply)

i. Intake
ii. Admission
iii. At other times during incarceration **Not screened but seen as often as necessary**
iv. At least once a year **Not screened but seen as often as necessary**
v. Less than once a year **Not screened but seen as often as necessary**
vi. Preparation for release **Not screened but seen as often as necessary**

For iii, iv, v & vi, mental disorder or disability assessment can be prompted by division correctional officers, on-site nurses or on-site medical officers. Three fully qualified psychiatric specialists visit the prison on a regular weekly basis.

8. During the period of incarceration, how is screening for mental disorders or disabilities is typically initiated? (Please tick all that apply)

i. By request of the detainee
ii. By medical order
iii. Other (specify) **If Divisional officers or nurses become concerned**

Please provide details of which screening tools/questions are commonly used to detect mental disorders or disabilities amongst prison population:

Assessed by fully qualified specialist psychiatrists and psychologists with aid of standard tools as and when necessary.

9. Who usually screens those in the prison population for mental disorders or disabilities?

All of below, but not all as routine screening, instead if flagged up from past medical history, during court trial process, during routine intake admission screening (carried out on all prisoners), or by divisional officers, nurses, doctors, or at prisoner's request throughout the period of prison sentence.

- Prison staff
- Other criminal justice staff
- Nurse
- General practitioner
- Psychiatrist
- Psychologist
- Social worker
- Other (please specify)

10. Please describe the route(s) by which detainees usually gain access to mental health care if they need it (if you have pathway diagrams please attach these in your reply)

Medical officers routinely complete psychiatric section of medical intake assessment and refer to psychiatrists accordingly. Throughout the period of prison sentence, divisional officers and/or visiting nurses can request psychiatric assessment either at prisoner's request or because prisoner's behaviour is giving rise to concern.

11. If prison services are involved in the provision of mental health care to detainees, which of the following best characterise their role?

- Providing interventions/treatment themselves
- Inviting external services to work on their premises
- Referring people to external services working elsewhere
- Mixture of the above

12. Does the prison service in your country/jurisdiction has special units to provide treatment to detainees with mental disorders or disabilities? Yes

a. If 'yes' please provide further details about how this is done (e.g., separated wing inside prison, independent unit, dedicated nursery in prison hospitals, etc):

Ambulatory (outpatient) service within the Correctional Services Agency (CSA) prison perimeter and a separate inpatient Forensic Unit functioning as a semi-independent unit (depends on some provision from national mental hospital) unit situated on same site but administratively separate from national mental hospital. A 'Complex Case Multidisciplinary Meeting' at prison is scheduled on a monthly basis to further discuss more complex cases.

13. Does the prison service have any sentence or sentence planning requirements/programmes specifically for detainees with mental disorders or disabilities? Yes

If yes, please provide details of these here:

All prisoners (particularly those with mental health and substance misuse problems) are in the process of having individualised care plans but, due to human resource limitations, this is still a 'works in progress'.

14. Are the number of deaths by suicide in prison context collected nationally? Yes

If 'yes' can you attach a document that shows trends in such suicides over the past ten years?

Deaths in CSA (prison) Malta 2013-2020

Date of death	MDH = Mater Dei Hospital (General)	N = Natural Cause	Average Yearly Population
	MCH = Mount Carmel Hospital (Psychiatric)		
	CSA = Correctional Services Agency (Prison)	S = Suicide	
	SVPR = Old People's Residence		
01-Apr-13	MDH	N	606
04-May-13	MDH	N	
06-Jun-13	Declared dead at MDH	N	
01-Sep-14	MDH	N	617
13-Oct-15	MDH	N	563
26-Oct-15	MDH	N	
09-Jan-16	MDH	S	556
28-Jan-16	MDH	N	
18-Sep-16	MDH	S	
28-Nov-16	MDH	N	
26-Feb-17	MDH	N	565
15-Feb-18	MDH	N	585
23-Jun-18	In transit between MCH and MDH	I	
12-Nov-18	SVPR	N	
11-Dec-18	MDH	S	
27-Oct-19	MDH	S	669
25-Nov-19	MDH	I	
29-Nov-19	MDH	I	
28-Dec-19	MDH	N	
24-Feb-20	CSA	N	781
05-Sep-20	CSA	N	
07-Sep-20	MDH	S	
14-Sep-20	SVPR	N	
19-Nov-20	CSA	N	

15. Is there a suicide prevention programme in the prison system of your country/jurisdiction? **Yes**

If yes, please provide a brief description here

Prisoners who express feelings of hopelessness, or who are passing through specific stressful periods, or who express, or act out death wishes, or specific suicidal, or self-harm intent, are promptly assessed by prison doctors and very soon after by a psychiatrist. If necessary, the prisoner is isolated in a safe single room and placed under a higher level of day and/or night surveillance, with untearable clothing and removal of dangerous possessions. If necessary, the prisoner is transferred to the inpatient Forensic Unit for closer nursing surveillance and treatment. In all cases, any underlying psychiatric disorder is addressed through psychiatric and psychological intervention. The involuntary provisions of the Mental Health Act are invoked in the case of dangerously uncooperative patients.

16. Does the Prison Service work in co-operation with community organisations to ensure the continuity of care after imprisonment?

Yes. Patients who are still in need of psychiatric and/or substance misuse treatment at the point of discharge from the CSA (prison) are referred to the appropriate ambulatory (outpatient) or inpatient facility, if necessary under the involuntary provisions of the Mental Health Act.

17. Is there specific work with family members of the persons who experience mental disorders and disabilities?

Due to human resource limitations, no specific family work is available beyond liaising with family and carers in anticipation of release from the CSA (prison).

18. Is there a gender approach when dealing with persons who experience mental disorders and disabilities?

Male and Female prisoners are seen separately both in the ambulatory (outpatient) setting and in the case of male and female sections of the Forensic Unit which are separate from each other. Prisoners with gender identity issues are housed in divisions with less challenging prisoners.

MONTENEGRO

1. Which country/jurisdiction do you work in/represent

Montenegro

2. What is your job title?

Specialist of psychiatry

Section 1: National Policy

1. Please provide details of any recent national policies/procedures/guidance /reports relating to dealing with detainees who experience mental disorders or disabilities (please provide a short summary in English or French and send such texts as attachments with the completed survey)

All detainees with mental disorders or disabilities have available permanent health care service in prison as well as psychiatric care support, with individual and group psychotherapy.

Section 2: The Organisation of Prison Service and Mental Health Care Provision

The Organisation of the Prison system

1. What is the total number of the prison population in your country/jurisdiction at 31 January 2021? **741**

2. Do prison staff in your country/jurisdiction routinely receive mental health awareness training? **No**

a. If 'yes' please could you provide a brief description of this in terms of its content and who provides it? (If multiple providers and/or courses exist, please provide a brief summary of each).

3. What is the total budget for the provision of mental health care in prison context for the detainees in your country/jurisdiction? (Please provide details, or tick here **if unknown**)

4. Approximately what percentage of the prison population in your country/jurisdiction do you estimate to have a current mental disorder or disability? **65%**

a. What data/ information do you base this estimate on?

Medical records and healthcare evidence.

b. Has specific research been carried out on this? If the answer is yes, please provide details

5. Is information on the prevalence of mental disorder or disability amongst the detainees routinely collected in your country/jurisdiction? **No**

a. If 'yes' please provide further details about how this is done (e.g., who provides and publishes this data? How often?)

6. Which organisation(s) have responsibility for providing mental health care in the prison context for detainees in your country/jurisdiction?

- Ministry of Justice/Criminal Justice organisations
- Ministry of Health/Healthcare services
- Voluntary sector providers
- Other (please specify)

7. At what stage(s) of incarceration are detainees typically screened for mental disorders or disabilities? (Please tick all that apply)

- i. Intake
- ii. Admission
- iii. At other times during incarceration
- iv. At least once a year
- v. Less than once a year
- vi. Preparation for release

8. During the period of incarceration, how is screening for mental disorders or disabilities is typically initiated? (Please tick all that apply)

- i. By request of the detainee
- ii. By medical order
- iii. Other (specify)

Please provide details of which screening tools/questions are commonly used to detect mental disorders or disabilities amongst prison population psychiatric interview and global assessment of functioning scale

9. Who usually screens those in the prison population for mental disorders or disabilities?

- Prison staff
- Other criminal justice staff
- Nurse
- General practitioner
- Psychiatrist
- Psychologist
- Social worker
- Other (please specify)

10. Please describe the route(s) by which detainees usually gain access to mental health care if they need it (if you have pathway diagrams please attach these in your reply)

Detainees have permanent everyday access to mental healthcare by two psychiatrists. They gain it by own written or oral requests or by medical indications.

11. If prison services are involved in the provision of mental health care to detainees, which of the following best characterise their role?

- Providing interventions/treatment themselves
- Inviting external services to work on their premises
- Referring people to external services working elsewhere
- Mixture of the above

12. Does the prison service in your country/jurisdiction has special units to provide treatment to detainees with mental disorders or disabilities? **No**

a. If 'yes' please provide further details about how this is done (e.g., separated wing inside prison, independent unit, dedicated nursery in prison hospitals, etc)

13. Does the prison service have any sentence or sentence planning requirements/programmes specifically for detainees with mental disorders or disabilities? **No**

14. Are the number of deaths by suicide in prison context collected nationally? **No**

If 'yes' can you attach a document that shows trends in such suicides over the past ten years?

15. Is there a suicide prevention programme in the prison system of your country/jurisdiction? **Yes**

If yes, please provide a brief description here

There is approved guidelines for suicide prevention in prison dedicated to prison employees and they have also trainings by lectures and workshops.

16. Does the Prison Service work in co-operation with community organisations to ensure the continuity of care after imprisonment? **Yes**

17. Is there specific work with family members of the persons who experience mental disorders and disabilities?

Yes, there is individual approach and relation with family members.

18. Is there a gender approach when dealing with persons who experience mental disorders and disabilities?

Yes, there is

THE NETHERLANDS

1. Which country/jurisdiction do you work in/represent?

The Netherlands

2. What is your job title?

Policy Advisor

Section 1: National Policy

1. Please provide details of any recent national policies/procedures/guidance/reports relating to dealing with detainees who experience mental disorders or disabilities (please provide a short summary in English or French and send such texts as attachments with the completed survey).

Portfolio treatment procedures Prison Psychologist (2016). This portfolio describes (with regard to basic care in all prisons) all the services offered by psychologists in the context of individual patient care. The portfolio deals with: the care vision from which the care is provided and describes the target group, the objective and the methods.

Treatment program Psychiatric Basic Care (2017). This treatment program describes some (short-term) psychotherapeutic treatments that are offered to prisoners in the context of basic care by (first choice) institutional psychologists or (second choice) the GGZ. The document describes the indications, professional and organizational preconditions and how these psychotherapeutic interventions are embedded in the broader range of treatment offered by basic care. The following treatment interventions are included: Supportive Structuring Treatment, Motivational Interviewing, Cognitive Behavioural Therapy, EMDR and Schema Therapy.

Formulary for Psychopharmacotherapy in Detention (2019). The formulary focuses on the psychopharmacotherapy of adult prisoners (18-65 years) with psychiatric complaints. It is a guideline for the penitentiary psychiatrists when prescribing psychotropic drugs in detention. The starting point for the formulary is alignment with pharmacotherapeutic care as in the free society, but it offers extra guarantees appropriate to the detention setting and complex population with regard to patient safety, safe detention and continuity of care. The formulary provides a guideline for psychopharmacotherapeutic treatment of the following disorders in succession: psychotic, depressive, bipolar, anxiety, ADHD, sleep, autistic spectrum, impulse control. It contains appendices with policy guidelines regarding: side effects of antipsychotics, serotonergic syndrome, metabolic syndrome, compulsive medication, libido-inhibiting medication, ethnic aspects, juveniles.

Guide to multidisciplinary diagnostics and treatment of suicidal behaviour in detention for healthcare professionals (2017). Also known as: Guide to Suicide Prevention. This guide describes a state of the art method in (multidisciplinary) dealing with suicidal behaviour in prisons, based on recent scientific insights. The guide discusses general risk and protective factors and risk moments of suicidality, detention-specific risks and possibilities, multidisciplinary approach to suicide prevention (identification, diagnosis, treatment) and the division of roles, tasks and responsibilities of the 'treatment team' in basic care.

The Mandatory Mental Health Care Act (Wvggz) started on 1 January 2020.

This Act replaces the Special Admissions in Psychiatric Hospitals Act (Bopz) and regulates the rights of people who have to deal with compulsory care in mental health care.

An important change is that mandatory care will soon also be able to take place outside a mental health institution (ambulatory). Another important change is that the criminal court can decide not to try a suspect under criminal law, but to impose compulsory treatment under civil law.

Section 2: The Organisation of Prison Service and Mental Health Care Provision

The Organisation of the Prison system

1. What is the total number of the prison population in your country/jurisdiction at 31 January 2021?

9.415 prisoners (prisons for adults).

2. Do prison staff in your country/jurisdiction routinely receive mental health awareness training? **Yes**

a. If 'yes' please could you provide a brief description of this in terms of its content and who provides it? (If multiple providers and/or courses exist, please provide a brief summary of each).

The prison system has its own training institute. This institute provides training for the various job groups (usually compulsory) and team training. The curriculums for these job groups give specific and targeted attention to special and strange behaviour, psychiatric disorders and intellectual disabilities. All officers learn (appropriate to their position) how to detect, observe, report and deal with this behaviour. Various e-learning modules and team training courses are also available for further training and deepening in, for example, suicide prevention, psychosis, motivational interviewing, etc.

For this training offer, the training institute cooperates with various universities and knowledge centres specialized in psychiatry.

3. What is the total budget for the provision of mental health care in prison context for the detainees in your country/jurisdiction?

This answer follows the answer to question 4. I.e. the budgetary costs of treatments in our 4 Penitentiary Psychiatric Hospitals (Penitentiair Psychiatrisch Centrum - PPC) for the year 2021: €15,1 million. We emphasize that these costs are an underestimation of the total costs of mental health care in prison (see question 4).

4. Approximately what percentage of the prison population in your country/jurisdiction do you estimate to have a current mental disorder or disability?

It is not possible to give a good estimation of the number of prisoners with one or more mental disorders/disabilities. There are prisoners who receive help from psychologists and psychiatrists in all prisons, but the number of prisoners who need this help is difficult to estimate. We have however 4 PPC's (Penitentiary Psychiatric Hospitals) where prisoners with severe psychiatric disorders receive treatment. January the 31st of 2021 7% of the prisoners received treatment in one of these PPC's.

a. What data/ information do you base this estimate on?

Data from our registration system (with the occupancy of prisons).

b. Has specific research been carried out on this? If the answer is yes, please provide details

No. However, we are working on a report with information on 5 years PPC. Besides this, regularly articles are published concerning detainees in the PPC's. The following link leads to one of these articles:

<https://www.cambridge.org/core/journals/european-psychiatry/article/prevalence-of-mental-disorders-and-patterns-of-comorbidity-within-a-large-sample-of-mentally-ill-prisoners-a-network-analysis/944405BD4F65B4381B57F67451229F44>

5. Is information on the prevalence of mental disorder or disability amongst the detainees routinely collected in your country/jurisdiction? Yes

a. If 'yes' please provide further details about how this is done (e.g., who provides and publishes this data? How often?)

In the PPC different instruments are used to screen prisoners (for instance the BPRS, BSI and WHOQOL). It is done the first week after entry, after 7 weeks and at exit (this last one is done earlier, if a prisoner leaves the PPC in less than 7 weeks). This information is for internal use and not published routinely. But the data is sometimes used by researchers, leading to publications (see question 3).

6. Which organisation(s) have responsibility for providing mental health care in the prison context for detainees in your country/jurisdiction?

Ministry of Justice/Criminal Justice organisations

Ministry of Health/Healthcare services

Voluntary sector providers

Other (please specify):

Individual prisoners can be referred for treatment by forensic care providers on the basis of a psychiatric assessment. This treatment is then offered in a (forensic) psychiatric clinic or addiction treatment institution.

7. At what stage(s) of incarceration are detainees typically screened for mental disorders or disabilities? (Please tick all that apply)

i. Intake

ii. Admission

iii. At other times during incarceration

iv. At least once a year

v. Less than once a year

vi. Preparation for release

8. During the period of incarceration, how is screening for mental disorders or disabilities is typically initiated? (Please tick all that apply)

i. By request of the detainee

ii. By medical order

iii. Other (specify):

At request by prison staff.

Please provide details of which screening tools/questions are commonly used to detect mental disorders or disabilities amongst prison population

See Appendix Questionnaire for medical screening at intake in prison by nurse/doctor.

See also Appendix the guide Stepped Care for graduated referral to psychological care. This guide describes criteria and procedures for referral to the prison psychologist (and psychiatrist), the extra care department, the penitentiary psychiatric hospitals (of the prison system).

9. Who usually screens those in the prison population for mental disorders or disabilities?

- Prison staff
- Other criminal justice staff
- Nurse**
- General practitioner**
- Psychiatrist
- Psychologist**
- Social worker
- Other (please specify)

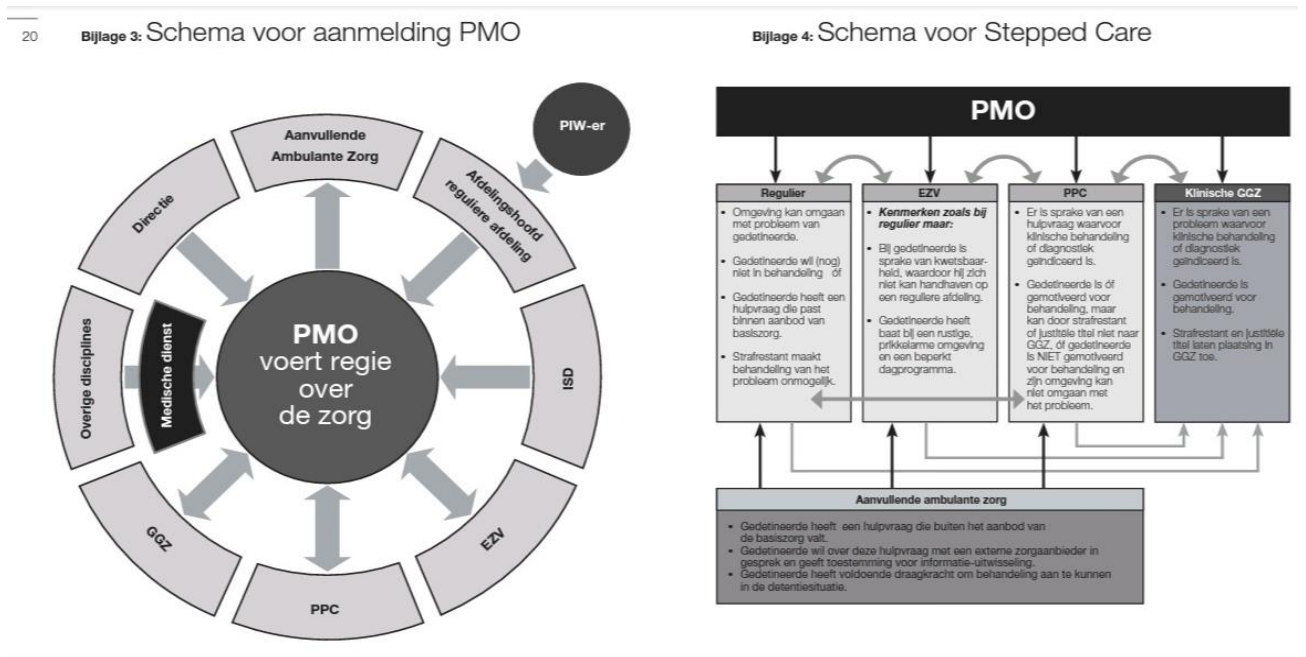
10. Please describe the route(s) by which detainees usually gain access to mental health care if they need it (if you have pathway diagrams please attach these in your reply)

Situation 1: Every prisoner is screened upon entry to prison by a nurse under the responsibility of the GP. A screening list for psychological problems is also used for this. If, on the basis of this screening, there is a suspicion of psychological problems, the prisoner is referred to a prison psychologist for further examination, diagnosis and treatment.

