1. Basic information

1.1 CRIS Number: TR2009/0136.03
1.2 Title: Mental Health Care and Drug Addiction Treatment Services in Prisons
1.3 ELARG Statistical code: 36
1.4 Location: Turkey

Implementing arrangements:

1.5 Implementing Agency: Central Finance and Contracting Unit (CFCU)

The CFCU will be Implementing Agency and will be responsible for all procedural aspects of the tendering process, contracting matters and financial management, including payment of project activities. The director of the CFCU will act as Programme Authorizing Officer (PAO) of the project. Detailed information is given in Annex 3.

The contact details of CFCU Director are given below:

Mr. Muhsin ALTUN (PAO- CFCU Director)
Central Finance and Contracting Unit
Tel: + 90 312 295 49 00
Fax: + 90 312 286 70 72
E-mail: muhsin.altun@cfcu.gov.tr
Address: Eskişehir Yolu 4. Km. 2. Cad. (Halkbank Kampüsü) No: 63 C-Blok 06580 Söğütözü/Ankara TÜRKİYE

1.6 Beneficiary (including details of SPO): General Directorate of Prisons and Detention Houses, Ministry of Justice will be the beneficiary.

SPO: Mr. Nizamettin KALAMAN, Director General of Prisons and Detention Houses
Adalet Bakanlığı Ceza ve Tevkifevleri Genel Müdürlüğü
Gazi Binası Konya Yolu No: 70 Beşevler ANKARA-TURKEY
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ismail.zararsiz@adalet.gov.tr

The contact persons in the Ministry of Justice are:

Mr. İsmail ZARARSIZ, Examining Judge
General Directorate of Prisons and Detention Houses
Adalet Bakanlığı Ceza ve Tevkifevleri Genel Müdürlüğü
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Fax: +90 312-223 93 41
ismail.zararsiz@adalet.gov.tr

Ms. A. Çiğdem ERKUNT, Psychologist, Branch Manager
General Directorate of Prisons and Detention Houses
Financing:

1.7 Overall cost (VAT excluded): 1.500.000 Euro
1.8 EU contribution: 1.350.000 Euro
1.9 Final date for contracting: 2 years after the signature of financing agreement
1.10 Final date for execution of contracts: 2 years following the end date for contracting
1.11 Final date for disbursements: 1 year after the end date for the execution of contracts

2. Overall Objective and Project Purpose

2.1 Overall Objective: Improving penitentiary system in Turkey in line with international and European prison standards

2.2 Project purpose: To improve mental healthcare and drug addiction treatment services in prisons including the development of sufficient approach models regarding early diagnosis, assessment and treatment of prisoners, in line with Council of Europe minimum prison standards rules Rec (2006)2

2.3 Link with AP/NPAA / EP/ SAA

“Penal reform” is specified as one of the priorities in Accession Partnership (AP) and in National Programme for Adoption of Acquis (NPAA).

This project proposal addresses the areas defined in the revised Accession Partnership and the National Programme for the Adoption of the Acquis for Turkey’s accession to the EU, as follows:

Link with AP: Council Decision- 18 February 2008

Section 3.1. Short-Term Priorities, Civil and Political Rights, Prevention of Torture and ill Treatment:

— Ensure implementation of the measures adopted in the context of the ‘zero tolerance’ policy towards torture and ill-treatment in line with the ECHR and the recommendations of the European Committee for the Prevention of Torture,

1 The total cost of the project should be net of VAT and/or other taxes. Should this not be the case, the amount of VAT and the reasons why it should be considered eligible should be clearly indicated (see Section 7.6)
**Economic and social rights, Anti-discrimination Policies:**

— Guarantee in law and in practice the full enjoyment of human rights and fundamental freedoms by all individuals, without discrimination and irrespective of language, political opinion, sex, racial or ethnic origin, religion or belief, disability, age or sexual orientation

Link with NPPA: (TR) Council of Ministers Decision No: 2003/5930 Dated 23 June 2003

**Section 2, Political Criteria, 6- Prison, Detention and Custody Standards**

The Government will ensure the effective implementation of the measures adopted for the improvement of conditions in prisons and detention houses. In light of the recommendations of the Council of Europe and the Committee for the Prevention of Torture, the aligning of prisons with international standards and the effective functioning of the Judges of Enforcement and Prison Monitoring Boards will continue. Furthermore, legislation on the execution of sentences will continue to be reviewed.

