AN EVALUATION OF SERBIAN PRISON MENTAL HEALTH SERVICES – NATIONAL SURVEY

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Abstract: Most international studies indicate that the prevalence of mental disorders amongst prisoners is considerably higher than in the general population. The lack of prison health-related research in Serbia inspired the present study, which was a part of a doctoral thesis of the first author. The survey aimed to provide an overview of the profile of offenders with mental health problems in Serbian prisons and the nature of mental health services available to them. The results indicated that much like mainstream community mental healthcare in Serbia, prison mental healthcare is still largely embryonic. The mean number of actual whole time equivalent posts associated with mental healthcare per prison is 2.3. However, these posts are not entirely dedicated to working in mental health as they are often involved in court diversion, administration and general healthcare matters. Large discrepancies were found in weekly volumes of mental health referrals per member of staff depending on the size of the prison. Furthermore, the survey indicated that substance misuse related disorders and dual diagnosis of substance misuse and mental health problems were the most prevalent issues in Serbian prisons, indicating high need for dedicated substance misuse services. Implications of the findings are discussed.

Key words: Prisons, mental health, Serbia, health care surveys, prisoners
Introduction

Prison population

The overall offender population of Serbia in 2008 was approximately 9,500 and this includes sentenced and remand prisoners, offenders that were diverted by court, and those awaiting sentence [1]. The number of those serving a sentence in 2008 was approximately 6700. This constitutes an average of 0.09% of the country’s population. This places Serbia in the bottom half of the World Prison Population List [2,3] as one of the countries with a comparably small prison population.

Prison reform agenda

The Organization for Security and Cooperation in Europe (OSCE) and the Council of Europe, conducted a joint assessment of the Serbian prison system in 2001 [4]. This assessment was followed by a more in-depth OSCE evaluation of the service provision and general conditions in the Special Prison Hospital located in Belgrade. Both inquiries identified serious concerns, and noted that the hospital violated European and international standards.

In the period between 2003 and 2005 the Council of Europe implemented a Joint Programme with the European Commission to assist with the accession of Serbia to the Council of Europe [4]. One of the conditions was the fulfilment of European requirements in managing the penitentiary system. In November 2004 the Government adopted a Penal Reform Strategy aimed at modernizing the Serbian penitentiary system and formed The Prison Reform Steering Board chaired by the Ministry of Justice.

However, prison mental health care can only be as effective as general community mental health care in Serbia so it is important to also consider progress, in parallel, with this development.

Mental health service provision in the community

In 2003 the National Committee for Mental Health was formed with an idea to produce the first “Strategy for the Development of Mental Healthcare” [5]. This report presented an elaborate 10-year plan for the development of mainstream mental health services in Serbia.

Although the Strategy [5] does not explicitly acknowledge offender mental health as an issue, it could be argued that it is likely to be one of the logical next steps after the community mental health services have been established. This speculation is reinforced by comparison with the history of mental healthcare in other countries such as the United Kingdom (UK) where the first community mental health teams were established in the early 1980s following two decades of persistent effort to abandon institutionalized care. Two decades later the first prison mental health (inreach) teams were created with a view to mirror the level of community care for mentally ill people [6]. Assuming that well-established international developments can provide use-
ful guidelines, it may not be very long before there is impetus among policymakers to reform offender mental health in Serbia.

It can be concluded that although prison reform has introduced some important changes, prison healthcare is still of poor quality in Serbia. Very little is known about mental health provision as no comprehensive assessment or evaluation of the current state of mental health service provision in prisons has so far been conducted. Thus the research reported here is the first of its kind in Serbia.

**Method**

The present national survey was part of a larger comparative national study that aimed to investigate factors that affect the organization of prison mental health services internationally. The secondary aim was to evaluate service provision to offenders with mental health problems in Serbia and England, in order to inform future policy and research. The survey findings were used to lay the groundwork for the subsequent in-depth case study analysis. The survey aimed to evaluate the pathways of mental healthcare considering that there are no formally instituted prison mental health teams in Serbia.

**Participants and settings**

All 27 prisons in Serbia, without the Kosovo and Metohija, and without the Special Prison Hospital, were included in this survey. Considering that prison establishments in Serbia have no dedicated mental health service for offenders, the participants for this survey were either the heads of Healthcare [Zdravstvena sluzba] or the heads of Treatment service [Prevaspitna sluzba].

**Data collection tool**

The questionnaire included the following sections:

- Workforce profile;
- Aspects of service functioning;
- Client profile;
- The role of the mental health service in suicide and self-harm prevention;
- Overall estimate of the quality of service provision and recommendations.