Situation 2. In addition, the prisoner is monitored by the institutional workers during the detention. When psychological problems are suspected, the prison officer can refer the inmate to the prison psychologist. Finally, the detainee has access to a psychologist at all times.

Situation 3. Finally, the detainee has free access to a prison psychologist at all times.

See appendix: Stepped Care pathway diagram for stepped referral to psychological care. This guide describes criteria and procedures for referral to the prison psychologist (and psychiatrist), the extra care department, the penitentiary psychiatric hospitals (of the prison system).



11. If prison services are involved in the provision of mental health care to detainees, which of the following best characterise their role?

- Providing interventions/treatment themselves
- Inviting external services to work on their premises
- Referring people to external services working elsewhere
- Mixture of the above**

12. Does the prison service in your country/jurisdiction has special units to provide treatment to detainees with mental disorders or disabilities? **Yes**

a. If 'yes' please provide further details about how this is done (e.g., separated wing inside prison, independent unit, dedicated nursery in prison hospitals, etc)

Each prison has a special care department (Extra Zorg Voorziening - EZV, 12 to 48 cells) for inmates who need more care than can be provided in the regular ward. These special care departments are housed in separate units or corridors in the prison.

In addition, there are 4 Penitentiary Psychiatric Hospitals (Penitentiair Psychiatrisch Centrum - PPC, with a total of approximately 800 cells) for the treatment of prisoners with severe psychiatric disorders. These Penitentiary Psychiatric Hospitals are housed in a separate wing of 4 large prisons across the country.

Finally, there are special departments for frequent offenders. These frequent offenders have a high degree of psychiatric and addiction problems. These frequent offenders are treated for two years and slowly guided back to society.

13. Does the prison service have any sentence or sentence planning requirements/programmes specifically for detainees with mental disorders or disabilities? **Yes**

If yes, please provide details of these here

The penitentiary programs include special provisions for prisoners with psychiatric disorders.

For example, these detainees can be excluded from work and other activities. They can also receive the necessary treatment during detention. Finally, in the final phase of their detention, they can be referred to a forensic psychiatric clinic for treatment or to halfway-houses or supported housing in combination with treatment. All this in preparation for a return to society.

14. Are the number of deaths by suicide in prison context collected nationally? **Yes**

If 'yes' can you attach a document that shows trends in such suicides over the past ten years?'

Suicides in prisons for adults, 2010-2019

2010	2011	2012	2013	2014	2015	2016	2017	2018	2019
20	15	10	4	14	11	6	11	10	10

15. Is there a suicide prevention programme in the prison system of your country/jurisdiction? **Yes**

If yes, please provide a brief description here

There is continuous attention for suicide prevention in the form of monitoring and evaluating suicide (attempts), knowledge and continuous training. The prison system has a Multidisciplinary Guide to Suicide Prevention, in which principles all employees are trained. Suicide prevention is part of the training for institutional workers, judicial doctors and the induction training for psychiatrists and psychologists. In addition, additional training modules are available for prison staff and periodic training courses are offered to psychiatrists and psychologists. A train de trainers program was recently launched within the prison system: a nurse is trained in every prison to continuously guide and train the prison staff in identifying and monitoring suicidal behaviour.

16. Does the Prison Service work in co-operation with community organisations to ensure the continuity of care after imprisonment?

There is close cooperation between the prison system, municipalities and social care and assistance agencies. This collaboration is mainly aimed at continuity of care and the reduction of recidivism after detention. This cooperation is also institutionalized in the Netherlands. Municipalities have set up a Care and Safety Consultation (Zorg- en Veiligheidshuizen) in all regions where clients can be coordinated about the end of detention, necessary care, housing, work and / or social support.

17. Is there specific work with family members of the persons who experience mental disorders and disabilities?

There is no specific work with the family members, but this can be done in exceptional cases if a prisoner gives permission for this. This seems to occur more often within the PPCs than in regular detention.

18. Is there a gender approach when dealing with persons who experience mental disorders and disabilities?

There is no special gender approach for people with psychiatric problems, other than that there are 3 separate prisons for women's detention. Two of these women's prisons have separate guest houses. There, children who visit their mother in prison can stay with her.

Every female prison also has special cells for women who have their babies with them.

A baby may stay with its mother in prison for up to 6 months, at the latest 9 months.

After that, the baby (in order to grow up in a more child-friendly environment) must be housed elsewhere.

POLAND

1. Which country/jurisdiction do you work in/represent?

Poland, Polish Prison Service

2. What is your job title?

Specialist at the Office of Director General of Prison Service

Section 1: National Policy

1. Please provide details of any recent national policies/procedures/guidance /reports relating to dealing with detainees who experience mental disorders or disabilities (please provide a short summary in English or French and send such texts as attachments with the completed survey)

Section 2: The Organisation of Prison Service and Mental Health Care Provision

The Organisation of the Prison system

1. What is the total number of the prison population in your country/jurisdiction at 31 January 2021? **68 852**

2. Do prison staff in your country/jurisdiction routinely receive mental health awareness training? **No**

a. If 'yes' please could you provide a brief description of this in terms of its content and who provides it? (If multiple providers and/or courses exist, please provide a brief summary of each).

3. What is the total budget for the provision of mental health care in prison context for the detainees in your country/jurisdiction? (Please provide details, or tick here if unknown)

4. Approximately what percentage of the prison population in your country/jurisdiction do you estimate to have a current mental disorder or disability? **Information is provided below, in 4b.**

a. What data/ information do you base this estimate on?

b. Has specific research been carried out on this? If the answer is yes, please provide details

Twice a year data is collected on inmates with diagnosed mental illness, according to data as of 31.12.2020 there were 546 inmates with diagnosed mental illness in penitentiary facilities. Data is collected in penitentiary facilities and submitted to the Ministry of Justice.

5. Is information on the prevalence of mental disorder or disability amongst the detainees routinely collected in your country/jurisdiction? **Yes**

a. If 'yes' please provide further details about how this is done (e.g., who provides and publishes this data? How often?)

6. Which organisation(s) have responsibility for providing mental health care in the prison context for detainees in your country/jurisdiction?

Ministry of Justice/Criminal Justice organisations

Ministry of Health/Healthcare services

Voluntary sector providers

Other (please specify)

7. At what stage(s) of incarceration are detainees typically screened for mental disorders or disabilities? (Please tick all that apply)

i. Intake

ii. Admission

iii. At other times during incarceration

iv. At least once a year

v. Less than once a year

vi. Preparation for release

8. During the period of incarceration, how is screening for mental disorders or disabilities is typically initiated? (Please tick all that apply)

i. By request of the detainee

ii. By medical order

iii. Other (specify) **Upon request of the psychologist.**

Please provide details of which screening tools/questions are commonly used to detect mental disorders or disabilities amongst prison population medical examination: the tools are the following: psychological testing, observation, interview, conversation, psychiatric observation in hospital

In accordance with the applicable rules, every prisoner is examined by a doctor on admission to the penitentiary and, after the examination, the doctor orders a psychiatric consultation if there are any indications. Further outpatient treatment takes place on the initiative of the patient or the general practitioner, who refers the patient to a psychiatrist, as well as during follow-up visits ordered by the psychiatrist.

According to the Regulation of the Minister of Justice on the provision of health services by medical entities for persons deprived of liberty of 14 June 2012. (Journal of Laws . 2017.2131. j.t.): § 8

(2) A person deprived of liberty shall be referred to a hospital which is part of the structure of a penal institution, hereinafter referred to as a "hospital", by a doctor of a medical entity or a doctor of an extra-prison medical entity.

(3) The admission of a person deprived of liberty to a hospital shall be decided by the person in charge of that hospital or a doctor of the medical entity authorised by him, on the basis of a referral to the hospital.

In order to determine the date of admitting a person deprived of liberty, referred to in section 4, the head of the hospital may order an opinion to be drawn up on the health condition of that person by the referring entity.

§ 13. 1.A person deprived of liberty shall be placed in the psychiatric ward of a hospital:

1) if the court ordered his/her psychiatric examination combined with observation;

2) referred - in compliance with the principles specified in the Act of 19 August 1994

2) referred - in compliance with the rules specified in the Act of 19 August 1994 on Mental Health Protection (Journal of Laws of 2011, No. 231, item 1375) - by a psychiatrist of the medical facility, and in case of inability to obtain a psychiatrist's assistance - by another doctor of the medical facility, due to diagnosed mental disorders requiring examination or treatment in the conditions of a psychiatric ward.

2. The date of admission of the person deprived of liberty to the psychiatric ward of the hospital shall be determined by the head of this hospital or the head of this ward, notifying, respectively, the court or the director of the penitentiary institution where the person deprived of liberty is staying.

9. Who usually screens those in the prison population for mental disorders or disabilities?

- | | |
|------------------------------|-------------------------------------|
| Prison staff | <input checked="" type="checkbox"/> |
| Other criminal justice staff | <input type="checkbox"/> |
| Nurse | <input type="checkbox"/> |
| General practitioner | <input checked="" type="checkbox"/> |
| Psychiatrist | <input checked="" type="checkbox"/> |
| Psychologist | <input checked="" type="checkbox"/> |
| Social worker | <input type="checkbox"/> |
| Other (please specify) | <input type="checkbox"/> |

10. Please describe the route(s) by which detainees usually gain access to mental health care if they need it (if you have pathway diagrams please attach these in your reply)

Psychological care is available upon request of the inmate or ordered by other Prison Service staff, psychiatric care is available upon medical or psychological referral.

Therapeutic wards for prisoners with non-psychotic mental disorders or mental retardation are referred by the Penitentiary Commissions on the basis of the results of psychological and psychiatric examinations carried out in the Diagnostic Centres operating within the Prison Service structure.

11. If prison services are involved in the provision of mental health care to detainees, which of the following best characterise their role?

- | | |
|---|-------------------------------------|
| Providing interventions/treatment themselves | <input checked="" type="checkbox"/> |
| Inviting external services to work on their premises | <input type="checkbox"/> |
| Referring people to external services working elsewhere | <input checked="" type="checkbox"/> |
| Mixture of the above | <input checked="" type="checkbox"/> |

12. Does the prison service in your country/jurisdiction has special units to provide treatment to detainees with mental disorders or disabilities? Yes

a. If 'yes' please provide further details about how this is done (e.g., separated wing inside prison, independent unit, dedicated nursery in prison hospitals, etc)

Within the structure of penitentiary units, there are medical entities for persons deprived of liberty providing outpatient services, including psychiatric services. In the case when the entity does not employ a psychiatrist, outpatient services are provided in nonprison entities, e.g. subordinate to the Ministry of Health or e.g. private ones. The Prison Health Service has within its structure 5 wards of forensic psychiatry in Prison No. 2 in Łódź, Remand Prison in Poznań, Remand Prison in Szczecin, Remand Prison in Kraków and Remand Prison in Wrocław, which provide treatment and medical observation.

13. Does the prison service have any sentence or sentence planning requirements/programmes specifically for detainees with mental disorders or disabilities? Yes

If yes, please provide details of these here

In separate 23 therapeutic wards, programmes are carried out for prisoners with personality disorders, behavioural disorders, prisoners with sexual preference disorders and prisoners with intellectual disabilities. An individual therapeutic programme is developed for each inmate.

14. Are the number of deaths by suicide in prison context collected nationally? Yes

If 'yes' can you attach a document that shows trends in such suicides over the past ten years?

<i>Year</i>	<i>Number of suicides</i>
2010	31
2011	16
2012	16
2013	17
2014	22
2015	20
2016	20
2017	26
2018	25
2019	23
2020	27

15. Is there a suicide prevention programme in the prison system of your country/jurisdiction? **Yes**

If yes, please provide a brief description here Instruction by the Director General of the Prison Service on the prevention of suicide by persons deprived of their liberty.

It contains detailed guidelines on presuicide prevention:

- **first-line, which applies to all prisoners,**
- **second-order, which covers persons at risk of suicidal behaviour,**
- **third-line, for persons who have attempted suicide.**

16. Does the Prison Service work in co-operation with community organisations to ensure the continuity of care after imprisonment?

Yes, on the basis of agreements concluded by the directors of individual penitentiary facilities.

17. Is there specific work with family members of the persons who experience mental disorders and disabilities? **No**

18. Is there a gender approach when dealing with persons who experience mental disorders and disabilities?

No, all persons are treated equally.

PORTUGAL

1. Which country/jurisdiction do you work in/represent?

Portugal

2. What is your job title?

Head of Unit

Section 1: National Policy

1. Please provide details of any recent national policies/procedures/guidance /reports relating to dealing with detainees who experience mental disorders or disabilities (please provide a short summary in English or French and send such texts as attachments with the completed survey)

It was recently published a decree-law that foresees the improvement of quality of the services provided to people considered non-liable before court in the different forensic institutions, under the supervision of the Ministry of Justice and those under the supervision of the Ministry of Health. This legal act determines with more detail the conditions and the technical requirements of the execution of the security measures applied to people non-responsible for their action due to serious mental disorders.

This act is under implementation throughout all the forensic units under the supervision of the Ministry of Justice and Ministry of Health.

Section 2: The Organisation of Prison Service and Mental Health Care Provision

The Organisation of the Prison system

1. What is the total number of the prison population in your country/jurisdiction at 31 January 2021?

31-01-2021 - 11.239 prisoners.

2. Do prison staff in your country/jurisdiction routinely receive mental health awareness training? **Yes**

a. If 'yes' please could you provide a brief description of this in terms of its content and who provides it? (If multiple providers and/or courses exist, please provide a brief summary of each).

a. The prison and probation training academy provides several training courses regarding the subject "mental health", depending on the target group:

- i. For Prison Guards, there is a module in the initial training course of "Raising Awareness" of the subject on how to deal with prisoners with mental health disorders.**
- ii. For rehabilitation staff, there are training courses that enables the staff to develop strategies to deal with mental illness symptoms, namely to train staff to identify and report signs of suicidal risk or self-harm behaviours of the prisoners.**
- iii. For health professionals and specialists, there is a training course that enables them to better identify risks and needs of the prison population in terms of their mental health and to develop strategies to treat them.**

b. The programs department has developed guidelines in order to establish quality standards for psychologists who work inside the prison context.

c. The programs department developed a "program manual" to prevent suicide inside prison and provides training in regular terms for all prison staff.

3. What is the total budget for the provision of mental health care in prison context for the detainees in your country/jurisdiction? (Please provide details, or tick here **if unknown**)

4. Approximately what percentage of the prison population in your country/jurisdiction do you estimate to have a current mental disorder or disability?

In Portugal there is no official data about the percentage of the prisoners with mental health diseases. We can only say that there are 193 persons considered non-liable before court under the supervision of the prison services, which means 1.7% of the total prison population.

a. What data/ information do you base this estimate on?

Official prison statistic records.

a. Has specific research been carried out on this? If the answer is yes, please provide details. **No**

5. Is information on the prevalence of mental disorder or disability amongst the detainees routinely collected in your country/jurisdiction? **No**

a. If 'yes' please provide further details about how this is done (e.g., who provides and publishes this data? How often?)

6. Which organisation(s) have responsibility for providing mental health care in the prison context for detainees in your country/jurisdiction?

- Ministry of Justice/Criminal Justice organisations
- Ministry of Health/Healthcare services
- Voluntary sector providers
- Other (please specify)

7. At what stage(s) of incarceration are detainees typically screened for mental disorders or disabilities? (Please tick all that apply)

- i. Intake
- ii. Admission
- iii. At other times during incarceration
- iv. At least once a year
- v. Less than once a year
- vi. Preparation for release

8. During the period of incarceration, how is screening for mental disorders or disabilities is typically initiated? (Please tick all that apply)

- i. By request of the detainee
- ii. By medical order
- iii. Other (specify)

Please provide details of which screening tools/questions are commonly used to detect mental disorders or disabilities amongst prison population

During intake, there is an integrated assessment approach that consists in standardized risk and needs assessment tools and intake screenings to early detect and prevent suicidal attempts or self-harm behaviours of the prisoners. This integrated approach includes the participation of the prison guards sector, health sector and rehabilitation sector.

9. Who usually screens those in the prison population for mental disorders or disabilities?

- Prison staff
- Other criminal justice staff
- Nurse
- General practitioner
- Psychiatrist
- Psychologist
- Social worker
- Other (please specify)

10. Please describe the route(s) by which detainees usually gain access to mental health care if they need it (if you have pathway diagrams please attach these in your reply)

11. If prison services are involved in the provision of mental health care to detainees, which of the following best characterise their role?

- Providing interventions/treatment themselves
- Inviting external services to work on their premises
- Referring people to external services working elsewhere
- Mixture of the above

12. Does the prison service in your country/jurisdiction has special units to provide treatment to detainees with mental disorders or disabilities? **Yes**

a. If 'yes' please provide further details about how this is done (e.g., separated wing inside prison, independent unit, dedicated nursery in prison hospitals, etc)

In Portugal there are two prison units specifically dedicated to the execution of security measures applied to people consider non-reliable before court of their actions. There are also three units under

the supervision of the Ministry of Justice for the same target group, which are allocated depending the level of risk (high-risk person is allocated to the prison context and medium-low risk are allocated to the health context).

13. Does the prison service have any sentence or sentence planning requirements/programmes specifically for detainees with mental disorders or disabilities? **Yes**

If yes, please provide details of these here

14. Are the number of deaths by suicide in prison context collected nationally? **Yes**

If 'yes' can you attach a document that shows trends in such suicides over the past ten years?'

15. Is there a suicide prevention programme in the prison system of your country/jurisdiction? **Yes**

If yes, please provide a brief description here

In Prison context there is a “Integrated Suicide Prevention Program” that has been running for more than one decade. This program consists of an integrated approach between the security department, that assess the prisoner in the intake phase for early detection of risk signs of suicidal behaviours, the rehabilitation sector that evaluates the prisoner’s risk of suicide with an “Intake Screening” tool and the health care sector that diagnose the mental status of prisoners.

After the initial assessment the results are discussed in a multidisciplinary meeting that decides an individual treatment program to reduce and prevent risk of suicide.

16. Does the Prison Service work in co-operation with community organisations to ensure the continuity of care after imprisonment? **Yes**

17. Is there specific work with family members of the persons who experience mental disorders and disabilities?

Not specifically addressed to the prisoner’s family, but the rehabilitation staff working with the prison population usually invites them to become a part of the resettlement plan, especially when the prisoner has its autonomy diminished or cannot take care of themselves by their own.

18. Is there a gender approach when dealing with persons who experience mental disorders and disabilities? **No**

ROMANIA

1. Which country/jurisdiction do you work in/represent?

National Administration of Penitentiaries - Romania

2. What is your job title?

Director General

Section 1: National Policy

1. Please provide details of any recent national policies/procedures/guidance /reports relating to dealing with detainees who experience mental disorders or disabilities (please provide a short summary in English or French and send such texts as attachments with the completed survey)

According to its responsibilities, the National Administration of Penitentiaries has implemented the activities foreseen by the National Strategy for the Child and Teenager’s Mental Health 2016 2020, which was approved by Government Decision No. 889/2016.

In 2019, within CHILD Project (Children's Inclusion by Learning and Developing Project), funded by the Norwegian Financial Mechanism 2014 2021, a Crisis Response Guide for the staff working directly with minors and young people deprived of their liberty was developed in collaboration with university experts, paediatric psychiatrists and probation counsellors.