**24- Justice and Home Affairs, Priority 24.14: Functioning of the Judiciary and Capacity Building for the Establishment of an Effective Judicial System**

Task 24.14.2 Achievement of International Standards for Prisons and Detention Houses

It is the duty of the State to protect the physical and financial integrity of the convicted and sentenced, during their stay in prisons and detention houses. One of the primary objectives of our penal system is to reform and to reintegrate these people into society during their stay in prisons and detention houses. For this reason, the Ministry of Justice follows and aims to put modern developments into practice in the penal system. In this respect, the Bylaw on the Management of Prisons and Detention Houses and the Execution of Sentences was amended on 27 April 2001.

2.4 Link with MIPD

**Component I – Transition Assistance and Institution Building, 1.Main priorities and objectives**

Within the Institution Building component of the Turkey-MIPD (2008-2010) the focus of assistance in the area of political criteria will be on the institutions that are directly concerned by the reforms: the judiciary and the law enforcement services. Among the issues to be addressed, priority will be given to human rights and fundamental freedoms. Under the “Progress towards meeting the Copenhagen political criteria”, assistance will be provided to consolidate the reforms that have been adopted and to improve their implementation on the ground i.e.

— Judiciary: Comprehensive training for the consistent interpretation of legal provisions related to human rights and fundamental freedoms; Strengthening the independence, impartiality and efficiency of the judiciary, training of judges in judicial cooperation on civil matters; Enhancement of opportunities for effective defence such as access to legal aid and qualified interpretation services; Strengthening of legal and judicial protection of religious freedoms; as well as of minorities and vulnerable groups, in view of addressing all types of discrimination;
Law enforcement services: Training of law enforcement agencies on human rights issues; Implementation of measures adopted in the context of the “zero tolerance” policy against torture and ill-treatment; Strengthening of the system for independent monitoring of detention facilities; monitoring of law enforcement services towards ensuring greater accountability; actions towards greater effectiveness of the law enforcement services in particular with a view to support the functioning of the judicial system; training on combating violence against women;

2.5 Link with National Development Plan: (TR) Grand National Assembly

Decision No: 877, dated 28 June 2006

*Ninth Development Plan, 7-Main Objectives: Developmental Axes; 7.5. Increasing Quality and Effectiveness in Public Services, 7.5.5. Improving the Justice System:*

718. The system of execution of sentences and its institutions will be brought up to international standards.

*The Strategy of Ninth Development Plan, IV Development Axes, Increasing Quality and Effectiveness in Public Services, Improving the Justice System:*

It is essential that justice and judicial services are to be provided fairly, fast and effectively in accordance with the universal principles of law. Quality will be increased in the functioning and structural elements of the judiciary, and efforts will continue to make the system to adapt to modern standards. In this context, while the regulations to accelerate the judicial system are being introduced, care will be taken not to weaken the legal rights provided to individuals. Legal rules will be employed as instruments of safeguarding the social order as well as improving and enhancing the social order.

2.6 Link with national/sectoral investment plans (where applicable)

3. Description of project

3.1 Background and justification:

In the course of progress towards accession to the European Union and in response to the obligations of the Acquis of the EU and its Member States, the Turkish Government, is actively following a National Programme for the Adoption of the Acquis. However, the objective of the process of law approximation is not only implementing the relevant amendments to existing legislation but as importantly, to strengthen those institutions responsible for the enforcement or implementation of the new procedures and processes. This process of “improving mental health care and drug addiction treatment services in prisons” can be seen as crucial in ensuring the successful transition for Turkish Institutions to the standards, norms and achievements of similar EU Member State administrations.

The New Penal Code, the Penal Procedural Code and the Penal Enforcement Code, and new Child Protection Act were adopted in year 2005 by Turkish Grand National Assembly. These new codes, which are the results of the current judicial reforms process in Turkey, provide the statutory framework for a range of new penal measures and practices. These
humane and constructive measures and practices offer modern, professional and humane services to both prison staff and prisoners. Reputed legislations provide the basic infrastructure and system for them and represent an important part of the Turkish criminal justice system reform.

