



Pilot non-custodial measure in Portugal

EVALUATION REPORT

PREPARED FOR:
PENAL REFORM INTERNATIONAL

December 2022

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Executive Summary

In May 2022 Ann-Murray Brown Consultancy was awarded the contract to conduct an evaluation of the European Union’s Justice Programme titled ‘*PRI Alt Eur: Promoting non-discriminatory alternatives to imprisonment across Europe*’ pilot project in Portugal.

The objectives of the evaluation are to:

- ✓ assess the overall impact of the pilot project in terms of achievement of their stated goals;
- ✓ assess the **relevance** of their design, **efficiency** and **effectiveness** of implementation, as well as the **sustainability** of the pilots and the extent to which they can continue, including the possibility of scaling up or replicating;
- ✓ assess the extent to which the pilot **contributes to ending discriminatory practices** towards vulnerable and minority groups (in general or one identified demographic group) in the implementation of probation and/or provision of associated support services which accompany non-custodial sentences.

In sum, the evaluation unearthed that the pilot project shows signs of early success in achieving most its objectives and has not only made a positive difference in the lives of probationers, but also improved how the various agencies collaborated. Since the implementation of the pilot project there has been more synergies between the health and mental services and the level of access to local health services has improved.

Points of consideration moving forward is for the formalisation of the collaboration between the institutions with service level agreements, the inclusion of more diverse probationers (women, minority groups etc.) in the project (that is, if these types of probationers exists), more involvement of judges, and the development of Monitoring and Evaluation (M&E) tools to measure results. The following table gives an overview of the findings and recommendations. Each area that were assessed was assigned a value of “Adequate”, “Partially Adequate” and “Inadequate”.

Evaluation questions	Indicators	Findings	Recommendation
Effectiveness			
1.To what extent have the project’s objectives been achieved?	Extent to which offenders with mental health needs were able to access local mental health services	Adequate The probationers and the family representatives mention an improved access to the services with proximity availability from the professionals	<ul style="list-style-type: none"> ▪ Guarantee long-term support to the probationers, even after all the sentence and obligations are fulfilled. ▪ Reinforce and/or make more explicit that support is available to the families of probationers and/or to communicate this (possibility) of support to the relatives. ▪ Reinforce psychological support to the probationers, as its
	Perception levels of the access to local mental health services	Adequate Good Perception of the levels of improved access from the diverse stakeholders	

Evaluation questions	Indicators	Findings	Recommendation
			<p>value has been highlighted by the probationers themselves.</p> <ul style="list-style-type: none"> ▪ Continue with the current practices, maintaining the proximity and high level of perceived quality of the support.
	<p>Extent to which there was supplementary intervention between the Social Reintegration Services (SRS) and the Mental Health Services (MHS)</p>	<p>Adequate</p> <p>Clear evidence that there is a supplementary intervention between teams</p>	<ul style="list-style-type: none"> ▪ Enhance the collaborative work by: <ul style="list-style-type: none"> - Implementing additional collaborative meetings between both services; - Planning specific types of meetings between services: intervention, supervision - Arranging a regular day for case discussion between teams - Involving other specialised teams in the cooperative intervention (e.g., probationers with alcoholism problem.
	<p>Evidence of quality standards for referral and follow-up being developed</p>	<p>Adequate</p> <p>A Manual of Best Practices has been developed in coordination between teams and with the support of the University of Coimbra's team</p>	<ul style="list-style-type: none"> ▪ Implement the best practices recommended in the manual, using specific procedures and forms/documents. ▪ Improve the procedures and forms, according to the testing experience. ▪ Disseminate the best practices and corresponding manual and discuss it with professionals from other regions of the country.
<p>2. To what extent have the probation and health services cooperated with each other during the project?</p>	<p>Evidence of service level agreements, Memoranda of Understanding (MoU)</p>	<p>Partially Adequate</p> <p>The cooperation between teams started informally and based on personal contacts and connections rather than an institutional arrangement. The</p>	<ul style="list-style-type: none"> ▪ Formal service level agreements and MoUs among all stakeholders should continue to be developed.