The guide approaches the intervention from a medical psychiatric perspective and it aims at clarifying the main types of risk behaviours, manifested based on the personality with a delinquent structure: (e.g. self-harming thoughts and behaviours, hetero aggressive behaviour, intervention in the crisis caused by mourning, substance induced disorders, disorders rooted in a general medical state, manifestations in the context of family violence/entourage/roommates, panic attack). It also aims at understanding these types in the broader context of the individual's growth and development, as well as at enabling the staff to intervene optimally in case of negative events.

Concerning the psychiatric disorders of the criminally sanctioned minors in Romania, a study of the specialized directorates of NAP shows that, 29% of the 263 minors in custody were registered with a diagnosed mental illness, as follows (data valid for August 2019):

- conduct disorders 47%
- specific personality disorders 12%
- anxiety disorders 5%
- mild mental delay 5%
- depressive episode 4%.

The data analysis has showed notable differences in the prevalence of the psychiatric diagnosis compared to the general numbers of the four units for minors and youngsters, reflecting a non-unitary practice at national level. As a result, by the Decision of the NAP Director General no. 645/2019, the Standards of Psychiatric Care Services for Teenagers Serving a Custodial Educational Measure were approved in December 2019. They were developed in collaboration with pediatric psychiatrists and university experts and act as a common framework for regulating incarcerated teenagers' route along the network of specialized services, providing access to psychiatric care, according to individual and age characteristics.

The guidelines for managing the violent and aggressive behaviour of minors and young people serving an educational measure were approved by Decision of the NAP Director General no. 649/2020. The guidelines present the mandatory steps to be taken by the specialists of the multidisciplinary team set up at the level of the prison units, in order to identify the admitted persons with an aggressive behaviour, manage specific manifestations and decrease the frequency of the aggressive responses.

Concerning the care for the persons with disabilities, the Procedure P.S./DRS DM DSDRP 005 on identifying inmates with a potential for discrimination/vulnerability risk is implemented to protect the rights and to provide adequate treatment. The purpose of the procedure is to define the concept of vulnerability, to establish criteria for identifying vulnerable persons, how to work with them and to record data in specific documents, as well as the safety and monitoring measures ordered by the administration of the place of detention, where necessary. The presence of disabilities in persons deprived of liberty is, according to the procedure, a criterion for identifying and falling into the category of prisoners with the potential to be discriminated against or potentially vulnerable, and measures are therefore taken to protect their rights and ensure their security.

Section 2: The Organisation of Prison Service and Mental Health Care Provision

The Organisation of the Prison system

1. What is the total number of the prison population in your country/jurisdiction at 31 January 2021? **21.803**
2. Do prison staff in your country/jurisdiction routinely receive mental health awareness training? **No**
3. What is the total budget for the provision of mental health care in prison context for the detainees in your country/jurisdiction? (Please provide details, or tick here **if unknown**)
4. Approximately what percentage of the prison population in your country/jurisdiction do you estimate to have a current mental disorder or disability? **15,59%**
 - a. What data/ information do you base this estimate on?

The statistics for the NAP Annual Report data provided by the subordinated prison units and centralized by the Medical Supervision Directorate.

b. Has specific research been carried out on this? If the answer is yes, please provide details

Annually (since 2010 on), it is drafted the Study on the prevalence of aggressive behaviours among inmates - a quantitative and qualitative analysis of data on adverse events recorded within the prison units. It contains relevant information, including on the manifestation of aggressive behaviours of inmates suffering mental illnesses and recommended directions of action.

5. Is information on the prevalence of mental disorder or disability amongst the detainees routinely collected in your country/jurisdiction? Yes

a. If 'yes' please provide further details about how this is done (e.g., who provides and publishes this data? How often?)

The data are centralized, annually, by the Medical Surveillance Directorate and published on the NAP website: www.anp.gov.ro.

6. Which organisation(s) have responsibility for providing mental health care in the prison context for detainees in your country/jurisdiction?

Ministry of Justice/Criminal Justice organisations
Ministry of Health/Healthcare services
Voluntary sector providers
Other (please specify)

7. At what stage(s) of incarceration are detainees typically screened for mental disorders or disabilities? (Please tick all that apply)

i. Intake
ii. Admission
iii. At other times during incarceration
iv. At least once a year
v. Less than once a year
vi. Preparation for release

8. During the period of incarceration, how is screening for mental disorders or disabilities is typically initiated? (Please tick all that apply)

i. By request of the detainee
ii. By medical order
iii. Other (specify)

After being admitted in the penitentiary, all inmates are psychologically assessed during the quarantine and observation period.

Please provide details of which screening tools/questions are commonly used to detect mental disorders or disabilities amongst prison population

The screening used for the psychological assessment covers the areas: general psychological assistance (family type, quality of family environment, presence of psychiatric pathology within the family, special events and experiences during the personal development) and specific psychological assistance (subdomains: suicide risk, aggression management (aggression/ self-aggression), substance use, the presence of mental disorders, other elements - they are investigated only if atypical behavioural manifestations, sexual impulses, victimization/ marginalization are evident). Moreover, additional information may be taken into consideration, if considered as appropriate, including the attitude of the subject during the assessment.

9. Who usually screens those in the prison population for mental disorders or disabilities?

- Prison staff
- Other criminal justice staff
- Nurse
- General practitioner
- Psychiatrist
- Psychologist
- Social worker
- Other (please specify) The specialist physician, depending on the type of disability

10. Please describe the route(s) by which detainees usually gain access to mental health care if they need it (if you have pathway diagrams please attach these in your reply)

The access of adult inmates to mental health services hospitalization in psychiatric wards within hospital prisons or, if necessary, in the public health system, under the conditions provided by the national legislation for the health system (Law on mental health and protection of persons with mental disorders no. 487/2002, republished).

The access of teenagers from educational and detention centers to mental health services (attached diagram):

1. Identification
2. Evaluation
3. Intervention
4. Transmission of information in taking over cases.

11. If prison services are involved in the provision of mental health care to detainees, which of the following best characterise their role?

- Providing interventions/treatment themselves
- Inviting external services to work on their premises
- Referring people to external services working elsewhere
- Mixture of the above

12. Does the prison service in your country/jurisdiction has special units to provide treatment to detainees with mental disorders or disabilities? **Yes**

a. If 'yes' please provide further details about how this is done (e.g., separated wing inside prison, independent unit, dedicated nursery in prison hospitals, etc)

Psychiatric wards within hospital-prisons.

13. Does the prison service have any sentence or sentence planning requirements/programmes specifically for detainees with mental disorders or disabilities? **No**

If yes, please provide details of these here

14. Are the number of deaths by suicide in prison context collected nationally? **Yes**

2010	10
2011	10
2012	22
2013	18
2014	13
2015	10
2016	11
2017	9
2018	11
2019	7
2020	13

If 'yes' can you attach a document that shows trends in such suicides over the past ten years?

Annexes The prevalence of aggressive behaviours among inmates during the period 01.01.2010-31.12.2015 and the prevalence of aggressive behaviours among inmates during the period 01.01.2014-31.12.2020 (Chapter I).

15. Is there a suicide prevention programme in the prison system of your country/jurisdiction? **Yes**

If yes, please provide a brief description here

The specific program of psychosocial assistance and suicide risk prevention.

The goal of the program is to decrease the suicide risk behaviours of inmates by reducing the depression.

The specific objectives aim at:

- **the identification of people with depressive disorders,**
- **the specialized assessment of symptoms,**
- **the detection of inmates with an increased potential for suicide,**
- **the systematic enforcement of prevention rules within risk groups,**
- **the use of specialized intervention in crisis situations,**
- **avoiding, as much as possible, a tragic outcome in the registered cases of suicide.**

It includes three modules: psychotherapeutic, educational and information prevention (used for the selection and the training of inmates for providing support (trust) in order to identify the situations of suicidal risk).

16. Does the Prison Service work in co-operation with community organisations to ensure the continuity of care after imprisonment?

Yes. Within 10 days from the release, the prison medical service submits a notice, to the Public Health Directorate of the county within which the released person has their domicile, by which it will be mentioned that they were monitored by the psychiatric and psychological service, during the execution of the custodial sentence.

When a minor is released, as a result of the mandate expiration, the social worker from the prison unit transmits to the Probation Service within the domicile locality, useful information for case management, mentioned in the personalized social report prepared under the conditions of data confidentiality.

In order to continue the treatment at home, at the request of the person concerned or, in the case of minors, of the parent / guardian, information is provided about the institutions authorized to provide psychiatric care and assistance services, photocopies of the individual file, including medical documents, and a medical letter to the family doctor.

17. Is there specific work with family members of the persons who experience mental disorders and disabilities? **No**

18. Is there a gender approach when dealing with persons who experience mental disorders and disabilities? **No**

Annexes

Section 1: National policy

Annexes point 1

1. Crisis Response Guide

It is addressed to staff working directly with minors and young people deprived of their liberty. The guide aims at clarifying the main types of risk behaviours, manifested in the personality with a delinquent structure and the recommendations of optimal intervention, in case of negative events.

Behaviours include: self-harming thoughts and behaviours, hetero-aggressive behaviour, intervention in the mourning crisis, substance-induced disorders, disorders due to a general medical condition, manifestations in the context of domestic violence / entourage / room group and panic attack. Each type of behaviour is described, indicating the recommended intervention, the composition and responsibilities of the intervention team and how to continue the support.

In the last chapter, there are made recommendations for working with adolescents and communicating effectively with them.

2. Service standards for the psychiatric care of adolescents executing a custodial educational measure

The service standards for the psychiatric care of adolescents executing a custodial educational measure regulate their route, in the network of specialized services.

There are 10 standards, grouped as follows:

I. Identification

1. Immediately after being admitted in the center, it is necessary to identify the adolescents with mental illness, in order to provide assistance and care services.

2. The access of minors to the psychiatric assessment and assistance services is carried out under the conditions of obtaining the agreement from their legal representative.

II. Assessment

3. The assessment of adolescents' mental health is carried out using standardized tools and targets relevant information from their personal history, in order to identify possible risks for oneself and / or others.

4. The psychiatric care of juveniles deprived of their liberty is provided by specialist physicians in pediatric psychiatry.

5. In order to facilitate the psychiatric assessment of minors, their presentation to the specialized services is accompanied by a characterization report prepared by the educator responsible for the case.

III. Intervention

6. The implementation of the therapeutic plan is ensured by the center staff, according to the field of competence and with respect for confidentiality.

7. The specific recommendations for the assistance and care of the adolescents diagnosed with mental health disorders are implemented at the level of the prison unit, taking into account the available resources, through educational, psychological or social assistance activities.

8. The staff training should include training topics related to mental health and appropriate care for the adolescents with mental disorders.

IV. Information transfer

9. In the case of transfer of the adolescents diagnosed with mental health disorders, within the prison system, the relevant information on their situation shall be transmitted to the destination unit.

10. Upon the release of minors diagnosed with mental health disorders, the administration of the center shall take the necessary steps to transmit the information in order to take over the cases.

11. Instructions for the management of violent and aggressive behaviour of minors and young people executing a custodial educational measure.

The instructions include the compulsory steps that must be taken by the specialists within the multidisciplinary team set up at the level of the prison units, in order to identify the inmates with aggressive behaviour, to manage specific manifestations and to reduce the frequency of violent

responses. They detail the four steps for ensuring the access to mental health services for adolescents, provided in the Service Standards and they have a procedural role, detailing the flow of information and responsibilities of each category of staff within prisons.

12. Procedure P.S./DRS-DM-DSDRP-005 on Identifying inmates with a potential for discrimination/vulnerability risk

In order to protect the rights and ensure an adequate treatment, at the level of the whole system, the Procedure P.S./DRS-DM-DSDRP-005 on Identifying inmates with potential for discrimination / vulnerability risk is implemented.

The purpose of the procedure is to define the concept of vulnerability, to establish the criteria for identifying the vulnerable persons, how to work with them and how to record the data in specific documents, as well as security and monitoring measures ordered by the administration of the detention place, when necessary. The presence of disabilities in persons deprived of their liberty is, according to the procedure, a criterion for identifying and classifying the inmates with the potential to be discriminated against or with the potential for vulnerability, and therefore measures are taken in order to protect their rights and ensure their security.

Section 2: Organization of the Prison Service and of providing the Medical Assistance for Mental Health

Annexes, point 14

The prevalence of aggressive behaviours among inmates during the period 01.01.2010-31.12.2015 and 01.01.2014-31.12.2020

The two studies summarize the results of annual analyses, undertaken at the system level, on the phenomenon of prison violence and the identification of causal elements that can lead to aggressive behaviours among inmates. The sources that formed the basis of the statistical processing are represented by the daily information on the main negative events registered at the level of each place of detention, transmitted to the central administration.

The analysed events target the aggressive behaviours of inmates and, using the criterion of orientation / direction of discharge of aggression, address the hetero-aggressive behaviours and self-aggressive behaviours.

Among the reported events, there are considered as relevant for the category of self-aggressive behaviours: self-assaults, suicide attempts / suicidal behaviours (para-suicide) and suicide, while for the category of hetero-aggressive behaviours: assaults / altercations between inmates and assaults on prison staff.

For each of these events, there are applied criteria such as: administrative / evidence (e.g.: unit, region, average number of inmates, etc.), temporal (e.g. date, month, time interval), context (e.g. place), action (e.g. method, instrument), effects produced (consequences, need for medical care, etc.), by the "actors" (particularities of people, including the presence of psychiatric diagnostic).

The results of the annual research provide relevant information on the dynamics and the characteristics of the analysed behaviours - aspects likely to allow the substantiation of the annual action plans provided in the Strategy for reducing the violence in the prison system.

Annex point 10 Diagram: The access of adolescents from educational and detention centers to mental health services.

RUSSIAN FEDERATION

1. Which country/jurisdiction do you work in/represent?

Russian Federation

2. What is your job title?

National Correspondent of the Federal Penitentiary Service of Russia by the Council for Penological Cooperation of the Council of Europe, Deputy Head of the Public Relations Department of the Federal Penitentiary Service of Russia

Section 1. National Policy

1. Please provide details of any recent national policies/procedures/guidance/reports/relating to dealing with detainees who experience mental disorders or disabilities (please provide a short summary in English or French and send such texts as attachments with the completed surveys).

1. Medical and preventive care for convicts with mental disorders is organized and carried out on the same legal basis as in the state and municipal health care system.

Convicts are provided with psychiatric care in accordance with the Constitution of the Russian Federation, legislative rules established by the Federal Law of November 21, 2011 No. 323 "On the Fundamentals of Health Protection of Citizens in the Russian Federation", the Law of the Russian Federation of July 2, 1992 No. 3185- I "On psychiatric care and guarantees of the rights of citizens in its provision", by order of the Ministry of Justice dated December 28, 2017 No. 285 "

On approval of the procedure for organizing the provision of medical care to persons in custody or serving a sentence of imprisonment", as well as procedures and standards for the profile of "psychiatry" approved by orders of the Ministry of Health of the Russian Federation.

In accordance with part 6.1 of Article 12 Penitentiary Code of the Russian Federation, convicts have the right to psychological assistance provided by employees of the psychological service of the correctional institution and other persons entitled to such assistance. Participation of convicts in activities related to the provision of psychological assistance is carried out only with their consent.

The provision of psychological assistance to juvenile suspects and accused persons is stipulated by Article 31 of Federal Law No. 103.

Section 2. The Organisation of Prison Service and Mental Health Care Provision

The Organisation of the Prison system

1. What is the total number of the prison population in your country/jurisdiction at 31.01.2021?

As of 01/02/2021, 478,714 people are held in the institutions of the penal system of the Russian Federation, of which 376,139 people in correctional institutions, and 102,575 people in the pre-trial detention centers.

1. Do prison staff in your country/ jurisdiction routinely receive mental health awareness training? **Yes**

a. If 'yes' please could you provide a brief description of this in terms of its content and who provides it? (if multiple providers and/or courses exist, please provide a brief summary of each).

As part of the official training of staff, introductory courses are regularly held on the issues of medical support for convicts, including on mental health and the prevention of suicides. Classes on these issues are conducted by medical specialists of medical institutions of the Federal Penitentiary Service of Russia. During the classes, the main manifestations of mental disorders, the action plan of staff in identifying a mental disorder and a suicidal attempt are considered. The skills of providing first aid are studied and practiced.

3. What is the total budget for the provision of mental health care in prison context for the detainees in your country/jurisdiction? (Please provide details, or tick here If unknown)

There is no separate budget for mental health care in prisons. Funding for the provision of assistance to prisoners with mental disorders is carried out within the framework of the general funding for the provision of medical care to prisoners.

4. Approximately what percentage of the prison population in your country/jurisdiction do you estimate to have a current mental disorder or disability?

a. What data/ information do you base this estimate on?

b. Has specific research been carried out on this? If the answer is yes, please provide details

The percentage of convicts with mental disorders of the total number of convicts at the end of 2020 was 7.9%. The calculation is carried out every three months based on the data of the statistical report of the department.

5. Is information on the prevalence of mental disorder or disability amongst the detainees routinely collected in your country/jurisdiction? **Yes**

a. If 'yes' please provide further details about how this is done (e.g., who provides and publishes this data? How often?)

Information on the prevalence of mental disorders and disabilities is collected regularly in reports every three months and annually, by collecting information from the territorial bodies of the Federal Penitentiary Service of Russia and medical institutions of the Federal Penitentiary Service of Russia. Records of convicts with mental disorders are kept in various departmental reports (1 every three months, 1 every year).

6. Which organisation(s) have responsibility for providing mental health care in the prison context for detainees in your country/jurisdiction?

Ministry of Justice/Criminal Justice organisations

Ministry of Health/Healthcare services

Voluntary sector providers

Other (please specify)

Federal Penitentiary Service.

7. At what stage(s) of Incarceration are detainees typically screened for mental disorders or disabilities? (Please tick all that apply)

i. Intake

ii. Admission

iii. At other times during incarceration

iv. At least once a year

v. Less than once a year

vi. Preparation for release

The examination of convicts for mental disorders or disabilities begins after the admission to the penitentiary institution. During the initial examination of a convict with a mental disorder or disability, the specialist doctor determines the frequency of observation of the patient (clinic record), ranging from 1 time per month to 1 time per 3 months.

8. During the period of incarceration, how is screening for mental disorders or disabilities is typically initiated? (Please tick all that apply)

i. By request of the detainee

ii. By medical order

iii. Other (specify)

Please provide details of which screening tools/questions are commonly used to detect mental disorders or disabilities amongst prison population

During the period of imprisonment, examination for the presence of a mental disorder is carried out both during the initial examination and during preventive examinations, as well as at the request of the convict.

The following methods are used for examination: a conversation with a psychiatrist; pathopsychological method; psychological testing; instrumental research methods, including X-ray of the skull bones, computed tomography of the brain, electroencephalography; clinical and laboratory research.

9. Who usually screens those in the prison population for mental disorders or disabilities?

- | | |
|------------------------------|--------------------------|
| Prison staff | <input type="checkbox"/> |
| Other criminal justice staff | <input type="checkbox"/> |
| Nurse | <input type="checkbox"/> |
| General practitioner | <input type="checkbox"/> |
| Psychiatrist | <input type="checkbox"/> |
| Psychologist | <input type="checkbox"/> |
| Social worker | <input type="checkbox"/> |
| Other (please specify) | <input type="checkbox"/> |

The examination of the convict for mental disorders is carried out by a psychiatrist. During the examination, the psychiatrist takes into account the results of observation of the patient by the staff of the institution, the nurse, and also takes into account the results of the psychologist's testing. The examination of a convict for disability is carried out by medical specialists (practicing doctors), including psychiatrists. During the examination, medical specialists take into account the results of observation of the patient by the staff of the institution, a nurse, a social worker.

