CEP and EuroPris workshop on "Mental Health in Prison and Probation"
6-7 December 2017

Irish Probation Service, Haymarket, Smithfield, Dublin, Ireland

Report

Opening and Welcome

Ms. Kirsten Hawlitschek, *Executive Director of EuroPris* opens the conference by welcoming all the 80 participants from 16 different countries. This workshop is the result of a cooperation between EuroPris and the Confederation of European Probation (CEP). Mental health problems is a concern for both organisations and it is of great importance that the two organisations work together on matters that concern both prison and probation.

Mr. Willem van der Brugge, *Secretary General of CEP* is welcoming everyone to the conference and says he is very proud to organise this workshop together with Europris. CEP was founded in 1981, established because of the need to discuss how to handle clients from foreign nationalities. Now, 40 countries are members and CEP has 60 members in total including academics. CEP is the spokesperson for probation in Europe and is also an organisation for professionals.

Mr. Vivian Geiran, *Director General of the Irish probation service* is welcoming everybody to Ireland and in particular to The Irish Probation Service. Mr. Geiran points out the importance of this kind of joint events. The conference is the result of a good cooperation between Europris, CEP and the Irish probation service.

Mr. Michael Donellan, *Director General of the Irish prison service* opens his welcoming word with a quote from the World Health Organization: *"Without urgent and comprehensive action, prisons will move closer to becoming twenty-first Century asylums for the mentally ill, full of those who most require treatment and care but who are held in unsuitable places with limited help and treatment available."*
Mr. Donellan says that Ireland has been working really hard in reducing the prison population. He says that it is hard or impossible to deal with mental health issues in good way if you have over-crowding. Now, after working on reduction of the prison population for six years the Irish prisons have far better opportunities to deal with this problem.

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Plenary session I

"Ethics of treatment in correctional services"

Prof. Harry Kennedy, executive clinical director HSE National Forensic Mental Health Service, and Clinical Professor of Forensic Psychiatry at the Trinity College Dublin, Ireland

Prof. Kennedy deliveres a presentation about the ethics in mental health care treatment in correctional services. He starts his speech by saying that there is an ethical code in medicine, similar to those of other professions in the care sector. The closing of old asylums can be seen as a progress for ethics in mental health care. Prof. Kennedy refers to Penrose´s law that in states where the number of psychiatric beds are reduced, the prison population will increase. This pattern is repeated all over the world. There has been a transfer of drug addicts into prison and there is an overlap between substance misuse and mental disorders.

Prof. Kennedy says that offenders with psychosis can be found in prison populations all around the world, also in Ireland. Psychosis is many times more common among prisoners than in the general population. Prof. Kennedy calls it 'institutionalised violence' to imprison these patients.

There is a pattern of closing down psychiatric institutions in Europe and in many countries they have been replaced by treatment at home, but there is actually no evidence that shows that hospital care can be replaced by treatment at home.

The challenges caused by the duality of custodial and therapeutic culture create contradictions. There is a necessity in building bridges between these two cultures and a need of continuous ethical discussion. Prof. Kennedy presents different views of ethics, for example ethics influenced by Immanuel Kant; are we following the protocol? Or more pragmatic ethics influenced by Charles Sanders Pierce; what is the good end?

Hippocrates stated: "Either help or do no harm", but sometimes the logic of psychiatry seems to be as Procrustes said. "I cannot help you; therefore you have no mental illness." Or I have no hospital beds; therefore, you do not need admission to hospital.

There is always going to be a discussion about the treatment of mentally ill patients in prison, but at the same time you need to answer the ethical question of what would happen if we don´t provide treatment in prison instead of providing it.

Prof. Kennedy concludes by saying that we need to use a pragmatic point of view regarding treatment of mental illness in prison.

"Desistance capital of people with mental illness who offended"

Ms. Sofie van Roeyen, University of Ghent, Belgium

Sofie van Roeyen delivers a speech regarding her PhD research on desistance and mental health. She starts with explaining that many research has been done on desistance, but that no one has looked into desistance in combination with mental health before.
Ms. van Roeyen has found three types of desistance capital among her clients. The first one is personal desistance capital, for example ageing ; the second one social desistance capital, like family, friends and also the absence of bad people ; and the third one a structural desistance capital, with activities like work, social acceptance, treatment, medication, legal respond, (prison) control, probation etc.