**Pilot study**

The questionnaire was piloted in two prisons. After extensive consultations with the interviewees, some amendments were made.

**The main study**

After the pilot study, the researcher contacted the remaining 25 prisons. Vast majority of the interviewees were interviewed either in person or via telephone whereas one questionnaire was self-completed.
Results
All 27 prisons returned completed valid questionnaires. Before analysis of the data commenced, the Kolmogorov-Smirnov test was performed to assess the distribution of the data. The results of the test were significant for most of the variables, meaning that the scores were not normally distributed. Non-parametric tests were therefore used for the majority of the analysis, except for variables which are normally distributed. Also, if the mean and median are similar in value, mean value is presented in the text.

Offender care pathways in Serbia
There has been no official review of offender care pathways in Serbia so far. The author attempted therefore to present it as a diagram in order to give the readers a concise overview of service provision in Serbian prisons. This figure was devised from the analysis of relevant questions in the questionnaire. This scheme is presented in Figure 1.

Figure 1. Offender care pathway in Serbia

Step 1: Offender goes to court

Evidence to consider for an offender with mental health problems:
1. Mental health referral from the defence
2. Mental health assessments by a psychologist and a psychiatrist

If offender is diverted by court, they go to the Special Prison Hospital for mandatory treatment.
If not diverted they all of their documentation will be sent to the prison where they will serve their sentence.

Step 2: On reception

The offender can stay in reception for up to 30 days, where they will be screened for mental and physical problems.
The first health check is performed by a general practitioner (GP) where previous history of mental illness, medication, substance misuse history, self-harm and suicide is taken. The offender’s individual file is then set up.

Following a GP check, treatment service will conduct a psychosocial assessment and together with the GP’s report will make recommendations for treatment.
Step 3: On the prison wing

Once the offenders are placed on the wing, their mental health care largely consists of occasional appointments with the GP or a visiting psychiatrist both of whom can prescribe psychotropic medication.

Treatment service offers mostly social interventions with scarce psychological interventions such as anger management.

Step 4: Acute transfer and pre-release planning

Acute transfer: If a prison does not have a healthcare centre or if the case of acute mental illness is severe, GP will refer the patient to the hospital. Very often the offenders will be referred to the Special Prison Hospital.

Pre-release: There is no formal pre-release planning but the GP or other staff can make a contact with a community GP or social services on the prisoner’s request or if deemed necessary.

Prison establishments and types of mental health service

It is important to emphasize that the term mental health service is, in this case, essentially a misnomer, considering that there is no organized service provision for offenders with mental health problems. The authors coined this term for the sake of simplicity but it really refers to all the staff in the prison who are in any way connected to providing services to offenders with mental health problems—whether this be only assessment or the delivery of mental health-specific interventions.

Of the 27 prisons in Serbia, one is high secure; two are secure; one is a women’s prison; two are juvenile and young offender institutions; four are open prisons; and 17 are local prisons. The number of offenders varied considerably with the type of establishment, the median being 110 (the range is 26–1500 prisoners). All prisons fall into two distinct categories: small prisons which host up to 250 offenders and large prisons which host more than 1000 prisoners upwards. There is no other category of prison.

To enable comparison between different types of mental health service provision in the prisons, the researchers created a typology of prison mental health service delivery, outlined below.

Typology of prison mental health service delivery in Serbia

Type A - the service is resident within the prison. This usually means that the resident GP prescribes medication or that resident psychologists and social workers provide initial assessments and perhaps some form of basic counseling;

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Gojkovic D. An evaluation of Serbian prison mental health services – national survey
Type B - visiting specialists who come into the prison. This means that there is a non-resident GP, or a visiting psychiatrist;

Type C - the service in which half of the staff are employed by the prison and the other half are visiting staff. This is usually a combination of Type A and Type B service.

It was found that 7.4% of prisons (2 prisons) had type A service, 55.6% had type B service (15 prisons) and 37% had type C service (10 prisons). The researcher could not however conduct a Chi Square test to ascertain which types of service are more common in which type of prison, due to the fact that 88.9% of cells would have an expected count of cases less than 5. Despite the lack of statistical guidance, it could be assumed that service A is only found in high secure and local prisons, whereas service C is most common in other types of prison, apart from local.

The mental health workforce

The Act on Enforcement of Penal Sanctions [7] envisaged that a typical mental health workforce should comprise one GP and a visiting psychiatrist. In addition to this, however, in some prisons psychologists and social workers, often in cooperation with the prison governor, dedicate a portion of their time voluntarily to work with offenders with mental health problems.