Evaluation questions	Indicators	Findings	Recommendation
		implementation of the pilot project has been/is improving formalising of the cooperation. The Guidelines of Best Practices that was developed is a good first step.	
	Perception and satisfaction levels of the cooperation between probation and health services	<p>Adequate</p> <p>The stakeholders perceived good levels of cooperation and articulated intervention between teams, with high levels of satisfaction from the Mental Health and Probation professionals</p>	<ul style="list-style-type: none"> Reinforce the team's collaboration following the previously mentioned suggestions. Clarify the limits, following national and European legislation, regarding the level of confidentiality when sharing clinical and personal information among professionals from different services and organisations. Reflect on how to promote equal levels of engagement between professionals who form part of the team, coming from diverse services and professional categories, responding to different coordinators and following specific directives.
Efficiency			
3. To what extent were there efficient management and coordination of the pilot project?	<ul style="list-style-type: none"> Frequency of meetings Participation/attendance levels in project meetings Perception (and satisfaction) level of the project meetings 	<ul style="list-style-type: none"> Adequate <p>There was a close coordination with several in person events, regular communication between parties, joint field visits and frequent follow up, timely implementation of the project's activities and good achievements with the outputs</p>	<ul style="list-style-type: none"> Consider cultural variables and the need for additional time to develop and implement the pilot project, considering the context (e.g., from May to November is a short period with a traditional long holiday season in Portugal).
4. To what extent have the activities of the project been monitored in order to	Evidence of Monitoring and Evaluation tools (e.g., logframe, development	<ul style="list-style-type: none"> Inadequate <p>There was a continuous follow</p>	<ul style="list-style-type: none"> Monitoring and Evaluation (M&E) and Risk Management tools

Evaluation questions	Indicators	Findings	Recommendation
adapt to (and address) changing needs?	of indicators, collection of baseline data etc.?)	up of the project's development via e-mail and in person meetings; Nevertheless, the project's implementation lacked an ongoing formal collection of monitoring data for evaluation and quality assurance.	should be developed and implemented.
Relevance			
5. To what extent was the project based on impartial assessment of needs (dignity, health, safety, well-being) and vulnerabilities of the target group (probationers under suspended sentence and conditional release/parole)?	Evidence of gender and inclusion considerations in the pilot project design and implementation (e.g., selection of cases/probationers for the pilot study)	<p>▪ Partially Adequate</p> <p>It must be noted that the entire population of probationers with mental health issues were included in the pilot project. There was no selection of persons, and it just happens that all the probationers happened be men. Though the profile of the probationers was outside the control of the pilot project, the fact still reminds that they were all men</p>	<p>▪ The programme documents can include a policy/ or a statement that indicates that efforts will be made to include a more diverse group of probationers in the pilot if they exist (e.g., women with Mental Health conditions).</p>
6. To what extent was the level of therapeutic intervention proportionate to the need?	Extent to which probationers followed the treatment plan (e.g., kept up with daily routines, taking the medication, following clinical recommendation etc.)	<p>Adequate</p> <p>There were no real difficulties in the implementation of the treatment plans with most of the probationers, even though one has been resistant to the prescribed medication. The cooperation between teams appears to be effective in dealing with situations such as this.</p>	<p>▪ Consider the specificity and complexity of the situation of probationers in which there is:</p> <ul style="list-style-type: none"> - double diagnostics (Mental Health condition with developmental intellectual difficulties); - Comorbidity of Mental Health condition and substances' abuse. <p>▪ Increase the involvement of individuals with Mental Health conditions in the personal recovery processes (e.g.,</p>

