

R E P O R T

**ASSESSMENT OF THE PROVIDED
PSYCHIATRIC, PSYCHOLOGICAL AND SOCIAL
SERVICES
TO THE PRISONERS AND THE STAFF IN THE PLACES
OF IMPRISONMENT IN BULGARIA**

2004

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SECTION ONE METHODOLOGY OF THE STUDY

1. Argumentation

The conception of the assessment is based on the right of all people to have access to services corresponding to their needs and operating in the direction of promotion of their mental health.

The persons deprived of their liberty have the human right to medical and social services that can guarantee their health and their existence of dignity. The human rights of prisoners depend on other people, on their preparation, aims, attitudes, mental health, on the overall conception for the execution of the prison punishment.

The prisoners with mental problems are a specifically vulnerable group in the prisons, where their rights and welfare are dependent not only on the staff, but also on the attitude of the other prisoners.

The staff in the places of imprisonment consists of supervision and security staff, social and educative staff, staff from the medical services, and economic and administrative staff. The staff members work in the conditions of occupational and psychological stress. The taking of special care for the mental health of the staff is a precondition for good professionalism.

2. Methodology

Objects of the study-assessment will be:

1. The mental health of prisoners;
2. The presence of and factors for occupational stress among the staff working in the places of imprisonment.
3. The psychiatric, the psychological and the social services for prisoners- range, content, kinds, access, specialization etc.
4. Mechanisms and services for coping with occupational stress with the staff in the prisons- kinds, forms, content, access.

Subject of the study

This is the connection between needs and services, and in particular the adequacy of the available activities and services regarding the needs of consumers.

Main aim of the assessment

The main aim of the assessment is to conduct a comprehensive investigation of the needs of improvement of the mental health of prisoners in Bulgarian prisons as well as of coping with occupational stress with the staff in the places of imprisonment.

Tasks of the study

1. To make an assessment and analysis of the needs of prisoners and to identify the needs to which it is essential to respond adequately.
2. To make an assessment and analysis of the existing activities and services for guaranteeing the mental health.
3. To study and assess the needs of the staff of specialized services for their mental health.
4. To work out, on the base of the analysis of the investigation data, suggestions for the development of adequate projects and interventions.

Working investigation hypotheses

The specificity of the conditions in the places of imprisonment involves the presence of higher risk for the mental health of prisoners- overcrowding; poor material conditions of life; forced association; insufficient humanization of the relations etc.

The existing activities and services do not cover to the necessary degree the needs of prisoners related to the consequences of isolation- rationalization of their stay in prison by labour and positive activities; motivation and achievement of change in the attitudes and in social competence; educational and qualification activities etc.

The care for prisoners with mental problems is mainly medical, and there is a need to develop an overall conception for their treatment in the conditions of closed environment.

There is a risk of high occupational stress with the staff working there, and in particular the staff working directly on the treatment of prisoners and having the need of development of the system for meeting this stress.

The staff is not prepared for specialized treatment of prisoners with specific needs.

3. Stages of the study

First stage

Development of methodology of the study and of investigation instruments. The main needs here are to draw clear standards, with respect to which the

assessment will be made. Consultation of the research team by external experts.

Development of a design- plan for carrying out of the study.

Agreeing the methodology and the organization of the study with General Directorate “Execution of Sentences” at the Ministry of Justice.

Formation of a research team and adoption of a final plan for introduction of the study.

Second stage- site study

The research team envisages the use of the following **methods of investigation**:

- documentation analysis (of normative documents, official documentation);
- in-depth interviews;
- focus groups;
- work meetings for discussion and analysis of the suggested methods and approaches for change.

Third stage- analysis and processing of the data and preparation of a report

Schedule of the study

Stages/activities	M o n t h 1	M o n t h 2	M o n t h 3	M o n t h 4	M o n t h 5	M o n t h 6	M o n t h 7	M o n t h 8	M o n t h 9	M o n t h 10	M o n t h 11	M o n t h 12
1.First stage Working out of Standards for assessment Development of Methodology Agreeing with GDES	x	x	X									
2. Second stage Site investigation				x	x	X	X					
3. Third stage Analysis and Processing of data								x	N			

Preparation of a Report													
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The investigation included:

Quantitative investigation: an inquiry of the staff and prisoners carried out.

The quantitative study was held by a questionnaire for the staff (Annex No. 1) and data from the assessment of prisoners done by the social workers.

The qualitative investigation covers: 11 focus groups (6 with officers and 5 with prisoners) and 35 interviews.

It was carried out in 5 of the total 13 prisons and involved the two biggest prisons- the ones in Sofia and Lovech, which in themselves represent rather penitentiary centers, since in each of them there are different types of prisons- closed type for recidivists; closed type for non-recidivists; open type and transitional type. At these two prisons there function the two prison hospitals. The investigation also covered the prisons in Bobov Dol and Stara Zagora- of the closed type for non-recidivists, and the prison in Sliven, where the female prisoners serve their sentence.

Team of the study:

Leader: Ass. Prof. Nelly Petrova-Dimitrova

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SECTION TWO

GENERAL CHARACTERISTICS OF THE PENITENTIARY SYSTEM OF BULGARIA

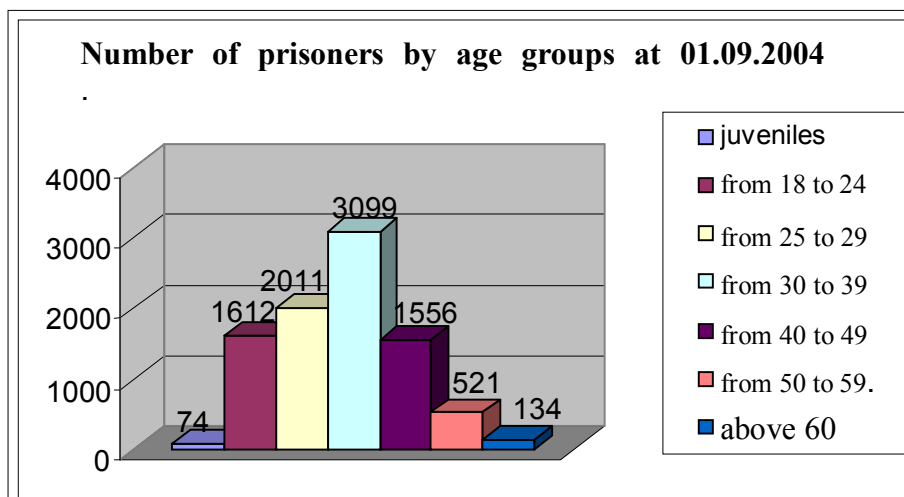
1. Description of the system

General Directorate “Execution of Sentences” (GDES) and its units, the places of imprisonment, are part of the Ministry of Justice. The places and the authorities for the execution of the prison sentence are fixed by the Law of Execution of Sentences and include prisons and reformatory houses. At the prisons there can be set up prison hostels of the closed, transitional and open type, and at the reformatory houses- prison hostels of the transitional type.

In the Republic of Bulgaria the prisons are 13 in number, out of which 8 are prisons of the closed type for recidivists, 3 are of the closed type for non-recidivists, one is a prison for women, and there is one reformatory house for juvenile offenders. At the prisons there are detached 20 prison hostels (of the open, closed and transitional type).

In the places of imprisonment there works highly specialized staff, whose status is regulated by the Law of Amendments and Additions to the Law of Execution of Sentences. The staff of General Directorate “Execution of Sentences” and of the places of imprisonment consists of: public servants which can be military officers and sergeants or civil persons, and employees working on a labour contract.

The prison population in the places of imprisonment is not a constant value, it is a dynamic parameter. At the present moment the number of prisoners is 10 935, out of them the accused persons (awaiting trial) are 360, the defendants (awaiting a sentence) are 1568 and the sentenced prisoners are 9 007. The age limit of prisoners varies between fourteen years of age and the age-limit, as the most numerous group is the group of prisoners aged 30-39. The number of juveniles is small- 74 prisoners.



Graph No. 1, Source: General Directorate “Execution of Sentences”

Age groups	Number of prisoners by the corresponding age group
juveniles	74
from 18 to 24	1612
from 25 to 29	2 011
from 30 to 39	3 099
from 40 to 49	1 556
from 50 to 59	521
above 60	134

The prisoners are accommodated on the base of differentiation depending on the regime initially ordered by the court, the personality specificities and the health status.

2. Reforms in the penitentiary system

During the past years an overall reform is being carried out in all sectors of activity of the penitentiary system. The bringing of the treatment of prisoners in line with the international standards (The Convention of Human Rights of the UNO, The European Convention of Human Rights, the Minimum Standards for the Treatment of Prisoners, The European Convention for the Prevention of Torture and the Inhuman or Degrading Treatment or Punishment, the European Rules of Prisons, the recommendations of the Council of Europe etc.) is the main criterion for assessment of the changes going on. In the spirit of this criterion the Ministry of Justice, through the central prison administration, undertook reformation of its policy with respect to prisoners, expressing itself in:

- passing of the penitentiary system from under the Ministry of the Interior to under the Ministry of Justice (1992)
- demilitarization of the staff (1999)
- improvement of the material conditions of life
- humanization of the relations of the staff with the detained persons

- creation of conditions for the convicted persons to derive benefit from their stay in prison in terms of education, vocational qualification, preparation for reintegration into the free community
- individualization of the treatment of prisoners depending on the assessment of the needs and risk of re-offending and harms (2002)

This process showed the necessity of correlating the legal and normative base to the processes of change. In 2002 there were adopted amendments to the Law of Execution of Sentences containing 94 amended and added paragraphs. Through it a number of topical problems of the execution of the prison sentence have been solved and the start has been given to the future legislative changes. The changes in the normative regulations were also related to the laying of the foundations for the introduction of probation in Bulgaria.

The legislative changes extended the opportunities for serving the sentence in the open and transitional prison hostels, which on its part will contribute to the reduction of overcrowding in the closed penitentiary establishments. The widened opportunities for contacts with the outside environment, with the families and relatives of the sentenced persons, the increased employment of prisoners will assist their more active resocialization and reintegration in the society.

On the base of the changes in the normative regulations it was proceeded to a serious reformation of the material base and the conditions of treatment in the investigation detention facilities which according to Art. 10, par. 2 of the Law of Execution of Sentences are places of imprisonment. An equal status was fixed for the convicted persons regardless of whether they are placed in an investigation detention facility, in a prison or a reformatory house. The powers of the investigation and prosecutor's authorities to fix the content of the treatment were restricted.

The changes in the regimes of treatment of prisoners brought about narrowing of the application field of isolation and extended the opportunities for contact of prisoners with the outside world, their relatives, families and friends. This applies most to the legal status and treatment of prisoners who serve their sentence in prison hostels of the open and transitional types.

The opportunities for using home leave have also increased. Prisoners from the closed type institutions having shown good behavior can be transferred to transitional prison hostels to benefit from the alleviations in the process of treatment.

3. Autonomy of the places of imprisonment

The prisons and the reformatory house are territorial units of General Directorate "Execution of Sentences", but still they have an independent organizational structure with the corresponding managements. The managements exercise operative leadership of all activities related to the treatment of prisoners, their employment, provide for the security and guidance of the staff.

General Directorate "Execution of Sentences" is a structural unit of the Ministry of Justice and sets the priorities in the execution of the prison sentence, ensures methodologically the deployment of the set of activities related to penal execution and

controls their implementation. The administrations of the separate penitentiary establishments make by themselves the concrete decisions for the provision of security, the treatment and employment of prisoners. They take part in the procedures on the recruitment, selection and training of the executive staff and control the practice of stimulating and sanctioning realized with respect to it.

The demilitarization of the penitentiary structure increased the independence of the territorial units in relation to the General Directorate “Execution of Sentences” and created prerequisites for a more dialogue-based and professional communication between them. The partnership with the NGOs is part of the reform in the system. In this spirit of pursuing the posed aims, the central prison administration carries out a number of programmes and projects independently or together with the NGOs. On the base of the joint activities with NGOs the opportunity was provided to the staff to get acquainted with the international practices and standards in the penitentiary field, to learn and apply them in practice. We could say that a considerable part of the additional training carried out with the staff in connection with the reform going on, was implemented within the framework of projects with NGOs. Various services for prisoners have been developed and are operative.

4. Decision making procedure

The decisions on the appointment, pensioning of the staff as well as all more important issues related to the financial resources, are taken at the Ministry of Justice. The General Directorate and its territorial units make suggestions on these issues. The same is the mechanism for taking decisions concerning the setting up of prison hostels.

The decisions on the admission, allocation and accommodation of prisoners, their transfer from one penitentiary institution to another, the realization of their stimulation and of disciplinary practice are within the competencies of the administrations of territorial services of the General Directorate.

The General Directorate itself has the necessary powers to control, regulate and in case of need to correct the procedures on the making of decisions regarding the regimes of treatment, the social work with prisoners, the management and training of the penitentiary staff.

5. General principles of formation and management of the budget

The General Directorate and its territorial services are not a juridical person and their budget for each calendar year is fixed by the Ministry of Justice. Consequently, the question is about centralized planning of the budget, which takes partially into consideration the stated needs of the local services. The activities provided through the budget are performed by the staff on the pay-roll. The financial control on the budget fulfillment is also exercised by the corresponding structures of the Ministry of Justice.

The activities on the improvement of the living and production conditions, the medical services, the training and vocational qualification of the prisoners and the staff, the cultural and sports activities, the research and publishing work on prison

matters are financed by the “Prison Affairs Fund” state enterprise. It is a juridical person with head office in Sofia and with territorial units in the prisons and the reformatory houses.

6. Procedures for making an assessment of offenders

In 2002 there was introduced an obligatory assessment of offenders in all places of imprisonment, which is designed to contribute to individualization of treatment-development of an individual plan for the execution of the sentence, changes in the legal status of the convicted persons. In compliance with the amendments adopted in the normative regulations, the assessment is performed according to a specialized programme and follows a definite procedure. The procedure has the following coverage:

1.1 In the admission unit within the period of adaptation, in accordance with Art. 22 c(1) of the Law of Execution of Sentences.

1.2. In the main period of serving of the sentence:

- for the sentenced women not less than once in the year, by taking into consideration the needs areas and the changes having taken place after the performed correctional impacts;
- for the sentenced men with registered high level of risk of re-offending (above 80 scores) and serious harms, the assessment has to be made once in the year.

1.3. For the needs of the Commission on Art. 17 of the LES, as a re-assessment is made for the convicted persons who already have such an assessment prepared in the course of the last year.

1.4. When necessary, in the cases of Art 70 of the Criminal Code and Art. 425 of the Code of Criminal Procedure.

2. The main activities following the risk assessment , are:

- planning of the sentence;
- re-planning of its execution.

3. The initial planning is made immediately after the placement in the group within one month after the sentenced person’s entering it.

4. Initial planning is made regarding the following categories of convicted persons, fixed on the base of risk assessment:

- for prisoners with a low level of risk of re-offending and serious harms a plan is made for rationalization of their stay in prison complied with their needs;
- for offenders with a medium risk of re-offending and serious harms and for those, whose medium risk of re-offending is combined by higher or lower level of risk of serious harms, a plan is developed for one year, envisaging their participation in specialized activities on the base of the areas of their needs and necessities;
- for offenders with a high level of the risk of re-offending and serious harms the initial plan is for a period of six months and envisages their intensive involvement into specialized activities and programmes, corresponding to the areas of their most serious needs and deficits;
- for offenders with a high level of the risk of re-offending and low or medium level of the risk of harms, and for offenders with a low level of the risk of re-offending, but with high risk of harms, the plan is prepared for one year and is addressed to the satisfaction of the areas of most

protruding needs through involvement of the sentenced persons into highly intensive specialized programmes and activities.

5. The first re-planning is made from 6 to 12 months after the initial planning and the realization of the undertakings connected with it. This is valid for all categories of sentenced persons with medium or high risk of re-offending and serious harms. Even when only one of the required two prerequisites is at hand, the re-planning has to be made within the pointed terms.

The re-planning is directed to the further development and the setting of new objectives, as well as to amendment or continuation of the undertakings for their achievement.

6. Every subsequent re-consideration of the plan is realized at the discretion of the inspector in social activities and educative work, whenever the need arises of continuing the work, of changing the objectives and the undertakings for their implementation.

7. With convicted persons having a sentence of up to six months, it is only analysis of the risk of serious harms that is made.