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The result of the study shows that the offenders with multiple stigmas are more likely to re-offend. A lot of the reoffenders has a lack of hope and has none or a few positive experiences with treatment. Ms. van Roeyen's advice is that treatment should focus on the positive things that the clients can fill their life's with, rather than asking what they should do to stop offending. Ms. van Roeyen's experience is that the clients take a lot of responsibility for their actions even if they sometimes fail in following the conditions. Her advice also is to avoid prison sentences if that is possible and avoid harsh conditions for this group, because that makes clients go back to prison too soon and there is a risk that the clients loose hope. Ms. van Roeyen also states that it is a good investment for society to give these clients individual mental health care of good standards from the beginning, and to pay attention to recovery.

Group sessions I

Workshop A: Intellectual disabilities

Workshop chair: Ms. Kirsten Hawlitschek, Executive Director of EuroPris

"Offenders with low intellectual abilities"

Mr. Vicenç Tort Herrando, Coordinador UP Quatre Camins, Parc Sanitari Sant Joan de Deu, Barcelona, Catalonia

Mr. Vicenç Tort Herrando's presentation focuses on inmates with Intellectual disabilities (ID). In his presentation he refers to a study done by Fazel et al. 2008, where the result showed relatively low prevalence of ID in prison, but he also says that newer studies show higher prevalence figures, probably due to better tools and processes for assessment.

Among the inmates in Spain 6,5 percent of prisoners have ID and previously 70 percent was undetected. Persons with ID are a vulnerable group and meet a broad range of living difficulties. They are easily manipulated and have problems with planning life, low self-control and behavioural problems. This results in several serious consequences: offences, drug abuse, medical problems, debts etc. Prisoners with mild ID are not detected. They are often treated as not having a disability.

By using the ACCEPTA programme, Catalonia gives pathway support within the criminal justice system: rehab, support and social inclusion. The term has changed from service to support. Support is a more active approach in line with the needs of the prisoners.

Catalonia also provides the MARC programme for improving quality of life and ambulatory and residential interventions. The evaluation of the MARC programme shows improvement in quality of life for prisoners. There is still room for improvement, for example better coordination of measures. It is important to break the invisibility of ID patients in the prison setting. Prison and probation staff refer client to the programmes. These programmes are only for persons convicted of a crime.

"Interventions for offenders with low cognitive abilities"

Ms. Mari-Liis Mägi, Tartu Prison, Directorate of Rehabilitation Division in Prison Department, Estonia

Ms. Mari-Liis Mägi delivers a speech regarding cognitive impairment and starts the presentation by telling the participants about the Estonian prison system. Ms. Mägi says there is very little research available on prisoners with mental health disorders in Estonia in general, but she presents an overview of the prisoners with mental health disorders in Tartu Prison.
Ms. Mägi continues her presentation by speaking about cognitive impairment. This disorder often leads to bullying, conflicts with staff and abuse of other prisoners. The problem in Estonia is that the

staff lacks knowledge on mental and behavioural disorders and often has difficulties in approaching these prisoners. Tartu prison has developed different programmes to tackle this challenge. These programmes include an awareness program for staff members, but also rehabilitation programmes for offenders with cognitive impairment. This rehabilitation programme focusses on social skills, emotions and sexual education.

The presentation ends with a discussion about the purpose of putting offenders with cognitive impairment in prison.