Evaluation questions	Indicators	Findings	Recommendation
			bringing self-advocates to cooperate with the team).
Impact			
<p>7. To what extent did the pilot project reduce recidivism?</p>	<p>Evidence that the probationers did not commit other criminal offences while participating in the pilot project</p>	<p style="text-align: center;">Partially Adequate</p> <p>One of the five probationers was convicted for another crime (driving without a licence) and was reincarcerated.</p>	<ul style="list-style-type: none"> ▪ In the future, the reincarceration rates, rather than recidivism may be a better indicator to use in light of the limited influence the pilot project has in determining whether persons commit crimes ▪ Provide ongoing and long-term support until the personal recovery process is in an advanced stage. ▪ Maintain support, from the professionals of reference, even after reincarceration, in order to prevent the loss of positive gains. ▪ Promote a higher engagement of the judges in situations of recidivism, for a more coordinated decision-making about the best measures and penalties.
<p>8. To what extent has the pilot contributed to ending discriminatory practices towards vulnerable and minority groups?</p>	<p>Evidence of a change in perception and behaviour of community members and those within the criminal justice system</p>	<p style="text-align: center;">Adequate</p> <p>Even though the interventions from the teams were fairly informal at this level, the communication with different entities from the community have had very positive impact in terms of reintegration and inclusion of the probationers, namely in the professional dimension.</p>	<ul style="list-style-type: none"> ▪ Structure and/or formalise specific actions and programmes to create awareness and reduce prejudice and discrimination, aiming at different entities and agents in the community. ▪ Enhance the intervention in terms of reintegration and inclusion in various dimensions of the probationers' life (i.e., besides the professional inclusion) – social and cultural
<p>9. What have been the intended, unintended positive and negative changes that have</p>	<p>Evidence of change</p>	<p style="text-align: center;">Adequate</p> <p>The narratives from the</p>	<ul style="list-style-type: none"> ▪ Implement measures to enhance and maximize the positive changes:

Evaluation questions	Indicators	Findings	Recommendation
<p>been brought about as a result of the pilot project?</p>		<p>probationers specified the positive and negative changes in their lives.</p>	<ul style="list-style-type: none"> - Possibility of being in freedom; - Possibility of being professionally active; - Perceiving a closer and continuous support from the services; - Opportunity to be financially independent; - Accessing more information and guidance in decision-making. <p>▪ To implement measures to prevent and minimize negative changes:</p> <ul style="list-style-type: none"> - Difficulties in establishing and maintaining personal and social relationships; - Difficulties in accepting and dealing with mandatory measures (e.g., obligation to use medication); - Feelings of sadness and embarrassment after leaving prison; - Prejudice and stereotyping related to being a probationer with a Mental Health condition.
Sustainability			
<p>10. To what extent is the net benefits of the pilot project likely to continue?</p>	<p>Examples of hindering and supporting factors to scalability and replication</p> <p>Examples of lessons learnt</p>	<p>Adequate</p> <p>It is highly likely that the supplementary work between teams will be maintained even when the pilot project is over. The positive impact on the stakeholders appears to be sustainable even after the intervention ends.</p>	<p>▪ Reinforce the partnerships between the Mental Health and Probation services and additional agencies such as local NGOs in the field of Occupational Activities and Vocational and Educational Training, other Health Services, Social Security's Social Remuneration Team, the Employment Institute, the</p>

Evaluation questions	Indicators	Findings	Recommendation
			<p>Municipality of Castro Daire and many other local associations.</p> <ul style="list-style-type: none"> ▪ Include other specialised agencies in the supplementary and articulated work, to respond the complex needs of the target population (e.g., double diagnostic; drug abuse). ▪ Increase the involvement of probationers with Mental Health conditions in the continuous improvement of the intervention.
<p>11. What conditions supported / hindered the success of the pilot project?</p>	<p>Examples of supporting and hindering conditions</p>	<ul style="list-style-type: none"> ▪ Conducive environment for the success of the pilot project exists 	<ul style="list-style-type: none"> ▪ Formalise the cooperation between teams; ▪ Create MoU; ▪ Disseminate the Best Practices and the evaluation of the project; ▪ Establish additional partnerships that benefit the project; ▪ Expand the approach to other populations.

Section One: Background and Context



1.1 Introduction

This document presents the findings from an evaluation of a project funded by the European Union's Justice Programme titled '*PRI Alt Eur: Promoting non-discriminatory alternatives to imprisonment across Europe*' pilot project. This evaluation covers the period from the start of the pilot project to its end, from May to November 2022.