8. For the convicted persons with long sentences, who have served effectively not less than 5 years, irrespective of the registered level of the risk of re-offending and serious harms, a re-planning is made every following year of the punishment. It is oriented to minimization of the regressive consequences of the long stay in the penitentiary institution and contributes to the re-integration of offenders in the community.

9. With the accused and defendants (the remand prisoners) only an analysis of the risk of serious harms is made on the base of a detailed interview, within one month after the placement of the person in the group. When the risk of serious harms is medium or high, there have to be planned undertakings for their overcoming, adequate to the needs of the person.

11. The basic report (copying the structure of the initial report) is prepared for presenting the prisoner for conditional early release (parole) and in accordance with Art. 425 of the Code of Criminal Procedure.

12. The current report is prepared every calendar year and is valid with change in the regime or re-categorization of the prisoner.

SECTION THREE

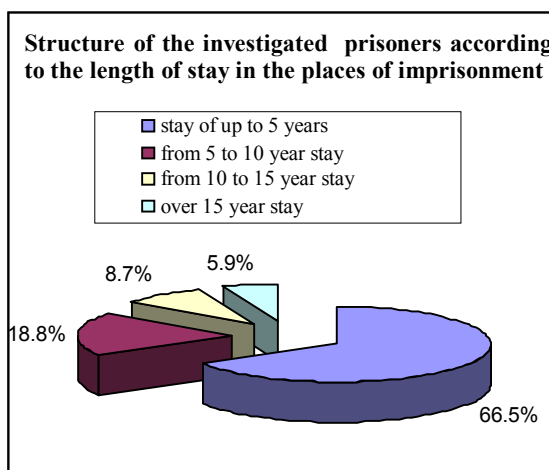
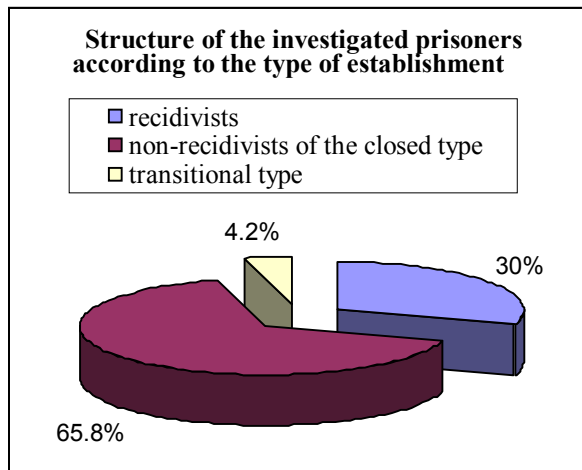
CHARACTERISTICS OF THE MENTAL HEALTH OF PRISONERS

The investigation of prisoners was directed to the following main fields:

- ascertainment of the general picture of diseases and presentation of the operating system of medical services;
- the mental health and the psychiatric and psychological activities and services available in the places of imprisonment;
- dependencies and programmes for treatment;
- interpersonal and cognitive problems and presentation of the operating system of social and educative work.

The medical services and the diseases have been investigated through analysis of the official information of General Directorate "Execution of Sentences" and through the

qualitative study including focus groups and interviews. The investigation of the mental health, the dependencies, the interpersonal and cognitive problems has been done within the framework of the quantitative study. The quantitative study covers a total of 1 598 prisoners. Out of them 480, that is 30% of the investigated persons, are recidivists. The number of investigated prisoners from the institutions of the closed type for non-recidivists is 1 051, which comprises 65.8%, and in the institutions of the transitional type have been covered 67 persons, which is 4.2% of the total of investigated persons. (Graph No. 2)



Graph No.2. Source: Quantitative study

Graph No.3. Source: Quantitative study

Regarding the average length of stay in the places of imprisonment with the investigated persons, the data show that the biggest is the relative share of the prisoners with a length of stay of up to 5 years (Graph No. 3).

1. Characteristics of prisoners' diseases

1.1. General characteristics of the diseases

The health status of prisoners does not differ considerably from the one of the free citizens in the Republic of Bulgaria. According to the data from the quantitative study, the conditions in the places of imprisonment rather catalyze existing diseases

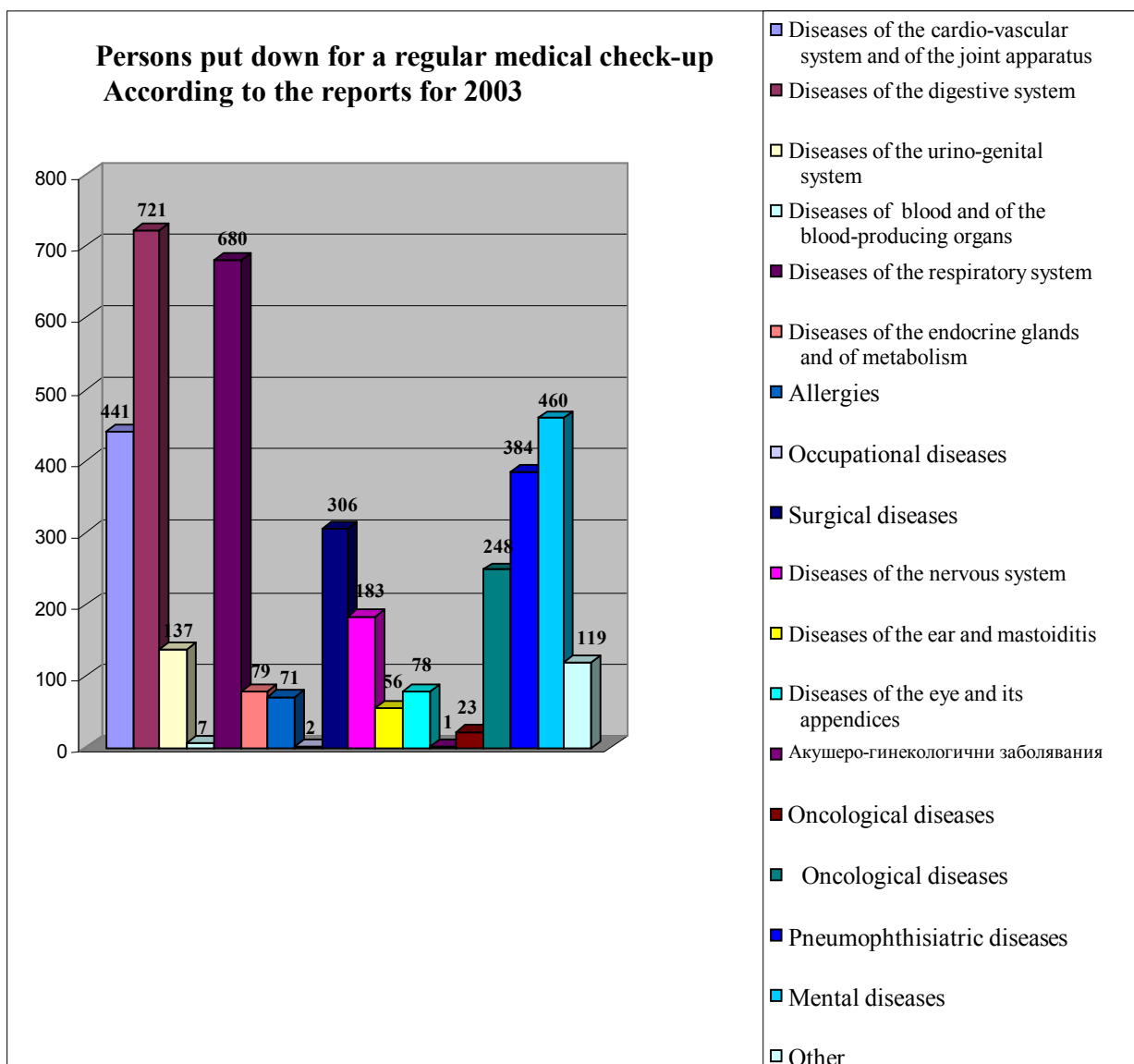
than cause new ones. The majority of persons covered by the investigation could not definitely distinguish the reason for the emergence of the diseases- whether it is due to their stay in prison or to other factors such as age, smoking etc. The diseases most often mentioned are:

- high blood pressure;
- headache;
- gastroenteric diseases.

These data are confirmed by the data of the diseases collected in the system of the medical services of prisoners (Table No.1).

Table 1, Source: GDES

Name of the groups of diseases	Total
1. Diseases of the cardio-vascular system and of the joint apparatus	441
Incl. Hypertension	238
Ischaemic heart disease	104
Cerebrovascular asthenia	38
2. Diseases of the digestive system	721
Incl. Gastric and duodenal ulcer	448
3. Disease of the urino-genital system	137
Incl. Nephritis and neurosis	22
4. Diseases of blood and of the blood-producing organs	7
5. Diseases of the respiratory system	680
6. Diseases of the endocrine glands and of metabolism	79
Incl. Diabetes	74
7. Allergies	71
Incl. Bronchial asthma	65
8. Occupational diseases	2
9. Surgical diseases	306
10. Diseases of the nervous system	183
Incl. Epilepsy	87
11. Diseases of the ear and mastoiditis	56
12. Diseases of the eye and its appendices	78
Incl. Glaucoma	6
13. Obstetrical diseases	1
14. Oncological diseases	23
15. Skin and vereneal diseases	248
16. Pneumophtisiatric diseases	384
17. Mental diseases	460
18. Other	119
TOTAL	3996



Graph No.4, Source: General Directorate “Execution of Sentences”

From the data of official statistics about the persons put down for a regular medical check-up in the places of imprisonment it is obvious that the greatest is the number of prisoners having diseases of the digestive and respiratory systems. The next in distribution are the mental diseases and the diseases of the cardio-vascular system and of the joint apparatus.

1.2. Medical services in the places of imprisonment

The medical establishments at the places of imprisonment are part of the national health network. There the principle of equivalence of treatment is applied, which means for the prisoners equal with the other citizens access to general medical, psychiatric and dental aid. The implementation of the pointed principle transfers to the penitentiary establishments the unresolved issues of the health care reform.

Decree No. 159 of the Council of Ministers of 17.07.2003 regulates the statute of the medical establishments in the places of imprisonment, their structure, activity and internal order. For the purpose of their implementation specific internal regulations are developed for the medical establishments in the system of General Directorate "Execution of Sentences".

The health care services to prisoners are provided by the Specialized Hospital for Active Treatment of Prisoners- Sofia, SHATP- Lovech, 13 health centers at the prisons and one Health Centre at the regional units of the places for pre-trial detention- Sofia. In the two hospitals there are sections for the treatment of female prisoners, which considerably curtails the expenses for their taking out and treatment in outside medical establishments. The health centers at the prisons are well staffed with the following kinds of specialists: doctor- a specialist in internal diseases or general medicine, psychiatrist and dentist, which fully meets the needs of health care services in the prisons. At every health centre there is a hospital ward with 8-10 beds and an isolation ward for those suspected of having an infectious disease until the final diagnosis is put.

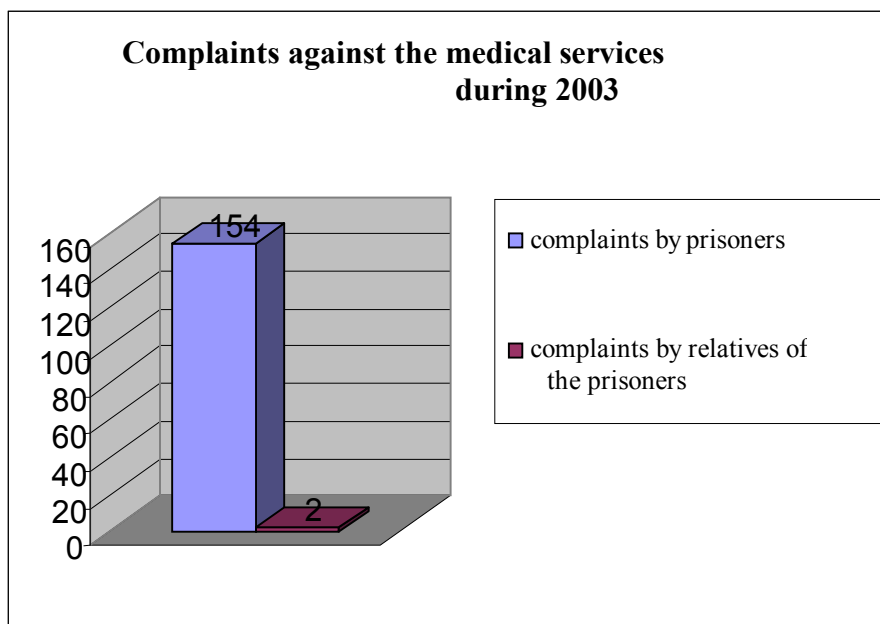
The curing of people with infectious diseases takes place in the hospital for infectious diseases in Sofia or in the corresponding town on the location of the prison. In case of need the patients are taken out for consultation with the corresponding specialist or for specialized examination in an outside medical establishment. In practice the greater proportion of medical pathology is covered by the specialists in the two specialized hospitals in the towns Sofia and Lovech. When the volume of the needed highly specialized medical assistance can not be covered by the medical establishments of the Ministry of Justice, the patients are hospitalized in outside medical establishments. With a sufficient number of medical indications the prisoners can use suspension of the sentence.

All prisoners are insured for health by the budget of the Ministry of Justice, but a great number of them were with terminated health insurance already before their entering in the places of imprisonment. These prisoners can not use the services of the National Health Insurance Fund- for free prescriptions (for example for supply of insulin which is a life-saving remedy) or hospitalization along a clinical path in an outside medical establishment. This raises the medical expenses.

Forthcoming is the guaranteeing of the medical decision independence in order to subordinate it to the health of the patient only, the specification of the medical interventions in cases of hunger strikes or swallowing foreign objects. The medical staff is part of the prison staff, i.e. the payment of their labour is performed by the prison administration to its staff on the payroll. The opinions of the medical officers are of important significance for the legal status of the prisoners- change of the regime, suspension of the execution of the sentence, pardon, early release, home leaves.

In the direction of the reform in the places of imprisonment, the procedures connected with the health services for prisoners are clearly regulated and effectively working. This comes to be confirmed by the number of complaints by detained persons and their relatives. On the other hand the medical staff have a negative attitude to the

complaints directed to them. According to them, this specific control on their work rather impedes its quality than helps.



Graph No. 5. Source: General Directorate “Execution of Sentences”

After 1990s the rights of prisoners were abruptly increased, our rights decreased and the stress is enormous. You cure them, after which they decide they don't like something and start writing to various institutions, everywhere. They begin to believe them. They send us letters to give explanations and we start searching for documentation, burrow, loose our time- a lot of staff take to these things. Then again a check, and here's the stress. Now we are coming out of an operation and I am going downstairs to the basement where the archives are- to burrow in a case. Can you imagine- I have one hundred patients, in three days I have to examine the whole prison- only a few of them to complain, they bring about trouble.

Focus group from the medical staff

According to the data from the qualitative investigation every prisoner upon admission undergoes an obligatory medical examination and a psychological screening. Regarding the access to medical services, the answers embrace two main theses:

- According to one of the theses there is a clearly regulated procedure in place, through registering in a book for planned examinations and first aid in emergency cases.

To me, they have always related well and I have received medical aid whenever I sought it.

Focus group with prisoners

- According to the other thesis, there is an official procedure, but actually the access to medical examination is hampered because of presumptions for simulation.

You register for a doctor only until 7.30, and if you are beginning to have a toothache at 10, you can't go

I have a bone diseases, and the doctors here tell me: "You are all right, boy".

I have a schizophrenia and the outside doctors prescribed me a treatment before my coming here. Now to continue my treatment, I have to take a prescription from the outside psychiatry.

You inform the parameter supervisor and he takes you there. You have sometimes to wait for hours. Very often there are no medicines or their term has expired.

Interviews with prisoners

Question: *When you have a health problem what is the order to receive first aid? (Who renders you first aid and how)*

Answer: *I'll die here- until I'm waiting for them. They always say you simulate. Last year a guy died so- he waited too long for the doctor, the doctor decided he was all right and the guy died of puncture of the ulcer. They say you simulate, and you may die.*

Interviews with prisoners

The differences of opinion are considerable in the various prisons, in which the investigation was held. The urgent aid is provided by the structures of Urgent Medical Aid, with the exception of the two prisons, in which there are hospitals. There in practice the prisoners use twenty-four-hour medical services.

In emergency cases we call "First Aid", we have no problems, they respond quickly.