Workshop B: Transitional care
Workshop chair: Mr. Willem van der Brugge, Secretary General of CEP

"The therapeutic treatment of mentally ill offenders and their return to the community"
Ms. Anna Ferrari, Judge, Ministry of Justice Italy

Ms. Anna Ferrari starts her presentation about the therapeutic treatment of mentally ill offenders and their return to the community with thanking for getting the opportunity to speak during the Workshop. She explains that radical changes have been made in the Italian legislation about the care for mentally ill offenders.
Ms. Ferrari states that Italy has closed all judicial psychiatric hospitals and replaced them for residential home care services. Home care services are exclusive healthcare facilities, managed by a physician who is responsible for healthcare and administrative tasks. The Home care facilities are built for high risk offenders that spend a limited period there, to ensure the security and social protection. The Italian judges have the responsibility to do a risk-assessment. Based on this assessment, the judge decides how long the offender should stay in the home care facility. The focus for the home care facilities is on health care, not on security. The police is controlling the surroundings of the facilities, but inside only health care staff is allowed. The aim of the probation service is to reintegrate the offender into the society, a process which starts after the treatment in a homecare facility.
After the presentation, a discussion takes place between Ms. Ferrari and one of the participants, Mr. Harry Kennedy. He states that he has been in an Italian Residential Home Care Service and the level of security is very high and that Residential Home Care Service is not the right name for these mental health care hospitals. Ms. Ferrari reacts by saying that inside the Residential Home Care Service the focus is on the care and not on a high level of security.

"Forensic Mental Health Services for adult offenders in Ireland and Northern Ireland"
Dr. Twylla Cunningham, senior psychologist and Geraldine O´Hare, Head of Psychology Services & Interventions Probation Board for Northern Ireland

Dr. Twylla Cunningham is the first presenter of the workshop. She starts by explaining that Northern Ireland has been an innovative probation service. About twenty years ago, they had innovating visions on working with mentally ill offenders. They started with hiring psychologists. Nowadays about twelve psychologists work for PBNI.
Dr. Cunningham tells the participants about a pilot they have started: Enhanced Combination Order. The aim of this is to divert offenders from short-term custodial sentences by offering sentencers an existing community option in a more intensive package with a focus on rehabilitation, reparation, restorative practice and desistance.

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Dr. Cunningham ends her presentation by looking into the future. The pilot is now being evaluated.

"Problem solving courts"
Dr. Geraldine O'hare delivers a presentation regarding problem solving courts. Ms. O´Hare had the opportunity to go to the United States, Chicago, to look at Problem Solving courts for Northern Ireland.
She explains that they have initiated different sorts of courts, focusing on for example mental illness, drug abuse or domestic violence. The main goal is to invest in treatment, to prevent re-offending and to find alternatives to detention for these specific groups.
Dr. O'Hare explains that when an offender is convicted to go to a problem solving court, a personal plan and conditions are set up and a report has to be provided to the court every month. These special courts have resulted in a decrease of recidivism in Chicago.
Dr. Geraldine O'Hare ends her presentation by telling that Northern Ireland has not yet implemented these courts, but they are considering it.

Plenary Session II

"The role of mental health factors in recidivism"
Prof. Seena Fazel, University of Oxford, United Kingdom

Prof. Sheena Fazel delivers a speech regarding mental health problems and the risk of recidivism. Even though different countries are not strictly comparable, the recidivism rates are quite similar in Western democracies, about 30-40 percent. The recidivism rates have not been declining in the past years. This means room for improvement.

Earlier studies have shown that treating mental illness had little impact on recidivism rates among mentally ill offenders. Prof. Fazel had another clinical experience and decided to replicate an earlier study done by Bonta/Hanson 1998. He used empirical data from Swedish data-bases and looked into the association between mental disorders and violent reoffending. The study showed that there was a clear difference between the two studies in the risk of re-offending. Prof. Fazel states that comorbidity matters: the bigger number of diagnosis, the higher the risk.

Prof. Fazel says that risk assessment has been viewed as "Coin-toss justice". In Dutch forensic psychiatry, for example, it takes 16 hours to make a risk assessment. There can be a publication bias in risk assessment studies, especially when authors are the designers of the tools that are tested.

Prof. Fazel states it is important to review national violence strategies, prison health services and risk assessments considering the outcomes of his research. He concludes his presentation by showing the participants a new tool named the Oxford Risk of Recidivism Tool, developed in the UK. This tool is more effective in identifying the risk of violent reoffending by offenders with mental health problems than tools that have been designed before.