10. Please describe the route(s) by which detainees usually gain access to mental health care if they need it (if you have pathway diagrams please attach these in your reply)

In order to realize the legitimate rights and interests of the suspects, accused and convicted persons, their psychological support is carried out in all correctional institutions and pre-trial detention centers.

Psychological assistance is provided by employees of the psychological service of the correctional institution who have a higher psychological education or have undergone a professional requalification with the procedure established by law. The staff of the psychological service implements a set of measures related to the provision of psychological assistance.

Staff of the psychological service of the penitentiary system institution conduct a psychological examination of newly arrived suspects, accused and convicted persons, identify persons prone to destructive behaviour, with specific personality anomalies, give recommendations to staff of educational, operative-regime services of penitentiary institutions on the organization and conduct of individual educational work with these persons, taking into account their personal characteristics. If necessary, the indicated suspects, accused and convicts are put on a preventive record, a set of measures to provide psychological assistance is carried out with them.

The organization of psychological events is carried out at the initiative of the suspect, accused, convict, psychologist or staff of other services of the institution.

Psychocorrectional work is carried out in individual and group forms: individual counselling, classes in the form of auto- training, socio-psychological trainings, etc.

When a convicted person participates in a group or individual program, a written agreement is concluded between the psychologist and the convicted person, which stipulates the conditions for the implementation of the program, the requirements for the parties, the conditions for termination of participation in the program.

Classes with a psychologist are one of the important components of the work of the "School of preparation for release".

The work is organized in the form of social and psychological trainings, where convicts are taught the skills of effective interaction with relatives, employers, neighbours, etc.

"School of preparation for release" is one of the forms of preparing a convict for life in freedom, as well as one of the types of measures to ensure social protection of convicts during the period of serving their sentence and create conditions for their successful reintegration into society after release.

The organization of classes is aimed at forming the persons ready to release, law-abiding behaviour, respect for the rights and freedoms of every person.

The School aims to provide convicts with a set of vital knowledge, skills and abilities required after release to continue education, apply for a job and build good relationships with close friends and relatives, etc. The School offer convicts "tools" to overcome the difficulties that arise on their way.

Staff of correctional institutions guide convicts to independently solve problems that may arise after release in the process of social integration, including in employment, in relations with representatives of the internal affairs bodies, comrades and relatives. The staff psychologically prepare convicts to find the right solutions in various situations, including conflict situations.

The main tasks of the School in the preparation of convicts to release are: the development of the value orientations of the family and society, the inner potential of the individual in convicts; the formation of a positive experience of communication and behaviour; obtaining more complete and accessible information necessary in life in freedom.

The work of psychologists, as a rule, is organized in the form of social and psychological trainings. The training promotes both the development of personality and the correction of certain character traits and behaviour: to help convicts better understand their motivation, their needs and the reasons for illegal behaviour; to stimulate understanding not only of oneself, but also of other people, to act adequately and effectively in difficult life situations; promote personal growth and make the most of the opportunities in life; be able to overcome difficulties, despite the negative attitude towards oneself from others; to form a positive realistic self-esteem and a willingness to take responsibility for their own choices and behaviour.

11. If prison services are involved in the provision of mental health care to detainees, which of the following best characterise their role?

- Providing interventions/treatment themselves
- Inviting external services to work on their premises
- Referring people to external services working elsewhere
- Mixture of the above

Mixture of all above. Persons convicted to deprived of their liberty, suspects and accused persons get psychological assistance only by staff of the psychological service of the penal system.

Psychologists train staff who are in direct contact with suspects, accused and convicts in ways to identify signs of destructive behaviour. If such signs are detected, there is an immediate notification of the medical service and psychological service.

For persons sentenced to non-custodial punishment the psychological assistance is provided both by staff of the psychological service and by representatives of non-profit organizations that have the right to provide such assistance.

12. Does the prison service in your country/jurisdiction has special units to provide treatment to detainees with mental disorders or disabilities? **Yes**

a. If 'yes' please provide further details about how this is done (e.g., separated wing inside prison, Independent unit, dedicated nursery in prison hospitals, etc)

In the territorial bodies of the Federal Penitentiary Service of Russia, specialized psychiatric hospitals (departments) have been created for convicts with mental disorders. Persons suffering from mental disorders and recognized by the court as insane are exempted from criminal liability and sent for

treatment to specialised psychiatric hospitals of the Ministry of Health of the Russian Federation (see details in clause 13).

For the treatment of patients with mental disorders, the Federal Penitentiary Service of Russia has 5 psychiatric hospitals (separate buildings) and 25 psychiatric departments in the structure of multidisciplinary hospitals (separate premises). Convicts with disabilities are hospitalized on a general basis in specialized departments of hospitals, depending on the type of disease.

13. Does the prison service have any sentence or sentence planning requirements/programmes specifically for detainees with mental disorders or disabilities? Yes

If yes, please provide details of these here

According to part 1 of Article 21 of the Criminal Code of the Russian Federation, a person who during the commission of a socially dangerous act was in a state of insanity, so a person could not realize the actual nature and the public danger of the actions (inaction) or to direct these actions due to a chronic mental disorder, temporary mental disorder, dementia or other sick condition of the mind.

This legislative rule is applied in systemic connection with the statement of the clause 7 of part 1 of article 73 of the Criminal Procedure Code of the Russian Federation, which stipulates that during a criminal case proceeding, circumstances that may entail release from criminal liability and punishment are subject to proof, and paragraph 3 of Article 196 of the Criminal Procedure Code of the Russian Federation, which provides that the assignment and the court proceedings of a forensic examination is mandatory if it is necessary to establish the mental or physical condition of the suspect, the accused, when there is doubt about his sanity or ability to independently defend his rights and legitimate interests in criminal proceedings.

In accordance with part 1 of Article 81 of the Criminal Code of the Russian Federation, a person who, after committing a crime, get a mental disorder that deprives him of the opportunity to realize the actual nature and social danger of his actions (inaction) or to lead them, is released from punishment, and the person serving a sentence is released from further serving it. The court may order compulsory medical measures for such persons.

Part 6 of Article 175 of the Penitentiary Code of the Russian Federation stipulates that a convicted person who has fallen ill with another serious illness that interferes with serving his sentence has the right to apply to the court with a petition to release him from further serving his sentence in accordance with Article 81 of the Criminal Code of the Russian Federation. Petition about release from further serving a sentence in connection with a severe illness a convicted person with illness shall file through the administration of the institution or body executing the sentence. If it is impossible for the convicted person to apply to the court independently, a submission for the release of the convicted person from further serving a sentence due to serious illness should be presented to the court by the head of the institution or body executing the sentence.

List of diseases that impede the serving of the sentence, and the Rules for medical examination of convicts applying for release (submitted for release) from serving their sentences due to illness, approved by the Government of the Russian Federation dated 06.02.2004 No. 54 (hereinafter referred to as the Rules).

Clause 2 of the Rules establishes that a medical examination of a convict is carried out by a medical commission of a medical organization of the penitentiary system of the Russian Federation. Specialists from medical organizations of the state or municipal health care systems may be involved in consultations on the issues of medical examination of the convict in accordance with the legislation of the Russian Federation in the field of public health protection.

The penitentiary service does not apply punitive measures to convicts with mental disorders. The decision to impose compulsory medical measures against the convicted person is made by the court in accordance with the requirements of the Criminal Code of the Russian Federation.

14. Are the number of deaths by suicide in prison context collected nationally? Yes

If yes' can you attach a document that shows trends in such suicides over the past ten years?

Statistical monitoring of the number of suicides in institutions of the penitentiary system of the Russian Federation is carried out in accordance with the report every three months

Year	2011	2012	2013	2014	2015	2016	2017	2018	2019	2020
Suicides in the penitentiary system	411	466	441	391	394	344	310	284	274	287

15. Is there a suicide prevention programme in the prison system of your country/jurisdiction? **Yes**

If yes, please provide a brief description here

In 2018, the procedure for staff of institutions of the penitentiary system for the prevention of suicides among suspects, accused and convicted persons was implemented into the activities of the penitentiary system of the Russian Federation.

It provides for the actions of staff of departments and services in identifying suicidal intentions of suspects, accused and convicted persons.

The territorial bodies of the Federal Penitentiary Service of Russia are implementing plans for the prevention of suicides of suspects, accused and convicted persons, approved by the head of the territorial body, in institutions - similar plans approved by the heads of institutions.

16. Does the Prison Service work in co-operation with community organisations to ensure the continuity of care after imprisonment?

Treatment measures in relation to convicts with mental disorders, carried out in medical units of the penitentiary system of the Russian Federation, these measures continue after their release in medical organizations of the municipal and state health systems, for which epicrisis (extracts from medical records) are transferred to these institutions, taking into account the requirements for reservation medical confidentiality.

17. Is there specific work with family members of the persons who experience mental disorders and disabilities?

The activity of the medical service of the penitentiary system of the Russian Federation in organizing the provision of psychiatric care is carried out in transparent way, medical offices and hospitals of institutions are available for visiting by controlling bodies, including human rights ombudsmen, as well as subjects of public control - public monitoring commissions, subject to the current legislation in this area (such as reservation of medical confidentiality, free-will contacts with patients).

Relatives (upon request) are provided with a response in accordance with the requirements of the law.

18. Is there a gender approach when dealing with persons who experience mental disorders and disabilities?

Part 2 of Article 5 of Federal Law No. 323 provides, that the state provides citizens with health protection regardless of gender, race, age, nationality, language, the presence of diseases, conditions, origin, property and official status, place of residence, attitude to religion, beliefs, affiliation to public associations and from other circumstances.

In this regard, all convicts with mental disorders and disabilities receive equal access to specialist doctors, including a psychiatrist, regardless of gender and gender identity.

SAN MARINO

1. Which country/jurisdiction do you work in/represent?

The Republic of San Marino

2. What is your job title?

Expert, Legal Affairs Directorate, Department of Foreign Affairs

Section 1: National Policy

1. Please provide details of any recent national policies/procedures/guidance /reports relating to dealing with detainees who experience mental disorders or disabilities (please provide a short summary in English or French and send such texts as attachments with the completed survey)

Healthcare for prisoners is managed by the Social Security Institute as part of its ordinary services. Prisoners receive the same treatment as resident citizens.

Section 2: The Organisation of Prison Service and Mental Health Care Provision

The Organisation of the Prison system

1. What is the total number of the prison population in your country/jurisdiction at 31 January 2021?

No prison population.

2. Do prison staff in your country/jurisdiction routinely receive mental health awareness training? **Yes**

a. If 'yes' please could you provide a brief description of this in terms of its content and who provides it? (If multiple providers and/or courses exist, please provide a brief summary of each).

There are no dedicated health staff in prisons. The health staff are civil servants.

3. What is the total budget for the provision of mental health care in prison context for the detainees in your country/jurisdiction? (Please provide details, or tick here if unknown)

No specific budget; access to public-sector funding.

4. Approximately what percentage of the prison population in your country/jurisdiction do you estimate to have a current mental disorder or disability? **0%**

a. What data/ information do you base this estimate on?

On data provided by the prison management.

b. Has specific research been carried out on this? If the answer is yes, please provide details

It is not necessary.

5. Is information on the prevalence of mental disorder or disability amongst the detainees routinely collected in your country/jurisdiction? **Yes**

a. If 'yes' please provide further details about how this is done (e.g., who provides and publishes this data? How often?)

If it occurred, it would be reported promptly.

6. Which organisation(s) have responsibility for providing mental health care in the prison context for detainees in your country/jurisdiction?

- Ministry of Justice/Criminal Justice organisations
- Ministry of Health/Healthcare services**
- Voluntary sector providers
- Other (please specify)

7. At what stage(s) of incarceration are detainees typically screened for mental disorders or disabilities? (Please tick all that apply)

- i. Intake**
- ii. Admission
- iii. At other times during incarceration
- iv. At least once a year
- v. Less than once a year
- vi. Preparation for release

8. During the period of incarceration, how is screening for mental disorders or disabilities is typically initiated? (Please tick all that apply)

- i. By request of the detainee
- ii. By medical order**
- iii. Other (specify)

Please provide details of which screening tools/questions are commonly used to detect mental disorders or disabilities amongst prison population

When admitted to prison, all prisoners undergo thorough medical examinations.

9. Who usually screens those in the prison population for mental disorders or disabilities?

- Prison staff
- Other criminal justice staff
- Nurse
- General practitioner**
- Psychiatrist
- Psychologist**
- Social worker
- Other (please specify)

10. Please describe the route(s) by which detainees usually gain access to mental health care if they need it (if you have pathway diagrams please attach these in your reply)

Prisoners have access to this type of care through recommendation by the doctor or psychologist or at their own request.

11. If prison services are involved in the provision of mental health care to detainees, which of the following best characterise their role?

- Providing interventions/treatment themselves
- Inviting external services to work on their premises
- Referring people to external services working elsewhere**
- Mixture of the above

12. Does the prison service in your country/jurisdiction has special units to provide treatment to detainees with mental disorders or disabilities? **No**

a. If 'yes' please provide further details about how this is done (e.g., separated wing inside prison, independent unit, dedicated nursery in prison hospitals, etc)

13. Does the prison service have any sentence or sentence planning requirements/programmes specifically for detainees with mental disorders or disabilities? **No**

If yes, please provide details of these here

14. Are the number of deaths by suicide in prison context collected nationally? **Yes**

If 'yes' can you attach a document that shows trends in such suicides over the past ten years?

There has never been a suicide in the San Marino prison.

15. Is there a suicide prevention programme in the prison system of your country/jurisdiction? **Yes**

If yes, please provide a brief description here

16. Does the Prison Service work in co-operation with community organisations to ensure the continuity of care after imprisonment? **No**

17. Is there specific work with family members of the persons who experience mental disorders and disabilities?

If a case arose, certainly.

18. Is there a gender approach when dealing with persons who experience mental disorders and disabilities?

If a case arose, certainly.

SLOVAK REPUBLIC

1. Which country/jurisdiction do you work in/represent?

Slovak Republic, Corps of Prison and Court Guard (Slovak Prison Service)

2. What is your job title?

Prison officer of the pre-trial Detention and Prison Sentence Execution Department of the General Directorate of the Corps of Prison and Court Guard

Section 1: National Policy

1. Please provide details of any recent national policies/procedures/guidance /reports relating to dealing with detainees who experience mental disorders or disabilities (please provide a short summary in English or French and send such texts as attachments with the completed survey)

At the national level, the National Program for Mental Health is adopted that is published on the web page of the Public Health Authority of the Slovak Republic: <https://www.uvzsr.sk/docs/info/podpora/NPDZ.pdf>. In addition to this, the Ministry of Health of the Slovak Republic has established an advisory body called the Mental Health Council that coordinates and cooperates in creating the tasks of the National Program for Mental Health. The fulfilment of the tasks of the Mental Health Council of the Ministry of Health of the Slovak Republic is publicly available on the web page: http://www.health.gov.sk/Clanok?rada_dusevneho_zdravia.

At the level of the Corps of Prison and Court Guard (hereinafter only "the Corps"), internal regulations have been developed which bring closer the framework of treatment, provision of health care and psychological services. These are in particular the regulations: Order of the Director General No. 6/2008 on Health care provision to accused and convicted persons, as amended; Order of the Director General No. 10/1998 on Establishment of units for voluntary treatment of drug addictions and alcoholism treatment of prisoners serving the prison sentence; Order of the Director General No.

8/2012 Determining the venue of protective treatment in prisons, as amended by the Order of the Director General No. 3/2017 and No. 30/2018 also in juvenile prison and prison hospital; Order of the Minister of Justice No. 4/1997 on Voluntary treatment of drug addictions and alcoholism treatment of prisoners serving the prison sentence; Collection of Instructions, Guidelines and Directives of the General Directorate of the Corps of Prison and Court Guard No. 18/2014 on Organisation of protective treatment performance in the conditions of the Corps of Prison and Court Guard guideline; Order of the Director General No. 21/2020 on Psychological activities in the Corps of Prison and Court Guard, as amended by the Order of the Director General No. 55/2020; Order of the Director General No. 28/2020 on Crisis intervention in the Corps of Prison and Court Guard.

Section 2: The Organisation of Prison Service and Mental Health Care Provision

The Organisation of the Prison system

1. What is the total number of the prison population in your country/jurisdiction at 31 January 2021?

10 489 inmates (of which 8871 prisoners and 1618 pre-trial detainees).

2. Do prison staff in your country/jurisdiction routinely receive mental health awareness training? **No**

a. If 'yes' please could you provide a brief description of this in terms of its content and who provides it? (If multiple providers and/or courses exist, please provide a brief summary of each).

The scope and content of the education is determined depending on the function and it is determined by the service office (prison/General Directorate) where the particular prison officer works. Generally, the education of prison officers is ensured by the Training Facility of the Corps of Prison and Court Guard in Nitra. The education can be characterized as basic training that does not differ depending on the position that particular prison officer performs and specialised training that is focused on specialised activities for specific prison staff. However, the prison staff is not normally trained in the mental health matters.

3. What is the total budget for the provision of mental health care in prison context for the detainees in your country/jurisdiction? (Please provide details, or tick here if unknown)

The issue within the concept of treatment of inmates in Slovakia includes various approaches. Health care provision of accused and convicted persons (whether disabled or not) is divided into individualized treatment of inmates through shift prison officers, case managers, social workers of pre-trial detention and prison sentence, psychological services provided by nonmedical staff and the provision of health care as such, including the provision of in patient and out patient psychiatric therapy and protective treatment performance, where a part of the treatment is carried out by psychologists. We do not record data on individual parts of the budget including the financial costs for the wages of the above mentioned staff, reimbursement of health care services and protective treatment performance, i.e. we do not dispose by this kind of information.

4. Approximately what percentage of the prison population in your country/jurisdiction do you estimate to have a current mental disorder or disability?

a. What data/ information do you base this estimate on?

Based on the health care information system, there were recorded 8990 accused and convicted persons with psychiatric disorders in 2020 (the average number of inmates in 2020 was 10 604). According to the gender, it was 7971 men and 1019 women. The stated numbers relate to patients with diagnosis F00 F99 according to the International Classification of Diseases. It should be noted that the stated number of inmates with psychiatric disorders is recorded from a higher number of inmates than the average number of inmates (i.e. some inmates could serve the pre-trial detention/prison sentence a shorter period or more times).

b. Has specific research been carried out on this? If the answer is yes, please provide details

5. Is information on the prevalence of mental disorder or disability amongst the detainees routinely collected in your country/jurisdiction? **No**

a. If 'yes' please provide further details about how this is done (e.g., who provides and publishes this data? How often?)

6. Which organisation(s) have responsibility for providing mental health care in the prison context for detainees in your country/jurisdiction?

- Ministry of Justice/Criminal Justice organisations
- Ministry of Health/Healthcare services
- Voluntary sector providers
- Other (please specify)

The health care provider are also the prison facilities themselves (each prison facility has its own medical department/ward that falls under the Ministry of Justice). However, the health care standards are performed the same way as in the civilian environment according to the standards stated by the Ministry of Health.

7. At what stage(s) of incarceration are detainees typically screened for mental disorders or disabilities? (Please tick all that apply)

- i. Intake
- ii. Admission
- iii. At other times during incarceration
- iv. At least once a year
- v. Less than once a year
- vi. Preparation for release

8. During the period of incarceration, how is screening for mental disorders or disabilities is typically initiated? (Please tick all that apply)

- i. By request of the detainee
- ii. By medical order
- iii. Other (specify)

Please provide details of which screening tools/questions are commonly used to detect mental disorders or disabilities amongst prison population

Screening for "mental disorders or disabilities" is partially performed at the initial medical examination of each inmate. However, more targeted screening has a different procedure for persons in pre-trial detention, where the psychological examination or psychological intervention is carried out at the instigation of prison staff or an inmate. Psychological examination is standardly carried out to persons entering the prison sentence in order to adapt and individualize the treatment plan. If necessary, i.e. on the basis of assessment of psychologist, the convict may be included to the specialised treatment unit, in which the treatment regime is adapted to persons with special needs. After inclusion in the mentioned specialised unit, the condition of the convict is regularly re evaluated regarding the ability to serve the prison sentence in the conditions (e.g. whether the mental state has been compensated/improved). Continuous attention is paid to a client from the beginning of the stay in pre-trial detention/prison sentence using a whole spectrum in Slovakia accessible diagnostic methods (clinical, tests, personality tests and similar).