To support the efforts of Turkey in this reform process, the European Union has contributed with a € 10.7 million project – the Judicial Modernization and Penal Reform Programme (JMPR). The project was implemented jointly by the Council of Europe and the Turkish Ministry of Justice and sought to enhance Turkish compliance with European standards within the scope of the EU accession process. Anger Management Programme, Programme for Increasing Awareness of Prison Staff for Suicide and Prevent Self-Injurious Behaviour, Before Releasing Development of Inmates Programme, Alcohol and Drug Addiction Programme, Sex Offender Treatment Programme, Programme for Life Sentenced Prisoners and Programme for Prisoners in High Risk Groups have been developed under the JMPR. Also, these programmes will be revised in the concept of “Dissemination of Model Prison Practices and Promotion of the Prison Reform in Turkey Project” which will be administered in 2009.

Although programmes were developed under the previous project there still is a lack of sufficient treatment and support services for prisoners with mental health and drug addiction problems in Turkish prisons. The programmes which will be revised in “The Dissemination of Model Prison Practices and Promotion of the Prison Reform in Turkey Project” will provide an important support for the rehabilitation for inmates however they aimed to focus significantly on “increasing awareness about the criminal behaviours”. For the treatment step in Turkish Prison System needs a broader and treatment based mental health and drug addiction approach models.

European Monitoring Centre for Drugs and Drug Addiction 2007 Annual Report mentioned that “The State of Drug Problem in Europe, the services related with drug users are not efficient yet. Although some of the member states, including Turkey, started alternative treatment programs to incarceration, a considerable number of offenders residing in prisons are still composed of offenders that have previous drug use problems”.

In Turkey non-substitution treatment is applied both clinically and ambulatory ways. Most of the EU member states, except Bulgaria, Hungary and Poland, apply “methadone treatment for drug treatment. On the contrary Turkey applies only detoxification and psychosocial care for addicts; methadone treatment is still forbidden in Turkey. Since methadone is accepted as an illegal drug it cannot be used in the system. Still there isn’t any trailing system for the drug users. Drug addicts apply for the treatment in hospitals and special care units but since “treatment “is limited to detoxification and skill trainings after their leave “follow- up studies and evaluations” can not be managed. Although prison is a naturally detoxification providing environment, psychosocial and health services are not equipped with complete, detailed and treatment - focused programmes for these offenders. The only programme named “Alcohol and Drug Addiction Programme” is not focused on treatment; rather it is only designed for increasing awareness. Again, due to the bias that professionals have, drug users generally do not receive adequate pharmacological treatment for the relief of withdrawal symptoms. If these biases are overcome through trainings, prison system would be providing the “equal chance” to the addicts. Also with the formation of a trailing system the treatment success, the relation between drug use and offending behaviors, recidivism rates would be handled consciously.

Due to lack of an EU member states which apply similar approach and treatment models like Turkey and has better practices, the present project was offered as “Technical Assistance” rather than “Twinning”.

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There is a clearly known connection between drug use and criminal acts. The proportion of drug offences is found to be increasing in Turkey. Recently the ranking of drug related crimes come first among others. General Directorate of Prisons and Detention Houses, Research and Development Centre administered a research to assess the drug crimes reasons and socioeconomic characteristics’ of inmates who has committed drug related crimes in 2008. The sample consisted of 3528 inmates. There were remarkable and serious results in the research. The most important finding was that 73 % of 3528 inmates used drugs before incarceration. Therefore their prison life started with drug related problems such as withdrawal symptoms.

Studies showed that providing the chance of accession to treatment centers and hospitals increases the treatment possibility of substance users. Teaching management and life skills at the very early stages of substance use also increases the chance to quit. So, early diagnosis leading to the necessary intervention has vital role in the success of the drug addiction treatment.

There are several national and international legislations related to the discussed topics. In National Policy and Strategy Document actions to be executed between the years 2006-2012 were planned. Implementation of “availability of treatment programs and increasing its applicability” has been commenced by adding the related criterion.