The Whole Time Equivalents (WTEs) are proportions of working week that a person dedicates to different work activities. In Figure 2 these refer only to those professionals who have some input into the treatment of mentally ill offenders and not to all members of that profession who are employed in the prison. “Establishment” figures refer to mental health input foreseen by law, and “actual” figures refer to the actual input that the following professions dedicate to mental health.

Figure 2. Mental health workforce in Serbian prisons
WTE staff dedicated to mental health care by type of prison

The previously presented results imply that Serbian prisons already have mental health workforce in the prisons, which is not used entirely for its purpose. Eleven prisons stated that on average 0.2 WTE is dedicated to mental health care (1 day a week of 1 professional); 11 prisons had between 0.3 and 0.6 WTE of mental health care (between 2 and 3 days of one professional); and five prisons had over 0.6 WTE of mental health care each week.

What is the role of mental health workers in Serbian prisons?

Referrals

Event though the difference was not statistically significant, it was noted that in 2007 one mental health worker in a small prison (<250 offenders) had on average 18 new referrals in a 4 week period (SD=233). This represents a 17% increase in the number of referrals when compared to 2006 (Figure 3). In terms of large prisons (>1000 offenders) the average number of weekly referrals was markedly higher with one worker receiving 32 new referrals every week (SD= 353). The reason for such a high referral volume is that all of the offenders are required to see each mental health related professional (e.g. GP, psychologist, social worker), and the caseload cannot thus be divided amongst them.

Figure 3. The number of referrals per individual in 2006 and 2007

The nature of the provided service

The results of this survey indicate that 70% (SD= 28, \( \mu=75 \)) of mental health hours are spent on assessment, medication prescribing and medication revising. Moreover, 12.7% (SD=21, \( \mu=10 \)) of time is spent on psychosocial work, most often liaison and social support type interventions, 13.7% (SD= 14, \( \mu=10 \)) of time on administration, such as filing reports. Additionally, 3.8 % (SD=6.7, \( \mu=5 \)) of time is spent in other activities.
Therapies and interventions are summarized in Table 1. There were no significant differences by type of prison or service.

<table>
<thead>
<tr>
<th>Type of intervention</th>
<th>% of offender population who benefit from this intervention</th>
<th>Administering body</th>
</tr>
</thead>
<tbody>
<tr>
<td>Prescribing psychotropic medication</td>
<td>43.7</td>
<td>Psychiatrist or GP</td>
</tr>
<tr>
<td>Liaison and support</td>
<td>92.9</td>
<td>Mainly treatment service officers, often prison officers as well</td>
</tr>
<tr>
<td>Cognitive behavioural therapy</td>
<td>0.7</td>
<td>Anyone trained in CBT</td>
</tr>
<tr>
<td>Social interventions</td>
<td>31.8</td>
<td>Treatment service officers, but mostly drug-free units which are piloted in 3 prisons</td>
</tr>
<tr>
<td>(e.g. interpersonal skills)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Continuous needs assessment</td>
<td>92.8</td>
<td>Healthcare, treatment service and psychiatrist</td>
</tr>
</tbody>
</table>

The results indicate that psychological interventions such as systemic family therapy and REBT therapy (Rational Emotive Behavioural Therapy) have increased in popularity. This is particularly so in prisons where drug-free units are piloted and in juvenile and young offender institutions which have training programmes for staff [4,8].

The profile of patients on mental health caseload

At the point of the survey approximately 6,700 people were serving a prison sentence. The researcher estimated that out of those, approximately 3,700 (±10%) offenders were experiencing identified mental health problems. The number of offenders with mental health problems below was obtained by adding up the figures in each prison category. This method is perhaps contentious as it relies on anecdotal evidence rather than documentary one, but it was the only source of information available to the researcher.

Although statistically not significant, there were differences in the proportion of the offender population with mental health problems by prison type (Table 2).

<table>
<thead>
<tr>
<th>Type of prison</th>
<th>Mean population (SD)</th>
<th>Mean population with mental health problems</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Nr</td>
<td>%</td>
</tr>
<tr>
<td>High secure*</td>
<td>1500</td>
<td>750</td>
</tr>
<tr>
<td>Secure</td>
<td>1150 (70.7)</td>
<td>690</td>
</tr>
<tr>
<td>Open</td>
<td>171 (51.37)</td>
<td>64</td>
</tr>
<tr>
<td>Women*</td>
<td>170</td>
<td>136</td>
</tr>
<tr>
<td>YOI</td>
<td>195 (77.7)</td>
<td>59</td>
</tr>
<tr>
<td>Local</td>
<td>97 (70.8)</td>
<td>54</td>
</tr>
</tbody>
</table>

* For high secure prison and women’s prison (n=1).
The interviewees estimated that on average 30% of offenders (excluding those with a sole diagnosis of substance misuse) enter the prison with a mental health problem. This figure was obtained by averaging the reported estimates in each prison. The information was obtained from the offender records, where illness was identified.

