

Mental Health and Probation in Catalonia

CEP WORKSHOP ON "MENTAL HEALTH IMPORTANCE: SUPPORTING TREATMENT PROCESSES IN PROBATION"

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The logo for CEP (Catalan Probation Service) features the letters 'CEP' in a bold, blue, sans-serif font. To the right of the text is a stylized graphic element consisting of a blue vertical bar and a yellow curved line that suggests a person or a path.

Hospital del Mar | Salut Mental
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Mental Health in Catalonia

DIFFERENT NETWORKS

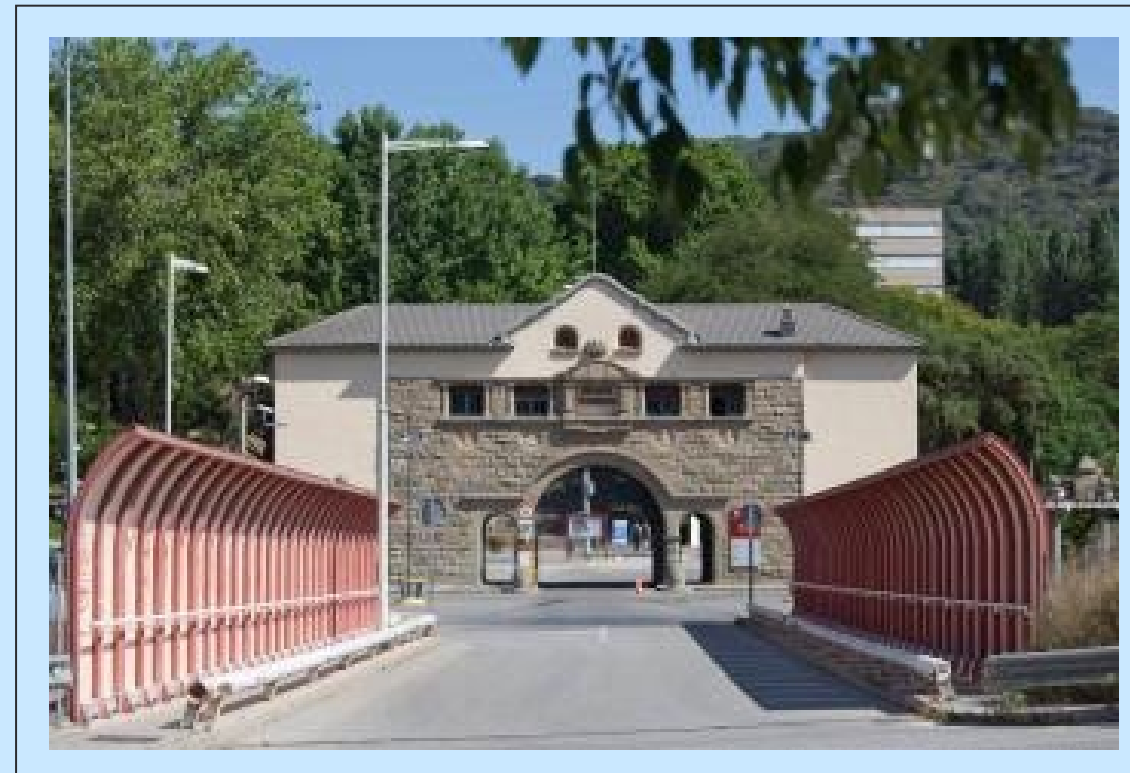
Addictions and Mental Disorders

HOSPITAL CARE:

- Inpatient Care
- Emergency Care

COMMUNITY MENTAL HEALTH

- Outpatient Mental Health
- Day Hospital
- Home Admissions
- Assertive Community Units
- Other Specific Programs



Centers and Programs

- **Addiction Support Center (*CAS in Catalonia*)**
- **Mental Health Center (*CSMA in Catalonia*)**
- **Primary care support programs**

Mental Health Centers and Addiction Support Centers

- **Professionals:**
 - Psychiatry
 - Clinical Psychology
 - Social Work
 - Nursing
- **Type of Care:**
 - Scheduled Visits
 - Phone Assistance
 - Spontaneous/Urgent Visits based on availability
 - Coordination among Services



Types of Measures at Mental Health Centers

ALTERNATIVE PENAL MEASURES

OUTPATIENTS SECURITY MEASURES

Source: Court ruling or transfer
from a hospital or psychiatric unit
within the penitentiary system.

SUPERVISED RELEASE

Usually due to a Mental Disorder
Exemption

Probation Care Process at Mental Health Centers

- Based on the pathology, care is usually provided at Mental Health Center, Addiction Support Center, or both.
- Referrals are made through Probation Delegate based on the territory to:
 - Primary care physician
 - Mental Health Center/Addiction Support Center's social worker
- A work plan with objectives is established and sent to the probation delegate.
- Visits are adjusted according to the work plan.
- Quarterly or semi-annual reports are sent detailing progress.
- During each visit, the work plan and objectives are reviewed and modified if necessary.

Practical example

BACKGROUND He lives with his 87-year-old mother. He has a 20-year-old daughter who lives with her partner; their relationship is good. He previously worked as a hairdresser. He now receives a financial benefit from the state.

SOMATIC CONDITIONS Ischemic heart disease with myocardial infarction in 2013. Total hearing loss in the left ear and nearly total in the right ear (uses a hearing aid).

PSYCHOACTIVE SUBSTANCE USE History of alcohol and cannabis use, abstinent for more than 3 years.

PERSONAL PSYCHIATRIC HISTORY Hospitalized in Santa Coloma's Dual Diagnosis Unit in 2020 for a manic episode and alcohol (OH) and THC use. Also displays Cluster B personality traits.

CURRENT CONDITION

- Patient was under psychiatric follow-up at the Addiction Services, discharged due to sustained abstinence and reconnected with psychiatry at the Community Mental Health Center, where he had been followed until 2021.
- Attends the first visit, presenting as appropriate and cooperative.
Psychopathologically stable and abstinent from substances.

DIAGNOSTIC ORIENTATION

- Unspecified personality disorder.
- Manic episode (substance-induced vs. primary), in full remission.
- Cognitive impairment.
- Alcohol use disorder in sustained full remission.
- Cannabis use disorder in sustained full remission.

PROPOSED TREATMENT PLAN

- Establishing connection with CSMA professionals (psychiatry, social work, nursing).
- Functional areas to address:
 - Cognitive functioning.
 - Illness awareness.
 - Treatment adherence.
 - Activities of daily living.
 - Substance abstinence.
 - Impulse control.
- Adherence to pharmacological treatment (including blood level tests for medications).
- Maintaining abstinence from psychoactive substances.
- Participation in a gardening activity.
- Engagement in activities from the Community Rehabilitation Service.

Approaches and Objectives

- **Community Rehabilitation and Adaptation**
- **Substance Abstinence**
- **Awareness of Illness (Insight)**
- **Medication Adherence**
- **Relapse Prevention**
- **Need to Maintain Connection with Services**

Challenges

- **Substance Use**
- **Disconnection While Fulfilling the Measure**
- **Disconnection After the Measure Ends**
- **Social Difficulties**
- **Difficulty in Providing Intensive Care if needed**

Thank you!