The psychological examination is based on observation, anamnesis, psycho diagnostic techniques, the file which sometimes includes an expert opinion from the field of the psychiatry or clinical psychology of adults, respectively children or possibly in cooperation with a general practitioner.

9. Who usually screens those in the prison population for mental disorders or disabilities?

- Prison staff
- Other criminal justice staff
- Nurse
- General practitioner
- Psychiatrist
- Psychologist
- Social worker
- Other (please specify)

Case manager. The case manager cooperates with the social worker in the entry unit and if necessary, the case manager call in also a

psychologist and other specialists in the prison. Indeed, all of the above marked staff is the staff of the prison service or have a work agreement concluded with a specific prison.

10. Please describe the route(s) by which detainees usually gain access to mental health care if they need it (if you have pathway diagrams please attach these in your reply)

The accused person shall be performed upon admission to pre-trial detention execution about the possibility to request the psychological assistance in accordance with § 28 of the Act No. 221/2006 Coll. on Pre trial Detention Execution (the prison shall provide the pre-trial detainee psychological services, in case his mental state requires a specialised assistance of a psychologist and he requests for such service or he agrees with its provision).

The convicted person shall be always informed in the course of the admission process to the prison sentence execution about the possibility to request for psychological examination and also for check/examination by a general practitioner. In addition to the mentioned, as it was explained in the answer to question no. 8, the psychological examination can be recommended by the general practitioner of the prison and at the same time the treating psychiatrist or the above can be initiated by the case manager of the convict concerned (or a conversation with a prison psychologist can be performed based at the instigation of other prison staff). The specialised treatment unit is established in designed prison for convicted persons, for whom additional resocialisation procedures are necessary to apply in order to support the fulfilment of aims set in the treatment program, overcoming the crisis conditions and for convicted persons who were imposed the protective treatment by a court. This specialised treatment unit is established for convicts with mental diseases, personality disorder or other severe mental problems requiring specialized treatment. When working with convicts in such condition, the severity of the diagnosis and their mental state are taken into account. Special pedagogical, counselling and therapeutic methods, group and individual forms of work are applied.

11. If prison services are involved in the provision of mental health care to detainees, which of the following best characterise their role?

Providing interventions/treatment themselves

Inviting external services to work on their premises

Referring people to external services working elsewhere

Mixture of the above

12. Does the prison service in your country/jurisdiction has special units to provide treatment to detainees with mental disorders or disabilities? Yes

a. If 'yes' please provide further details about how this is done (e.g., separated wing inside prison, independent unit, dedicated nursery in prison hospitals, etc)

In accordance with § 77 Sec. 1 of the Act No. 475/2005 Coll. on Prison Sentence Execution (hereinafter only "the Act No. 475/2005 Coll.") "The prisoner to whom it is necessary to apply further methods and treatment procedures for the purpose of deepening of the individualisation of the prison sentence or carry out a protective treatment, shall be placed to a specialized unit." Such units are e.g. specialized treatment unit that, according to the § 80 of the Act No. 475/2005 Coll., are for prisoners, to which it is necessary to apply further re socialisation procedures for promotion of reaching the aims set in the treatment program, overcoming of crisis states and for prisoners to whom the court imposed a protective treatment (more comprehensively explained in the previous answer). In case of psychiatric patients, there is also applied a hospitalisation in psychiatric unit of the prison hospital.

13. Does the prison service have any sentence or sentence planning requirements/programmes specifically for detainees with mental disorders or disabilities? Yes

If yes, please provide details of these here

Please, see the answer to the question No. 12 a.

14. Are the number of deaths by suicide in prison context collected nationally? Yes

If 'yes' can you attach a document that shows trends in such suicides over the past ten years?'

<i>Year</i>	<i>Number of deaths by suicide</i>
2010	8
2011	7
2012	5
2013	4
2014	6
2015	5
2016	6
2017	10
2018	5
2019	3
2020	4
Total	63

15. Is there a suicide prevention programme in the prison system of your country/jurisdiction? Yes
If yes, please provide a brief description here

The mentioned is regulated by the internal regulation the Order of the Minister of Justice No. 16/2015 on Treatment of Inmates, as amended (Section 6, especially §§ 30 35) as the treatment of inmates in connection with the occurrence of extraordinary incidents of self-harm or suicide. For effective treatment of a risk group of inmates, for which the prison officers or civil employees involved in the treatment process, assess the higher risk of self-harm or suicide conduct based on assessing the information gained (e.g. from correspondence, conversation, medical examination, upon admission of pre-trial detainee to the pre-trial detention or prisoner to the prison sentence, and similar), for this purpose there are established so called risk groups to which an increased attention is ordered.

The reasons for inclusion to the risk groups are: e.g. death in the family, maladaptive expressions in behaviour, serving pre-trial detention or the prison sentence for the first time, criminal prosecution for a crime committed under influence of affect, alcohol or other narcotics or other adverse behavioural changes of an inmate, etc. For purposes of treatment of such person, the increased attention is a set of activities whose primary aim is to avoid potential decompensation of the inmate by monitoring communication, assessing unusual behaviour, closeness, refusal of communication, tendency to provoke and participate in interpersonal conflicts, refusal of participation in regular activities, by performing irregular controls or by continuous monitoring using the camera system in a cell or a room designed for it. The aim of this treatment is to achieve, as soon as possible, the balance between emotivity and rationality, to reduce tension and to bring the prisoner to a condition allowing him an adequate functioning in the system of the standard prison sentence execution and that through gradual treatment processes (individual forms, conversation, guidance, intervention, crisis intervention and other methods and procedures, such as psychotherapeutic, special pedagogical procedures, relaxation and counselling methods taking into account the mental state of the inmates).

16. Does the Prison Service work in co-operation with community organisations to ensure the continuity of care after imprisonment?

Before release, an interview is performed with each prisoner, where he is informed about his obligations and rights after release and his placement to an exit unit in sufficient time before expected end of the prison sentence. The interview is carried out by the case manager and social worker. In case that from the interview arises the need of more through preparation for release, the focused treatment shall be performed aimed at preparation for a smooth transition to civil life and independent way of living after the prison sentence. An emphasis is placed on assistance, training of social skills, job application and intensification of contact with former social environment if it had a positive influence on prisoner. The prisoner is included in activities which are mainly focused on providing necessary practical information about social life, especially in social and legal field, on possibilities of further education and opportunities for employment or on registering at the Office of Labour, Social Affairs and Family. For these purposes, relevant bodies and institutions are contacted in sufficient time. The Corps has been trying to intensify the care for released persons and therefore from 2018 it has taken part in the implementation of the new approaches using financial support of the development project of the European Union. Specifically, the national project called "Chance for Return" is created in Slovakia that implements mechanisms for facilitation of return of inmates to society and also supports the prevention of criminality through work with facilities of released persons from prison.

17. Is there specific work with family members of the persons who experience mental disorders and disabilities?

The answer to this question is included in the answer to question No. 16. Project dedicated mainly to assistance to convicts with addictions and their families, called "Bridges Addictions" (SK: Mosty Závislosti) is currently only in the stage of pilot testing. Therefore, at present the answer is "No".

18. Is there a gender approach when dealing with persons who experience mental disorders and disabilities?

We maintain a gender balanced approach.

SLOVENIA

1. Which country/jurisdiction do you work in/represent?

Slovenia

2. What is your job title?

Head Office of Prison Administration

Section 1: National Policy

1. Please provide details of any recent national policies/procedures/guidance /reports relating to dealing with detainees who experience mental disorders or disabilities (please provide a short summary in English or French and send such texts as attachments with the completed survey) /

Section 2: The Organisation of Prison Service and Mental Health Care Provision

The Organisation of the Prison system

1. What is the total number of the prison population in your country/jurisdiction at 31 January 2021? **1139**

2. Do prison staff in your country/jurisdiction routinely receive mental health awareness training? **Yes**

a. If 'yes' please could you provide a brief description of this in terms of its content and who provides it? (If multiple providers and/or courses exist, please provide a brief summary of each).

The Initial training of judicial police (correctional) officers also covers the following topic: Detection and prevention of suicide and self-harm, Prevention of suicides and self-injuries - practical work in the institution, Mental and personality disorders. Prison service experts provide the training.

3. What is the total budget for the provision of mental health care in prison context for the detainees in your country/jurisdiction? (Please provide details, or tick here **if unknown**)

Prison mental health care is part of public health care.

4. Approximately what percentage of the prison population in your country/jurisdiction do you estimate to have a current mental disorder or disability?

5% to 13% (around 47% are on prescribed psycho active medications) Higher percentage is in facilities where longer sentences are served and in prison for female, lower percentage is in facilities where shorter sentences are served and in facilities with remind prisoners.

a. What data/ information do you base this estimate on?

Expert assessment of prison psychologists.

b. Has specific research been carried out on this? If the answer is yes, please provide details **No**

5. Is information on the prevalence of mental disorder or disability amongst the detainees routinely collected in your country/jurisdiction? **No**

a. If 'yes' please provide further details about how this is done (e.g., who provides and publishes this data? How often?)

6. Which organisation(s) have responsibility for providing mental health care in the prison context for detainees in your country/jurisdiction?

- Ministry of Justice/Criminal Justice organisations
Ministry of Health/Healthcare services
Voluntary sector providers
Other (please specify)

7. At what stage(s) of incarceration are detainees typically screened for mental disorders or disabilities? (Please tick all that apply)

- i. Intake**
ii. Admission
iii. At other times during incarceration
iv. At least once a year
v. Less than once a year
vi. Preparation for release

8. During the period of incarceration, how is screening for mental disorders or disabilities is typically initiated? (Please tick all that apply)

- i. By request of the detainee**
ii. By medical order
iii. Other (specify)

Please provide details of which screening tools/questions are commonly used to detect mental disorders or disabilities amongst prison population.

Suicide prevention screening tool.

9. Who usually screens those in the prison population for mental disorders or disabilities?

- Prison staff**
Other criminal justice staff
Nurse
General practitioner
Psychiatrist
Psychologist
Social worker
Other (please specify) **Pedagogue**

10. Please describe the route(s) by which detainees usually gain access to mental health care if they need it (if you have pathway diagrams please attach these in your reply)

Pedagogue (Psychologist) - General practitioner - Psychiatrist.

11. If prison services are involved in the provision of mental health care to detainees, which of the following best characterise their role?

- Providing interventions/treatment themselves
Inviting external services to work on their premises
Referring people to external services working elsewhere
Mixture of the above

12. Does the prison service in your country/jurisdiction has special units to provide treatment to detainees with mental disorders or disabilities? **Yes**

a. If 'yes' please provide further details about how this is done (e.g., separated wing inside prison, independent unit, dedicated nursery in prison hospitals, etc)

Forensic Hospital Unit is part of the Public Health Care System. It is a separated wing of the Psychiatric hospital. The Prison Service is responsible for the security in the Forensic Unit.

13. Does the prison service have any sentence or sentence planning requirements/programmes specifically for detainees with mental disorders or disabilities? **No**

If yes, please provide details of these here

14. Are the number of deaths by suicide in prison context collected nationally? **Yes**

If 'yes' can you attach a document that shows trends in such suicides over the past ten years?

Year	Suicides	Suicide rate per 10.000 prisoners
2011	2	14,96
2012	3	21,16
2013	0	
2014	0	
2015	3	20,51
2016	0	
2017	1	7,42
2018	0	
2019	0	
2020	1	7,70

15. Is there a suicide prevention programme in the prison system of your country/jurisdiction? **Yes**

If yes, please provide a brief description here

Suicide prevention strategy main topics are:

- **Staff training**
- **Systematic suicide screening on admission**
- **The list of potentially suicidal inmates on every location - daily updated**
- **Handling the potentially suicidal inmates**
- **Intervention**
- **Follow-up review and debriefing**
- **Evaluation.**

16. Does the Prison Service work in co-operation with community organisations to ensure the continuity of care after imprisonment? **Yes**

17. Is there specific work with family members of the persons who experience mental disorders and disabilities?

The family members can get specific support provided by governmental and non-governmental organizations in the local community.

18. Is there a gender approach when dealing with persons who experience mental disorders and disabilities? **No**

SPAIN

1. Which country/jurisdiction do you work in/represent?

Spain, except the autonomous community of Catalonia

2. What is your job title?

Vice Directorate General of Penitentiary Health

Section 1: National Policy

1. Please provide details of any recent national policies/procedures/guidance/reports relating to dealing with detainees who experience mental disorders or disabilities (please provide a short summary in English or French and send such texts as attachments with the completed survey)

Mental health problems are common among people admitted to correctional facilities. The studies carried out (DGIP 2006, PRECA 2009, ESDIP 2016) indicate that around a third of the inmates have been diagnosed with one or more mental disorders, highlighting anxiety disorders, affective disorders and psychotic disorders. Drug use is frequent in these people, configuring in these cases two disorders, dual pathology. Hence, the prevalence of inmates on psychopharmacological treatment is high.

Mental illness compromises the whole of the person, since biological conditions (structural and functional alterations) are combined with psychological conditions (personal limitations of activity) and social conditions (restrictions on social participation).

These characteristics are more pronounced in those who suffer from a Serious Mental Disorder (TMG), a group to which the PAIEM is directed. Severe mental disorders, unlike common mental disorders (more frequent and generally less disabling), are characterized by being more clinically serious (include psychotic disorders, bipolar disorders, major depressive disorders, and some serious personality disorders), duration of illness and treatment (over two years), and significant disability with severe dysfunction in social functioning.

The TMG suffers from a significant deterioration, which is evidenced through various disabilities, with loss of skills for the proper performance of social roles, due to a severe impairment of personal, work, social and family functioning. In addition, there may be a certain level of dependency, since sometimes these people cannot fend for themselves, and they need the help of other people to carry out basic activities of daily life for their personal autonomy.

The latest report for 2019 is available in the general report of the Prison Institution on the following website:

<http://www.interior.gob.es/web/archivos-y-documentacion/documentacion-y-publicaciones/publicaciones-descargables/publicaciones-periodicas-anuarios-y-revistas/informe-general-de-instituciones-penitenciarias>

Section 2: The Organisation of Prison Service and Mental Health Care Provision

The Organisation of the Prison system

1. What is the total number of the prison population in your country/jurisdiction at 31 January 2021? **47.292**

2. Do prison staff in your country/jurisdiction routinely receive mental health awareness training? **Yes**

a. If 'yes' please could you provide a brief description of this in terms of its content and who provides it? (If multiple providers and/or courses exist, please provide a brief summary of each).

Prison professionals receive the following training courses in mental health:

1- During the initial training period upon entry into the Administration.

2- On an annual basis for both surveillance and health staff.

The general training includes aspects related to stigma, the special vulnerability of the mentally ill, information on the prevalence of the main pathologies, symptomatology for early detection, approach techniques, guidelines for action in situations of crisis or decompensation and information on the existing programs of Integral Care for the Mentally Ill in Prison.

Health professionals specifically receive training 3 times a year on specific interventions for the population with mental pathologies such as dual pathology and women.

3. What is the total budget for the provision of mental health care in prison context for the detainees in your country/jurisdiction? (Please provide details, or tick here if unknown)

4. Approximately what percentage of the prison population in your country/jurisdiction do you estimate to have a current mental disorder or disability?

- Inmates with severe mental disorder in prison: 4%
- Inmates included in mental health programs: 15.7%

a. What data/ information do you base this estimate on?

ESDIP2016, Survey on health and drug use and inmates in penitentiary institutions.

b. Has specific research been carried out on this? If the answer is yes, please provide details

The ESDIP2016 is a nationwide survey conducted every five years. It is a descriptive cross-sectional study, which collects information referred to more than 5000 inmates through a face-to-face interview, with a sampling error of 1.4%.

5. Is information on the prevalence of mental disorder or disability amongst the detainees routinely collected in your country/jurisdiction? Yes

a. If 'yes' please provide further details about how this is done (e.g., who provides and publishes this data? How often?)

The information is obtained by means of quarterly cross-sections and is included in the annual report of the Penitentiary Institution.

6. Which organisation(s) have responsibility for providing mental health care in the prison context for detainees in your country/jurisdiction?

- | | |
|--|-------------------------------------|
| Ministry of Justice/Criminal Justice organisations | <input checked="" type="checkbox"/> |
| Ministry of Health/Healthcare services | <input type="checkbox"/> |
| Voluntary sector providers | <input type="checkbox"/> |
| Other (please specify) | |

7. At what stage(s) of incarceration are detainees typically screened for mental disorders or disabilities? (Please tick all that apply)

- | | |
|--|-------------------------------------|
| i. Intake | <input checked="" type="checkbox"/> |
| ii. Admission | <input checked="" type="checkbox"/> |
| iii. At other times during incarceration | <input checked="" type="checkbox"/> |
| iv. At least once a year | <input checked="" type="checkbox"/> |
| v. Less than once a year | <input type="checkbox"/> |
| vi. Preparation for release | <input checked="" type="checkbox"/> |

8. During the period of incarceration, how is screening for mental disorders or disabilities is typically initiated? (Please tick all that apply)

- | | | |
|-------------------------------|-------------------------------------|---|
| i. By request of the detainee | <input checked="" type="checkbox"/> | |
| ii. By medical order | <input checked="" type="checkbox"/> | |
| iii. Other (specify) | | At the request of third parties, the judiciary, family, staff, etc. |

Please provide details of which screening tools/questions are commonly used to detect mental disorders or disabilities amongst prison population.

During the semi-structured clinical interview, personal background, current symptomatology, and behavioural alterations are assessed. Psychological and social assessment is also performed.

9. Who usually screens those in the prison population for mental disorders or disabilities?

- Prison staff
- Other criminal justice staff
- Nurse**
- General practitioner**
- Psychiatrist**
- Psychologist**
- Social worker**
- Other (please specify)

10. Please describe the route(s) by which detainees usually gain access to mental health care if they need it (if you have pathway diagrams please attach these in your reply)

Upon admission to prison, the inmate is evaluated within the first 24 hours by the physician, the psychologist and the social worker. In case of detection of mental pathology, the inmate is included in the Integral Care Program for the Mentally III.

After his admission to prison, the inmate can be detected upon consultation on demand, urgent care for compatible symptomatology or programmed after referral by other professionals of the center.

Once detected, they are referred to specialized psychiatric consultation and psychoeducational and therapeutic interventions are carried out within the program.

11. If prison services are involved in the provision of mental health care to detainees, which of the following best characterise their role?

- Providing interventions/treatment themselves
- Inviting external services to work on their premises
- Referring people to external services working elsewhere
- Mixture of the above**

12. Does the prison service in your country/jurisdiction has special units to provide treatment to detainees with mental disorders or disabilities? **Yes**

a. If 'yes' please provide further details about how this is done (e.g., separated wing inside prison, independent unit, dedicated nursery in prison hospitals, etc)

There are 2 prison psychiatric hospitals in Seville and Alicante. Each penitentiary center has a multidisciplinary team for the development of the Integral Care Program for the Mentally III. It is made up of doctors, nurses, psychologists, psychiatrists, social workers, educators, lawyers and personnel from collaborating entities. Their intervention is developed following the models of the day units, and in some centers there are specific modules and nursing wings for these inmates.