The United Nations (1990) Basic Principles for the Treatment of prisoners indicate how the entitlement of prisoners to the highest attainable standard of health care should be delivered: "Prisoners shall have access to the health services available in the country without discrimination on the grounds of their legal situation" (Principle 9). In addition to this, in the NPAA priority under the title of community health to decrease and prevent risks of illnesses, to improve health and increase the quality of life was stressed. Therefore those who are imprisoned retain their fundamental rights to enjoy good health, both physical and mental and retain entitlement to a standard of health care that is equivalent of that provided in the wider community. So, public health approach includes mental health and addiction services in prisons. With the implementation of the activities of the project, Turkey will have the chance to achieve described equality between inmates and civil drug addicts and psychiatric patients.

In the section Human rights and the protection of minorities 2.2 of the 2008 Progress Report under the title Civil and political rights, the Commission refers to “Restrictions on prisoners' correspondence and inadequate health/psychiatric resources remain a problem”. Particularly Articles 12.1, 12.2, 13, 40.1, 40.2, 40.3, 40.4, 40.5, 42.3, 43.1, 43.2, 43.3, 47.1 and 47.2 of Council of Europe Rec(2006)2 recommendations on minimum European Prison Rules cover the regulations in which Turkey seems to need more progress; for this reason the present project was designed.

According to Article 18 of the Law number 5275, inmates who suffer from psychiatric symptoms are kept in the special wings of prisons. For the time being, 5 prisons located in 5 different regions of Turkey have special wings established for these kinds of prisoners. These institutions’ medical personnel including the psychiatrists and experts are provided by Ministry of Health. Apart from those, in every prison, medical service is responsible for the treatment of the prisoners who suffer from psychological symptoms. This can either be achieved by doctors’ prescription of drugs or sending the prisoners to the psychiatry services of the nearest hospitals.

On the other hand prisoners generally do not apply to the medical service in order not to be “labeled”. They seek treatment only when it becomes impossible to tolerate, in the late phases of the illness. Besides, medical personnel face great difficulty in differentiating the malingering cases from the real sufferers. Since the conditions in the prison is tough and disadventegous, all the prisoners have the probability to face these kind of symptoms. Prison
system, need has to take its precautionary steps for differentiating the fake and real symptoms, to diagnose the prisoners who have not applied yet for the medical service and to provide profound treatment for all phases of the illness.

The Turkish prisons’ psycho-social and health care services function according to articles 18, 71, 73, 78 and 81 of the Penal Enforcement Code, and articles 67, 94, 101, 115, 116, 117 and 118 of the Penal Enforcement Regulation. The details of implementation procedure of Psycho-Social Services are set out in the Circular on Training and Rehabilitation of Juveniles and Adult Prisoners (No: 46/1). In Turkish prison system 106 psychologists, 91 social workers, 70 physicians and 123 nurses are employed at the moment. Prisons which have functioning psycho-social services are included in the project so as to set achievable objectives. Although there seems to be insufficient number of experts in the system, with the efficient and conscious use of experts Turkey will have the chance to reduce the disadvantages.

Rather than addressing offending behaviour programmes as general, the present project will be more specified on the individuals. Considering the early diagnosis, evaluation and the treatment of prisoners who have mental health and drug use problems will provide an “offender-tailored” execution. Present project also aimed to improve the politics of Turkey towards prisoners with mental health and addiction problems, first by establishing mental health and drug use approach models and increasing the service quality of both psycho-social and health services and secondly by training prison staff (especially doctors, nurses, psychologists and social workers) accordingly. An integrative approach will be adopted in line with the previously developed behaviour programmes.

Ministry of Justice has decent contacts and cooperation with governmental and non-governmental organisations that are specialized in these fields. Within the context of the present project common experiences and knowledge will be shared through workshops, seminars etc.

To sum up, the project will enhance the administrative capacity of the General Directorate of Prisons and Detention Houses and it will provide the system that is necessary for effective mental health and drug addiction services in prisons.

3.2 Assessment of project impact, catalytic effect, sustainability and cross border impact (where applicable)

Project Impact:
Republic of Turkey has started its prison reform in 1997 and achieved a wide range of reforms in the prison field, especially in the area of staff training and inmate rehabilitation. Rehabilitation is very important but its sustainability and effectiveness should be promoted by improving mental health and addiction services in prisons. Within this concept, establishing mental health and addiction approach models and training doctors, nurses, psychologists and social workers and other staff will improve the services given regarding mental health and drug addiction. Also, with the project, mental health and drug use treatment services in prisons including the development of sufficient approach models related to diagnosis, assessment and treatment will be improved.