Group sessions II

Workshop A: Mental Health in Prison
Workshop chair: Ms. Kirsten Hawlitschek, Executive Director of EuroPris

"Continued Care Model – practice and data collection"
Dr. Conor O'Neill Irish Prison Service, Ireland

Dr. Conor O'Neill delivers a presentation about the Irish Continued Care Model.

He starts his presentation by giving the participants some general information about Irish prisons and the number of offenders with mental health disorders.

At the moment RCPsych, Prison Psychiatry Standards, are being implemented to improve and standardise prison mental health services. These standards consist of multidisciplinary teams, screening, assessment and multi-agency meetings. Regular central level meetings addressing mental health issues are also part of the standards.

Dr. O'Neill concludes his speech by explaining what the Prison In reach and Court Liaison Service (PICL) are. The PICLS-model is a triage concept binning clients into three levels of needs. The Irish Prison Service is now conducting a longitudinal study evaluating PICLS, based on rolling record data.

"Collection of data - diagnosis and functioning of treatment"
Dr. Hans Hulsbos, psychiatrist at Vught prison, the Netherlands

Dr. Hans Hulsbos delivers a presentation on data-diagnosis and functioning of treatment. His speech is illustrated with an example of the Dutch psychiatric centres in prisons (PPC).

After a crisis in the Dutch prison service a governmental investigation suggested that new psychiatric centres (PPC) should be built. Four units now exist with a total of over 600 inmates.
The time clients stay in a PPC is getting shorter and shorter - a 50% reduction in five years. The average length of their stay in a PPC is 20 to 10 weeks. Around 50% of the released PPC patients stay in treatment in general psychiatry.

Workshop B: Mental health in probation
Workshop chair: Mr. Willem van der Brugge, Secretary General of CEP

"Prison leavers with mental health problems"
Dr. Tim Kirkpatrick and Dr. Lynne Callaghan, University of Plymouth, United Kingdom

Dr. Kirkpatrick and Dr. Callaghan have been doing two case-studies with a systematic approach, Engager and Strengthen. Engager was carried out as a pilot study in two prisons in the U.K. Dr. Kirkpatrick and Dr. Callaghan have worked in small groups with men who had a short prison sentence and the study focused on the transition from prison to society. The offenders in the study had varied and had complex problems and low trust in the authorities. The interventions started in prison and they spent the first day of release together with the participants.
Strengthen is an intervention to improve health among the offenders. The participants get a health-trainee and can choose how many aspects regarding their health they want to focus on. Participants were both men and women under supervision and a lot of them were excluded from the traditional health care system. In the first session they meet personally with the participants, but the other sessions can be done by phone, skype or by a meeting at least once a week.
Dr. Tim Kirkpatrick and Dr. Lynne Callaghan end their presentation with a question to the participants: 'How do we deal with people who don't have their basic needs? Is it possible?'
The group concludes that this isn´t just a problem for prison and probation, it is a problem for the society. Homelessness is a big problem. It is essential that agencies in the society work together to get the clients to leave their old lifestyle. Convicted people are a small group and there is no political winning to urge this question.

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"Creating Effective mental health provision for offenders in the community"
Dr. Coral Sirdifield and Dr. Rebecca Maples, University of Lincoln, United Kingdom

Dr. Coral Sirdifield and Dr. Rebecca Maples deliver a speech on mental health provision for offenders in the society. Mental health problems among the offender population is a complex field. Dr. Sirdifield and Dr. Maples stress the importance of creating awareness on this subject. The health problems can be on a personal level, but can also be created by society. One problem is that a lot of prisoners have access to good healthcare while they are in prison, but when they are released it is hard for them to continue with treatment. Dr. Sirdifield and Dr. Maples consider that there should be better systems for sharing data regarding the clients. It is important to give the Probation Service a voice in these matters and they also suggest the co-location of staff in in healthcare institutions.
Dr. Coral Sirdifield and Dr. Rebecca Maples ask the participants to discuss the question: "How do we ensure good continuity of mental health care when offenders leave prison?"