The PRI Alt Eur pilot project encompasses the design and pilot of new **alternative measures to imprisonment** which specifically tackles the challenges faced by **vulnerable and minority groups** in the criminal justice system. These are offenders with mental health conditions serving non-custodial sentences or measures in the community. Though the project is implemented in Portugal and Hungary, the focus of this document is on the evaluation of the pilot in Portugal.

The objectives of the pilot project are:

1. To promote effective access of offenders with mental health needs to local mental health services;
2. To promote an articulated and supplementary intervention between the social reintegration services (SRS) and the mental health services (MHS);
3. To define quality standards for the referral, follow-up, monitoring and evaluation of the articulated and supplementary intervention between SRS and the MHS, that may then be disseminated as best practices.

Specifically, the pilot project addresses the effective implementation of non-custodial sentences and measures through an inter-agency approach between mental health and probationary services. The pilot project has the following methodology to achieve its objectives:

- Promotion of the cooperation between a community Mental Health team and the Probation team responsible for the same geographical area;
- Inclusion of individuals suspended from prison and on probation, who have been determined to be subject to medical-psychiatric treatment or follow-up in psychiatric/psychology consultations for the pilot study;
- Conducting of training for the professionals from both services involved in the pilot project, for mutual exchange of their contributions and modes of action;
- Definition of procedures for the referral of the probationers to the local Mental Health service and for follow-up according to a model of concerted and shared intervention;
- Implementation and evaluation of the suggested procedures;
- Preparation of a guide of best practices with a view to the dissemination of the methodology (described in the preceding bullet points).

Within the scope of the pilot project, institutional contacts were established with the Directorate-General for Reintegration and Prison Services. In one of the meetings with the team from the University of Coimbra, it was mentioned that the social reintegration of many convicts was hindered by the lack of formal agreements between Probation and Mental

Health services (more information may be accessed in <https://prialteur.pt/index.php/atividade/projeto-piloto>).

There was the new organisation of Mental Health services, approved by Decree-Law No. 113/2021 of 14 December (<https://files.dre.pt/1s/2021/12/24000/0010400118.pdf>), which stated that there is to be provision of Mental Health care at the local level, through community Mental Health teams (Article 15). As such, the pilot project strategized that more effective cooperation would pass through the mental health services team, in conjunction with local social reintegration professionals. Contact was therefore established with the National Coordinator of Mental Health Policies.

Agreeing with the suggestion, the National Coordinator of Mental Health Policies indicated the community Mental Health team of Dão Lafões would be part of the pilot project. The main reason being that the team was already installed and gave evidence of great competence. At that time there were 10 community teams throughout the country and currently there are 20, with the expectation that 20 more will be installed soon.

Once the contacts with the Probation service and the community Mental Health team from Dão Lafões were initiated, it was seen that the two teams already had procedures in relation to several cases they followed. All cases falling within the scope of the project – non-custodial measures applied to convicts attributable – were included in the pilot project.

At the time of the evaluation there were five (5) probationers- all male- participating in the pilot project. The project targets a specific **region in Portugal** which is **Viseu area**.



Picture 1. Map of the district and city of Viseu within Portugal

The project is conducted by a consortium that consists of Penal Reform International (PRI), the Hungarian Helsinki Committee (HHC) and the Faculty of Law of the University of Coimbra (UC).

Penal Reform International (PRI) is an international human rights organisation working for fair and effective criminal justice systems which are non-discriminatory and protect the rights

of disadvantaged people. PRI's primary objectives are to secure trials that are impartial, sentencing practices that are proportionate and promote social rehabilitation and humane conditions of detention where alternatives to imprisonment are not possible. PRI is the coordinator of the project, and will support the design, development and implementation of the pilots through expert input.