Catalytic Impact:
The main aim of this project is to ensure rehabilitation, treatment and successful reintegration of drug addicts who are in conflict with law; developing their health, self-confidence and dignity by providing them a new opportunity via convenient approach
models. Within this concept developing psycho-social and medical interventions will improve the process and quality.

With the project, penitentiary system in Turkey will be in line with international and European standards. Also, with effective mental health and addiction approaches in prison, the inmates will be well-adjusted with the community after prison life.

The project is designed to offer a new model for the treatment of mentally ill and drug user prisoners. After the completion of the project the prison system will have a well-defined, standardized and structured treatment model. With the model, the trained medical personnel will be performing in line with the European standards. As in the project the trainers will be trained, new staff that started after the completion of the project will be trained and accordingly, the knowledge transferred, will be implemented within the Prison Service.

3.3 Results and measurable indicators:

3.3.1. The high quality mental health care and treatment are ensured for the prisoners. (Activity 1, 2, 4)

**Indicators of achievement:**
- At least a 10% decrease in self-harm or aggressive behaviours (injuring themselves or others), a 20% decrease in the demands of inmates with mental health and drug addiction problems that need to see a psychiatrist, general decrease of the symptoms which derive from drug addiction and psychopathologies of the prisoners.
- Significant changes in the attitudes and behaviours of prisoners.

3.3.2. The high quality mental health protection service model is ensured for all prison staff. (Activity 3)

Under the research that is explained in Activity 4, a pretest will be conducted to evaluate the attitudes of the staff against the mentally ill and drug user prisoners. After the the completion of the training programs, a post test will also be conducted. A significant change (at least %10) is expected in the attitude of the staff. A behavioral change will be measured with a significant decrease in the complaint letters of the target prisoners. Besides a significant increase (at least %10) is expected in the application of the staff to the medical and psychosocial services for their own complaints, or in the means of precaution.

3.4 Activities:

**Activity 1:** To establish a new approach system for diagnosis and evaluation procedure in order to recognize the prisoners with mental health problems at early stages and train staff of psychosocial and health services:

3.4.1.1. For the improvement of the mental health and addiction treatment services, a pool of assessment measures will be established, a software programme will be written for the early diagnosis of the cases, a manual for the medical and psycho-social service staff will be written.
3.4.1.2 A software program will be written for the trailing of the mentally ill and drug user prisoners. By the program, the prisoners will be followed without any disruption in their treatment, in the case of transference from one prison to an another.

3.4.1.3 A training of trainers program will be held for at least twenty psychosocial and health service staff on the implementation of the selected measure tools and client trailing system.

3.4.1.4 Staff training programmes will be delivered to the medical and psychosocial service staff according to their expertise fields on the implementation of the selected measure tools and client trailing system.

3.4.1.5 A web site will be developed where all the related information and studies will be published. Training materials, implementations and further developments will easily be found there.

3.4.1.6 Three staff groups (Each group will consist of 4 people) will visit three EU member states which have best practices on this field for 5 days.

Contract: Technical assistance

Activity 2: To establish new approach models for the treatment of prisoners with mental health and drug addiction problems and to train the related personnel who have direct interaction with the prisoners

3.4.2.1. A research will be conducted in order to assess the needs of psychosocial and health service staff. An approach model covering how to deal with the addicted inmates, intervention and treatment techniques, a suicide prevention programme, cognitive- behavioral and cognitive self change programmes, motivational programmes, rehabilitation programmes, reintegration programmes harm reduction methods, principles of cooperation with other relevant agencies and institutions, and new methods to increase awareness of the psychosocial experts and physicians on mental health and drug addiction treatment will be developed. The most cost effective treatment strategy will be determined by a group of specialists through conducting different techniques to different kinds of situations. Also manuals, booklets and related material will be written and posters will be designed.

3.4.2.2. Training of the trainers will be provided at least for twenty personnel on new approach models. The trainers will be chosen among prison governors, psychologists, social workers, teachers and physicians.

3.4.2.3. Specific trainings on new approach models will be delivered by the trainers. Psychosocial service experts, doctors, nurses working in the prison system, 110 prison directors and 300 prison staff from prisons will be trained according to their professional needs.