Interview with a prison governor

It is also relied on the medical services in the municipal hospitals in the cases when there is a need of consultation with outside specialist. The latter can be called for, but more often the sick person is taken to the hospital.

When it becomes necessary, there are no problems. The day before yesterday a guy from our cell fainted, the ambulance came and everything was all right.

To me, for my leg I had to be seen by a specialist, and we went to the hospital.

Focus group with prisoners

The main difficulties in the medical services, according to the investigation, are:

- shortage of resources for medicines;
- problems with the health insurances and unclear mechanisms for acting in such cases.

2. The mental health of prisoners

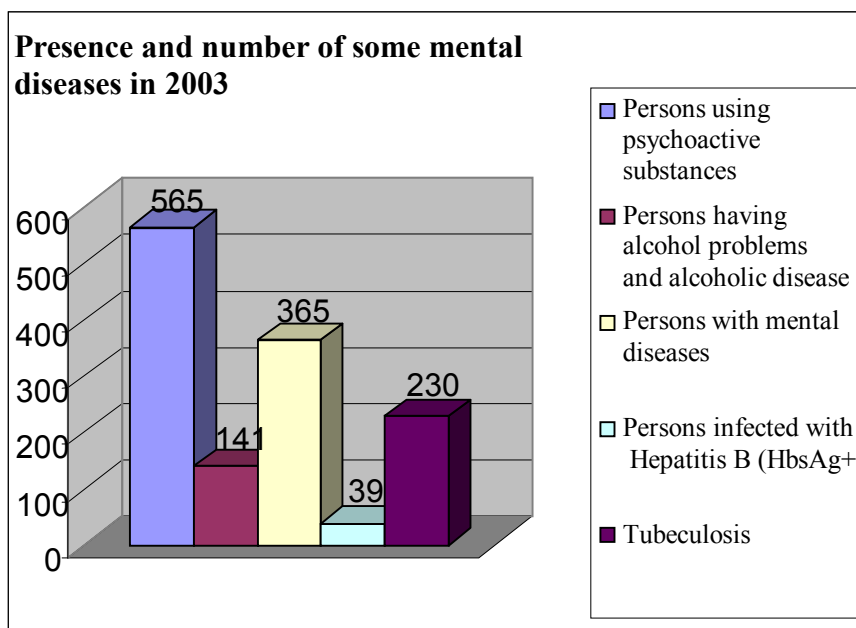
2.1. Overview

The mental health of prisoners includes a few main characteristics:

- Mental diseases and problems;
- Dependencies
- Interpersonal behavioural problems
- Cognitive skills and problems

The data used are from the General Directorate and a quantitative as well as qualitative study was made in several prisons.

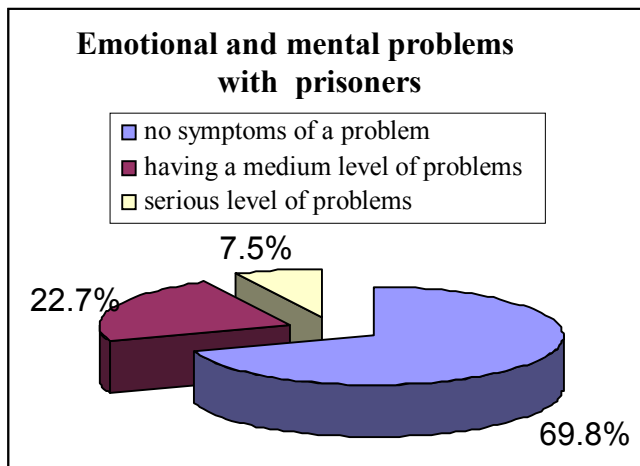
Since the object of investigation in the present report is mental health, the most widespread mental diseases among prisoners during 2003 have been deduced in the following diagram.



Graph No. 6, Source: General Directorate “Execution of Sentences”

The study of the emotional and mental problems with prisoners was implemented through the system of risk assessment OASys. This program was introduced in the places of imprisonment in 2002 and has been used for overall assessment of the offender’s personality, which allows for individualization of the treatment by developing an individual plan for execution of the sentence. The assessment includes: assessment of the needs of prisoners and assessment of the risk of re-offending and harm. This approach of assessment permits to specify the presence of problems in various areas- characteristics of the crime, criminal history, attitudes, life story etc. These areas cover the area of emotional and mental state of prisoners, of the cognitive and behavioural relations and problems, and the assessment helps to fix both the main problem areas for the individual prisoner and the level of seriousness of the problem. The level of seriousness of the problem is assessed as: there is no problem; there is a medium level problem and the level of the problem is high in the investigated area. On this ground the leading criminogenic and other needs are elucidated, on the base of which the plan for the execution of the sentence is drawn up.

According to the data from the study, out of the investigated group of prisoners 69.8% is the share of those, with whom there is no problem in the emotional and mental health, and the existence of such problems is observed with 30.2% of the investigated prisoners. The group of prisoners having problems in the emotional and mental area can be divided into two sub-groups depending on the seriousness of the problems, and namely: prisoners with medium level of the problems who have the need to receive aid and support, and prisoners with a serious level of the problems.



Graph No. 7 Source: quantitative study

The first sub-group of prisoners comprises 22.7% according to the data provided. Typical of the representatives of this group is that they have difficulties in standing restrictions and have problems in the pointed area, expressing themselves in symptoms of tenseness, anxiety, manifestations of emotional and volitional instability. It is difficult for them to adapt to the closed environment in the places of imprisonment. The second sub-group represents 7.5% of all investigated prisoners. Their serious problems find an expression in emotional instability, they suffer from depressions, compound personality disorder, mental deficiency, and schizophrenia. The people from this group are with medical diagnoses officially put. These data show that about 30% of the investigated prisoners have problems with their mental health.

The data from the quantitative investigation of prisoners regarding their emotional and mental state with the various types of prisons show that in the group of recidivists the emotional and mental problems are more often met compared to the group of non-recidivists from the closed type institutions and to the prisoners from the transitional establishments (Table No. 2).

Emotional and psychological factors- Scale 1-6	Age of prisoners			Share of all investigated prisoners	
	Up to 35	36-55	Above 55	Total number /% of all investigated persons from the type of establishment	Relative share
	Total number	Total number	Total number		

Recidivists	Prison for recidivists	86	70	6	162 33.7% of	10.1%
Non-recidivists	Prison of the closed type for non-recidivists	120	68	10	198 18.8%	12.4%
Transitional type	Prison of the transitional type	-	2	-	2	0.1%
					362	22.6%

Table No.2, Source: Qualitative study

Emotional and psychological factors- Scale above 6		Age of prisoners			Share of all investigated prisoners	
		Up to 35	36-55	Above 55	Total number /% of all investigated persons from the type of establishment	Relative share
		Total number	Total number	Total number		
Recidivists	Prison for recidivists	12	17	3	32 6.6%	2%
Non-recidivists	Prison of the closed type for non-recidivists	72	11	5	88 8.3%	5.5%
Transitional type	Prison of the transitional type	-	-	-	-	0%
					120	7.5%

Table 3, Source: Qualitative study

In the group of recidivists emotional and psychological problems are met with 40.3% (33.7% + 6.6% from Tables No.2 and No.3) of the investigated prisoners recidivists. While with respect to the group of investigated prisoners who are non-recidivists from the closed institutions, emotional and psychological problems are met with 27.1% (18.8% + 8.3%) of them. It could be supposed that there is a connection between the stay in prison and the presence of psychological problems. Quite a different matter is that there is no clarity about the nature of the mental disease as a reason for the committal of crimes and repeated entering prison, or about the mental disease as a consequence of the repeated stays in prison.

2.2. Main factors having a negative effect on the mental health of prisoners

According to the data from the qualitative study, the factors and reasons for the higher intensity of mental diseases in the prisons can be generalized in the following way:

- **Poor living conditions and overcrowding-** in Bulgarian prisons this is one of the serious problems, as is pointed in the reports of various human rights protection organizations and of the Committee for the Prevention of Torture and inhuman or degrading treatment or Punishment (CPT). Prisoners are often placed in cells having three or more beds, often double-decked, and sometimes reaching even to 20-40. Not all cells have their own sanitary installations.

We are nine in the cell, somebody is pissing in a bucket, another one is shouting, it is stinking, how to stay it.

Focus groups with prisoners

What we most complain of is that we don't have a proper bathroom, having in mind that we are women.

The other important thing is that there is no job. As for the other building (they point to the administrative one), look at the aluminium doors and windows they have installed.

Focus groups with prisoners

➤ ***Forced communication and conflicts***

In the conditions of isolation, forced communication could have serious effects on the mental health of every person.

How do you feel here, in the hospital?

I am very well, they take care of me, I prefer to stay here. We are three in the cell. I was four years in the prison in B. and there in inhuman conditions I felt a human, because I was alone in a cell. And here, in human conditions, I feel ill, because the others in the cell are animals. I can't talk to them, for I become very angry. I am interested in politics, and they are interested only in sports and music.

***Interview with prisoners, placed in a ward
for mentally ill in the prison hospital***

The most difficult thing here is to live together with people whom you cannot stand. You couldn't but be nervous- you piss in buckets, one of them feels lazy to make his bed, there is a disagreeable smell.

Focus group with prisoners

➤ ***The isolation from the relatives and the outside world***

It is not occasional that most problems exist with the groups of prisoners from the closed type institutions- for recidivists and for non-recidivists. These are high security prisons, and naturally with a high level of isolation. The contacts with the outside world are realized indirectly- through media, newspapers, television, books etc. The access to them is fixed in the legal normative regulations and in fact it is guaranteed.

The visits and leaves are an opportunity for a direct contact with the relatives and decrease the level of isolation. For this reason the rights to visits and leaves are defined by prisoners as the most significant rights, and they are very sensitive to the ways these are carried out. In the Bulgarian prisons of the closed type there is only one kind of visit- through a screen and by telephone. In the establishments of the open and transitional type the visits are held with a direct contact.

The other thing which makes people nervous, are the visits, they last only thirty minutes- until you are taken in, until you sit down, they tell to get up. The policemen nag at us, especially when there are visit, they squander 10 minutes of it. How will they re-educate us, if we cannot see even our relatives in the proper way. Here it is

worse than in the Turkish prisons. They have to permit the conjugal visits in prison, otherwise outrages take place.

Focus group with prisoners

Since 2002 the telephone calls have been allowed, although the organization of their carrying out is still not on the necessary level. The conversations are held in the presence of an officer, with only definite relatives, which together with the insufficiency of telephone sets, hinders the effectiveness of this right of prisoners.

The problems with the telephones have a reflection on my mental health. We don't have an official marriage with my wife and I am not allowed to call her. Have I got the right to a telephone or not?

Focus group with prisoners

Although by law there are different opportunities for using a leave, in practice the number of people and the time they have spent outside prison are insignificant at the background of the total number of prisoners in the prisons of the closed type.

➤ **The lack of specialized treatment for prisoners with mental problems**

The practice exists to accommodate prisoners with mental problems together with ones that don't have such problems. This practice has its positive effects with respect to the people with mental problems, for they live in the detached penitentiary setting and thus they are not additionally isolated. Actually the problem is in the lack of whatever specialized activities on the conservation and care of the mental health of prisoners.

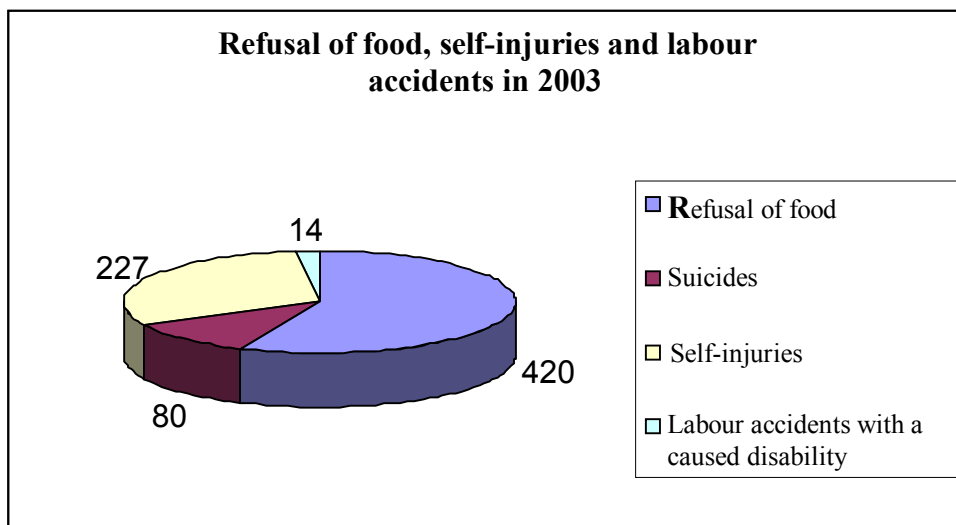
The people with mental disorder have to be separated. They should be placed in an isolation unit. They make us nervous and we begin fighting. And how could my nerves stay it when she herself comes down to beat me. Insane...our families are waiting for us, can we afford to become crazy in this way. Communication is very bad between normal people, and could it be better between the normal and the mad. When you are together with them you have to be on the alert all the time, you never know what can happen.to you.

Focus group with prisoners

Here there are many mentally ill people among us and I myself am very nervous about that. You can't look all day long a person who hits his head against the wall... how could you stay not to jump up and give him a sound drubbing...and it's OK that they give him phenobarbital or whatever it may be, and he gets over it. We don't know how they are given a certificate, people are right, these ill persons make them very nervous.

Focus group with prisoners

The lack of training for staff and prisoners in the system also leads to the appearance of conflicts, derangements, insults and additional tension in the prison setting. The existence of these problems in the places of imprisonment is due to a great extent to the fact that there are no integrated activities to learn prisoners how to behave to people having problems with the mental health. What is particularly lacking is the daily specialized care for the mentally ill persons. The lack of specialized programmes for diagnostics and support to such persons very often lead to self-harm, self-injuries and suicidal attempts among them.



Graph No. 8, Source: General Directorate “Execution of Sentences”

According to data from the qualitative study, the refusals of food are among the most widespread protest actions among prisoners. Most often the protests are directed to the law administering institutions- Investigation Service, Prosecutor’s Service, court, and their kind is often subordinated to the effect of contamination. They are certainly most distributed among the prisoners with mental problems. The principle with the hunger strikes, adopted in the Bulgarian penitentiary system, is to interfere when there is a risk for the life of the prisoner. Self-injuries are part of the specific prison life.

If in some prison they begin to sew together their lips, this is distributed like an avalanche to all prisons. Then there starts swallowing up of cutlery etc.

Focus group with doctors in a prison hospital

If a prisoner has injured himself, we treat him. And nobody searches for the reasons for which he has done it. This is an issue for the social workers- we speak, but there is no effect, there lacks a personality communication. The forms of aggression among them are something extremely dreadful. In cases of physical or sexual assault among

prisoners we treat them, write reports, state opinions, for example that this person has to be moved to another cell, but sometimes they only listen to us and then take them back. There should be some selection of prisoners by cells.

Focus group with doctors in a prison hospital

Self-injuries and suicidal attempts have very often a demonstrative character. The staff have not been specially trained do distinguish the symptoms with the various cases and to react accordingly. In most cases they rely on the acquired experience and intuition. In the normative regulations there are no special stipulations envisaged concerning the disciplinary practice with persons having mental problems. Actually, with the application of the heaviest disciplinary punishment- isolation in a punitive cell, before its execution there is an obligatory medical examination, but it concerns the physical state of the prisoner. In case of conflicts, which are frequent, the persons with mental problems are often participants, victims and objects of disciplinary punishments.

2.3. Dependencies

The drug problem in Bulgarian prisons is still defined as a comparatively new and not thus serious. However, the data from the investigation do not confirm this view. There are all the grounds to consider that drug addiction is becoming more and more a serious problem for Bulgarian prisons. 16% of all investigated prisoners have a problem relating to drugs (See Tables 4 and %). Alarming is the fact that all those people are at the age of up to 35.

Presently most topical are the problems with drug addictions, formerly it was tuberculosis. This is a result of the amendments adopted to the Criminal Code. We are not prepared to work with drug addicts, to manage abstinence, because it is not only physical, and for dealing with psychological one we have no staff. Even if we somehow deal with it, nobody takes them over when they go on the outside. In this connection we suggested that a consulting room is opened at the municipality, in which we can work and which can be visited by ex-prisoners. Because in the community they are anonymous and can not cope alone, they are not insured, and we are the ones who know their problems. However, nothing was done. We work with the NGOs or other organizations, as is the case in all prisons.