**The mental health problems of service users**

It should be noted that all of the figures below (Table 3) are estimates.

Table 3. Diagnosed mental health problems in Serbian prisons

<table>
<thead>
<tr>
<th>Mental health problem</th>
<th>Number of service users in Serbia</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>%</td>
</tr>
<tr>
<td>Severe mental illness (severe mood disorders, dissociative disorders, psychotic disorders, etc)</td>
<td>1</td>
</tr>
<tr>
<td>Mental illness (mild depression, anxiety disorders, etc)</td>
<td>17</td>
</tr>
<tr>
<td>Substance misuse</td>
<td>26</td>
</tr>
<tr>
<td>Dual diagnosis of mental illness and substance misuse</td>
<td>9</td>
</tr>
<tr>
<td>Dual diagnosis of personality disorder and substance misuse</td>
<td>29</td>
</tr>
<tr>
<td>Personality disorder</td>
<td>15</td>
</tr>
<tr>
<td>Other (e.g. insomnia, other form of dual diagnosis)</td>
<td>3</td>
</tr>
<tr>
<td>Total</td>
<td>100</td>
</tr>
</tbody>
</table>

The relationship between diagnosis and prison type was not statistically significant. Mental illness as a sole diagnosis was more common in male local prisons. Dual diagnosis of any type was found to be more prevalent in the women’s prison, and personality disorder in juvenile and young offender institutions.

When comparing the prevalence of identified mental health problems in small versus large prisons, statistically significant differences were found in the prevalence of mental illness. Small prisons appear to have a considerably higher proportion of identified mental illness ($Z=-2.05$, $p<.05$) than large prisons. More than 23% of all offenders with mental health problems in small prisons have a sole diagnosis of mental illness compared to less than 6% in large prisons. A possible explanation for this discrepancy could be that complex and often covert disorders such as mental illness can be missed when the volume of work requires brief assessments as is the case in large prisons, where as previously pointed out an average member of staff has 32 new referrals every week. Large prisons appear to have a larger number of offenders with an identified substance misuse disorder, which are presumably easier to identify; the difference with small prisons was however statistically insignificant.
Education and training

Over 65% of respondents stated that they did have opportunities, albeit limited, for further education, mainly seminars and training events organized by the Ministry of Justice and OSCE. Respondents listed the following as particularly interesting areas for professional development: suicide prevention, working with offenders who have dangerous and severe personality disorder, substance misuse interventions and psychotherapy.

Research

Only 5 prisons (18%) stated that research was taking place on the prison premises, and most of it was for masters and doctoral theses.

The overall success of mental health service provision

When asked whether the mental health service was resourced sufficiently to cover the needs of offenders with mental health issues, only a quarter of respondents responded positively, mainly those who had opportunities for further education in psychotherapy as organized by Council of Europe and OSCE [5, 9] or those who worked in prisons with a very small offender population (<50 persons).

Barriers to Successful Operation

As for those who did not think that their service was sufficient to cover the needs of mentally ill offenders, they listed two barriers as the most common ones:

- No comprehensive legal guidance on how to approach the issue of offenders with mental illness. The fact that the needs of this population are not acknowledged in any document and almost no guidelines are available for their treatment in prisons, poses a significant obstacle to organizing mental healthcare in the prison setting.
- Lack of cooperation with mainstream healthcare services and the nature of the relationship with the Ministry of Health. Overall, prison staff participants and governors described cooperation between the Ministries of Justice and Health (in terms of the organization of trainings for staff, care supervision and links with community hospitals) as insufficient.

Discussion

The present study has shown that mental health services in Serbia both in the community and in prisons are still largely embryonic. The need for advancement is prominent both in terms of legislation and policy implementation. The Serbian survey was however only used to map the issues pertinent to these offenders and set the groundwork for the in-depth case studies. The researcher will thus refrain from making definite conclusions about the service provision or excessively detailed recommendations.
So far, the reform of the community mental health system in Serbia has been modest with only the “Strategy for the Development of Mental Healthcare” [5] having been implemented. The first Mental Health Act has been drafted by the National Committee for Mental Health, and will, hopefully, be approved soon. This is important to note, as the enforcement of regulations for the treatment of mentally ill offenders is not likely to be considered until there is clarity about the treatment of persons with mental health problems in the community. This was seen by many of the respondents in this study as the greatest impediment to making concrete recommendations for the development of prison mental healthcare now.