Three groups discuss the question and the outcomes from the groups are:

- One problem and a barrier can be the lack of trust between institutions. Another problem is that there is a lack of guidelines for persons who have mental health problems but do not have a severe diagnosis. It is especially hard for persons with mental illness to be in remand prison, because they never know for how long they will stay in remand. It is essential that the justice system and the health care system work together to avoid fragmentation;
- In some countries is it necessary to have a health insurance to get access to medical care, which can cause difficulties for this group;
- It is hard to reach homeless offenders with letters and calls;
- There is a lack of trust among the offenders when it comes to authorities, but there can also occur fear within the healthcare institutions.
- A solution can be to have a coordinated planning before release, between different practitioners.

Plenary sessions III

"Forensic Mental Health Services for adult offenders in Ireland and Northern Ireland.
Ms. Kim McDonnell and Ms. Margaret Griffin, Probation Officers

Kim McDonnel and Margaret Griffin work for the Irish Probation Service as probation officers. Their study focusses on offenders from an underprivileged geographic area of Dublin. Many of the offenders have traumas; a lot of them have dual diagnosis, often combined with substance misuse. Suicide/self-harm and personality disorders are common within this group of offenders.
It is a challenge for this group of offenders to access appropriate services; if they miss three appointments, they are out of the system. The offenders are sent to different types of agencies and are often stuck in no man's land. Probation practitioners know that this group of offenders is having a hard time with this system.
In order to meet these challenges, the Irish Probation service is developing its work with this group of offenders. They will strengthen the training for staff even more in 2018. The goal is to develop a tool kit regarding personality disorders. The Irish Probation service is now increasing its cooperation with mental health agencies.

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Kim McDonnel is working in a Supervision and Community based team and her aim is to show the practitioners a view on the challenges for offenders with mental health problems. She stresses two subjects: Access to mental health service and dual diagnosis.
It is hard for mentally ill offenders to receive access to the healthcare system, because of long waiting lists in many areas and because of the presumption that all offenders can read, remain at the same address etc.
Regarding dual diagnosis there are often problems when offenders are being released from prison and sent from service to service. They are struggling with health problems and often a lack of knowledge about the possibilities they have in the society. The Irish Probation Service is working on building a partnership with the mental health service and they are also developing co-location agencies for sex-offenders. Ms. McDonnel says that ii is necessary to increase the knowledge about mental health and that there are many ways to develop the work.

Mr. Enda Kelly, National operational Nurse Manager
Mr. Kelly works as an Operational Nurse Manager at Mountjoy Prison in Dublin. He describes that back in 2010, there were a lot of problems with handling mentally ill offenders at Mountjoy Prison. The only way they could handle the mentally ill inmates that violated the rules, was to put them in solitary confinement. Only a doctor could decide when the isolation was about to end. To create a better working system, they invented a Higher Support Unit, which was hugely successful and reduced the numbers of clients in isolation dramatically. The Higher Support Unit also protects mentally ill inmates from other inmates and has not been stigmatising according to Mr. Kelly. Mountjoy Prison is now a well-functioning prison and the challenges are now to roll out the model that has been used at Mountjoy Prison on a national level. Many prisons are smaller, which results in questions about resources. Another important issue is education of staff. There are about 800 staff members educated in mental health issues in the last three years and that has changed the way the Prison Officers look at mental health issues.

Group sessions III

Special needs Programs

"Suicide Prevention programs and strategies"
Ms. Carla Pragosa, psychologist at Leiria Prison, Portugal
Chair: Ms. Kirsten Hawlitschek, Executive Director of EuroPris

Ms. Carla Pragosa delivers a speech regarding suicide prevention in prisons and explains different prevention programs and strategies. She says that research shows that the risk of committing suicide is higher among the prison population. Suicide by offenders in prison has severe consequences, for family, staff and the other inmates.
Ms. Pragosa continues by telling the participants about the PIPS programme that has been developed by the Portuguese Prison Service. The programme is based on international and national literature and studies and is implemented in all Portuguese prisons. The aim of PIPS is to identify the suicide risk, to monitor adequately and reduce the risk factors. Each prison has a permanent multidisciplinary observation team that evaluates the inmates, the risks and the measures that must be taken.