Focus group with medical staff

As a whole, 6.4% of all investigated prisoners have **medium level problems with the use of drugs**. These problems find expression in the misuse of medicines which were not prescribed by a doctor, or in their taking together with alcohol to enhance their effect, or misuse with the quantity of the taken medicines. To this group there belong the prisoners who have tried a drug, who are aware that the use of drugs causes them harm, but they think they could cope with the problem, i.e. there is underestimation and belittling of the problem.

As for the drug addiction among the recidivists, the data show that this is a more frequent phenomenon among the investigated persons from this group (19.6%), than among non-recidivists in the closed institutions (15.5%).

Misuse of drugs- Scale 2-7		Age of prisoners			Share of all investigated prisoners	
		Up to 35	36-55	Above 55	Total number /% of all investigated persons from the type of establishment	Relative share
		Total number	Total number	Total number		
Recidivists	Prison for recidivists	34	5	-	39	2.4%
Non-recidivists	Prison of the closed type for non-recidivists	60	4	-	64	4%
Transitional type	Prison of the transitional type	-	-	-	-	0%
					103	6.4%

Table No.4, Source: Quantitative study

Serious are the problems with 9.6% of the investigated prisoners, who need help in this area. What is typical for them is that they do not demonstrate the motivation for change, do not recognize the harm drugs cause on their personal life. It is difficult for them to stand the restrictions of the closed environment (See Table No. 5) They are also in the age group of up to 35.

Misuse of drugs- Scale above 7		Age of prisoners			Share of all investigated prisoners	
		Up to 35	36-55	Above 56	Total number /% of all investigated persons from the type of establishment	Relative share
		Total number	Total number	Total number		
Recidivists	Prison for recidivists	37	18	-	55	3.4%
Non-recidivists	Prison of the closed type for non-recidivists	99	-	-	99	6.2%
Transitional type	Prison of the transitional type	-	-	-	-	0%
					154	9.6%

Table No 5, Source: Quantitative study

It should be borne in mind that this information has been given by prisoners themselves. Documented or diagnosed use of drugs exists very rarely. Despite the efforts and the control, according to prisoners there is no problem to provide drugs in the prisons.

At every corner in the prison you can buy whatever drug or tranquillizer you want.
Focus group with prisoners

The drug addicts are a problem- they enter here for a while, then the lawyers take them out, then they come back again. The organizations on the outside don't take them over. Even when they are on methadone, they are demotivated for treatment,

here we are like in a commune- we deal with abstinence. And also, they are restricted in the use of drugs. It is not known (whether they are restricted), it is not known what happens upstairs (in the prison). If the prisoner is on methadone, here the treatment is continued- they have special cards, by which they are provided with the pills.

Focus group with medical staff

2.4. Psychiatric and psychological services

In the places of imprisonment these services are provided by staff on the pay-roll- psychologists and psychiatrists. There are appointed psychiatrists in all prisons. The standard they use is medical. The provision of other services such as leading therapeutical groups and running specialized programmes for dependent persons is at the wish and competence of the corresponding psychiatrist or psychologist.

Psychologists are also members of the staff of the prisons, and in many prisons there are two psychologists. Their engagements cover a wide range of activities- psychological selection of the staff, initial psychological diagnostics of newly admitted prisoners, psychological diagnostics at a request, psychological diagnostics with changes in the legal status of prisoners, leading groups, counseling. In the prisons where there are two psychologists, there are attempts for differentiation of their duties, but it can be said that diagnostics occupies the most substantial part of their work. Counseling of prisoners takes place at a preliminary request or when an urgent interference is needed.

During the past years there have been realized projects with NGOs, within the framework of which training of the staff has been taking place for specialized treatment of dependencies, and some services have been provided to persons with dependencies. Such trainings were conducted with psychiatrists and psychologists as well as with social workers. During the last five years at least 100 officers from this kind of staff in the places of imprisonment took part in various forms and projects for training to work with drug dependents. According to data from General Directorate "Execution of Sentences", 50 prisoners have undergone programmes for work with dependent persons in 2004. The explanation to these contradictory figures can be found in the absence of standards obliging the staff to work on such programmes.

On the base of the qualitative study results we can draw some general conclusions:

- Prisoners experience satisfaction from the individual meetings with psychologists when the latter create atmosphere for sharing and discussing existential topics.

We speak about personal things, this helps me feel better.

Interview with a prisoner

- There is a lack of therapeutic group programmes, or if they are available, they are in a volume unnoticeable for prisoners.

According to data from the focus groups and the interviews with prisoners from all prisons there was nobody who was taking part or had taken part in a group of this kind. In a prison somebody shared they knew that the previous year there had been something of the group kind of work for the drug addicts.

- Priority of the diagnostic activity and insufficient work of psychologists with prisoners, which is the reason for the distrust to psychologists often encountered in the prisons.

To meet a psychologist, you have to send in your name, and for the psychiatrist you have to be sent to him by the doctor with a talon. Since I'm here, I've met the psychologist only once, upon the arrival.

Interview with a prisoner

Question: *Do you visit the prison psychologist on your own initiative? How does it take place?*

Answer: *“For the psychologist you send in an application, and after two or three days you can go to him”... “You can go to the psychiatrist with a referral from the doctor, when he has a reception day”... “I've been only once and he shoots at me- a crazy mess”...*

Focus group with prisoners

The psychologist does not help us in any way. I tell the officers I want to talk to the psychologist, already three months ago, and still have not met him. This isn't a psychologist...The psychologist is a gossip and tells tales. I don't trust him. He only asks and interrogates me why I am here. It is known why, it has been written down, he can read it...we don't trust him here. He doesn't feel like working at all...You can't say this about the staff who supervise us, they work and are very humane. It is apparent when somebody feels drawn to work.

Focus group with prisoners

I went to the psychiatrist- I am schizophrenic. They had prescribed to me a medicine on the outside, before my coming here. They can't prescribe it to me here, and in order to get it prescribed on the outside, I have to go to the psychiatry. When I go to the doctor in the appointed hour, he gives me the slip, I've been upstairs on the higher floors two or three times to search for him. When I find him, he gives me medicines and tells me not to tell anybody where he is. He keeps away when there are appointed consultation hours. I gave up the idea of undergoing a treatment- for four months now I don't take medicines.

Focus group with prisoners

3. Interpersonal, behavioural and cognitive problems of prisoners

The study of the factors underlying criminal behaviour show that this sphere of the personality has got an important representation among prisoners. It is particularly important that often the problems in the personality sphere are found in combination with mental health problems. The importance of this sphere is determined by its dynamic nature, i.e. unlike life's and criminal history it is changeable.

3.1. Interpersonal and behavioral problems

The data from the quantitative study of 1598 prisoners show that with 53% of the investigated persons there have been found out problems in the field of interpersonal

behaviour. These problems include aggressive behaviour, hostile attitudes, suspiciousness, problems with anger management.

Interpersonal behaviour- Scale 1-4		Age of prisoners			Share of all investigated prisoners		
		Up to 35	36-55	Above 56	Total number	% of the same type of prisoners	Relative share
		Total number	Total number	Total number			
Recidivists	Prison for recidivists	119	85	12	216	45%	13.5%
Non-recidivists	Prison of the closed type for non-recidivists	202	60	3	265	25.2%	16.6%
Transitional type	Prison of the transitional type	-	2	-	2		0.1%
					483		30.2%

Table No.6, Source: Quantitative study

What makes impression is that among the recidivists problems in the area of interpersonal behaviour exist with 75.4% of the investigated persons (Tables No. 5 and 6), while among the non-recidivists of the closed type there are problems in the interpersonal behaviour with 45.8% of those investigated. 30.2% of all investigated prisoners have serious problems in the field of interpersonal behaviour. They find expression in strong hostile attitudes to the others, these persons perceive the others as enemies and are ready to do harm any moment. They easily lose temper, react inadequately in the different situations, have difficulties in resolving conflicts.

Question: <i>What do you do when you feel unwell?</i>
Answer: <i>You work it off on somebody else, you shout etc. I fell out with a guard, I am sweeping, and he is spitting seeds, I told him, but he continued... I threw away the broom and disappeared.</i>
Focus group of prisoners

Interpersonal behaviour- Scale above 4		Age of prisoners			Share of all investigated prisoners		
		Up to 35	36-55	Above 56	Total number	% of the same type of prisoners	Relative share
		Total number	Total number	Total number			
Recidivists	Prison for recidivists	77	66	3	146	30.4%	9.1%
Non-recidivists	Prison of the closed type for non-recidivists	118	70	29	217	20.6%	13.6%
Transitional type	Prison of the transitional type	-	1	-	1	1.3%	0.06%
					364		22.8%

Table No.7, Source: Quantitative study

The prisoners point out that it is the **closed environment** that provokes stress and tension. This thesis is confirmed by the staff who consider that the aggressive behaviour of prisoners ensues from the very fact of their serving a sentence. According to prisoners, part of the staff are “very nervous”, which additionally enhances the negative spirits between the staff and themselves.

The long contact with highly aggressive and unpredictable people leads to serious stress.

Interview with a staff member

Another important argument for the **enhanced aggression** of prisoners is the lack of meaningful activities in their environment to engage their time. The investigation data show that the prevailing share of prisoners are young people, whose senseless staying in the cells does not lead to their education and to correction of their behaviour, just on the contrary- it stimulates aggression in the environment.

The worst thing is that there is no job. To stay all day long in the cell is unbearable. We only watch television.

The sentences were given when job was available. Now we are serving them day for day.

We don't do anything here, how can we change and not steal after going out?

All the day the same things, the same things.

Focus groups with prisoners

3.2. Cognitive problems (thinking skills)

The data from the quantitative investigation of prisoners show that the relative share of prisoners who have problems in the fields of skills and ways of thinking, is very high. These are problems among the fundamental ones for the criminal behaviour and often give rise to interpersonal conflicts and tension in the places of imprisonment. The problems are expressed in the inability to realize one's problems, to see the connection between the own behaviour and the consequences of this behaviour. They don't have realistic short-term and long-term aims of life, often are rigid in their thinking, they can't see the alternative decisions and prefer stereotype behaviour. This type of problems exist with 75.5% of the investigated prisoners (See Tables No. 8 and 9)

Ways of thinking- Scale 1-5		Age of prisoners			Share of all investigated prisoners	
		Up to 35	36-55	Above 56	Total number /% of all investigated persons from the type of establishment	Relative share
		Total number	Total number	Total number		
Recidivists	Prison for recidivists	40	25	10	75 15.6%	4.7%
Non-recidivists	Prison of the closed type for	117	63	2	182	11.4%

	non-recidivists				17.3%	
Transitional type	Prison of the transitional type	20	3	-	23 30.2%	1.4%
					280	17.5%

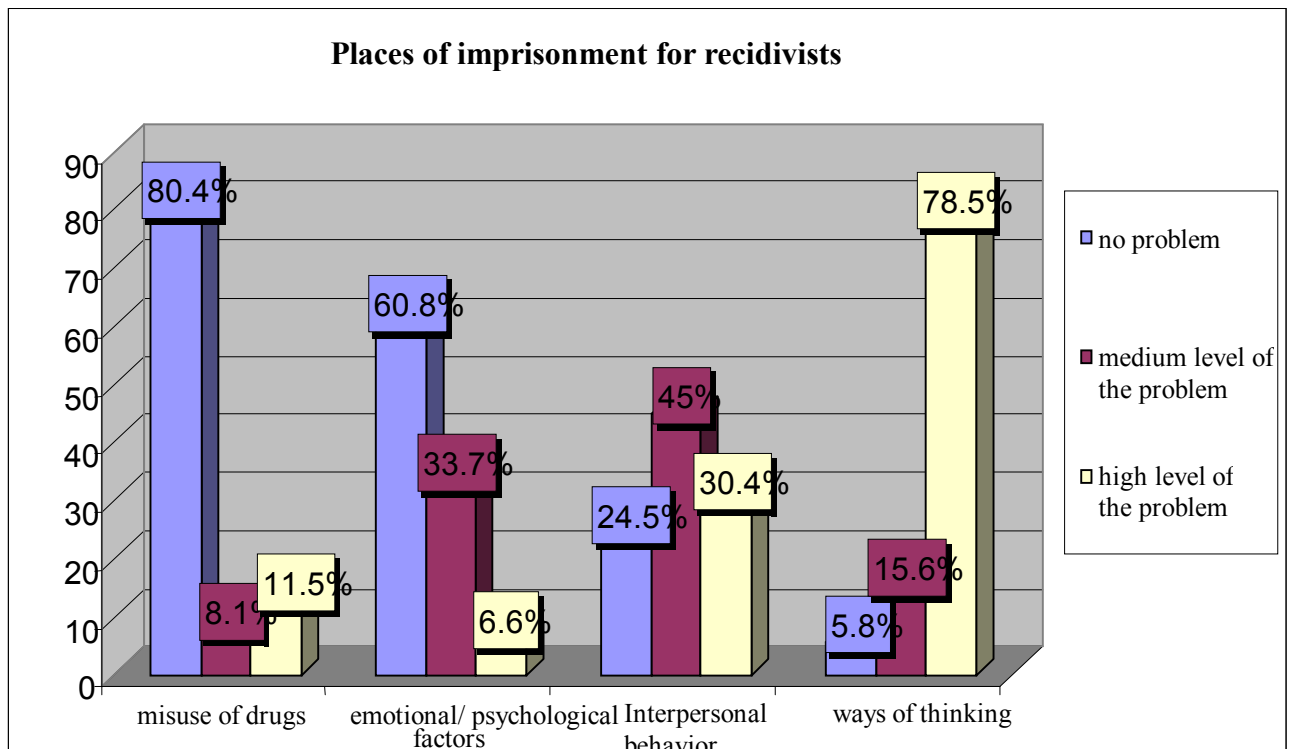
Table No 8, Source: Quantitative study

As very serious are defined the problems in the field of thinking abilities with 58% of all investigated prisoners. The investigation data show that in the group of recidivists in the places of imprisonment this type of problems exist with 78.5% of them (Table No.9) The more detailed examination of the data from the investigation shows that in the group of recidivists the persons with whom a medium or serious problem has been established in this area, comprise 94.1% of all investigated recidivists.

Ways of thinking- Scale above 5		Age of prisoners			Share of all investigated prisoners	
		Up to 35	36-55	Above 56	Total number /% of all investigated persons from the type of establishment	Relative share
		Total number	Total number	Total number		
Recidivists	Prison for recidivists	205	159	13	377 78.5%	23.6%
Non-recidivists	Prison of the closed type for non-recidivists	387	127	34	548 52.1%	34.3%
Transitional type	Prison of the transitional type		1	-	1 1.3%	0.06%
					926	58%

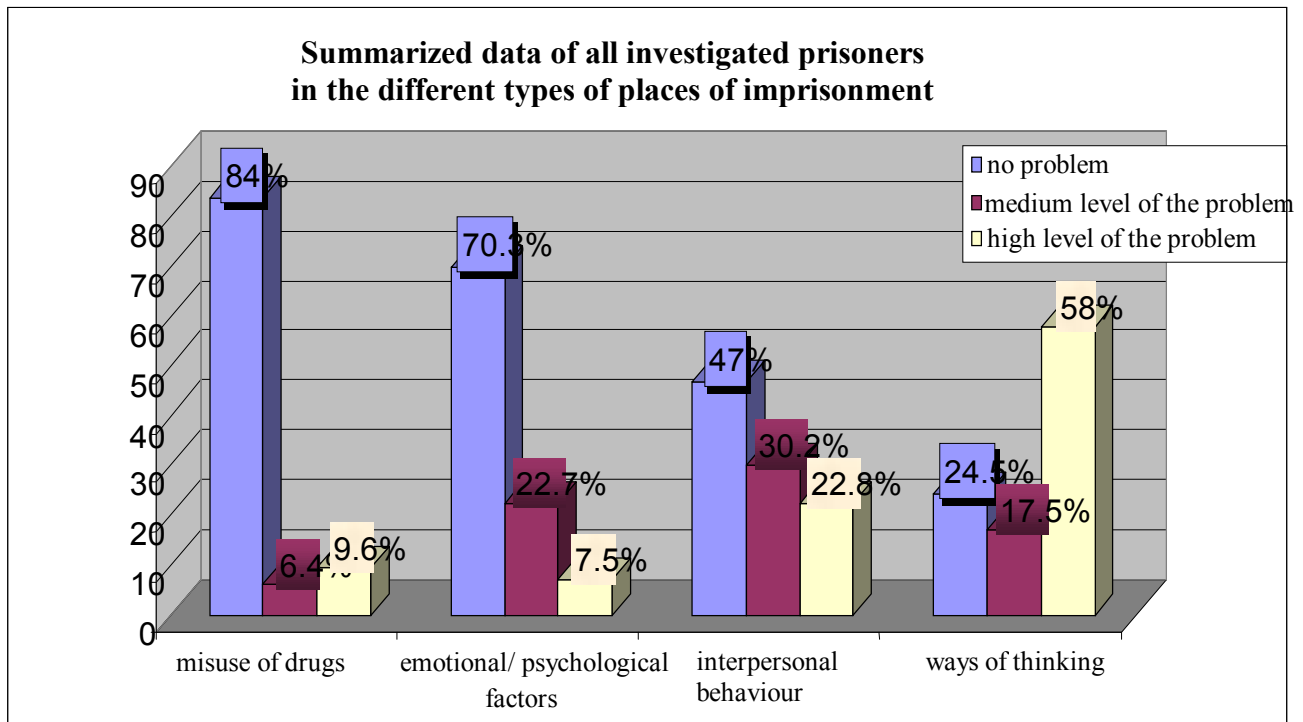
Table No 9, Source: Quantitative study

The graph given below presents the summarized results of the investigation of prisoners in the places of imprisonment for recidivists. It shows a particularly alarming picture of the problems related to the mental health of prisoners in the broad sense of the concept mental health.