Divac, et al. [9] reported that the use of anti-depressants has doubled in the period 2000-2004 in the community, and that the use of antipsychotics has significantly increased. Savic [10] identified that by the end of 2006, psychotropic drugs accounted for 20% of all prescriptions. The results of this survey have shown that the situation is perhaps even more critical in prisons. There is, however, a firm evidence base that a mental health service has better long-term outcomes for patients and is more cost-effective than the prescription of psychotropic medication alone [11-16].

The effective treatment of offenders with a mental illness is neither a ‘soft’ option nor solely a moral imperative. It is also likely to both reduce re-offending and to minimize the costs associated with re-offending.

**Continuity of care**

This is a rather important and a much neglected aspect of good service provision in Serbia. In order to achieve this, firmer liaisons between the Ministry of Justice and the Ministry of Health need to be formed, hopefully leading to the transfer of prison healthcare from the former to the latter ministry. The English example teaches that this is perhaps the best way for achieving equivalence in care between the physically and mentally ill people in the community and in prisons. Simply swapping ministries is not enough however. More research is needed in the prison sector to inform decisions about how best to organize continuity of care for offenders to fit the Serbian model of service provision.

**Conclusion**

The results of the survey indicate that there is sufficient need for a dedicated service for offenders with mental health problems in Serbia. The general move in England towards a service integrated with the community service could perhaps indicate that this is the winning combination. However, as previously stated the Government should examine ways in which to best promote prison-related research before any firm conclusions could be drawn. One important study might be to seek views of senior academics and/or clinicians in mainstream mental health services about how prison mental health might be improved. Another study might look at the opportuni-
ties for developing a dedicated substance misuse service in Serbian prisons, as this appears to be the most prevalent mental health problem.

Acknowledgments

We would hereby like to extend our thanks to the Serbian Ministry of Justice as well as the prison governors and prison staff for their enthusiasm and support in the technical aspects of the project as well as their collaboration during data collection.
EVALUACIJA ZATVORSKIH SLUŽBI ZA MENTALNO ZDRAVLJE U SRBIJI – NACIONALNO ISTRAŽIVanje

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Apstrakt: Međunarodna istrazivanja ukazuju da je broj osoba sa problemima sa mentalnim zdravljem, daleko veći u zatvorima nego u zajednici. Nedostatak naučnih studija u domenu kvaliteta zdravstvenih usluga u zatvorima inspirisao je ovo istaživanje, koje je deo doktorske teze prvog autora. Istraživanje prikazano u ovom radu, ima za svrhu da predstavi profil osuđenika sa problemima sa mentalnim zdravljem koji služe zatvorsku kaznu, profil zaposlenih u zatvorima koji učestvuju u lečenju ovih osoba, kao i mogućnosti za izradu plana tretmana i programa za ovu populaciju dok je na odsluženju zatvorske kazne. Rezultati studije su pokazali da je, kao i zaštita mentalnog zdravlja u zajednici, zaštita mentalnog zdravlja u zatvorima tek u začelu. Studija sugerise da je mentalno zdravlje osuđenika često posmatранo kao nizak prioritet od strane zakonodavaca. U zatvorima postoje stručnjaci koji su, uslovno rečeno, obrazovani za rad sa osobama koje imaju problema sa mentalnim zdravljem (psiholozi, socijalni radnici), ali su oni najčešće odgovorni za niz administrativnih i birokratskih procedura i aktivnosti koje nisu u vezi sa zaštitom zdravlja osuđenika (npr. administracija, organizovanje poseta, transfer osuđenika u druge ustanove). Potreba za službama za mentalno zdravlje ipak postoji. Broj novoupućenih osuđenika sa problemima mentalnog zdravlja na lekara opšte prakse ili vaspitača, po jednom zaposlenom, bitno je varirao u odnosu na veličinu zatvora. Zaposleni u ‘malim’ zatvorima (do 250 osuđenika) imali su u proseku 5 novih osuđenika sa problemima mentalnog zdravlja nedeljno, dok su zaposleni u velikim zatvorima (preko 1000 osuđenika) imali preko 30. Bolesti zavisnosti i dvojna dijagnoza mentalnog poremećaja i bolesti zavisnosti bile su najprevalentnije dijagnoze u srpskim zatvorima, ali se veoma mali broj zaposlenih oseća dovoljno obučenim za rad sa ovim osobama.

Ključne reči: zatvori, mentalno zdravlje, Srbija, zdravstvene ankete, zatvorenici
Literatura

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