

## REGLEMENTARI EUROPENE PRIVIND ASIGURAREA SERVICIILOR DE SĂNĂTATE MINTALĂ ÎN PENITENCIARE

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### **Populația de referință: deținuții cu probleme de sanatate mintala**

Conform tuturor studiilor disponibile, proportia persoanelor cu probleme de sănătate mintală in populatia penitenciara este mai mare decât rata asteptată în populatia generala. Diferenta este semnificativă pentru toate categoriile diagnostice si pentru toate nivelurile de severitate. Foarte important e faptul ca tulburările mintale severe sunt suprareprezentate în mediul penitenciar; de exemplu, în studiul Rollin & Falissier, efectuat în 2006 pe întreaga populatie penitenciara din Franța, 12,6% dintre detinuni au fost diagnosticați cu forme severe și foarte severe de tulburare mintala (cifra corespondentă în populatia generală fiind în jur de 5%)

- a. Recommendation **Rec(2006)2** of the Committee of Ministers to member states on the European Prison Rules<sup>1</sup>( link: [prison rules coe 2006](#))

- în mod particular Partea a III-a – *Sănătate*; art. 47 se refera in mod specific la sănătate mintală

#### *Mental health*

47.1 Specialised prisons or sections under medical control shall be available for the observation and treatment of prisoners suffering from mental disorder or abnormality who do not necessarily fall under the provisions of Rule 12.

47.2 The prison medical service shall provide for the psychiatric treatment of all prisoners who are in need of such treatment and pay special attention to suicide prevention.

- b. Recommendation No R (98) 7 concerning the ethical and organisational aspects of health care in prison

- în mod particular secțiunea D din Apendix

***D. Psychiatric symptoms, mental disturbance and major personality disorders, risk of suicide***

*52. The prison administration and the ministry responsible for mental health should co-operate in organising psychiatric services for prisoners.*

**[Acest articol e o baza importanta de discutie pentru imbunatatirea colaborarii dintre ANP si MS!!]**

*53. Mental health services and social services attached to prisons should aim to provide help and advice for inmates and to strengthen their coping and adaptation skills. These services should co-ordinate their activities, bearing in mind their respective tasks. Their professional independence should be ensured, with due regard to the specific conditions of the prison context.*

*54. In cases of convicted sex offenders, a psychiatric and psychological examination should be offered as well as appropriate treatment during their stay and after.*

*55. Prisoners suffering from serious mental disturbance should be kept and cared for in a hospital facility which is adequately equipped and possesses appropriately trained staff. The decision to admit an inmate to a public hospital should be made by a psychiatrist, subject to authorisation by the competent authorities.*

*56. In those cases where the use of close confinement of mental patients cannot be avoided, it should be reduced to an absolute minimum and be replaced with one-to-one continuous nursing care as soon as possible.*

*57. Under exceptional circumstances, physical restraint for a brief period in cases of severely mentally ill patients may be envisaged, while the calming action of appropriate medication begins to take effect.*

*58. The risk of suicide should be constantly assessed both by medical and custodial staff. Physical methods designed to avoid self-harm, close and constant observation, dialogue and reassurance, as appropriate, should be used in moments of crisis.*

*59. Follow-up treatment for released inmates should be provided for at outside specialised services.*

**[In acest moment exista un asemenea follow-up doar pentru persoane incadrate in 113 CP]**

c. RECOMMENDATION 1235 (1994)<sup>1</sup> on psychiatry and human rights, a  
Adunarii Parlamentare a Consiliului Europei

- în mod particular partea a IV-a

**iv. Situation of detained persons:**

a. any person who is imprisoned should be examined by a doctor;

b. a psychiatrist and specially trained staff should be attached to each penal institution;

c. the rules set out above and the rules of ethics should be applied to detained persons and, in particular, medical confidentiality should be maintained in so far as this is compatible with the demands of detention;

d. sociotherapy programmes should be set up in certain penal institutions for detained persons suffering from personality disorders.