Graph No.9, Source: Quantitative study

These data pose seriously the question about the available services in the places of imprisonment relating to assistance and support to prisoners in the prisons for recidivists in particular, and as a whole, the services and the social and educative work in the different types of institutions. The graph below presents the summarized data about all investigated prisoners in the various places of imprisonment.



Graph No.10, Source: Quantitative study

3.3. Socio-pedagogical and educational services

The socio-pedagogical work is in a process of impressive transition for more than ten years now, which is essentially a transition from collective and educative work to modern social work. It is aimed at resocialization of the convicted persons and begins with their entering prison. Regulated and implemented in practice is the psychological examination of every newly admitted prisoner with a view to diagnosing his personality specificities and planning the execution of his sentence. An obligatory offender assessment is introduced, which is instrumental in motivating every change in the legal status of the convicted persons. The introduction of this methodology is the starting point for the overall work with offenders. It creates objective prerequisites for individualization of the punishment and for responding professionally to every need of prisoners in the process of serving of the sentence.

There has been drawn up a package of programmes for exerting an impact (correctional and developing), which are applicable in all prisons. They are designed for working with prisoners in the period of adaptation, during the main period of serving of the sentence and at the exit. Such programmes are: “Programme for adaptation of newly admitted persons”; the resocialization programme “Life at freedom- challenges and choices”; the “Job” clubs; the cognitive-behavioural programme “Skills for assertive behaviour”; the programme “Treatment of sexual offenders”; “Coping with life problems through change of thinking”; programme for work with addicted persons “Strength for life”; sports programmes, cultural and information programmes; educational (literacy) programmes. Two resocialization centres have been set up- in Bobov Dol Prison and in “Kremittovtsi” Prison Hostel. In accordance with the European standards there have been developed training and

qualification programmes, vocational training has been improved to respond to the market of labour requirements. Programmes for work with young offenders undergo approbation and accreditation. The international experience is being studied and the practice is developing on the treatment of life prisoners and drug dependents.

The old detachment system with its immanent barrack forms of educative work is being replaced by a new form of prisoner allocation- by groups, in which various social activities and programmes are carried out.

The socio-educative activity is realized by inspectors in social and educative activity, or as they are more often called, social workers. They are 202 officers with higher education and together with the psychologists they comprise half of the staff on the financial and resource procurement. Actually 202 social workers fall to 10 000 prisoners. Having in mind that in Bulgaria there is still a lack of developed services in the community and mechanisms for their use in the prisons (with the exception of vocational and qualification services), it can be said that that the socio-educative activities and services are implemented by this category of staff. This is one of the possible explanations for the figures pointed below. According to data from the General Directorate for 2004:

- 3 083 prisoners have attended a programme for adaptation (a compulsory programme at the entrance with modules of different size).
- 273 prisoners have attended a programme for preparation for release (for resocialization). 90 prisoners have undergone a programme for life at freedom in the prisons in Bobov Dol and Sofia.
- 36 convicted persons have attended programmes for sexual offenders.
- 38 prisoners have undergone the programme for anger management.
- 2 057 prisoners have participated in sports programmes
- 71 prisoners were involved in cultural and information programmes.

Another essential peculiarity of the working process in the places of imprisonment is the availability of social work only in the regular working time from 8 a.m. to 5 p.m. The need of active social work and social engagement of prisoners is mostly after 5 p.m., when they finish their educational classes or go back from work.

Employment is one of the main characteristics for the convicted persons. It reduces the level of stress among them and is a factor creating objective prerequisites for rationalization of time in the process of serving of the sentence. Provides opportunities for resocialization and reintegration in the free community. Although presently the opportunity for employment is not equivalent for all prisons, General Directorate "Execution of Sentences" strives to open more working places and to increase the number of people involved in labour activities. At this stage 38% of the prisoners have the opportunity to work.

These data are also confirmed by the qualitative investigation. *As the main problem from all interviews and focus groups without exception was deduced the problem of the senseless free time which is filled in by watching television only. Actually for those who do not work the stay outside the cell does not exceed two hours daily per person on the average. In one of the latest reports of CPT it is recommended that a standard of 8 hours outside the cell daily is introduced, which would contribute to the actual fulfilment of the aims of punishment.*

Prisoners cope with stress when they can visit a psychiatrist, a psychologist and a social worker in prison. Despite the presence of a great number of specialists in the prisons, prisoners rarely mention having visited groups for self-help, therapeutic work or whatever group work in the prison, organized by psychiatrist or psychologist. Very often the question concerning group work with prisoners is incomprehensible for them due to the lack of such practice in the prisons.

Question: *Do you visit any groups for self-help and support, organized by the psychologist or the psychiatrist?*

Answer: *We have access to different religions. I visit meetings of Adventists, members of the Orthodox Church and Evangelists.*

Answer: *It would be nice if there were more vocational courses- for drivers, for masons etc.*

Answer: *Some time ago they collected us in a group of addicts, and it was all.*

Interviews from focus groups with prisoners

The social support is recognized when only rendered by other prisoners. Such a support has been rendered by the social worker in the mediation with the prisoner's relatives, for the letters or mediation for finding job. A great proportion of the interviewed prisoners point that the social workers are very engaged and often have no time for them.

...The social worker has to listen to us more, he is always in a hurry, he is busy.... We talk to him mainly for work, for letters and that's it.

... We are 27 persons in the room, I have asthma and they smoke all the time. The social worker can't do anything except to speak with the prison doctor.

...The worst thing here is that we stay all day long without doing anything, You couldn't but go mad.

Interviews with prisoners

The prisoners point out that they mainly use the services of the psychologist or the social worker by holding individual meetings with them. They prefer to share their problems and to search a way out of difficult situations by sharing their uneasiness and excitement with another prisoner, rather than with some of the specialists. According to prisoners, "somebody with the same fate" would understand them better.

The educational qualification of the convicted persons is differing. During the past years prevalent has been the group of convicted persons with primary education. The number of the convicted persons with higher education is the lowest. Small is also the percentage of those having vocational qualification. With the aim of acquiring or raising the vocational qualification, courses for vocational qualification are organized and carried out in the places of imprisonment. For 2003 108 persons have acquired vocational skills and have received certificates for this.

There have been set up schools at the places of imprisonment, where the prisoners can receive initial literacy or raise their educational qualification. Such schools have been opened at the prisons in Stara Zagora, Sofia, Lovech and Vratsa. In 2003 the number

of the studying prisoners was 805, which comprises only 10 per cent of the number of convicted persons.

4. Main conclusions and recommendations

4.1. Conclusions

The prison setting is a catalyzing source of prisoner's diseases, but as a kind and relative share they are comparable to the state of the problem with the free citizens. ***The level and quality of the medical services is comparable to the ones for the free citizens-*** medical services are provided to all prisoners, the access to a doctor is normatively fixed as well as the access to specialists and first aid. The main problems ensue from the imperfections of the reform going on in the country and from the insufficiency of financial resources. In our opinion, the issue of the autonomy of the doctors' decisions needs a special study, having in mind that the doctors are part of the prison staff. Indications of this are the complaints of the prisoners that the access to a doctor is influenced by the presumption of simulation. On the other hand, some very important for the prisoner decisions, like pardon, suspension of sentence execution, early release depend on the opinion of the prison doctors, which potentially gives birth to corruption. Regarding the provision of psychiatric treatment, statistically it can be said that prisoners are privileged in comparison to the free citizens. In every prison there is a psychiatrist, which means provision of services to 500 up to 1 000 persons by one specialist, while in the society the rate is one to 14 000. In this situation absolutely inexplicable is the lack of special care and services for the mentally ill persons, which should be a standard and not a wish.

The relative share of the investigated ***prisoners with mental health problems is about 30%, i.e. almost one third of all prisoners***, as over 7% of these are with serious mental diseases. Despite the presence of both psychiatrists and psychologists in every prison, ***the treatment of these people is mainly medical***. The offering of other services is at the wish and discretion of the doctors. There is a lack of specialized and socio-educative programmes for the treatment of people with mental problems, which turns their accommodation together with the other prisoners from an advantage into a serious source of problems and conflicts. The staff has not been trained to work with people having mental problems, and also the state of these people has no effect on disciplinary practice.

The relative share of people with ***drug problems*** is increasing. Despite the carried out trainings of the staff the specialized programmes of treatment are rather an exception. Here there is a serious need of change or of introducing a new mechanism for identification of drug addicted prisoners.

The investigation showed an exceptionally alarming picture of problems in the personality sphere of the convicted persons- hostile attitudes, aggressive behaviour, lack of skills for anger management; for becoming aware of their problems, for becoming aware of the consequences of their behaviour etc. ***Nearly 80% of the investigated persons have problems in the personality sphere***. At the background of this picture the assessment for the socio-educative programmes and services sounds paradoxically- *there are developed programmes which could respond to these needs of prisoners, there are trained specialists among the social workers and the psychologists, and at the same time the share of the people having undergone these programmes is insignificant. If we calculate the number of people having participated*

in programmes and the number of hours and relate them to the general number of convicted persons, we will establish that the relative share of persons involved in programmes is extremely small.

4.2. Recommendations and suggestions

After the study, the main factors and reasons for this picture, susceptible to change and depending on the will of the penitentiary system's management, are as follows:

- The organization of treatment- it is obviously aimed at facilitating control and supervision, due to which the prisoners spend the better part of their time in the cells. According to them, this is the heaviest problem during their stay in the places of imprisonment, which they put even before the bad material conditions. The conclusion that this problem ensues more from the organization of treatment than from the lack of resources, is imposed by a few facts from the study. In the first place, it can be seen in the analysis of the groups of staff and the relation between them. The fact of the enormous difference between the number of the supervision and security staff and the one of the socio-educative staff would not be so significant if the security staff took part in the positive treatment of prisoners, and their functions were not limited to keeping and locking only. Such a participation is not envisaged now either normatively or in practice and it is not possible with the 24-hour organization of their labour. In the second place there comes the fact that there are trainings and prepared specialists, there are developed programmes, but the latter are not run. This is probably due to the extremely unfavourable ratio of social workers to prisoners (1 to 200) as well as to the requirements put to the social workers on the part of the managements of the prisons, among which there is not a requirement to carry out specialized activities. ***It is necessary to introduce standards of activities and evaluation of the staff's work based not on the quantity of the performed activities, as is the case now, but on the rationalized time guaranteed to each prisoner.*** If it is not possible to fulfil the European standard- 8 hours daily outside the cell, then there should be defined an internal minimum standard- 4 hours for the prisoners who do not work.
- The lack of an integral conception for the treatment of convicted persons with special needs- staff training, programmes, care etc. The shared accommodation of prisoners is not so much due to a positive conception about their social inclusion than to the lack of any conception whatsoever. Otherwise the general treatment would be accompanied by range of concomitant activities. Clearly outlined is the need of designing such a conception, of introducing compulsory training of the staff, which will contribute both to a change in the relation to these people and to the provision of special care and support.
- The material conditions of life of prisoners (overcrowding, poor hygiene). This is a problem the prison administration is clear about and for the solution of which serious efforts are put.

SECTION FOUR

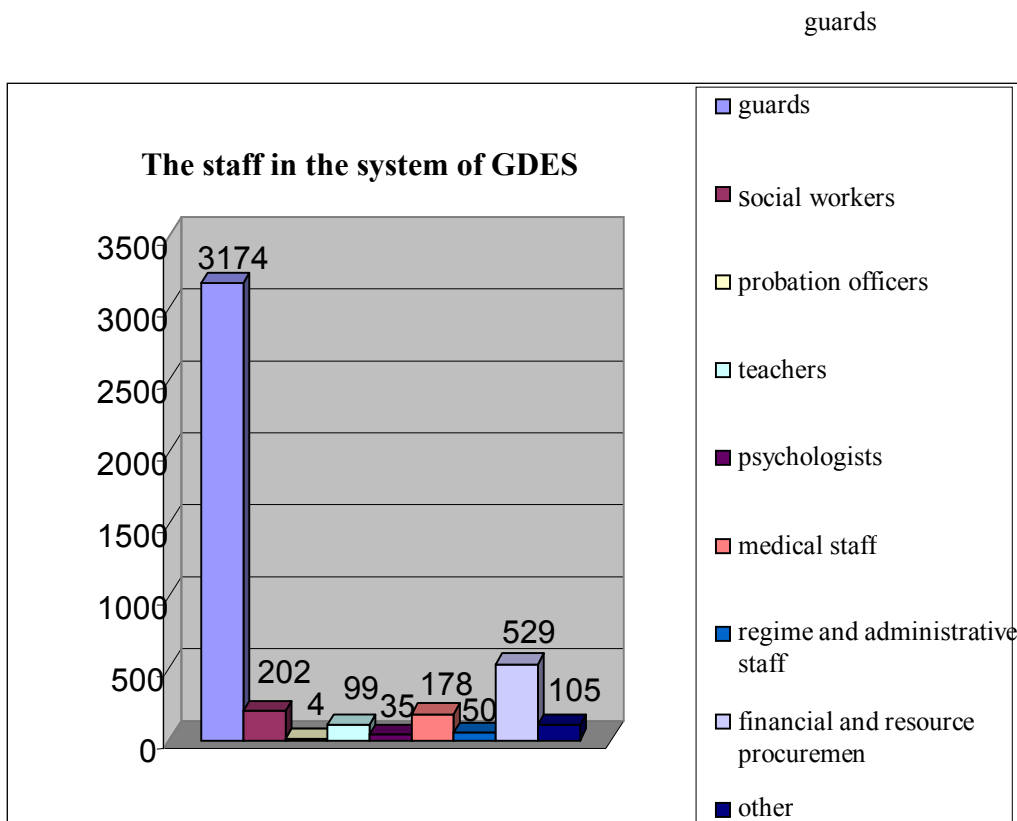
OCCUPATIONAL STRESS AND MECHANISMS FOR ITS OVERCOMING IN THE PLACES OF IMPRISONMENT

1. Formulation of the problem

The study of vocational stress in the places of imprisonment rouses interest at least for several reasons:

- The various studies made all over the world define this profession as one of the most stressful ones, alongside the professions of the submarine crew, astronauts, miners etc., and in this context it is important to examine the situation in our country, in order to outline more clearly the necessary care and services for the prison staff;
- The successful management of occupational stress is a prerequisite for the quality of the process of humanization of treatment in the places of imprisonment and for guaranteeing the human rights of the convicted persons;
- The mental health of the convicts is a function to the general atmosphere and the relations in the places of imprisonment.

In the places of imprisonment there work specially selected and trained staff.