The University of Coimbra (UC) is a Portuguese public higher education institution founded in 1290. Its Faculty of Law has a strong tradition of combining teaching and high-level research, through its Institute for Legal Research (*Instituto Jurídico*), a unit of R&D dedicated to developing interdisciplinary and transdisciplinary research. In the pilot for Portugal UC will, in collaboration with the Ministry of Justice and other relevant stakeholders, provide the theoretical framework for the project, ensuring its conformity with the Constitution, criminal law principles and existing legal framework, and monitor and assess the impact of the project.

The Hungarian Helsinki Committee (HHC) is a leading human rights watchdog based in Budapest founded over 30 years ago and with an outstanding global reputation. Its vision is a world free of human rights abuses, which respects democratic values, the rule of law and a strong civil society; the right to asylum and international protection; and the rights of detainees and the fairness of the criminal justice system. HHC provides free-of-charge legal counselling, strategic litigation, monitoring, advocacy, media and outreach work, training and empowerment.

1.2 Objectives of the Evaluation

The aim of the evaluation is to assess the overall impact of the pilot project in terms of achievement of its stated goals, looking at the relevance of the design, efficiency and effectiveness of implementation, as well as the sustainability of the pilot and the extent to which the piloted activities / programme / intervention can continue, including the possibility of scaling up or replicating.

Importantly, the evaluation will assess the extent to which the pilot contributes to ending discriminatory practices towards vulnerable and minority groups (in general or one identified demographic group) in the implementation of probation and/or provision of associated support services which accompany non-custodial sentences.

The findings of this evaluation will serve to identify barriers, limitations and challenges of the new process and the new procedures.

1.3 Methodology

The evaluation utilised mixed-methods, including desk-based reviews, Key Informant interviews (KII), in-depth interviews and a 'light' application of the Most Significant Change technique. The data collection instruments may be viewed in Annex 1.

Prior to the data collection with all the relevant informants, a thorough **desk-based review** of all the relevant documentation related to the project was completed, with the goal of

understanding the project and creating adequate data collection tools. One of the evaluators had the opportunity to participate in one of the training activities of the project, getting familiar with its content and acquainted with the professionals that were involved in the pilot-study.

The **Key Informant Interviews** were implemented with the professionals from the Probation Services and from the Mental Health Services. This methodology was also implemented with the project's team from the University of Coimbra.

During the data collection process, five persons from the Probation Services were interviewed - the team coordinator and four probation officers – and six persons from the Mental Health Services – the psychiatrist and coordinator, the psychologist, the occupational therapist, the social worker and the two nurses were interviewed. Three (3) persons were interviewed from the University of Coimbra. One person from the University was not present as she was on maternity leave.

In-depth interviews were conducted with four (4) of the five (5) beneficiaries/probationers of the intervention. They were all male and two (2) persons were from the same family.

It was possible to engage in an in-person interview with two probationers and one family member (i.e., the father of two of the probationers). The Health Centre from Castro Daire was the selected location for this interview as it was a “neutral” venue and of easier access for all the parties.

Two additional probationers were reached and interviewed via the telephone; one of them was not available for an in-person interview and for the other it was difficult to travel from his home address to the selected location. One probationer was not interviewed as he was imprisoned due to re-offense (the offence was committed after he had started with the pilot intervention).

The **Most Significant Change** technique was used to collect individual stories of the experience of the probationers supported with the Pri Alt Eur pilot project. The story from the probationers were supplemented with the narrative description of the probationer's experience from the perspective of the professionals from the Probation and Mental Health Services.

1.4 Limitations

Initially, the use of a survey instrument was envisioned. However, due to the reduced number of respondents, it was decided that a qualitative approach would best serve the purpose of the evaluation – to gather rich information and have an in-depth understanding of the project's outputs/outcomes.

For that reason, **individual interviews were conducted in lieu of surveys**. One other change made to the original plan concerned the use of the Most Significant Change (MSC) technique. Even though the evaluators tried this approach to gather stories with the probationers, it

was evident that there were cognitive difficulties inherent to their mental health conditions (or other disabling conditions) that were an obstacle to the use of MSC with some of the probationers. A collection of **simple narratives with the probationers was implemented** and supplemented by the gathering of narratives from the professionals from the Mental Health and Probation services.