13. Does the prison service have any sentence or sentence planning requirements/programmes specifically for detainees with mental disorders or disabilities? **Yes**

If yes, please provide details of these here.

Specifically, since 2007, the PAIEM Program for the Integral Care of the Mentally III has been implemented.

14. Are the number of deaths by suicide in prison context collected nationally? **Yes**

If 'yes' can you attach a document that shows trends in such suicides over the past ten years?

The data are available in the annual report of the Penitentiary Institution accessible via the web: <http://www.interior.gob.es/web/archivos-y-documentacion/documentacion-y-publicaciones/publicaciones-descargables/publicaciones-periodicas-anuarios-y-revistas/informe-general-de-instituciones-penitenciarias>

15. Is there a suicide prevention programme in the prison system of your country/jurisdiction? Yes

If yes, please provide a brief description here

The current suicide prevention program is developed in Instruction 5/2014 as a regulation that includes risk situations, as well as procedures for detection and intervention by several professionals.

16. Does the Prison Service work in co-operation with community organisations to ensure the continuity of care after imprisonment?

Currently, the EXTENDED BRIDGE program is implemented in all centers, which is part of the Comprehensive Care Program for the Mentally Ill and establishes coordination with community social and mental health services.

17. Is there specific work with family members of the persons who experience mental disorders and disabilities?

Within the Integral Care Program for the Mentally Ill, specific actions aimed at family and social support are developed through Social Workers, Collaborating Entities and NGOs.

18. Is there a gender approach when dealing with persons who experience mental disorders and disabilities?

Gender policies are implemented in a cross-cutting manner throughout the Prison Institution.

SPAIN (CATALONIA)

1. Which country/jurisdiction do you work in/represent?

Secretariat of Criminal Sanctions, Rehabilitation and Victim Support (hereinafter SCSRVS).
Ministry of Justice, Catalan Government (Spain)

2. What is your job title?

The answers to this survey have been jointly prepared by high officials of the Prison Health Programme, of the Ministry of Health of the Catalan Government (Dr. Elisabet Turu), and by psychologists of the SCSRVS of the Ministry of Justice (Tura Benítez and Imma Ibern). In addition, staff working at the Data Analysis Unit of the Secretariat and at the CEJFE have also provided information for some of the replies.

Section 1: National Policy

1. Please provide details of any recent national policies/procedures/guidance /reports relating to dealing with detainees who experience mental disorders or disabilities (please provide a short summary in English or French and send such texts as attachments with the completed survey)

Both, the Ministry of Health and the Ministry of Justice, carry out a number of actions aimed at improving the psychiatric and mental health care of those who are deprived of freedom in the framework of a criminal justice process. These actions are implemented at three different levels:

1) Outpatient care in the prison centre where the patient is placed.

2) Inpatient care in one of units belonging to the psychiatric prison network comprised of:

a. An Intensive Rehabilitation Care unit at the Mental Health Care Unit located inside the prison of Brians 2.

- b. Emergency area, and inpatient units for acute and semi-acute patients as well as rehabilitation units at the Prison Psychiatric Hospital Unit located inside the prison of Brians 1.

3) Mental health care for patients who are in open regime or conditional release is done in the community by the regular Mental Health Care Services.

With regard to inmates with Intellectual or developmental disabilities, the specific Framework Programme for Intellectual and Developmental Disabilities Care (Programa Marc d'Atenció a Persones amb Discapacitat Intel·lectual o del Desenvolupament) in prisons, foresees the tools and protocols that shall be applied to identify and intervene with outpatient care in all regular and open prisons as well as for inmates on conditional release. It also establishes tools and protocols to detect, identify and intervene in residential care at the Department for Especial Care of IDD inmates located in the prison of Quatre Camins for those inmates who have specific support needs due to their IDD. See the framework programme issued in 2013 and currently under revision in Annex 1.

Section 2: The Organisation of Prison Service and Mental Health Care Provision

The Organisation of the Prison system

1. What is the total number of the prison population in your country/jurisdiction at 31 January 2021?

8.657 people which include 785 on conditional release.

2. Do prison staff in your country/jurisdiction routinely receive mental health awareness training? **Yes**

The Centre for Legal Studies and Specialised Training (CEJFE) periodically conducts training and courses about mental health care, IDD and self-harm behaviours.

a. If 'yes' please could you provide a brief description of this in terms of its content and who provides it? (If multiple providers and/or courses exist, please provide a brief summary of each).

The title of the courses, the trainers, the beneficiaries of the courses and its contents organised from 2016 to 2021 by the CEJFE, are detailed in English in Annex 2.

3. What is the total budget for the provision of mental health care in prison context for the detainees in your country/jurisdiction? (Please provide details, or tick here **if unknown**)

4. Approximately what percentage of the prison population in your country/jurisdiction do you estimate to have a current mental disorder or disability?

The percentage of prison population that resulted to have a mental disorder in the Catalan prisons in February 2021 was 19,3%.

a. What data/ information do you base this estimate on?

This rate corresponds to the inmates that have scored positive on mental health disorders when being administered the RisCanvi instrument in its comprehensive version. This rate is not exact as RisCanvi in its comprehensive version is not administered to every inmate.

b. Has specific research been carried out on this? If the answer is yes, please provide details

The Catalan prison system together with the Prison Health Care Programme participate in the ESDIP survey about drugs consumption and dual pathology amongst inmates (Encuesta sobre salud y consumo de drogas en internados en instituciones penitenciarias) which has a nation-wide scope. This survey is conducted once every five years and the last report was issued in 2016.

In addition, there is the PRECA report which was conducted in 2011, to research the prevalence of mental health disorders amongst prison population.

5. Is information on the prevalence of mental disorder or disability amongst the detainees routinely collected in your country/jurisdiction? **Yes**

a. If 'yes' please provide further details about how this is done (e.g., who provides and publishes this data? How often?)

When an inmate arrives for the first time in prison, health care staff conduct a first medical appointment with him/her and review his/her medical record with the aim of knowing pre-existing health conditions, including possible mental health disorders, as well as the active treatments that s/he is undergoing. This is done with the aim of ensuring that there will be continuity of the specific health care and treatments s/he needs to receive.

The information about the most prevalent health conditions of any person entering the prison for the first time, including those mental health related, is available in real time to the health care staff working in prison. When mental health conditions are present, a monthly follow-up of the inmate will be carried out.

The Prison Health Care Programme, which depends from the Ministry of Health, has autonomy to access part of the health care data. For the rest of the data, the health care staff in prisons use the Information System of the Primary Care Services called SISAP (Sistema d'Informació dels Serveis d'Atenció Primària), which is the information systems of the primary health care system in the community, also belonging to the Ministry of Health.

6. Which organisation(s) have responsibility for providing mental health care in the prison context for detainees in your country/jurisdiction?

Ministry of Justice/Criminal Justice organisations
Ministry of Health/Healthcare services
Voluntary sector providers
Other (please specify)

The primary responsibility for providing mental health care to inmates in prison corresponds to the Ministry of Health and in certain aspects, as explained below to the prison treatment professionals, who belong to the Ministry of Justice.

The voluntary sector provides mental health care in prison only with regard to inmates with IDD.

7. At what stage(s) of incarceration are detainees typically screened for mental disorders or disabilities? (Please tick all that apply)

i. Intake
ii. Admission
iii. At other times during incarceration
iv. At least once a year
v. Less than once a year
vi. Preparation for release

Inmates are screened for mental disorders or disabilities at the times indicated but also at any time that is considered necessary.

8. During the period of incarceration, how is screening for mental disorders or disabilities is typically initiated? (Please tick all that apply)

i. By request of the detainee This is uncommon but if the inmate or his/her relatives request that a screening for mental disorder or disability is performed on an inmate, it will be performed.
ii. By medical order
iii. Other (specify) Upon request by the treatment board of the prison.

Please provide details of which screening tools/questions are commonly used to detect mental disorders or disabilities amongst prison population

At the moment of the intake (first time s/he arrives to the prison) every new inmate is seen by a doctor or a nurse who, amongst others, assess the following aspects:

- The need to continue with the type of medical supervision/monitoring or a treatment that the patient has been undergoing before entering the prison. This is applicable to both, organic and mental health related conditions. This is done in order to prevent the admission into prison from interfering in the course of healing of the inmate and ensuring the continuity of the medical monitoring and treatments s/he might be undergoing.
- A thoroughly anamnesis about substance abuse is conducted and methadone or other type of medication is prescribed if necessary. A general assessment of the psychopathological condition of the new inmate is conducted as well.
- In addition, the primary care doctor visits the inmate to assess the risk of suicide. Those who are considered to be at moderate and high risk, are visited by a psychiatrist within 1 week or 24 hours respectively.
- When as a result of this first intake visit, in addition to the substance abuse treatments or the risk of suicide assessment, the primary care doctor deems it necessary, a visit with the mental health unit located in every prison will be scheduled.

Moreover, a key screening tool is used by the prison psychologists working in the prison treatment teams (belonging to the Ministry of Justice), which is the RisCanvi assessment tool. It is an instrument designed to assess and manage the risk of violent behaviour against self, violence against others, violent recidivism, general recidivism and breaking the prison sentence.

With this instrument the presence or the absence of risk factors related to the mental health state of the individual is assessed amongst others, as well as their response to psychological and psychiatric treatment. Indicators of intellectual or developmental disabilities are also detected. Moreover, it also identifies personality disorders related to anger, impulsivity (cluster b), stress management, substance and alcohol abuse, self-harm behaviour and emotional instability to name some.

In what follows, the main factors assessed by RisCanvi scale screening relevant to mental health are listed:

- **Factor 32. Serious mental disorder** when the individual has been diagnosed a serious mental health disorder at some point of his/her life to be assessed in accordance with DSM-IV (APA, 1994) and CIE-10 (OMS, 1992) or their more updated versions. A serious mental health disorder is understood as a psychotic or bipolar disorder diagnosed for 2 years or entailing 2 years of treatment, which in addition causes a moderate or severe dysfunction in the individual.
- **Factor 34. Limited response to psychological or psychiatric treatment.** The individual has received psychological or psychiatric treatment or for substance abuse, and s/he has shown no adherence to the treatment or the results are poor.
- **Factor 39. Limited mental capacity and intelligence.** Inadequate performance with new tasks and learning processes. Poor language skills even if knowing the language spoken in prison. Inadequate reading and understanding skills and shows low efficiency when following written instructions.

In addition, other type of assessments can be undertaken with specific tools, namely ASD tests, standardised questionnaires (LSB50, SCIP-S, Matrices, PCL) and other specific scales of RisCanvi of violence risk assessment SVR-20, HCR-20 i SARA.

9. Who usually screens those in the prison population for mental disorders or disabilities?

- | | |
|------------------------------|-------------------------------------|
| Prison staff | <input checked="" type="checkbox"/> |
| Other criminal justice staff | <input type="checkbox"/> |
| Nurse | <input checked="" type="checkbox"/> |
| General practitioner | <input checked="" type="checkbox"/> |
| Psychiatrist | <input checked="" type="checkbox"/> |
| Psychologist | <input checked="" type="checkbox"/> |
| Social worker | <input type="checkbox"/> |
| Other (please specify) | <input type="checkbox"/> |

10. Please describe the route(s) by which detainees usually gain access to mental health care if they need it (if you have pathway diagrams please attach these in your reply)

1. With regard to mental health conditions.

1.1. For not urgent cases

The patient in prison can request being seen by the primary care doctor (there is a primary care doctor working and available in every prison 24/365) or nurse available in every prison. If the primary care doctor considers that an appointment with a psychiatrist is necessary, the patient will be referred to the Mental Health Unit available in every prison and will be seen by a psychiatrist who can indicate if the patient shall also be seen by a clinical psychologist, a mental health specialised nurse and/or by an occupational therapist.

1.2. For urgent cases

The primary care doctor will visit the patient and will address his/her condition. Should the patient need the intervention of a psychiatrist and at that time, this specialist is available in the prison, the patient will be assessed by the Mental Health Unit immediately. If the psychiatrist is not available in the prison at that very moment, a telephone visit will be done with the on-call psychiatrist who is available 24/365 and together with the primary care doctor, will assess the seriousness of the case and if required, will authorize the patient's transfer to the Prison Psychiatric Hospital Unit.

1.3. For patients requiring non-urgent hospital admission

The psychiatrist of the prison in agreement with the psychiatrist of the Psychiatric Prison Hospital Unit will prescribe the hospital admission of the patient and coordinate his/her transfer and admission to the hospital.

1.4. For the follow-up and monitoring of psychiatric patients

It is conducted by the Mental Health Unit located in every prison as well as by the Prison Primary Health Care teams, which is the same protocol used for patients in the community.

The rehabilitation process of the patient is carried out in coordination with the treatment board professionals of the prison, who meet at least once a month and every time that is required.

The approach when dealing with acute pathologies, is that when necessary, these are being reported to the prison staff (surveillance and treatment), in order to ensure that the patient is provided with the life conditions that are appropriate and required for his health situation at any given time.

2. With regard to Intellectual and Developmental Disabilities (hereinafter IDD)

According to the Intellectual and Developmental Disabilities Programme developed by the SCSRVS, the process to detect, assist and intervene with inmates with IDD is as follows:

The prison multidisciplinary teams (formed by psychologists, social workers, social educators and jurists) assess the newly arrived inmate for a number of different aspects, including the IDD. If IDD is detected, the multidisciplinary teams will fill in a referral form specific to refer cases to the IDD programme. The IDD programme is implemented by the SCSRVS in collaboration with an external agency called Fundació Catalonia Ampans, with experience and expertise in supporting the reintegration of people with IDD.

Enclosed to this specific form, the multidisciplinary team will add the official certificate of disability which includes the diagnosis of the person. Should the official certificate not be available, the referral form will be handed in together with the results of the screening tools used to identify the case, the results of the Matrices test, and the assessment of specific support needs with another instrument called Support Intensity Grading Scales or EIS (Escala de Intensitat de Suports). The latter instrument determines the index of vulnerability of the inmate with IDD and defines the type of outpatient or residential care required for his/her reintegration into society and the degree of accompaniment and follow-up needed. These pieces of information are pivotal and serve the Fundació Catalonia Ampans to devise a tailored working plan for every inmate with IDD referred to the programme. See the referral form in Annex 3.

11. If prison services are involved in the provision of mental health care to detainees, which of the following best characterise their role?

- Providing interventions/treatment themselves
- Inviting external services to work on their premises
- Referring people to external services working elsewhere
- Mixture of the above

12. Does the prison service in your country/jurisdiction has special units to provide treatment to detainees with mental disorders or disabilities? **Yes**

a. If 'yes' please provide further details about how this is done (e.g., separated wing inside prison, independent unit, dedicated nursery in prison hospitals, etc)

1. Outpatient care

The outpatient care for individuals with mental health disorders or substance abuse that are placed in residential units within the prison is focused on the patient with the goal of providing a comprehensive care with the aim of maximizing his/her recovery. This approach is established in the Collaboration and Support Programme. This Programme implements a cooperation model between the Prison Mental Health teams and the Prison Primary Health Care teams which are both responsible of the care of the patient. The Programme assigns different tasks to each team. Both teams access the same medical appointments' agendas and have common access to the medical record of the patient.

With regard to the inmates with IDD, there is a specialised unit in the prison of Quatre Camins, which can host up to 35-45 inmates with high vulnerability scores. In this unit intensive intervention is performed with the inmate in order to better prepare them for their reintegration into society as soon as possible.

For more information see Annex 4.

2. Hospital care available within the prison system in Catalonia

- **Prison Psychiatric Hospital Unit:** for acute and sub-acute patients. It is located inside the prison of Brians 1 and it serves all prisons in Catalonia.
- **Psychiatric Hospital Unit for Intensive Rehabilitation:** for patients with a chronic mental health condition which requires intensive rehabilitation. It is located inside the prison of Brians 2 and it also serves all prisons in Catalonia.
- **Outpatient Mental Health Care:** inside every prison in Catalonia there is a Mental Health Unit formed by a psychiatrist, clinical psychologist, a nurse specialised in mental health and an occupational therapist, all of them full time. They provide support to the prison Primary Health Care team when addressing mental health in their prison.

For more information see Annex 5.

13. Does the prison service have any sentence or sentence planning requirements/programmes specifically for detainees with mental disorders or disabilities? **Yes**

If yes, please provide details of these here

Such comprehensive care approach will take into account the inmate's rehabilitation and social reintegration goals and needs as well as his/her adjustment to the prison context. To this end, the prison Mental Health Teams and the prison Primary Health Care Teams will devise coordination protocols with the Prison Treatment Teams in order to draft an inmate's Individual Treatment Plan which fully integrates the mental health and the rehabilitation and social reintegration needs.

14. Are the number of deaths by suicide in prison context collected nationally? **Yes**

If 'yes' can you attach a document that shows trends in such suicides over the past ten years?

In Annex 6 you can access the list of suicides recorded in Catalan prisons from 2010 up to February 2021.

15. Is there a suicide prevention programme in the prison system of your country/jurisdiction? Yes

If yes, please provide a brief description here

The Framework Programme of Suicide Prevention in Prison is based in the following principles

- **Health promotion and suicide prevention**
- **Everyone in the prison setting is an agent for health promotion, prevention, intervention and post-intervention (every type of professional has the responsibility and the capacity to play a role).**
- **Health promotion work, prevention and treatment of suicidal behaviours must comply with a biopsychosocial approach.**
- **Breaking the taboo on suicide by fighting the stigma.**
- **Coordination amongst professionals is one of the keys for success in prevention and efficient intervention.**
- **After the incident, a revision of the processes and protocols shall be done.**
- **Ensure care and support to the suicide survivors.**

For more information, please see the full programme in Annex 7

16. Does the Prison Service work in co-operation with community organisations to ensure the continuity of care after imprisonment?

Prison treatment and prison health care teams work in close cooperation with the community regular health care services and organisations when the inmate is first admitted to the prison and when s/he is released. This responds to a fundamental principle of the Health Care Services in prison which is that the time spent in prison should not entail an impasse in the inmate's health care needs and treatments. Is of utmost importance to provide all possible means for the prison primary care doctor to have a comprehensive view on the inmate's health since the very first moment s/he enters the prison. Likewise, when the inmate is released, the community regular health care services must have access to all the information concerning his health during his/her stay in prison.

In order to ensure the coordination between community health care services and prison health care services, the following protocols are in place:

Admission/intake:

- **Using the same medical record used by community health care services as well as a common information system which serves to access images, tests results, hospital reports and any other medical information available from hospitals or primary care services related to the patient. In this way the prison health care teams are enabled to access any time the health situation of the person that is entering the prison.**

Release:

Three main tools are available:

- **Use of the same medical record where all health care professionals, including those in the community or those inside the prison, keep track of relevant information concerning the same patient. Namely, the medical record of the patient continues to be the same regardless of whether s/he is in prison or outside.**
- **Liaison nurse (staff member of the Outpatient Mental Health Services) coordinates medical appointments and treatments that the inmate shall continue to undergo once released in four fields: hospitals, mental health, substance abuse and primary health care. In addition, the liaison nurse takes care of the paperwork required to have access to health care in the health region**

where the inmate will live. Therefore, the patient is released with appointments scheduled for the following 15 days as well as with the treatments and medication required for the following 14 days.

- Individualised Follow-up Plan IFP (Programa de Seguiment Individualitzat), which is implemented for inmates with a severe mental health condition when progressed to open regime or released in order. The IFP has the aim of ensuring a proper transition of the patient from the closely supervise setting in prison with the prison Mental Health care teams to the Community Mental Health care services.