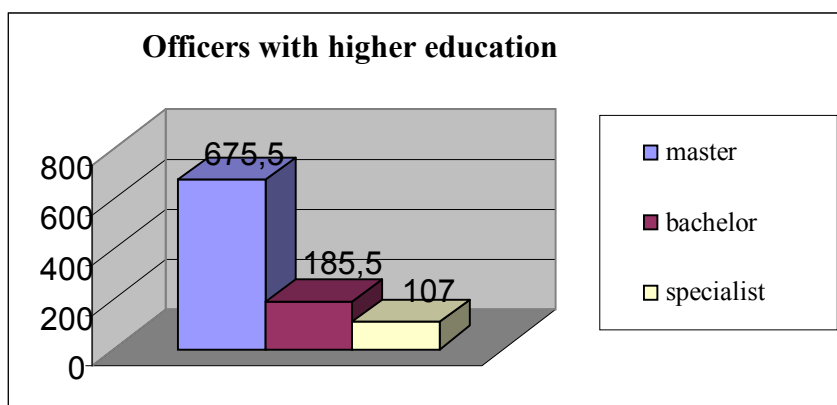


Graph No.11, Source: GDES

The staff directly engaged in the treatment of prisoners work in several main directions of activity- supervision and security and regime and administrative; social

and educative work; medical services; economic activities and financial and resource procurement. In the treatment activities there also take part the teachers in the 5 schools at prisons, but they are staff of the Ministry of Science and Education. Since 2004 there is a new section operating at the General Directorate “Execution of Sentences”- “Execution of Community Sentences”, where the first probation officers work, and from the beginning of 2005 the start of the execution of the probation sentence is expected.

The General Directorate exercises permanent control on the state of the human resources in the places of imprisonment. A total of 4 376 staff work in its structure. Out of them 3 174 are guards, 202 social workers, 4 probation officers, 35 psychologists, 178 medical officers, 99 teachers, 50 regime and administrative officers, 529 officers in the financial and resource procurement. 968 staff members are with higher education, and the other staff- with secondary.



Graph No.12, Source: GDES

In compliance with the requirements of Art. 63 of the European Rules of Prisons initial training courses on prison affairs are held with all newly appointed officers. The main aim of initial training is the acquisition of the necessary knowledge and skills for working in the penitentiary system by every officer. The training is carried out after approved curricula and is organized in several modules: “Criminal and penitentiary law”, “Penitentiary pedagogy”, “General physical training and training in martial arts”.

The permanent training of the staff in the places of imprisonment aims to raise their general and special qualifications and to ensure a unified approach to the treatment of detainees towards its humanization and bringing in line with the European standards. The study was held by a questionnaire to the staff (See Annex No.1), focus groups and interviews with staff members from 5 prisons in the country. It covered the following areas:

- Attitude to the penitentiary profession and its defining as stressful or not;
- Diseases among the staff
- Mechanisms for stress management.

The total number of investigated persons is 137, out of whom 71 men and 66 women.

Expressed in relative share, 52% of the investigated persons are men and 48%-women.

Regarding **the direction of activity**:

- 46 of all investigated persons are from “Regime and Internal Security” Department, 60 are from “Social and Educative Work” Department, 15 are from “Financial and Resource Procurement” Department, 11 from “Medical Services” Department and 5 from the Human Resources Department.

With respect to the **kind of staff**:

- Senior supervision and security staff- 18, as from them there were investigated 11 men and 7 women from four directions of activity: “Regime and Internal Security”, “Social and Educative Work”, “Financial and Resource Procurement” and “Medical Services”.
- *Rank-and-file members of the supervision and security staff*- 46, out of whom 25 men and 19 women from the four directions of activity, pointed above.

With respect to the **length of service**:

- Out of all investigated persons the biggest is the share of those having a length of service of up to 19 years. They are totally 39, which comprises 28.5% of the inquired persons. Second in number (27 persons) is the group of officers with a length of service of up to 15 years in the places of imprisonment, which makes 19.7% of all inquired persons.
- Nearly half of the inquired persons are with a length of service in the penitentiary system between 5 and 15 years.

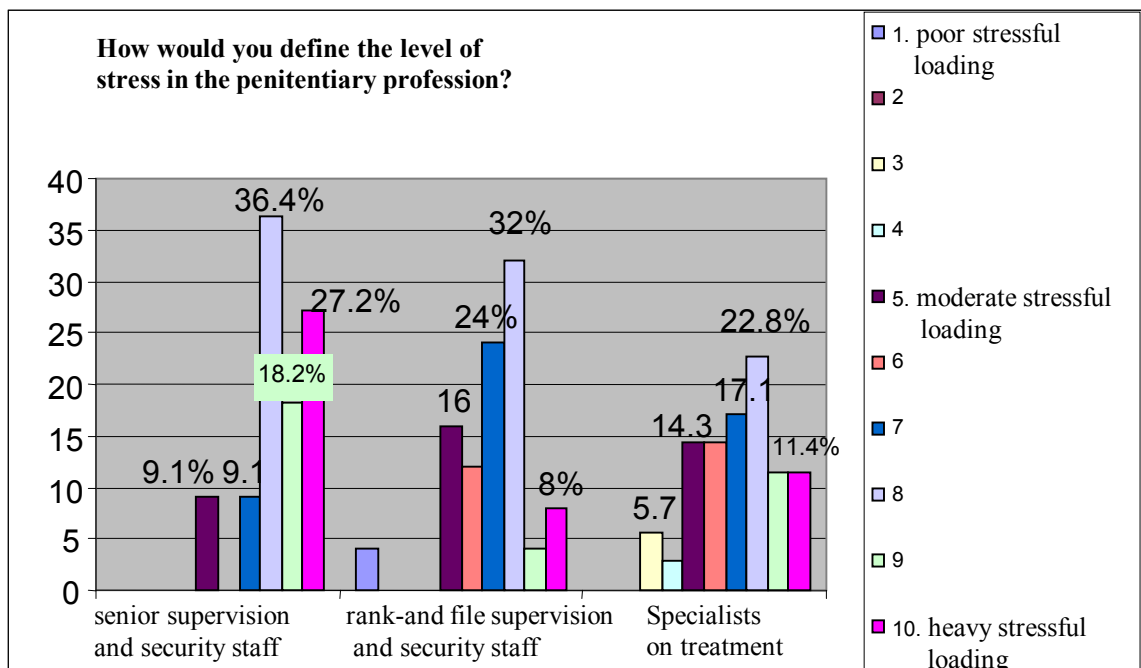
Code “Direction of Activity”	Military officers		Sergeants		Civil persons		Relative share	
	Men	Women	Men	Women	Men	Women	Total	
01. Regime and internal security								
Total number	5	3	23	12	0	3	46	33.6%
02. Social and educative work								
Total number	4	2	1	0	27	26	60	43.8%
03. Financial and resource procurement								
Total number	0	1	1	3	4	6	15	11%
04. Medical Services								
Total number	2	1	0	4	1	3	11	8%
05. Human resources								
Number	0	0	0	0	3	2	5	3.6%
Total	11	7	25	19	35	40		137
Men	71							
Women	66							

2. Health state of the officers in the places of imprisonment

On the base of the results from the inquiries, focus groups and interviews it can be said that the officers in the places of imprisonment perceive their profession rather as a prestigious and good one, though stressful, but not more stressful than the other

professions. This is certainly a summarized perception, while the real picture covers a wider range in the two directions. With totally 55.8% of the investigated staff in the places of imprisonment the level of stress has been defined by scores 8, 9 and 10 from the 10-grade scale for assessment of the level of stress in the penitentiary profession.

The data from the inquiry show that stress in this profession is estimated differently by the different groups of staff in the places of imprisonment. As *highly and very highly stressful* is defined the loading in the profession of the senior supervision and security staff in the investigated prisons, where 81.8% of the inquired persons from this professional sub-group have answered with scores 8, 9 and 10 from the 10-grade scale for defining stress.(Graph 13). The assessment of the degree of stress in the occupational loading is as a whole lower among the rank-and-file supervision and security staff as compared to the group of their senior colleagues. Out of the inquired representatives of this group, 56.4% have pointed scores 1 (poor stressful loading) and scores between 5 and 7 according to the ten-grade scale for evaluation of the degree of stress in the penitentiary profession. Comparatively the same level of stress is defined by the inquired specialists on the treatment. 54.4% of them have assessed occupational stress by scores between 3 and 7 on the ten-grade scale for the level of stress in he penitentiary profession, i.e. a little more than half of the inquired specialists on the treatment have evaluated the stress as poor, moderate or a little bit higher than the moderate level of stress.



Graph No.13, Source: Quantitative study

At the same time, concerning the focus groups and the interviews, the members of the investigation team shared their impressions about a phenomenon that occurred in all cases- high satisfaction among the staff that somebody is interested in them.

They always ask about the prisoners, inquiries are made about their rights and problems. For the first time somebody is concerned about us. It is high time.
Focus group with members of the staff

This phenomenon also indicates the need of acknowledgement of the work in the places of imprisonment and its sense. The picture of the diseases of the penitentiary staff is not much more different from the picture for the country. The data derived from the inquiry of the staff in the places of imprisonment show that with the three investigated categories of staff the psychosomatic disorders most often met are repeated disturbance of sleep and high blood pressure. Regarding the state of health the most widespread diseases are the cardio-vascular, the gastro-enteric and the locomotory ones.

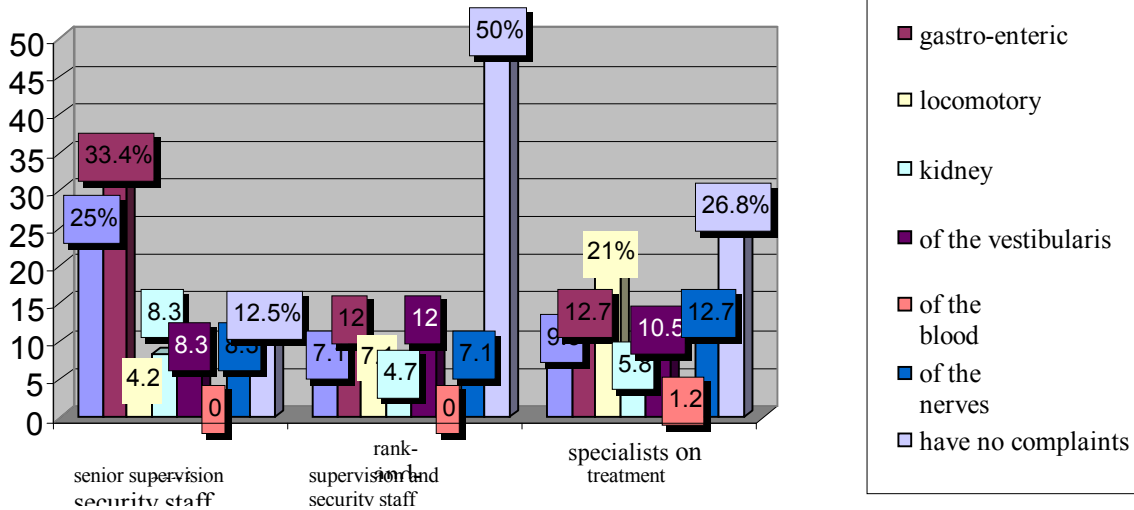
The officers from the senior supervision and security staff point that they suffer most from cardio-vascular and gastro-enteric diseases. The officers from the rank-and-file supervision and security staff point in the first place the gastro-enteric diseases and the diseases of the vestibularis. The specialists on the treatment (inspectors in social and educative work, psychologists and teachers) point the nervous diseases, the gastro-enteric diseases and the diseases of the locomotory system.

As a whole, the results of the inquiry show that the most widespread diseases with the three different categories of staff are *the gastro-enteric and the cardio-vascular* ones. Confirmed are the data from the qualitative study, where the persons interviewed point symptoms such as “nervous stomach”, “gastritis”, “high blood pressure” “low blood pressure” etc. This picture of the diseases can also be accepted as a proof for the presence of stress.

In the course of the investigation it turned out that the staff in the places of imprisonment are rather cautious as to comments on their state of health. The respondents more often presented their own state as very good, and on the account of this they pointed diseases in principle or ones their colleagues have. There is a difficulty in the naming of the own health problems on the part of the staff for the fear of being defined as unfit for work in the places of imprisonment.

Graph No. 14, Source: Quantitative study

Diseases you personally suffer from



The members of the supervision and security staff in the places of imprisonment point that they suffer most from cardio-vascular diseases. The increased blood pressure is due to the work schedule and to the level of occupation of this staff. The people working in this direction of activity work in 24-hour shifts and are in direct contact with prisoners. Considerably less (26.8%), but still significantly represented, are the cardio-vascular diseases with the specialists from the sphere of treatment, who also work directly with prisoners.

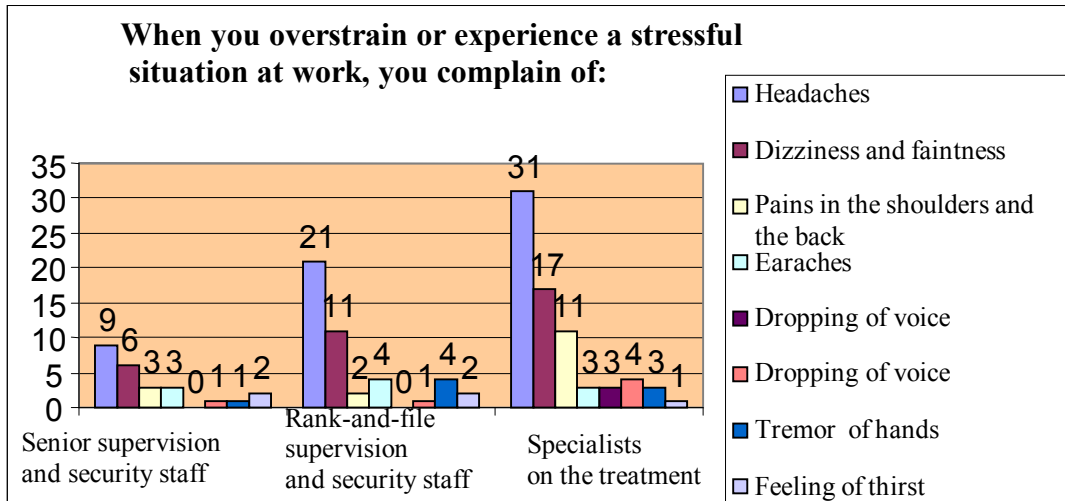
The work is intensive and responsible. I was once called during the night, on an emergency case. The situation was very stressful- there is a small number of guards during the night. To me personally the level of tension was raised by the expectation to see what had happened, what I was called for. There come to me guards with peripheral diseases- of hands, legs, waist. Now almost everybody from the supervision and security staff has either hypertension or diabetes, or what not.

Focus group with medical staff

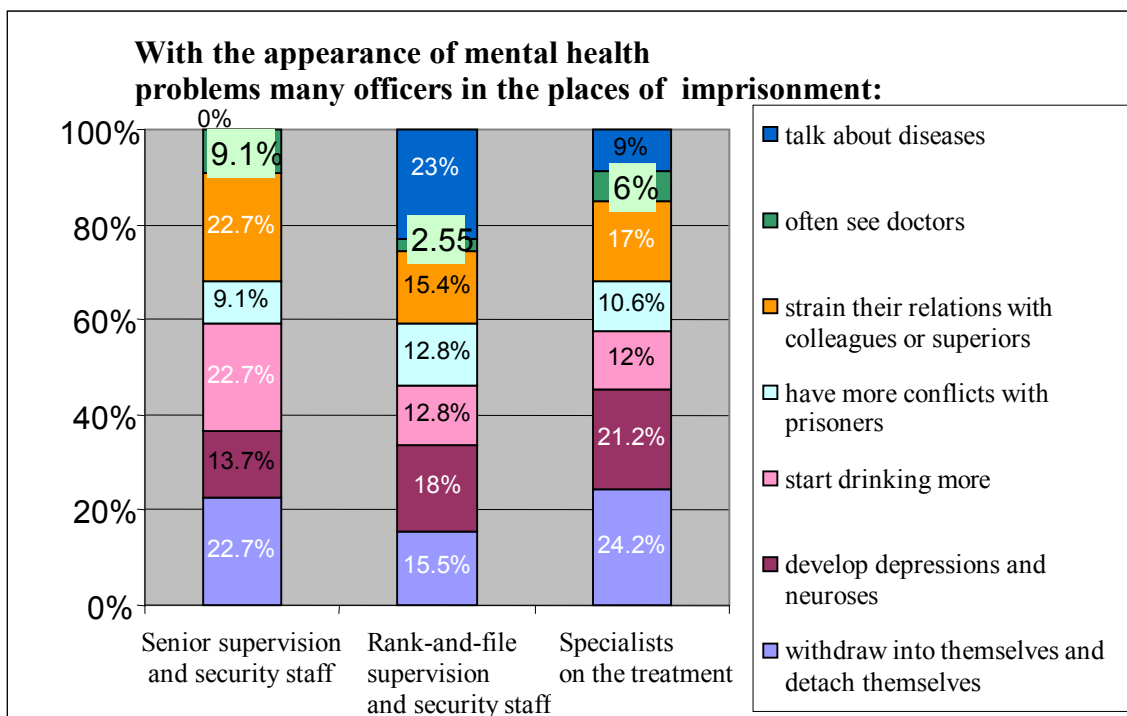
Question: Are there, according to you, symptoms of occupational stress with the prison officers?