During the planning stages of the evaluation, it was also the aim to engage **Judges as a group of stakeholders** as a source of data due to their relevant role in the implementation of different measures and penalties. However, once the desk review took place and the interaction with the project team's evolved, it became apparent that the level of engagement of this group with the project, in general, and with the pilot, in particular, was not enough for them to be able to provide specific information.

The **probationers as a data source, were a "challenging" group**, due to the difficulties inherent to their mental health or other disabling conditions. Some of the interviewees showed intellectual difficulties and/or cognitive deficits that made the recalling of factual information difficult. One person was in denial regarding his mental health condition, with very specific and negative judgements about the Mental Health Services.

Overall, there was a very effective cooperation between the different agencies and high-quality communication between the evaluators and the diverse informants, as well as with their services; i.e., in case of the Probation and Mental Health Services, when the participation of their staff members was requested, it was easy to get their availability.

Getting in touch and collecting **data from the probationers, however, presented added obstacles**, mainly because this target-group was not available to attend the interviews, when scheduled. Due to the cooperation and persistence of the Probation and Mental Health Services, however, it was possible to engage with most of the probationers. Reaching the probationers' family members was not as effective, considering the age and profile of the probationers; even so, it was possible to have this group of stakeholders represented in the data collection. Only one member of the project's team, from the University of Coimbra, did not participate in the interviews due to being on maternity leave.

Section Two: Findings



2.1 Findings and Discussion

The main findings are presented according to the evaluation questions that were defined and to the outcome that was being evaluated.

2.1.1 Effectiveness of the Pilot Project – i.e., *the extent to which the project objectives have been achieved*

The information shared from all the relevant stakeholders strongly suggests the effectiveness of the project. Even though the team from the University of Coimbra considered that, at the time the evaluation took place, it was still too early for the outcomes to be visible. These outcomes related to **access to Mental Health services** and **application of non-discriminatory measures/penalties**. However, there are high expectations by the project team and other stakeholders that by highlighting the best practices from Castro Daire, the pilot project will cause changes in the access to Mental Health services by people with Mental Health conditions who have collided with the criminal justice system. The positive experience of the Dão Lafões' teams may be known and generalized into other regions of the country.

On the **improved access to Mental Health services**, it is noticeable that the pilot has increased the geographical proximity of Mental Health services to users, facilitating the implementation of treatments. When asked about these two outcomes, the staff members from the Mental Health and Probation services considered that the *modus operandi* of the pilot project reinforced the therapeutic relationship between mental health professionals and probationers and facilitates the articulation with other services. The fact that the Mental Health team uses a Case Manager or Professional of Reference approach, seems to have this positive effect. There is also the conclusion, from both teams, that the geographical proximity of the Health services to the users, facilitates the implementation, compliance and follow-up of treatments.

Regarding the **application of non-discriminatory measures/penalties** to probationers with Mental Health conditions, it was stated by Coimbra's staff members that the project is still limited to a very "closed circle" and has not yet had time or opportunity to have an impact on the judges; there is, however, the information that at least in one of the five "case studies", a prison sentence would be the alternative if there was no community Mental Health team nor a collaboration between this team and the Probation service.

In terms of **cooperation and supplementary intervention** between the Mental Health and the Probation services, it is stated by the Mental Health professionals that there is a close connection between services which avoids the duplication of interventions and facilitates a common line of action among all. One person stated that there was a "*shared line between the two entities and with other entities that act in harmony in the intervention with the service user in their day-to-day*".

From the Probation services' side there is this same perception and the affirmation that the proximity between professionals from both services increases the level of therapeutic

awareness and facilitates a closer articulation, in “*real-time*”, which facilitates tasks such as knowing about emergent situations, preparing reports, intervening in a timely fashion.

With this approach, the professionals noted that there is a faster scheduling of medical appointments, with no need to schedule a prior consultation with the general practitioner, and it is possible to schedule medical consultations more regularly than via the Central Hospital.