Contract: Technical assistance

Activity 3: To establish a sustainable model through training and to improve the awareness of prison staff regarding mental health problems.

3.4.3.1. A quantitative research will be done to evaluate mental health, knowledge and attitudes to mental problems among prison staff and prisoners.

3.4.3.2. In order to accomplish the statistical analysis on the data of the research, Statistical Package for Social Sciences (SPSS) will be obtained. (SPSS is a program used for statistical analysis in social sciences. As it is a special program used by the market researchers, health researchers and education researchers the analyses will be achieved via the use of the
program. The program is not only needed for the statistical analysis, but also data management (case selection, creating derived data etc.) and data documentation will be done by the use of SPSS.)

3.4.3.3. According to the results of this research a sustainable model will be developed for the protection and support the mental health of staff and prisoners through activities.

3.4.3.4. Materials such as posters, brochures, notes, slide sets will be prepared on the related topics.

3.4.3.5. Totally 500 prison governors and staff will be trained about this sustainable model.

Contract: Technical assistance

3.5 Conditionality and sequencing
N/A

3.6 Linked activities

The Judicial Modernization and Penal Reform in Turkey
The Turkish Government has started planning and implementing various measures on penal reform and judicial modernization. The programme will provide support to enhance these efforts in certain areas and will also seek to contribute more generally to increasing the capacity of the Ministry of Justice to design and implement broader reform strategies for the future, drawing on good practice in the EU. The overall objective is to advance penal reform and modernization of the judiciary in Turkey as foreseen in the Accession Partnership and the National Programme for the Adoption of the Acquis. The programme has begun in 2004. Under the JMPR project, two model prisons have been developed in the light of European standards in Uşak and Elazığ. The management training for the governors has been carried out in those two prisons. The prison staff has been trained. Social, cultural, vocational and educational workshops and facilities have been created and necessary tools and equipments have been purchased. 7 offending behavior programmes have been developed under the JMPR and one programme (anger management) was tested and implemented in the two model prisons of JMPR.

Dissemination of Model Prison Practices and Promotion of the Prison Reform in Turkey
The project aims to create a professional, effective and efficient prison service through dissemination of model prison practices and promotion of prison reform in Turkey by upgrading the prison services and contributing to the improvement of detention conditions. 7 offending behavior programmes have been developed under the JMPR. A programme (anger management) was tested and implemented in the two model prisons of JMPR. In the project one of the activities is implementing the other seven programmes. All the behavior programmes are very important for changing in the attitudes and behavior of prison staff and inmates.

The present project will complement these existing and planned programmes on the related area.

TAIEX Workshop on promotion of staff awareness of prison health services
A two-day seminar took place in Alanya on 16-17 October 2008 to give information about international health standards in prisons, medical health in the European prison rules health in detention, relation between health and psycho-social service in prisons, drug problems, drug addict prisoners, mental health approach in prisons.
The present project will complement these existing and planned programmes on the related area.

**TAIEX Study Visit About Study Visit on Examination on Health Services and Rehabilitation Activities of Drug Users in EU Members States’ Prison**

Three authorities from The General Directorate of Detention Houses and Prisons of Ministry of Justice made a study visit to Denmark regarding general information about the prison with focus on the fight against drugs, the treatment and the health care service in 22-23 October, 2008.

3.7 Lessons learned

One of the lessons learned in this area is that projects addressing the political criteria should not be defined with overly ambitious objectives. Hence assistance in this area will be provided through individual projects making incremental steps within a well defined strategic framework, rather than thorough programmes aiming to address a broad objective comprehensively. Thus, this project has been designed as a follow-up project of JMPR and Dissemination of Model Prison Practices and Promotion of the Prison Reform in Turkey targeting to the implementation of the outputs developed under the previous projects with a well defined framework. Thus, this project has been designed to address specific areas of mental health and addiction services in prisons.

All project-based activities must be timely supervised and approved by the SPO. The PMU Head will be the intermediary for transfer of information from the project team to the SPO and to facilitate the procedures for approvals.
4. Indicative Budget (amounts in EUR)

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<th>INV (1)</th>
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NOTE: DO NOT MIX IB AND INV IN THE SAME ACTIVITY ROW. USE SEPARATE ROW.