Answer: Yes, with the officers having longer service- they show neglectful attitude to prisoners, but also to their colleagues; there are many people with hypertension, especially among the guards, there are infarcts before the age of 40.

Interview with an officer



Graph No.15, Source: Quantitative study



Graph No. 16, Source: Quantitative study

3. Reasons and factors for the appearance of stress

The reasons and factors for stress in the work of the staff from the places of imprisonment can be grouped in the following way:

3.1. Reasons and factors ensuing from the essence of the work

According to the data from the investigation, the main reason for stress is the very essence of the work- isolation and contact with people who are perpetrators of crimes. This reason was pointed in the first place by 37% of the investigated officers from the senior supervision and security staff. (Graph No.16). It operates in combination with the resistance often put up by prisoners, which was pointed as the main source of stress by the rank-and-file supervision and security staff. We can add here the difficulties ensuing from a situation of risk, from the possibility for unexpected incidents to take place. This is a profession requiring continuous concentration, the mistakes can cost dearly.

As a result of heavy incidents there is stress, there is heightened blood pressure, unstable emotional state.

Focus group with staff members

The high responsibility the staff bear during the carrying of their duties, has also considerable values as a source of stress. This is most valid for the management supervision and security staff (23%, Graph No. 16) and for the specialists on the treatment (23.4%, Graph No. 16).

3.2. Reasons and factors connected with the organization of work

The study showed that there are also reasons which are sooner a matter of organization and management than concerned with the essence of work. As most serious among them there stood out: the rather lengthy regime of work for the prevailing proportion of the staff; the presence of contradictory climate of relations between the various groups of staff, the peculiar isolation of the staff in communicating with the nearest colleagues only, the fear of loss of the work, which is a serious source of stress in the conditions of unemployment.

The fulfillment of 24-hour working shifts by the supervision and security staff is a prerequisite for existence of serious overfatigue, stress and automatization of reactions on the part of those working. This managerial approach leaves room to the members of the supervision and security staff to engage during their rest days in labour relations with employers outside the framework of the prison. This practice is supported by the staff, but the quality of work decreases due to the overfatigue from the 24-hour contact with prisoners. The long rest (about 3 days) is a serious shortcoming hindering the establishment of a multidisciplinary and team approach to work, and is also an obstacle to the formation of consistent and building upon each other relationships between the prisoners and the supervision and security staff. With such an organization of the work process it is difficult for them to get integrated in the running of programmes for individual work with prisoners.

There is a certain tension between the different directions of activity, the multidisciplinary approach is rather in the sphere of intentions, because there is no joint recognition of work objectives. According to the supervision and security staff, it is most important that prisoners do not commit violations, while according to the

better part of the staff on the treatment the work should obey the aims of resocialization of prisoners, and the carrying out of more activities is a source of possible violations.

Here we beware of our colleagues, and particularly with the invasion of social inspectors (the civil crows) things became very delicate. We turned to be an obstacle to the remaining part of the staff and they try in all ways to destroy the collective, and this is a pressure from above. This is the biggest prerequisite for stress.

Focus group with staff members

In the interviews and the focus groups people often mentioned a **specific self-isolation-** with the time going more staff members prefer to spend even their free time with their colleagues. Thus they decrease their contacts with other people and gradually isolate themselves. With the young staff members this can catalyze the so-called “burn out”, while with the elder ones there emerges routine which represents automatization of the actions in the process of work. Another kind of isolation was also pointed out- from the vocational community. It refers to all specialists on the treatment- social workers, psychologists, doctors, who take part in training sessions and conferences mainly organized by the prison administration and have poor access to forums in their own vocation.

We feel rather detached from the development of our profession. We wanted to take part in a conference, but they told us we have to pay ourselves the participation fee and take a leave.

Focus group with staff members

The general consequences are with respect to the acceptance of the work as the only possible and important. The possibility to lose one’s work is almost disastrous for the prevailing part of the staff members. The consequences can also be searched in the direction of the negative effect on the communication with friends and persons close to the environment of these staff members.

It really turns out so- at work and after work, in Saturday and Sunday- always together with the colleagues- going to somebody’s place, going on excursion, on rest... And we only talk about the job. You begin to go crazy. In these circumstances, if you haven’t got the support of your family, you are lost.

Interview with an officer

The problems in prison are not to be commented on the outside and this little by little alienates you from the other people. After work I keep contact mainly with colleagues. I don’t know whether such an investigation has been made, but look at the notice board- the obituaries, somebody had not suffered from any disease, he had been conscientious, and suddenly he died or stopped to work (staff reduction, retirement, dismissal) and afterwards he died.

Focus group with the staff

Insecurity is a particularly significant factor for the officers from the management staff. The continuous reductions of staff, dismissals, new appointments are pointed as

the main source of stress. What is more, emphasized are the lack of the feeling of support by the managers and of security for availability of such support.

There is a fear that they will give you the sack, you are trying to keep your back, it is not possible to work calmly in this way. The environment is full of intrigues and malicious reports and this is how things are guided here.

Focus group with staff members

During the past ten years the management staff is in a permanent stress from the insecurity. When a new political force comes to power, the dismissals begin. There isn't a person who at one time or another hasn't felt personally endangered to lose his job.

Interview with an officer

They talk all the time about reductions of staff. For the management there is a continuous dependence on the governing political force.

Interview with an officer

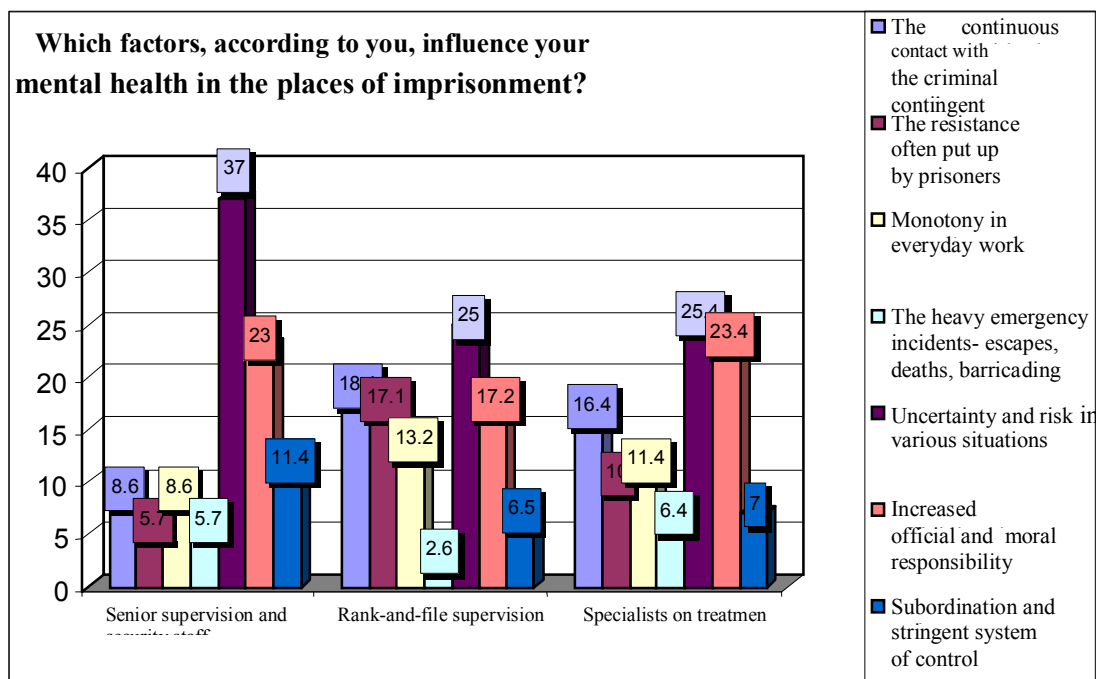
3.3. Reasons connected with the interpersonal relations

The interpersonal relations are also pointed as important for the working atmosphere. What is more, not an insignificant part of the staff point that they would like to feel more support by the team they work in. The presence of **intrigues and manipulations** on all management levels has a negative effect on the working environment. After some data from the qualitative study, according to some interviewed officers often the prisoners themselves are involved in these manipulations, so that a vacancy could be ensured for somebody. For this reason in the course of the study a great proportion of the interviewed staff mentioned the fear of losing one's job or answered the posed questions in a socially desirable manner.

The data from the inquiry of the staff in the places of imprisonment regarding the factors influencing their mental health indicate that subordination and stringent requirements also contribute to the appearance of stress.

Threats and intrigues are only signs of non-observance of two main principles: 1. Legality; and 2. Equivalence between staff members. When these two principles are violated, the conflicts begin. We encounter all this, these manipulations and the levers for putting the system into operation.

Focus group with staff members



Graph No. 17, Source: Quantitative study

4. Mechanisms for stress management

The mechanisms for stress management are rather limited in the places of imprisonment. They are equally limited for both staff members and prisoners.

Question: *How do you manage stress?*

Answer: *“I quarrel with my wife...”, “My husband does not pay any attention to me”, “I share my experiences with my mother, she is my best friend”, “I relax reading a book”.*

Focus group with staff members

The data from the investigation show that when mental health problems have appeared, the officers define their reaction to stress and problems in the following manner (Graph No. 18 and Graph No. 19):

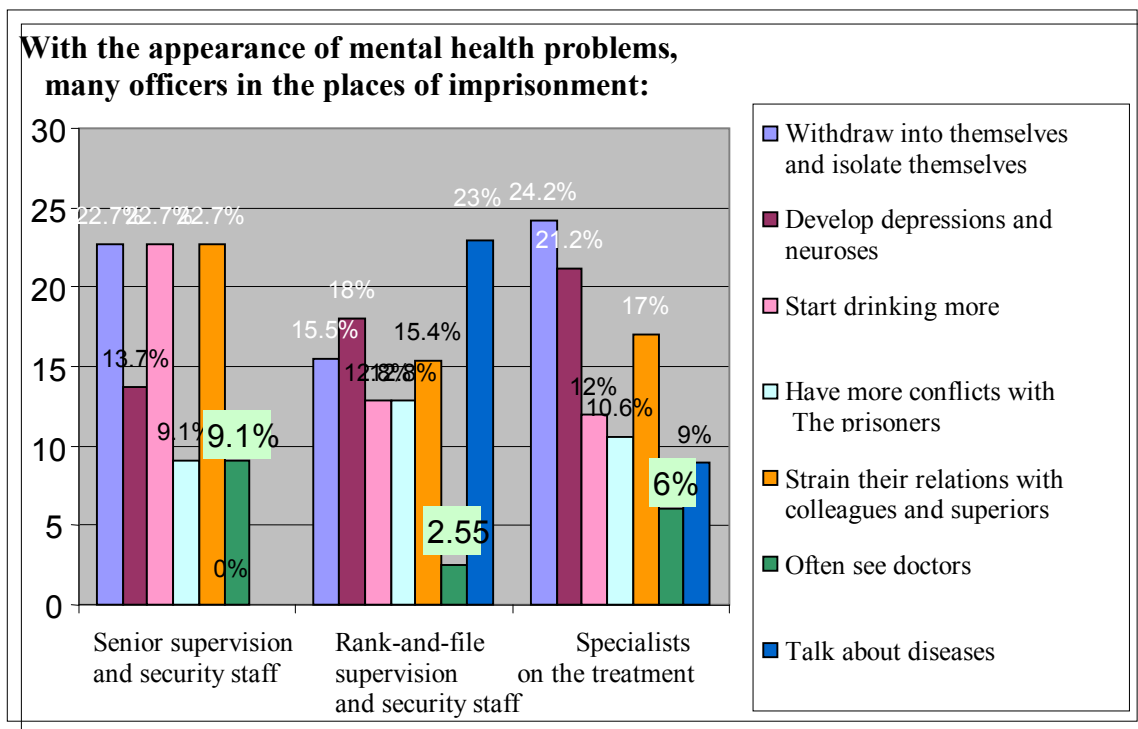
- With all the three categories of staff one of the most widespread ways of coping when mental problems have occurred is *withdrawal into oneself and self-isolation*.
- With the specialists on the treatment and the rank-and-file supervision and security staff the emergence of mental problems leads often to *the development of depressions and neuroses*.
- *The more frequent use of alcohol* is pointed out as a more typical reaction with the appearance of mental health problems among the senior supervision and security staff. This conclusion is confirmed by the data from the qualitative study.

When I am at work, I drink and smoke much more. Many of the colleagues, especially from the supervision and security staff, drink.

They certainly drink here more. Regretfully most of them don't consider it a problem. There are some young colleagues who are aware of what is going on and are searching for help to manage alcohol.

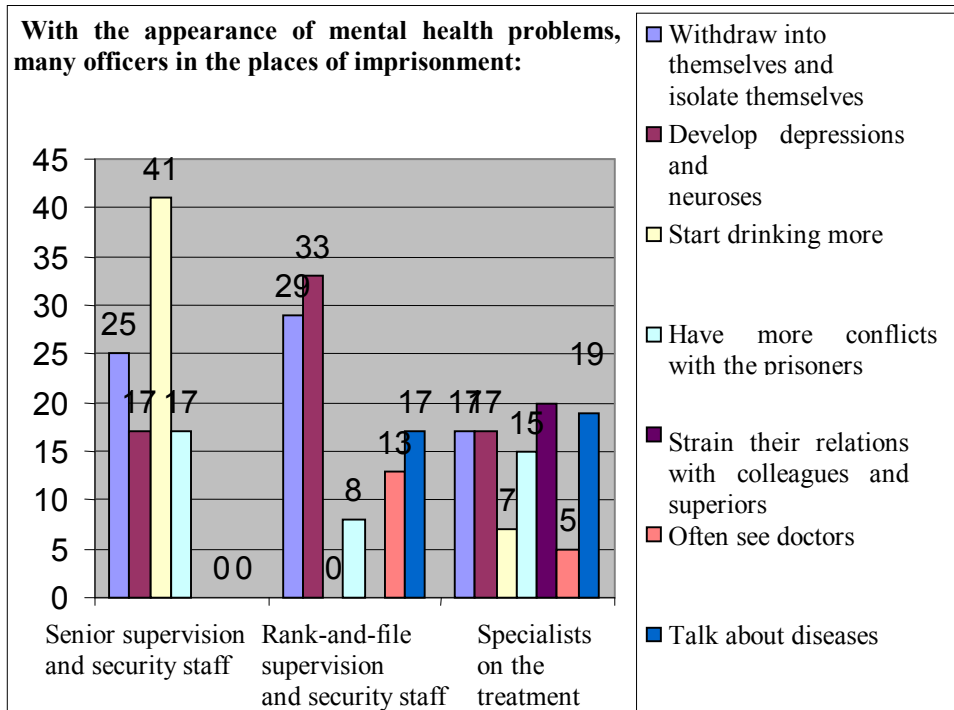
It is necessary for an obligatory screening to be made and those who have a problem to be sent for a compulsory treatment. These people carry arms.