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Ms. Carla Pregosa ends her presentation by explaining the WHO recommendations for a prison suicide prevention plan. These recommendations include: time taking activities, break self-isolation and the training of staff.

"Attention Deficit Hyperactivity Disorder (ADHD) frontline -experience from Sweden"
Dr. Lena Lundholm, Swedish Prison & Probation Service, Sweden
Chair: Mr. Gerry McNally, President of CEP

Lena Lundholm starts her presentation by giving an overview of the development of ADHD in literature throughout the years. Alexander Chricton described it for the first time in 1798 as 'mental restlessness'. The definition of this diagnosis changed over the years. ADHD is often seen as a diagnosis for children, but in many cases the problems will continue in adulthood.
Ms. Lundholm then describes how to diagnose ADHD with the instrument DSM-5 Diagnostic and Statistical Manual of Mental Disorders. The number of people in prison that are diagnosed with ADHD is 25% higher than the general population. Ms. Lundholm states that comorbidity is rather a rule than an exception in many of these cases. ADHD is often combined with a variety of other disorders from an autism spectrum disorder to substance abuse disorders. ADHD can increase the risk of criminal behaviour.
The Swedish Prison and Probation Service (SPPS) has put in a lot of resources in researching ADHD. The research has led to increased knowledge on this topic. One example is a study regarding female inmates with ADHD in prison and probation. Ms. Lundholm then presents examples of research that show that ADHD medication often leads to a reduction of criminal activity.
Ms. Lundholm gives the participants examples of different ADHD projects that SPPS has been working on between 2014 and 2016; one example is from the Probation Service, that has tried out two different formats for organising the assessment of ADHD.
The presentation is concluded with a discussion regarding difficulties in diagnosing and other challenges related to ADHD.

"Post- traumatic Stress Disorder – PTSD"
Ms. Jana Špero, Ministry of Justice, Directorate for Criminal Law and Probation, Croatia
Chair: Mr. Willem van der Brugge, Secretary General of CEP

Jana Špero is the Assistant Minister of the Croatian Ministry of Justice. She starts her presentation by introducing Croatia as a country. Due to the war in former Yugoslavia in the 90's, Croatia has a lot of experience with Post-Traumatic Stress Disorder, PTSD.
The Croatian Probation Service is a young organisation. In 2017 Probation and Prison merged into one organisation under the Ministry of Justice. Today Croatia has 3200 inmates in prison and 3600 probationers. Croatia's former problems with overcrowding in prison have been eliminated with the development of a probation service.
Probation officers and the 'treatment officers' in prisons are civil servants with basics education in the field of social work, social pedagogy, psychology, (or law in probation) and a Masters Degree - five years university is mandatory. The probation officers are focused on motivating the clients to get treatment, but do not provide treatment themselves.
Croatia has a lot of experience in the treatment of PTSD, because of the war in the 1990's. During the war, one third of the country was occupied, almost all of the men were soldiers, a lot of people were kept in prison camps. Both civilians and soldiers still suffer from this war. After the war, some people got treatment for PTSD, but a lot of (especially) men did not receive treatment. Ms. Špero points out that most people with PTSD do not commit crimes, but it is a reality for Croatia that some of them do. They must be aware of this. PTSD is often combined with other problems like depression, abuse etc.

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Probation Officers use motivational interviewing during the supervision and try to get the offenders to the right institutions. They are also helping them to get their rights as war veterans. Probation officers always check if someone has been a soldier in the homeland war and are aware that clients with resistance often need treatment the most.
The Croatian Probation Service exchanges experiences at a national level. The local probation officers know that in some areas the war was harder and the local probation service knows how to deal with this. Most the PTSD cases are the ones with conditional release. PTSD is often treated in prison and after that the probation services takes over.
Croatia has developed a program for inmates with PTSD in prison. They work with the inmates in small groups or individual basis. In the groups there are usually 5-12 persons and a psychiatrist of the civilian hospitals supervises the treatment. The short term goal is how to serve a sentence, and to learn how they have been affected by PTSD, and the long term goal is to prepare a life after prison and to accept PTSD as part of this life. In this they also work with the families and NGO's.