Amounts net of VAT
(1) In the Activity row use "X" to identify whether IB or INV
(2) Expressed in % of the Public Expenditure (column (b))
(3) Expressed in % of the Total Expenditure (column (a))
5. Indicative Implementation Schedule (periods broken down per quarter)

<table>
<thead>
<tr>
<th>Contracts</th>
<th>Start of Tendering</th>
<th>Signature of contract</th>
<th>Project Completion</th>
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<td>Service Contract</td>
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<td>4Q/2010</td>
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All projects should in principle be ready for tendering in the 1ST Quarter following the signature of the FA

6. Cross cutting issues (where applicable)

6.1 Equal Opportunity

The principle of equal opportunity will be integrated into all stages of the project implementation. The beneficiary respects the rights of equal opportunity of all genders, groups (i.e. persons with mental health problems). This project will provide prisoners with mental health and drug addiction problems equal opportunities of treatment with the people outside. Also, appropriate professional qualifications and experience will be the main factors of personnel recruitment and evaluation. Both women and men have identical prospects. Nevertheless, all periodical progress review reports and other interim reports will include a specific explanation on measures and policies taken with respect to participation of women and equal opportunity for women and men and will provide measurements of achievement of this goal. Since the female offenders face greater problems after the release, they are more disadvantaged in terms of employment and receiving “labels” in the society. Female offenders are also under a greater risk of developing psychiatric illnesses due to life events. For the females who have limited coping skills, drug usage can be seen as a problem solving strategy. Under the light of these indications, the project aims to cover all the female offenders in the early assessment and treatment stages in the means of precaution. Additionally special attention will be paid for all juvenile offenders for the same reasons.

6.2 Environment

Not applicable

6.3 Minorities

According to the Turkish Constitutional System, the word minorities encompass only groups of persons defined and recognized as such on the basis of multilateral or bilateral instruments to which Turkey is a party. The project will apply the policy of equal opportunities for all groups including vulnerable groups. This project has no negative impact on minority and vulnerable groups on the contrary the project will contribute positively to the prison life and treatment of the inmates who have psychiatric and addiction problems.

6.4. Civil Society

Ministry of Justice started the prison reform activities on 1994. Since that time a number of national and international projects have been completed with the support of Non-Governmental Organisations. Still there are lots of ongoing projects especially related with the
juveniles and female offenders. Ministry of Justice seeks the support of NGO’s not only for the prison system but also for the probation services. Prisoners are supported thru the enforcement process and after the release. Also staff receive support from NGO’s in the means of training programs.
**ANNEX 1: Logical framework matrix in standard format**

<table>
<thead>
<tr>
<th>LOGFRAME PLANNING MATRIX FOR Project Fiche</th>
<th>Programme name and number</th>
<th>Mental Health Care and Drug Addiction Treatment Services in Prisons</th>
</tr>
</thead>
<tbody>
<tr>
<td>Contracting period expires in 2 years after the signature of FA</td>
<td>Disbursement period expires 1 year after the end date for the execution of contracts.</td>
<td></td>
</tr>
<tr>
<td>Total budget 1.500.000 Euro</td>
<td>IPA budget: 1.350.000 Euro</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Overall objective</th>
<th>Objectively verifiable indicators</th>
<th>Sources of Verification</th>
</tr>
</thead>
<tbody>
<tr>
<td>Improving penitentiary system in Turkey in line with international and European standards</td>
<td>Acknowledgement by the European Commission</td>
<td>EC Regular Reports</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Project purpose</th>
<th>Objectively verifiable indicators</th>
<th>Sources of Verification</th>
<th>Assumptions</th>
</tr>
</thead>
<tbody>
<tr>
<td>To improve mental health and drug addiction rehabilitation services in prisons including development of sufficient approach models regarding diagnosis, assessment and rehabilitation.</td>
<td>Mental health and drug addiction rehabilitation approach models fully complies with European and other international standards Qualified prison staff and qualified psychological and health services</td>
<td>EC Regular Reports EMCDDA Annual Reports Statistical Data of the General Directorate of Prisons and Detention Houses of the Republic of Turkey Monitoring Reports Progress Reports</td>
<td>Active participation of the stakeholders (Ministry for Internal Affairs, Ministry of Health, local authorities, NGOs) in the activities of this project.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Results</th>
<th>Objectively verifiable indicators</th>
<th>Sources of Verification</th>
<th>Assumptions</th>
</tr>
</thead>
</table>
1. The high quality mental health care and treatment are ensured for the prisoners. (Activity 1, 2, 4)