In particular, when the patient is progressed to open regime or released into the community if the psychiatrist of the prison Mental Health care team deems it necessary, will activate an IFP for that case. The IFP amongst others entails the appointment of a case manager or Individual Project Coordinator (hereinafter IPC) (Coordinador de Projecte Individual) which is a community mental health professional responsible for:

- Assessing the care needs, the therapeutic priorities and the rehabilitation goals to be accomplished with that particular patient.
- Activating the community health care services and the social services needed and establishing the duration of its use by the patient.
- Accompanying and supporting the patient throughout the process

For further information about the IFP you can check the description of the Mental Health Care Programme in Open Regime in Annex 8 (Atenció en Salut Mental al Medi Obert Penitenciari).

17. Is there specific work with family members of the persons who experience mental disorders and disabilities?

Yes, specific work with the families of inmates with a mental health condition is carried out by the mental health care services in prison.

18. Is there a gender approach when dealing with persons who experience mental disorders and disabilities?

There is indeed a gender approach in place when dealing with individuals who experience mental health disorders or IDD and it complies with the recommendations issued by the competent bodies.

SWEDEN

1. Which country/jurisdiction do you work in/represent?

Sweden

2. What is your job title?

Section 1: National Policy

1. Please provide details of any recent national policies/procedures/guidance /reports relating to dealing with detainees who experience mental disorders or disabilities (please provide a short summary in English or French and send such texts as attachments with the completed survey)

In Sweden persons serving probation sentences are included in the general health care system, it is called “a principle of normalization”. The Swedish Prison and Probation Service do not provide any national policies apart from general policies from the national health care services. In prisons there can be special policies due to security reasons.

Section 2: The Organisation of Prison Service and Mental Health Care Provision

The Organisation of the Prison system

1. What is the total number of the prison population in your country/jurisdiction at 31 January 2021?

Our statistics only show the prison population by 1st October each year. The total number of the prison population by the 1st of October 2020: 7 297.

2. Do prison staff in your country/jurisdiction routinely receive mental health awareness training? **Yes**

a. If 'yes' please could you provide a brief description of this in terms of its content and who provides it? (If multiple providers and/or courses exist, please provide a brief summary of each).

Prison staff receive initial and ongoing mental health awareness training. Initial training is provided for every new employee at one of the national training centres. Ongoing training is provided as E-learning. (Attachment no 1).

3. What is the total budget for the provision of mental health care in prison context for the detainees in your country/jurisdiction?

The total amount spent in 2020 for the provision of mental health was 63 578 494 SEK. Please find attached the budget specified for both prisons and remand prisons as well as the total budget going back five years. (Attachment no 2).

4. Approximately what percentage of the prison population in your country/jurisdiction do you estimate to have a current mental disorder or disability?

In prison 46% (2013) is diagnosed with a mental disorder or disability when they come in contact with SPPS.

a. What data/ information do you base this estimate on?

National client survey, 2013 (Attached document no 3).

b. Has specific research been carried out on this? If the answer is yes, please provide details

The National client survey can be found on the following link (only in Swedish unfortunately).

(Also please find attached articles from Lancet Psychiatry 2015, attachment no 4).

5. Is information on the prevalence of mental disorder or disability amongst the detainees routinely collected in your country/jurisdiction? **Yes**

a. If 'yes' please provide further details about how this is done (e.g., who provides and publishes this data? How often?)

6. Which organisation(s) have responsibility for providing mental health care in the prison context for detainees in your country/jurisdiction?

Ministry of Justice/Criminal Justice organisations

Ministry of Health/Healthcare services

Voluntary sector providers

Other (please specify)

7. At what stage(s) of incarceration are detainees typically screened for mental disorders or disabilities? (Please tick all that apply)

i. Intake

ii. Admission

iii. At other times during incarceration

iv. At least once a year

v. Less than once a year

vi. Preparation for release

8. During the period of incarceration, how is screening for mental disorders or disabilities is typically initiated? (Please tick all that apply)

- i. By request of the detainee
- ii. By medical order
- iii. Other (specify) Observation by Prison staff.

Please provide details of which screening tools/questions are commonly used to detect mental disorders or disabilities amongst prison population

Systematic questionnaire on mental health, C-SSRS (Columbine Suicide Severity Rating Scale).

9. Who usually screens those in the prison population for mental disorders or disabilities?

- Prison staff
- Other criminal justice staff
- Nurse
- General practitioner
- Psychiatrist
- Psychologist
- Social worker
- Other (please specify)

10. Please describe the route(s) by which detainees usually gain access to mental health care if they need it (if you have pathway diagrams please attach these in your reply)

When admitted to the prison or remand prison the nurse always meet the new arrivals. During this meeting, information may arise that leads to a test/screening. The client/inmate is booked for a meeting with a doctor for further assessment.

11. If prison services are involved in the provision of mental health care to detainees, which of the following best characterise their role?

- Providing interventions/treatment themselves
- Inviting external services to work on their premises
- Referring people to external services when in need for hospital care
- Mixture of the above

12. Does the prison service in your country/jurisdiction has special units to provide treatment to detainees with mental disorders or disabilities? **Yes**

a. If 'yes' please provide further details about how this is done (e.g., separated wing inside prison, independent unit, dedicated nursery in prison hospitals, etc)

13. Does the prison service have any sentence or sentence planning requirements/programmes specifically for detainees with mental disorders or disabilities? **Yes**

If yes, please provide details of these here

Before formulating a sentence plan an assessment of the clients risk, need and responsivity is done. This includes a brief assessment of mental health issues. The clients stated need could then require a plan for implementing programmes targeting for example substance abuse or ADHD.

14. Are the number of deaths by suicide in prison context collected nationally? **Yes**

If 'yes' can you attach a document that shows trends in such suicides over the past ten years?

The document attached (Attachment no 5) shows a number of suicides committed within the prisons and the remand prisons, twenty nine (29) in total, as well as an additional seven (7) suicides committed while outside the prisons when hospitalized for example.

Själv mord 2011-2019, häkte

		2011	2012	2013	2014	2015	2016	2017	2018	2019
Själv mord	I häktet	4	5	3	2	0	0	1	2	1
	Utanför häktet	0	0	1	2	1	0	0	0	1

Själv mord 2011-2019, anstalt

		2011	2012	2013	2014	2015	2016	2017	2018	2019
Själv mord	På anstalt	3	2	2	2	1	1	0	0	0
	Utanför anstalt	0	0	0	1	1	0	0	0	0

15. Is there a suicide prevention programme in the prison system of your country/jurisdiction? Yes

If yes, please provide a brief description here

The handbook for suicide prevention functions as a support for employees in client-related activities. The handbook focuses on preventive work, how suicide can be prevented and avoided. The handbook aims to ensure there is knowledge about, and routines around, how the suicide prevention work is to be conducted. (Attachment no 6, 2012:12 Kriminalvårdens handbok för suicidprevention).

16. Does the Prison Service work in co-operation with community organisations to ensure the continuity of care after imprisonment?

The Prison Service but especially the Probation Services work alongside social authorities to plan for the time after imprisonment and probation.

17. Is there specific work with family members of the persons who experience mental disorders and disabilities? No

18. Is there a gender approach when dealing with persons who experience mental disorders and disabilities?

Not from a medical point of view. But the employees at the prisons and remand prisons are taught and trained to know how mental illness can manifest itself differently between the sexes.

The consequences of a third of women having an increased risk of suicide, every fifth depression or some personality disorder, usually Antisocial and Borderline personality disorder, should be considered in sentence planning. The high incidence of ADHD symptoms among female inmates and associated disabilities should also be considered in terms of diagnostic tests and specific treatment. Furthermore, intellectual disability should be taken into account when assessing the dynamic risk of recidivism. (Attachment no 7, but only in Swedish, FoU report Mental illness among women sentenced to prison in Sweden, project number 2010: 140).

SWITZERLAND

1. Which country/jurisdiction do you work in/represent?

Switzerland

2. What is your job title?

Head of Execution of Sentences and Measures Unit at the Federal Office of Justice

Section 1: National Policy

1. Please provide details of any recent national policies/procedures/guidance /reports relating to dealing with detainees who experience mental disorders or disabilities (please provide a short summary in English or French and send such texts as attachments with the completed survey)

The Swiss Centre of Expertise in Prison and Probation (SCEPP) is currently developing a handbook on psychiatric care in detention. The recommendations contained in the handbook are intended to give professionals confidence in dealing with persons in custody who suffer from a mental disorder or are at risk of becoming mentally ill while deprived of their liberty.

The handbook is intended to raise awareness of the issues related to the topic of psychiatric care during deprivation of liberty and to promote professional exchange between the justice system and the health system so that optimal care and, in particular, smooth crisis management can be ensured.

The handbook is divided into five topics:

- **Organisation of psychiatric care in deprivation of liberty**
- **Principles of outpatient and inpatient psychiatric care**
- **Prevention of mental illness and self-injurious behaviour and suicide**
- **Care on admission, stay and discharge**
- **Special groups of persons (addicts, young people, women).**

In each topic area, institutions are given concrete recommendations for action considering the individual vulnerability, the need for protection of persons with existing or impending mental disorder and taking into account the duty of care.

The handbook is expected to be published in autumn 2021.

Section 2: The Organisation of Prison Service and Mental Health Care Provision

The Organisation of the Prison system

1. What is the total number of the prison population in your country/jurisdiction at 31 January 2021?

Total number at the 31st January 2020: 6'906 inmates. (The numbers of January 2021 will be published in May).

2. Do prison staff in your country/jurisdiction routinely receive mental health awareness training? **Yes**

a. If 'yes' please could you provide a brief description of this in terms of its content and who provides it? (If multiple providers and/or courses exist, please provide a brief summary of each).

The SCEEP offers basic training to prison officers and further training to staff working in prison and probation regarding mental health issues.

Summary basic training mental and physical health of persons in custody.

The fifth subject area of the training to become a correctional specialist is dedicated to both the mental and physical health of the persons in custody. In the lessons, the trainees deal with the possible mental illnesses of detained persons; the aim is for them to recognise and assess psychologically conspicuous behaviour and, if necessary, to pass on and document their observations to the competent specialists. The specialists pay particular attention to possible signs of suicidal danger and

should be able to adapt their actions accordingly. Regarding physical health, students will learn in class how to organise their workplace in such a way that team colleagues and the persons in custody are protected as best as possible from infectious diseases. They will also practise how to distinguish between minor cases and medical emergencies, how to act according to the situation, how to initiate first aid measures or how to take them yourself without neglecting self-protection and the protection of third parties. In the last part of the course, they will learn the basics of the correct administration of medication to detainees and gain confidence in the cases in which they need to contact the relevant specialists.

The focal points concerning mental health in this course are:

- Mood disorders
- Neurotic and stress-related disorders
- Somatoform disorders
- Psychotic disorders
- Personality disorders
- Attention deficit/ADHS.

Objectives of the mental illness block of this course:

- Explain the duty of care
- Recognise conspicuous or unusual behaviour due to mental disorders
- Describe the mental state of the detained persons
- Document suspicious signs.

Summary of the further training offered in modules:

Mentally disturbed persons in prison - 5 modules

The aim of the new concept "Mentally Disturbed Prisoners" is to convey and train in five thematic modules, in addition to the theoretical knowledge about psychiatric clinical pictures, above all the appropriate handling of the increasingly mentally ill prisoners.

Module 1: Theoretical inputs on the various topics: Stress: acute stress incl. acute stress reaction, chronic stress Depression Suicidality: signs and especially assessment of acute suicidality; Own handling of stress Development of strategies in dealing with affected inmates Concepts for prophylaxis of stress, depression and suicidality.

Module 2: Symptomatology, causes and treatment as well as course of psychoses, schizophrenias and delusional disorders; Strategies for dealing with acutely psychotic inmates (incl. risk assessment)

Module 3: Theoretical input on the various forensically relevant personality disorders (dissociality, psychopathy, emotionally unstable PS, narcissistic PS, quarrelsome (paranoid) PS).

Module 4: Input on the most important legal and illegal psychoactive substances; Effects of substance use on behaviour; Treatment of people with addictive disorders in prison; Early detection and early intervention Interaction of medication and psychoactive substances.

Module 5: Normal sexuality; Inputs on the most important forensically relevant paraphilias; Treatment concepts for sex offenders

Target group: Staff from correctional institutions who are confronted with mentally ill prisoners in their daily work. The course builds on the course imparted in the basic training.

3. What is the total budget for the provision of mental health care in prison context for the detainees in your country/jurisdiction? (Please provide details, or tick here if unknown)
4. Approximately what percentage of the prison population in your country/jurisdiction do you estimate to have a current mental disorder or disability? **Unknown.**
 - a. What data/ information do you base this estimate on? **There are no data.**
 - b. Has specific research been carried out on this? If the answer is yes, please provide details **Unknown.**

5. Is information on the prevalence of mental disorder or disability amongst the detainees routinely collected in your country/jurisdiction? **No**

a. If 'yes' please provide further details about how this is done (e.g., who provides and publishes this data? How often?)

6. Which organisation(s) have responsibility for providing mental health care in the prison context for detainees in your country/jurisdiction?

Ministry of Justice/Criminal Justice organisations
Ministry of Health/Healthcare services
Voluntary sector providers
Other (please specify) Forensic Psychiatry

7. At what stage(s) of incarceration are detainees typically screened for mental disorders or disabilities? (Please tick all that apply)

i. Intake
ii. Admission
iii. At other times during incarceration
iv. At least once a year
v. Less than once a year
vi. Preparation for release

8. During the period of incarceration, how is screening for mental disorders or disabilities is typically initiated? (Please tick all that apply)

i. By request of the detainee
ii. By medical order
iii. Other (specify)

i,ii,iii: upon request of the detainee, relatives, external family- or other doctors, pastor, social worker, prison staff, prison medical services, authorities; altogether if any signs of mental disorder appear.

Please provide details of which screening tools/questions are commonly used to detect mental disorders or disabilities amongst prison population.

Usually no "tools" in their proper sense as for example the brief jail mental health screen (BJMHS) are applied but screening is provided according the respective guidelines of the Swiss Academy of Medical Sciences (<https://www.samw.ch/en.html>).

9. Who usually screens those in the prison population for mental disorders or disabilities?

Prison staff
Other criminal justice staff
Nurse
General practitioner
Psychiatrist
Psychologist
Social worker
Other (please specify)

First level by responsible nurse; second level prison general practitioner; third level psychiatrist specialist.

10. Please describe the route(s) by which detainees usually gain access to mental health care if they need it (if you have pathway diagrams please attach these in your reply)

Please refer to answer for question 8.

11. If prison services are involved in the provision of mental health care to detainees, which of the following best characterise their role?

- Providing interventions/treatment themselves
- Inviting external services to work on their premises
- Referring people to external services working elsewhere
- Mixture of the above

While larger prisons have their own mental health services (which are independent regarding medical decisions), smaller prisons rely on external services provided by hospitals, outpatient clinics or psychiatrist in their own cabinet.

12. Does the prison service in your country/jurisdiction has special units to provide treatment to detainees with mental disorders or disabilities?

Yes No

a. If 'yes' please provide further details about how this is done (e.g., separated wing inside prison, independent unit, dedicated nursery in prison hospitals, etc)

13. Does the prison service have any sentence or sentence planning requirements/programmes specifically for detainees with mental disorders or disabilities? **Yes**

If yes, please provide details of these here

On the first level, in Switzerland mentally ill offenders are convicted by court according to forensic-psychiatric expertise primarily to criminal court-ordered treatment and not to sentences. On the second level, if sentences are executed, larger prisons provide of special wards and respective programs for the treatment of mentally ill offenders. Such offenders are therefore transferred from smaller prisons to such wards or, if indicated, to forensic-psychiatric hospitals.

14. Are the number of deaths by suicide in prison context collected nationally? **Yes**

See document attached.

15. Is there a suicide prevention programme in the prison system of your country/jurisdiction? **Yes**

If yes, please provide a brief description here

The SCEEP offers basic training to prison officers and further training to staff working in prison and probation regarding suicide prevention. For the description of the basic training see summary under question 2 under section 2. Here the summary of the further training course:

Suicide - Understanding, Preventing, Coping (Basic Course, offered to all prison officers)

Prisoners belong to a risk group with a significantly higher suicide rate. One reason for this is that there are significantly more mentally ill people, drug addicts or people who have already attempted suicide. For custodial staff, this means that they are confronted with the issue of suicide in their institutions to a greater extent than other professional groups. According to research, suicide attempts and suicides are rarely actions that are prepared in advance and are based on a free will decision (balance suicide). Suicide attempts and suicides often occur out of a crisis. The state has a duty of care towards prisoners; this makes it understandable that work in prisons must be oriented towards suicide prevention.

Contents

Statistical, epidemiological and legal aspects Models on the topics of "suicide motives", "suicide development" and the pre-suicidal syndrome; Early recognition and alarm signals Processing of case studies Recognition of suicide indications, weighting of suicide risk Dealing with completed suicide

Target group: Prison staff

Objectives

The participants are able to name the most important risk factors and alarm signs of prisoners at risk of suicide; are able to assess the suicide risk of prisoners on the basis of indications and their weighting and to take helpful measures; develop suitable behavioural strategies towards suicidal prisoners and are able to apply these in their daily work; are able to proceed appropriately.

16. Does the Prison Service work in co-operation with community organisations to ensure the continuity of care after imprisonment?

Yes. The Case Manager responsible for the case does organize the transition putting in place the social, financial and medical support needed after release.

17. Is there specific work with family members of the persons who experience mental disorders and disabilities?

This will happen but not systematically.

18. Is there a gender approach when dealing with persons who experience mental disorders and disabilities? **Yes**

UKRAINE

1. Which country/jurisdiction do you work in/represent?

Ukraine

2. What is your job title?

Head of the Department of Resocialization and Social Rehabilitation in the Department for Execution of Criminal Punishments.

Section 1: National Policy

1. Please provide details of any recent national policies/procedures/guidance /reports relating to dealing with detainees who experience mental disorders or disabilities (please provide a short summary in English or French and send such texts as attachments with the completed survey)

This information is not analyzed by the Department.

Section 2: The Organisation of Prison Service and Mental Health Care Provision

The Organisation of the Prison system

1. What is the total number of the prison population in your country/jurisdiction at 31 January 2021? **50 397.**

2. Do prison staff in your country/jurisdiction routinely receive mental health awareness training? **Yes**

a. If 'yes' please could you provide a brief description of this in terms of its content and who provides it? (If multiple providers and/or courses exist, please provide a brief summary of each)

In April 2021 was training about of the Mental Health Gap Action Programme (mhGAP) implementation within the penitentiary system in Ukraine.

3. What is the total budget for the provision of mental health care in prison context for the detainees in your country/jurisdiction? (Please provide details, or tick here **if unknown**)

4. Approximately what percentage of the prison population in your country/jurisdiction do you estimate to have a current mental disorder or disability? **3%.**

a. What data/ information do you base this estimate on?

Information is based on reporting information from the regions (totally 1480 with mental disorder).

b. Has specific research been carried out on this? If the answer is yes, please provide details **No**

5. Is information on the prevalence of mental disorder or disability amongst the detainees routinely collected in your country/jurisdiction? **Yes**

a. If 'yes' please provide further details about how this is done (e.g., who provides and publishes this data? How often?)

Reporting information from the regions every six months.

6. Which organisation(s) have responsibility for providing mental health care in the prison context for detainees in your country/jurisdiction?

Ministry of Justice/Criminal Justice organisations

Ministry of Health/Healthcare services

Voluntary sector providers

Other (please specify)

State Institution "Center for Health Protection of the State Penitentiary Service"

7. At what stage(s) of incarceration are detainees typically screened for mental disorders or disabilities? (Please tick all that apply)

i. Intake

ii. Admission

iii. At other times during incarceration

iv. At least once a year

v. Less than once a year

vi. Preparation for release

8. During the period of incarceration, how is screening for mental disorders or disabilities is typically initiated? (Please tick all that apply)

i. By request of the detainee

ii. By medical order

iii. Other (specify)

Please provide details of which screening tools/questions are commonly used to detect mental disorders or disabilities amongst prison population

Does not belong to the competence of the Department. Prison psychologists only carry out observation of prisoners and provide psychological support. Screening is performed by a psychiatrist.