Plenary session IV

"Treatment in forensic care centers in the Netherlands"
Dr. Jaap van Vliet, free-lance senior consultant and researcher in forensic psychiatry, rehabilitation and probation, the Netherlands

Dr. Jaap van Vliet gives a presentation on forensic care centres in The Netherlands, also known as 'TBS clinics'.TBS is a special measure that the courts can impose on people who suffer from mental health illnesses and committed a serious offence. Dr. van Vliet explains that the Dutch courts can declare an offender only partially responsible for his/her crimes, which means that the punishment entails a combination of prison and psychiatric health care in a TBS clinic.
After the presentation there is time for a group discussion. Dr. Jaap van Vliet asks the group if anyone experiences problems with the cooperation between forensic mental health care and community mental health care. The group agrees that it is difficult to transfer from forensic to normal health care. Once someone has a history of forensic healthcare, the community health care workers tend to get nervous. They see extra danger in former offenders. Someone mentions that in treatment in community mental health care there is less focus on preventing reoffending and more on the treatment itself. In that way, the offender feels more like a normal person, which can be better for his/her treatment. The group agrees that this is important, but that a combination of the two types of treatment would be better. A discussion about human rights also occurs during the group discussions. "Is it against human rights to have someone locked up in a mental health care center without him/her knowing how long (s)he will stay there?"

"Treatment in forensic psychiatric care centers"
Dr. Peter Neuteleers, psychiatrist, FPC Ghent Belgium

Dr. Peter Neuteleers presents the working method, diagnosis and treatment of both (recently established) Forensic Psychiatric Centers (FPC) in Antwerp and Ghent. Both FPC's provide protection of society by treating forensic psychiatric patients in a scientifically evidence based manner. The offense and conviction together with the psychiatric diagnosis form the basis for treatment at the FPC's.
A security policy at the FPC's focusses on ensuring patients and personnel safety and a secure society.

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Therapy is provided through an individual treatment plan (ITP), which is based on seven so called 'patient profiles': psychotic patients with multiple issues, typical psychotic patients, patients with anti-social behavior, patients with addiction problems, patients with sexual issues and offences, Autism & ADHD patients and mentally restricted patients.
After the plenary part of the presentation discussions in smaller groups are held. Creating public value overall turn out to be an issue. Forensic Psychiatry and even probation are complex issues to sell to the public. Conclusion in all the workshops is that (forensic) professionals have to organise this themselves, by regularly providing information to the community and the media about treatment and reintegration into society.
According to the workshop participants, the issue if psychiatric patients should be treated in a prison is not an ethical question. If people have a psychiatric disorder, it does not matter where they stay as long as they get the right treatment.

"Structure of Forensic Psychiatric Services in Ireland"
Mr. Ronan Mullaney, Irish Prison Service

Mr. Mullaney presents the challenges that Ireland faces regarding mentally ill offenders. There is an overall decrease in the prison population, but the numbers of mentally ill offenders is rising, both in prison and in community services. Mr. Mullaney says that he is afraid that prisons sometimes work as a backstop for mental health services. The overall problem is that services are delivered from different agencies (Ministry of Justice & Ministry of Health) with their own budget. According to Mullaney it would be better to have a department for secure health, being a joint service and providing the right facilities. For example, England has the Criminal Justice Mental Health team.

There is a low number of women in forensic mental hospitals. This causes less advanced possibilities and separation of different disorders, which is possible for men, whose treatment facilities are more sophisticated just because they are in greater numbers.

Parents in prison are given more possibilities to contact their children compared to parents, especially fathers, in mental institutions. The best interest of the child should always be the most important factor in such decisions.

One should also take cultural backgrounds into consideration in the contacts between staff and offenders. Understanding cultural peculiarities can help to prevent labelling or drawing conclusions too fast. Composition of staff should ideally reflect the composition of the community they are dealing with.

The best achievements in Ireland have been setting up an in-reach service to identify and assess mental health problems in prisons and transfer these persons out to forensic hospitals for treatment, installing a diversion service to prevent people falling into a gap and training of staff to work in forensic service and to understand what can be achieved with treatment.

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