2. The high quality mental health protection service model is ensured for all prison staff. (Activity 3)

   1. At least a 10% decrease in self-harm or aggressive behaviours (injuring themselves or others), a 20% decrease in the demands of inmates with mental health and drug addiction problems that need to see a psychiatrist, general decrease of the symptoms which derive from drug addiction and psychopathologies of the prisoners. Significant changes in the attitudes and behaviours of prisoners.

   2. Under the research that is explained in Activity 4, a pretest will be conducted to evaluate the attitudes of the staff against the mentally ill and drug user prisoners. After the completion of the training programs, a post test will also be conducted. A significant
A behavioral change will be measured with a significant decrease in the complaint letters of the target prisoners. Besides a significant increase (at least %10) is expected in the application of the staff to the medical and psychosocial services for their own complaints, or in the means of precaution.

<table>
<thead>
<tr>
<th>Activities</th>
<th>Means</th>
<th>Costs</th>
<th>Assumptions</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.1 For the improvement of the mental health and addiction treatment services, a pool of assessment measures will be established, a software programme will be written for the early diagnosis of the cases, a manual for the medical and psycho-social service staff will be written.</td>
<td>Technical assistance</td>
<td>Technical assistance- 1.500.000 Euro</td>
<td>Willingness and active participation/cooperation of reporter judges, psychologists, social workers and doctors.</td>
</tr>
<tr>
<td>1.2 A software program will be</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
written for the trailing of the mentally ill and drug user prisoners. By the program, the prisoners will be followed without any disruption in their treatment, in the case of transference from one prison to another.

1.3 A training of trainers program will be held for at least twenty psychosocial and health service staff on the implementation of the selected measure tools and client trailing system.

1.4 Staff training programmes will be delivered to the medical and psychosocial service staff according to their expertise fields on the implementation of the selected measure tools and client trailing system.

1.5 A web site will be developed where all the related information and studies will be published. Training materials, implementations and further developments will easily be found there.

1.6 Three staff groups (Each group will consist of 4 people) will visit three EU member
2.1. A research will be conducted in order to assess the needs of psychosocial and health service staff. An approach model covering how to deal with the addicted inmates, intervention and treatment techniques, a suicide prevention programme, cognitive-behavioral and cognitive self change programmes, motivational programmes, rehabilitation programmes, reintegration programmes, harm reduction methods, principles of cooperation with other relevant agencies and institutions, and new methods to increase awareness of the psychosocial experts and physicians on mental health and drug addiction treatment will be developed. The most cost effective treatment strategy will be determined by a group of specialists through conducting different techniques to different kinds of situations. Also manuals, booklets and related material will be written and posters will be designed.
2.2. Training of the trainers will be provided at least for twenty personnel on new approach models. The trainers will be chosen among prison governors, psychologists, social workers, teachers and physicians.

2.3. Specific trainings on new approach models will be delivered by the trainers. Psychosocial service experts, doctors, nurses working in the prison system, 110 prison directors and 300 prison staff from prisons will be trained according to their professional needs.

3.1. A quantitative research will be done to evaluate mental health, knowledge and attitudes to mental problems among prison staff and prisoners.

3.2. In order to accomplish the statistical analysis on the data of the research, Statistical Package for Social Sciences (SPSS) will be obtained. (SPSS is a program used for statistical analysis in social sciences. As it is a special program used by the market researchers, health researchers and education researchers the analyses will be
achieved via the use of the program. The program is not only needed for the statistical analysis, but also data management (case selection, creating derived data etc.) and data documentation will be done by the use of SPSS.)

3.3. According to the results of this research a sustainable model will be developed for the protection and support the mental health of staff and prisoners through activities.

3.4. Materials such as posters, brochures, notes, slide sets will be prepared on the related topics.

3.5. Totally 500 prison governors and staff will be trained about this sustainable model.