9. Who usually screens those in the prison population for mental disorders or disabilities?

Prison staff

Other criminal justice staff

Nurse

General practitioner

Psychiatrists (does not belong to the competence of the Department)

Psychologist

Social worker

Other (please specify)

10. Please describe the route(s) by which detainees usually gain access to mental health care if they need it (if you have pathway diagrams please attach these in your reply)

Does not belong to the competence of the Department.

11. If prison services are involved in the provision of mental health care to detainees, which of the following best characterise their role?

- Providing interventions/treatment themselves
Inviting external services to work on their premises
Referring people to external services working elsewhere
Mixture of the above

12. Does the prison service in your country/jurisdiction has special units to provide treatment to detainees with mental disorders or disabilities? **No**

a. If 'yes' please provide further details about how this is done (e.g., separated wing inside prison, independent unit, dedicated nursery in prison hospitals, etc)

13. Does the prison service have any sentence or sentence planning requirements/programmes specifically for detainees with mental disorders or disabilities? **Yes**

If yes, please provide details of these here

Rehabilitation program for inmates (convicts and pre-trial detainees) with mental and behavior disorders due to use of psychoactive substances for the State Criminal Executive Service of Ukraine (EU-ACT Project is funded by the European Union and implemented by FIIAPP).

14. Are the number of deaths by suicide in prison context collected nationally? **Yes**

If 'yes' can you attach a document that shows trends in such suicides over the past ten years?'

**2010 - 44 cases of suicide;
2011 - 59 cases of suicide;
2012 - 64 cases of suicide;
2013 - 84 cases of suicide;
2014 - 62 cases of suicide;
2015 - 49 cases of suicide;
2016 - 58 cases of suicide;
2017 - 48 cases of suicide;
2018 - 46 cases of suicide;
2019 - 50 cases of suicide;
2020 -50 cases of suicide.**

15. Is there a suicide prevention programme in the prison system of your country/jurisdiction?

No **(only recommendations)**

If yes, please provide a brief description here

16. Does the Prison Service work in co-operation with community organisations to ensure the continuity of care after imprisonment? **Yes**

17. Is there specific work with family members of the persons who experience mental disorders and disabilities? **No**

18. Is there a gender approach when dealing with persons who experience mental disorders and disabilities? **Yes**

UNITED KINGDOM

1. Which country/jurisdiction do you work in/represent?

The information we have provided is for England only. Health Care is administered separately in Wales and Scotland but the systems and policies are very similar to those used in England.

2. What is your job title?

Policy Advisor, Offender Health Policy

Section 1: National Policy

1. Please provide details of any recent national policies/procedures/guidance /reports relating to dealing with detainees who experience mental disorders or disabilities (please provide a short summary in English or French and send such texts as attachments with the completed survey)

The Government take mental health very seriously and recognises that providing the right interventions at the right time is vital to improving outcomes for people with mental health needs. Offenders often have complex health and care needs and generally experience poorer physical and mental health than the general population. In order to improve health outcomes and tackle the root causes of offending it is essential we take a whole system approach to healthcare provision for people in the criminal justice system.

The Ministry of Justice and the Department of Health and Social Care are continuing to work together with partners to articulate a coherent picture of how healthcare is delivered throughout the criminal justice pathway, from the point of arrest through to release.

In English prisons, this relationship has been formally set out in the National Partnership Agreement for Prison Healthcare in England, which has been in place since April 2018. Its associated workplan sets out a detailed programme of work, agreed by health and justice partners, to deliver safe, decent, effective healthcare for offenders.¹⁸ We have committed to providing a standard of health care in prisons equivalent to that available in the community.¹⁹

Standard Mental Health Care

Standard mental health care in prisons is the responsibility of NHS England Health and Justice to fund, commission and deliver, based on health needs assessments.

NHS England and NHS Improvement recently commissioned a prison mental health needs analysis survey which will be published later this year. It will provide a comprehensive diagnostic and socio demographic profile of the mental health, psychological, trauma and emotional wellbeing caseloads in each prison. It will include services with personality disorder and neurodivergent caseloads. The purpose of the survey is to improve the care delivered to the prison population and to better inform the commissioning of mental health and wellbeing services across the prison estate.

The Mental Health Act

If a prisoner has a severe mental health need to an extent that warrants detention under the Mental Health Act, they should be transferred to hospital. We recognise that this currently takes too long. We are determined to improve the transfer process, ensure delays are reduced and avoid prison being used inappropriately. We know that this is dependent on strong collaborative efforts between MoJ, HMPPS, DHSC and NHS England.

NHS England and NHS Improvement will shortly be publishing revised guidance on the transfer and remission to hospital from prison. The new guidance will promote timely access to appropriate treatment under the Mental Health Act and reduce unnecessary delays to treatment.

¹⁸ The health and justice partners include: Ministry of Justice (MoJ), Her Majesty's Prison and Probation Service (HMPPS), Department of Health and Social Care (DHSC), NHSE/I, and Public Health England (PHE).

¹⁹ The equivalence of care principle can be viewed here: https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/837882/NPHB_Equivalence_of_Care_principle.pdf

In the recently published DHSC and MoJ White Paper on Reforming the Mental Health Act, the Government has committed to introduce a new statutory time limit of 28 days for transfers to mental health hospitals, to be commenced once the upcoming NHSE/I guidance has been fully embedded in practice. We have also committed to introduce a new independent role to oversee the transfer process which will further help to reduce unnecessary delays.

Offender Personality Disorder Pathway

The Offender Personality Disorder (OPD) pathway programme is a cross-government change programme that jointly commissions, designs, co-finances and delivers a connected pathway of services for people in contact with the Criminal Justice System who are high risk, and likely to satisfy the diagnosis of 'personality disorder'. This is a joint responsibility between NHS England and Her Majesty's Prison and Probation Service. The pathway includes delivery of a range of processes and interventions, including case screening, psychological consultancy for Offender Managers, as well as treatment and progression services for people in prison, those in secure mental health services and to those on probation. The pathway incorporates some CSAAP accredited interventions within its range of treatment options, such as Democratic Therapeutic Communities and Mentalisation Based Therapy (MBT). Through delivery of the pathway, the Offender Personality Disorder (OPD) Pathway Programme aims to more effectively manage risk of harmful offending, reduce repeat serious harmful offending, improve psychological health and wellbeing, and improve the competence, confidence and attitudes of staff working with complex offenders, whilst aiming to increase overall efficiency and cost effectiveness.

Section 2: The Organisation of Prison Service and Mental Health Care Provision

The Organisation of the Prison system

1. What is the total number of the prison population in your country/jurisdiction at 31 January 2021?

In England, the prison population on 29 January 2021 was 73,227.²⁰

2. Do prison staff in your country/jurisdiction routinely receive mental health awareness training? **Yes**
 - a. If 'yes' please could you provide a brief description of this in terms of its content and who provides it? (If multiple providers and/or courses exist, please provide a brief summary of each).

All new members of staff with prisoner contact receive training in suicide and self-harm prevention, and existing staff are undertaking it as refresher training.

3. What is the total budget for the provision of mental health care in prison context for the detainees in your country/jurisdiction? (Please provide details, or tick here **if unknown**)

NHSE commented that this information is not published in the format requested within the health and justice system as sometimes these costs are commissioned together with other health services. The costs relating to mental health are therefore difficult to disaggregate.

NHSE are currently in the process of revising the reporting mechanisms so we can be better assured of the actual spend in relation to activity across all our commissioning responsibilities. This work was anticipated to be undertaken during 2020/21 prior to the current response to the COVID-19 pandemic.

The last time NHSE did a formal exercise to disaggregate the costs was 2016/17. For the financial year 2016/17, of the £400 million total healthcare spend for the adult prison estate, circa 37%, which equates to c. £150m was spent on mental health and substance misuse services (including pharmacy costs).

The budget for the OPD pathway programme - a jointly funded, commissioned and delivered pathway of services for staff (training and development), and for people who satisfy the entry criteria is approximately £70m p.a. However, this provides services across prisons and probation, and not all services are client focussed.

²⁰ These figures have been extracted from the January 2021 data for prisons and IRCs in England and Wales, see: https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/961143/prison-pop-january-2021.ODS

4. Approximately what percentage of the prison population in your country/jurisdiction do you estimate to have a current mental disorder or disability?

Note: The below data is for the probation population in England and Wales. England and Wales.

According to the most recent published data on the identified needs of adults in custody, as of 30 June 2018 among those individuals in receipt of a full OASys assessment across England and Wales, around 11% were recorded as having a 'mental health problem' [and about 34% were recorded as having a 'learning disability or challenge']. However, the estimates were based on 78% of the prevailing total caseload because not all adults in custody receive a full OASys assessment and it is important to note that these estimates do not take account of individuals who had both a mental health problem and a learning disability.

a. What data/ information do you base this estimate on?

See Table 1a in 'Identified needs of offenders in custody and the community from OASys' (2018), available at: <https://www.gov.uk/government/statistics/identified-needs-of-offenders-in-custody-and-the-community-from-oasys>

c. Has specific research been carried out on this? If the answer is yes, please provide details

People in touch with the criminal justice system often have complex health and care needs and generally experience poorer physical and mental health than the general population.

We do not routinely collect data on the prevalence of mental health needs of people in prison, but evidence suggests that they are significantly more common amongst offenders than in the general population.

A 2017 survey found that 44% of male inmates and 63% of female inmates had been in contact with mental health services either before entering prison or while in prison. The same survey found that 49% of male prisoners and 69% of female prisoners had a personality disorder (Tyler et al, 2019).²¹

An MoJ study of adult offenders sentenced to prison in 2005 and 2006 found that nearly half (49%) of prisoners were assessed as being at risk of suffering from anxiety and/or depression, with one quarter (25%) at risk of both.²²

This can be compared with approximately one in six (16%) of the general population (12% men, 19% women), who were estimated to be at risk of suffering from at least one common mental health disorder, comprising different types of anxiety and depression.²³

5. Is information on the prevalence of mental disorder or disability amongst the detainees routinely collected in your country/jurisdiction? **No**

a. If 'yes' please provide further details about how this is done (e.g., who provides and publishes this data? How often?)

Academic studies continue to look at prevalence studies, which tell us the number of people with a diagnosis of mental disorder. As detailed in section 1, work has recently been commissioned by NHSE to review mental health needs within prisons which will include detailed mapping of current caseloads and closely examine issues relating to unmet need and sub-threshold need. This will inform planning for the future mental health care specification.

²¹ Tyler et al (2019), 'An updated picture of the mental health needs of male and female prisoners in the uk: prevalence, comorbidity and gender differences.'
<https://link.springer.com/article/10.1007/s00127-019-01690-1>

²² MoJ (2013), 'Gender differences in substance misuse and mental health amongst prisoners: Results from the Surveying Prisoner Crime Reduction (SPCR) longitudinal cohort study of prisoners'.
https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/220060/gender-substance-misuse-mental-health-prisoners.pdf

²³ APMS (2014), <https://digital.nhs.uk/data-and-information/publications/statistical/adult-psychiatric-morbidity-survey/adult-psychiatric-morbidity-survey-survey-of-mental-health-and-wellbeing-england-2014>.

6. Which organisation(s) have responsibility for providing mental health care in the prison context for detainees in your country/jurisdiction?

- Ministry of Justice/Criminal Justice organisations
- Ministry of Health/Healthcare services**
- Voluntary sector providers
- Other (please specify)

7. At what stage(s) of incarceration are detainees typically screened for mental disorders or disabilities? (Please tick all that apply)

- i. Intake
- ii. Admission**
- iii. At other times during incarceration**
- iv. At least once a year
- v. Less than once a year
- vi. Preparation for release**

8. During the period of incarceration, how is screening for mental disorders or disabilities is typically initiated? (Please tick all that apply)

- i. By request of the detainee**
- ii. By medical order**
- iii. Other (specify)

Please provide details of which screening tools/questions are commonly used to detect mental disorders or disabilities amongst prison population

NHSE informed us that there is a standardised screening questionnaire that is administered by a health professional (usually a registered nurse) at reception. This is a template on the electronic medical records system based upon the Don Grubin assessment tool carried out with all new arrivals at a prison further to, reception screening includes the mental health screening tools; the correctional mental health screening tool for men (CMHS-M) and the correctional mental health screening tool for women CMHS-W.

On the OPD Pathway, jointly commissioned by NHSE and HMPPS, Offender Managers will screen prisoners and people on probation to see if they satisfy the inclusion criteria; this uses administratively held information on a criminal justice system (OASys).

9. Who usually screens those in the prison population for mental disorders or disabilities?

- Prison staff** **For the OPD Pathway**
- Other criminal justice staff** **For the OPD Pathway**
- Nurse**
- General practitioner**
- Psychiatrist
- Psychologist**
- Social worker
- Other (please specify)

10. Please describe the route(s) by which detainees usually gain access to mental health care if they need it (if you have pathway diagrams please attach these in your reply)

For standard mental health care, which is commissioned and delivered by NHSE, each establishment will have a clear referral process detailing how referrals, including self-referrals, can be made into the integrated mental health team which will utilise a stepped care approach as outlined in the diagram below.

Who is responsible for care?	What is the focus?	What do they do?
Step 5: Inpatient care, crisis teams	Risk to life, severe self-neglect	Medication, combined treatments, ECT
Step 4: Mental health specialists, including crisis teams	Treatment-resistant, recurrent, atypical and psychotic depression, and those at significant risk	Medication, complex psychological interventions, combined treatments
Step 3: Primary care team, primary care mental health worker	Moderate or severe depression	Medication, psychological interventions, social support
Step 2: Primary care team, primary care mental health worker	Mild depression	Watchful waiting, guided self-help, computerised CBT, exercise, brief psychological interventions
Step 1: GP, practice nurse	Recognition	Assessment

For the OPD pathway, once screened in, the offender manager (sometimes in discussion with a psychologist) will include the possibility of a specific OPD pathway service in the criminal justice sentence plan.

11. If prison services are involved in the provision of mental health care to detainees, which of the following best characterise their role?

- Providing interventions/treatment themselves
- Inviting external services to work on their premises
- Referring people to external services working elsewhere
- Mixture of the above**

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- For the OPD Pathway**

12. Does the prison service in your country/jurisdiction has special units to provide treatment to detainees with mental disorders or disabilities? **Yes**

a. If 'yes' please provide further details about how this is done (e.g., separated wing inside prison, independent unit, dedicated nursery in prison hospitals, etc)

As part of the OPD pathway, we have residential treatment services, Democratic therapeutic Communities, and Psychologically Informed planned environments.

Standard Mental Health services are essentially secondary mental health services, which do not have any specialist units as part of their delivery.

The Mental Health Act 1983 provides powers for the court to divert people away from custody to hospital for assessment and/or treatment, where their mental health condition is of a nature or degree that warrants hospital detention.

13. Does the prison service have any sentence or sentence planning requirements/programmes specifically for detainees with mental disorders or disabilities? **Yes**

If yes, please provide details of these here

The OPD pathway delivers services that address mental health difficulties that might be diagnosed as personality disorder, who are also high risk of harm therefore services address risk as well as mental health services. Recommendations for these services may be included on a sentence plan but this would be for the risk or reducing reoffending element rather than the mental health element per se.

14. Are the number of deaths by suicide in prison context collected nationally? **Yes**

If 'yes' can you attach a document that shows trends in such suicides over the past ten years?

15. Is there a suicide prevention programme in the prison system of your country/jurisdiction? Yes

If yes, please provide a brief description here

We have a prison safety programme in HMPPS. This includes work to manage the risks of self-harm and suicide. There is also a national safety framework in place for use at a national level but also at a prison level.

We use the Assessment, Care in Custody and Teamwork (ACCT), a multi-disciplinary case management system, to support people in prison at risk of suicide and self-harm. On any given day, over 2,000 prisoners have been assessed as being 'at risk' and are being supported through ACCT. We have recently revised the ACCT plan which will be rolled out across the prison estate.

We know that good relationships between staff and residents are essential in our efforts to spot the signs of risk and reduce self-harm. Early intervention by Prison Officers helps to de-escalate conflict and allows them to effectively challenge and support individuals which helps to improve safety in prisons. Key work has been implemented across the male closed estate, with every Prison Officer taking on a key worker role supporting a caseload of around six prisoners. The aim of the key worker role is to develop constructive staff-prisoner relationships, foster positive behaviours, build prisoner trust, confidence, hope and commitment to change.

There are key times in an individual's prison journey when risk of suicide and self-harm increases. Early days in custody is a particularly risky period; transfers between prisons, being recalled or entering parole are also high risk and have issued guidance on this. We are also carrying out work to improve information sharing to ensure that staff from adjacent agencies are aware when individuals may need additional support.

We have a number of initiatives underway to tackle the drivers that increase risk of self-harm and suicide. Debt, and particularly drug-related debt, is a significant driver across the estate. We have developed a Debt Framework for Governors, which is designed to assist in the development of a local debt strategy. Alongside this we have developed resources for staff and prisoners to support them tackling debt, and have designed resources specifically for the women's estate.

We are tackling the supply of drugs in prison through working with law enforcement and health partners across government to restrict supply, reduce demand and build recovery.

We have continued our partnership with the Samaritans by awarding a grant of £500,000 each year that supports the excellent Listeners scheme, through which selected prisoners are trained to provide emotional support to their fellow prisoners. We have also funded Samaritans to develop a postvention support service, providing additional help and guidance to prisons in the period following a self-inflicted death. This has been successfully piloted and we are now developing plans for a national rollout.

16. Does the Prison Service work in co-operation with community organisations to ensure the continuity of care after imprisonment?

NHSEI is developing a new Health and Justice Information Service (HJIS) to link prison healthcare systems to healthcare systems in the community. This will enable the sharing of GP-to-GP patient records when offenders leave prison and help to minimise delays in accessing healthcare services. Referrals to community mental health services are made for those patients who require continued care and follow-up support following release.

The prison RECONNECT service, led by NHSEI, works with inclusion health group; those people not usually well provided for by healthcare services and have poorer accesses, experiences and health outcomes. This definition covers people that are homeless and rough sleepers, vulnerable migrants, sex workers and those from the Gypsy, Roma and Traveller communities. It aims to prevent a return to ill health and reoffending through robust reconnection with health services in the community.

The Enhanced RECONNECT service (with funding from Health), is currently being co-developed and piloted with MoJ to support the reduction of reoffending of prisoners with complex health needs (that are related to offending) who are released from prison with a high risk of harm to self or others. This service will work with the most complex and high-risk individuals for up to 1 year post release to

ensure that they not only engage initially, but continue to engage with community based health and support services.

17. Is there specific work with family members of the persons who experience mental disorders and disabilities?

N/A

18. Is there a gender approach when dealing with persons who experience mental disorders and disabilities?

We recognise the high rate of self-harm in the women's prison estate and taking action to address this. While risks, triggers and protective factors are unique for every individual in prison, evidence shows that some are more commonly experienced by women. It is therefore important that approaches to supporting individuals at risk of self-harm in the women's estate are tailored to what works for women. We have established a multidisciplinary Women's Self-Harm Taskforce to gather and evaluate evidence, implement actions to address the drivers and increase support for women in prison who may be at risk of self-harm. This includes providing specialist support to establishments and rolling out specialist interventions.

In addition to this, we are rolling out the revised Assessment Care in Custody and Teamwork (ACCT) version 6 in the female estate first. This should provide a better framework for supporting women at risk of self-harm through a more tailored and multi-disciplinary support model that focuses on the needs of the individual.