Focus groups with staff and doctors



Graph No.18, Source: Quantitative study

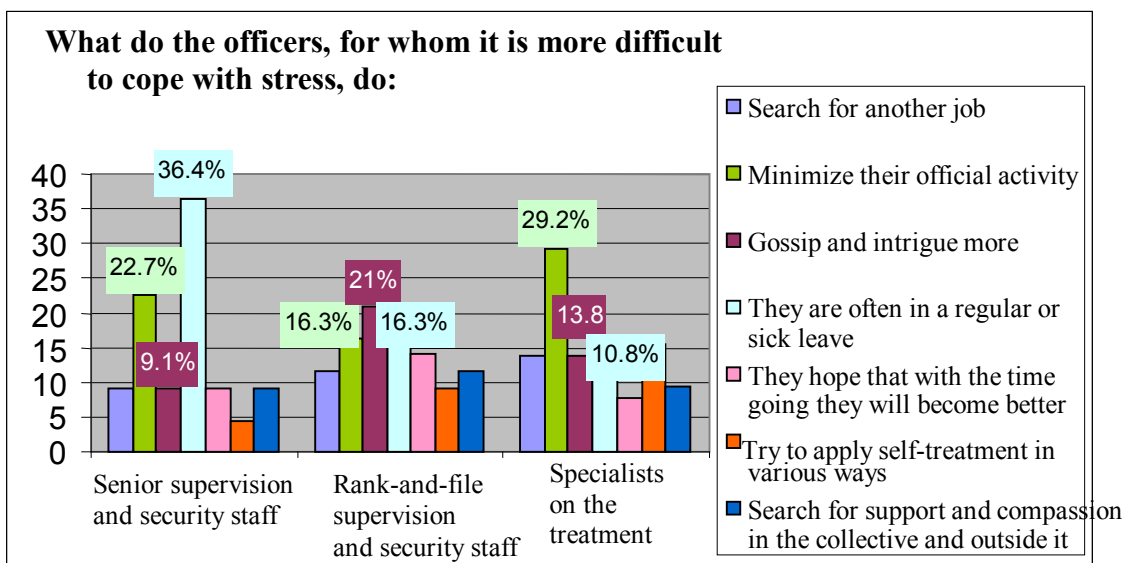
- No considerable difference has been observed in the reactions and ways of responding of the staff with the appearance of mental problems depending on differences of gender. The investigated male officers more often point that they *strain their relations with colleagues and superiors*, while the female officers define this as problem for the specialists on the treatment only.



Graph No.19, Source: Quantitative study

The summarized data from the investigation (Graph No. 20) show that 36.4% of all senior supervision and security staff cope with stress by going out on a sick leave, and 29.2% of the specialists engaged in the treatment point that they minimize their activity. On the third place in importance the officers point that with the presence of stress in their working environment they become gossiping and intriguing more.

For the last year there were 2 000 days sick leave per 100 officers.
Focus group with staff members



Graph No. 20, Source: Quantitative study

The data from the qualitative study also show that almost 50% of all inquired persons cope with tension and stress by *using actively the days fixed for rest*. In the second place the officers say that *they leave stress to pass away by itself*, and in the last place they consult a psychologist or a specialist in this field. In practice there is almost no opportunity for visiting specialized groups for self-help or a psychologist.

Group and individual supervision are also unknown to the staff, though this is one of the ways for the staff to deal with stress and for supporting the entire working process. A great proportion of the interviewed staff members point that they practice sports or tourism during their free time, but there is lately less and less time for such activities.

Everybody has to cope individually. What a stress? It is like every other profession. It depends on what you expect of it... We have a base in the village of Chiflik, but actually we have no access to it, it is very expensive for us.

Focus group with staff members

We have to work more with the NGOs which can help us with more flexible decisions and thus contribute to a more healthy psychological environment in the prisons.

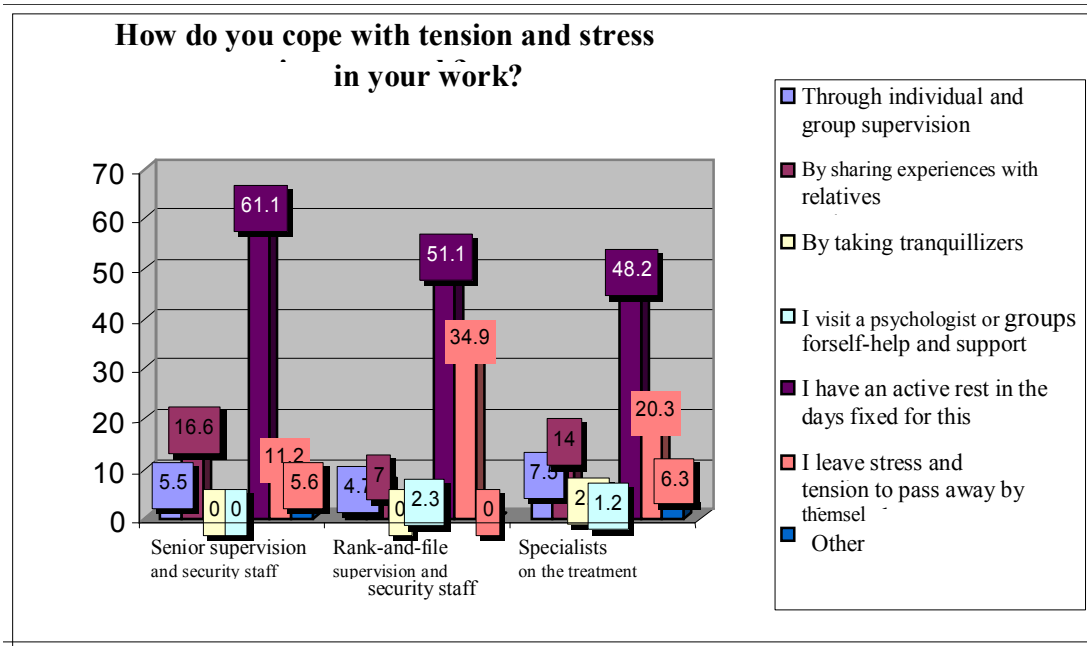
Interview with an officer from the places of imprisonment

I go fishing, alone or with friends...Go to the villa...engage in sports. This helps much, but very little time is left for this, especially of late.

Focus group with staff members

On the base of the data from the inquiry of the staff regarding the way in which they cope with tension and stress at their work, we are able to sum up the following:

- With all the three types of staff in the first place as a mechanism for coping with stress is pointed *the active rest in the time fixed for this*.
- Alarming is the fact that a great proportion of the inquired staff in the places of imprisonment point *the passive awaiting of tension and stress to pass away by themselves* as the main mechanism for coping with them.
- *Sharing the experiences with relatives and friends* is also pointed as mechanism for coping with stress. This way of responding is more typical for the representatives of the senior supervision

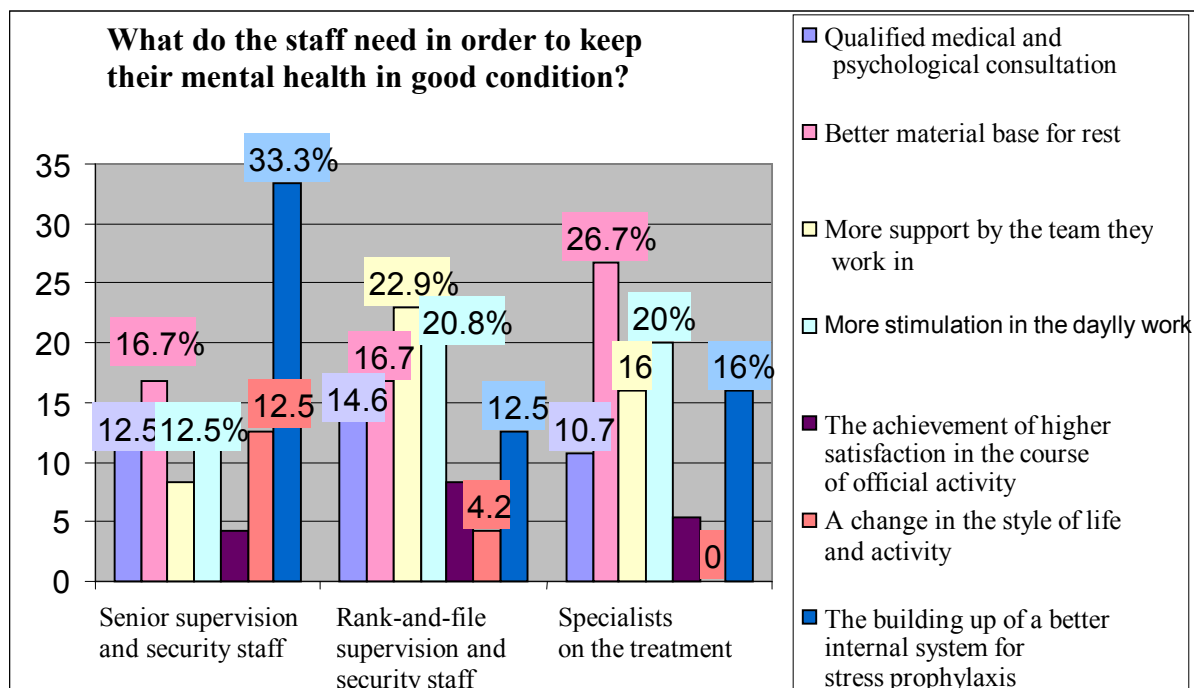


Graph No. 21, Source: Quantitative study

5. Services and activities aimed at the mental health of the staff

The staff in the places of imprisonment use the services of the national health network. The system of health care there is envisaged for the prisoners. In this sense officers can use specialized medical services like every other citizen of the country. Regarding the consultative and psychotherapeutical services the situation again is like for all citizens- there are no clinical paths provided by the health insurance, there can be used paid services, but their availability and quality differs in the various towns and regions.

The penitentiary staff has undergone a procedure for psychological selection, which aims to reduce to the minimum the appointment to the system of people who are not sufficiently resistant to the difficulties to be met with this kind of work. Re-testing procedures have also been envisaged.



Graph No. 22, Source: Quantitative study

Having in mind the stressful character of the work, we could make the following conclusions:

- There is an insufficiency of purposeful measures for early diagnostics, prevention, intervention and recreation of the members of staff in relation to occupational stress and their mental health.

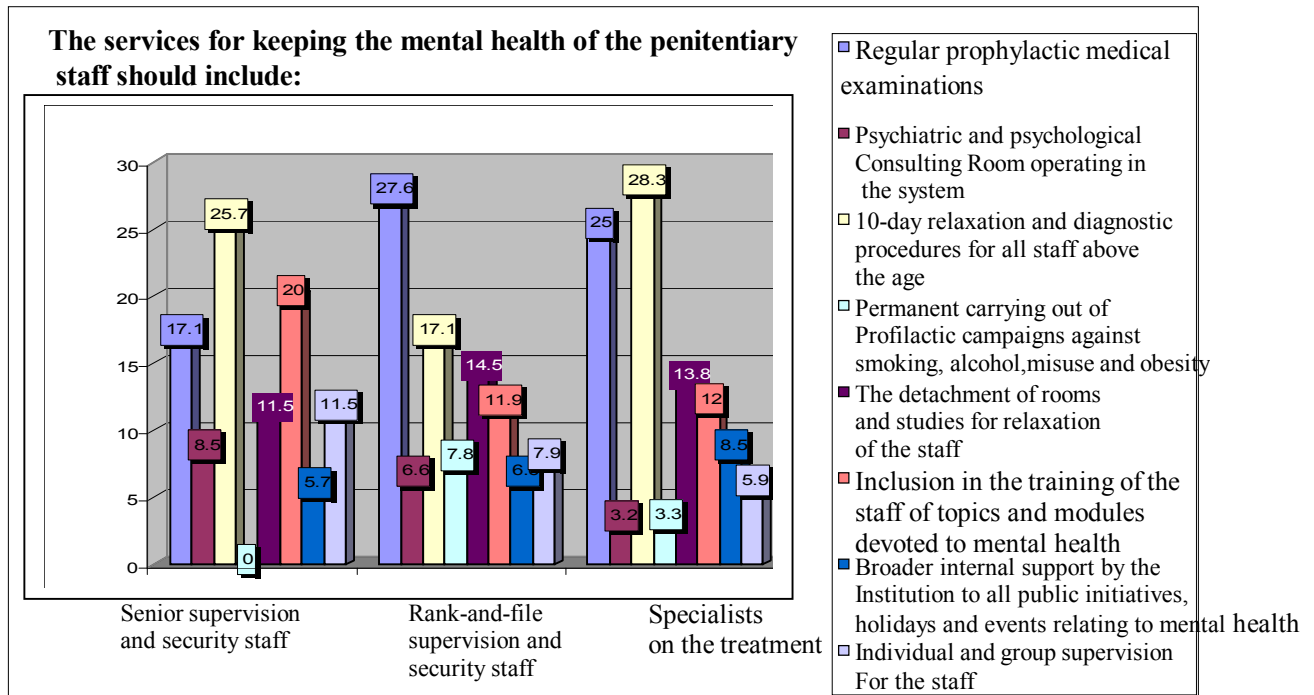
*Previously they organized hikes and excursions, now there aren't such. We have no rest base.
 Since in the prison there work women, the situation became "more soft". The prisoners stick more to hygiene and order. Rudeness and vulgarity are met more rarely.*

Focus group with the staff

The data from the inquiry of the staff in the places of imprisonment show that in the staff's opinion the services related to conservation of mental health should include *regular prophylactic examinations and 10-day relaxation and diagnostic procedures for all staff over the age of 40*. The need is also deduced of *detaching rooms and studies for relaxation of the staff* and of *introducing education and training devoted to mental health*.

- What makes impression is that the need of introducing individual and group supervision is not among the preferred services for stress and tension management, which probably makes it unknown for most of the investigated staff. According to data from the investigation attempts to introduce

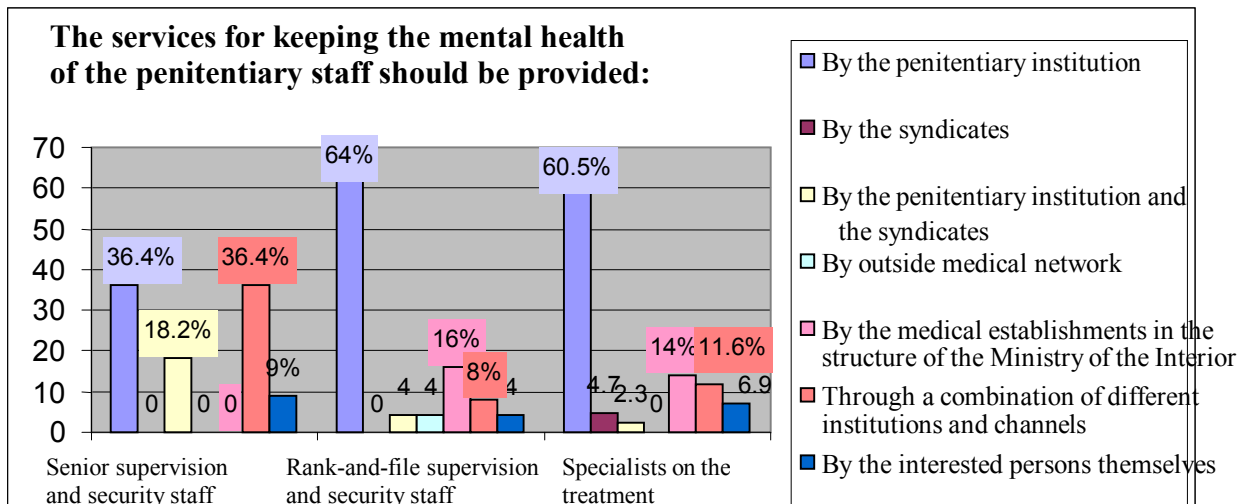
intervention and supervision were made in some prisons, but the actual use of these instruments depends on the attitude of the management to this activity.



Graph No. 23, Source: Quantitative study

Within the framework of the qualitative study the problem for using specialized services to cope with stress and difficulties was discussed with all officers. Most of them shared with us that they would ask for such a help if there was one. On the issue of where and who should provide for consultative and psychotherapeutic aid, two different opinions were differentiated:

- It would be best if it is provided by the psychologists and psychiatrists in the system, for they know well the specificity of the work. There is a manifestation of distrust in the outside specialists.
- If such a service is envisaged in their health insurance, then they would go. They prefer an outside specialist, because in the prisons “we all are like one family, everything is known” and there is no security when personal information is shared with a colleague.



Graph No. 24, Source: Quantitative study

6. Suggestions for improvement of the work setting in the places of imprisonment

The data from the investigation allow to sum up, that it is necessary:

- To develop a special purposeful programme for the mental health of the staff, which is to envisage the fuller use of the internal system of resources as well as mechanisms for use of services on the outside;
- To secure screening and control on the mental health of the staff and the misuse of alcohol and drugs, especially by those carrying arms;
- To make provision for access to psychological and psychotherapeutical services inside and outside the prisons;
- To develop the system of permanent training of the staff, including specialization in one's own professional field for overcoming the occupational isolation;
- To introduce supervision and intervision as methods for improving the working process and the quality of the social and educative activity in the prisons.