In relation to obtaining information to prepare reports, the feedback from the Probation Service’s staff indicates an improved access to better and more information than in the previous operating model or in comparison with the cooperation with other Mental Health Services. Traditionally, the probation officer could rarely get in touch with the psychiatrist and did not have complete clinical information in the processes to explore during report writing. In the “traditional approach”, the interaction would be with the Mental Health Service from the Central Hospital, in Viseu, with longer periods of time between the request of collaboration and the actual cooperation between professionals.

Currently, there is a closer contact between teams and a direct contact with the professional of reference of the probationers; i.e., the Mental Health professional that is the “case manager” of each probationer. This results in a faster scheduling of the first medical appointments, with no need to schedule an appointment with the general practitioner. It has also been possible to schedule medical consultations more regularly than via the Central Hospital. Comparing the current situation with previous experiences, there is now an easier access to the Mental Health team members and less formalism in the mode of articulation, making the joint action between teams closer, faster and more effective.

There were occasions in which the professionals from both teams made joint trips to the homes of probationers, reinforcing the joint action between the two entities. On other occasions, the teams went separately, but in collaboration with each other and with continuous communication between the professionals and with the service user.

In the interviews, the University’s team concluded that the Probation and the Mental Health teams were already working with each other prior to the pilot project. However, the project provided the opportunity to formalise a partnership that was previously based on personal contacts between staff members. The **creation of the Best Practices’ Manual** has also contributed to formalise this approach to intervention, introducing, for example, specific forms and templates for the services to articulate and fulfill their functions, in collaboration.

When asked to evaluate, quantitatively, the cooperation with the other team, both, the Mental Health and the Probation staff, rated the cooperation highly, between 4-5, on a scale from 1 to 5 (with 5 being ‘highest level’). Whenever cooperation was necessary, there was always availability from both sides and there were even situations in which one of the teams took the lead and the initiative to share information that they considered relevant for the other’s intervention.

In exploring the probationers' perspective, there is the overall opinion that accessing Mental Healthcare was facilitated by the support provided from the pilot project. Some persons have been referred to the Mental Health Services by the Court and others had already been supported by services in this domain. Nevertheless, most of the inquired mentioned that it was easier and more accessible to have a team to support them in their surroundings, overcoming obstacles such as limitations in public transportation, difficulties with scheduling appointments and additional costs linked to going to a consultation in Viseu; where the Central Hospital is based. The fact that there is a multidisciplinary Mental Health team that travels, on different days of the week, from Viseu to Castro Daire and surroundings, to work with the probationers in their life context, allowed for a more friendly and closer service and to stronger therapeutic relationships.

The professionals may be based at the local Health Centre during the day, but they may also visit the probationers in their homes, in their family's residence, in the café where they like to go, in the municipality etc. The proximity of the Mental Health professionals facilitates the identification of other health or even social difficulties faced by the probationers, with a quicker referral to other Health Services or professionals.

The "caring" posture from both teams and attention to different dimensions of the probationer's life also enhanced the access to additional Health Services, with the probation officers and/or Mental Health professionals functioning as mediators in the access to general healthcare. There was also a clear perception, from the probationers, that the Mental Health and Probation Services were cooperating and in continuous communication; either because there were joint visits, or because both sides would give the same or connected recommendations or it would be possible to schedule appointments with one or the other team (e.g., if the probation officer would identify a Health need, (s)he would take the lead and schedule a Health appointment).

One thing that was evident and showed the cooperation between teams is the professional and involved posture of the professionals. In the words of one probationer:

"They worry about whether you're okay, if you're unwell, how you are with your job, how things are at home, if the medication is going right or not, how you sleep ... It's different from other services I've used because there's more concern from the professionals"

This aspect of the teamwork, described as a "serious professional involvement", was also acknowledged by the University of Coimbra's team members: "the teams – [from the Mental Health and Probation Services] – knew in depth about all cases... there is a professional commitment which increases engagement". Perhaps, one lesson learnt from the pilot project is that **engaged teams will be able to collaborate at a higher level.**

Even though there was only one representative from the probationers' families, it is important to note that this person reinforced how the pilot project has facilitated the access to Mental Healthcare and expressed satisfaction towards the articulated work between the Mental Health and Probation Services. This informant also mentioned that a relevant part of the success of the intervention is related to the surrounding community and its willingness to accept and include the probationers back in society. This key informant mentioned, however, that he felt, at some point, the need for more support, specifically from the Mental Health professionals, not knowing if he could/should ask for support for his own Health needs.

2.1.2 Efficiency – i.e., *the extent to which there were efficient management and coordination of the pilot project*

Throughout the pilot project, there were moments of face-to-face interactions, and, according to the team from the University of Coimbra, the project facilitated the exchange of experiences between services and the clarification of the role and functions of both parties. More effective communication channels between teams have also been created as a result of the pilot project being evaluated.

From the **Probation Services'** perspective, there were enough meetings with the coordinator of the project – the University of Coimbra. There was a first training addressed to the team in May 2022, with the participation of two of the team members, and a meeting in Viseu, involving the four staff members. Additionally, there have been moments of work on the manual of Best Practices with the Mental Health team, with the support from the coordinator.

From the **Mental Health Services**, the same meetings (mentioned above) were attended and the joint work on the Best Practices' Manual has also been mentioned; additionally, there was a symposium on October 2022 with the participation of members from the Probation Services.

Both – the Mental Health and the Probation services – considered that the face-to-face meetings have been positive. In the training in Coimbra (May) there was an agreement on the general approach to the topics under discussion, and the event included moments in which the teams were able to interact and connect.

The meeting in the hospital, in Viseu, allowed for a more detailed approach to the theme of the project and gave time for each team to present their perspectives and to discuss how to best continue to cooperate. Following the meetings, the project was easily developed “*on the ground*”, with the online support of the coordinating party.

From the interviews with the diverse parties and the desk review, it is obvious that the **pilot project's goals** were clear and are explained in the reviewed documentation and in the Pri Alt Eur project's website. As previously mentioned, the overall goal is to promote the cooperation between Probation and Mental Health Services in the execution of sentences and measures in the community, aiming at:

→ Ensuring effective access for sentenced persons / people serving community-based sentences in need of Mental Healthcare to local Mental Health services;

→ Promoting shared and concerted intervention between Probation and Mental Health services.

The **methodology** defined to achieve these goals involved the following activities:

i) promotion of the articulation between a local service that already has in place a community Mental Health team and the Probation team responsible for the same geographical area;

ii) Selection of individuals suspended from prison and on probation, who have been determined to be subject to medical-psychiatric treatment or follow-up in psychiatric/psychology consultations;

iii) Implementation of training to the professionals from both services involved in the pilot project, for mutual knowledge of their attributions, modes of action and specificities of the target population;

iv) Definition of procedures for the referral of the probationers to the local Mental Health service and for follow-up according to a model of concerted and shared intervention;

v) Implementation and evaluation of the suggested procedures;

vi) Preparation of a guide of best practices with a view to the dissemination of the methodology.

According to the interviewees, **the planned methodology has been followed with rigour** and, at the time of the documented evaluation, the different phases had been or were being implemented.

The definition of procedures and an intervention model, in the form of a Best Practices' Manual, and the implementation and evaluation of these procedures were the piece of work that was still in progress and according to the project's calendar. It is therefore possible to conclude that there was some planning, implementation and monitoring of the project, though there was not the development of a specific monitoring/evaluation procedure or risk management tools

2.1.3 Relevance – i.e., *the extent to which the project was based on impartial assessment of needs and vulnerabilities of the target group and the interventions were adequate and perceived as appropriate*

There is a **complex relationship between mental health conditions and criminal offenses**, and it is known that in most countries the level of mental illness among those involved in the criminal justice system is higher than in the general population. Considering that there is a high rate of psychiatric disorders among the population of probationers, **it is very relevant to develop programmes and approaches that consider the specific needs of this target-group**. The intervention suggested with the pilot project was specifically designed for probationers with mental health conditions, rooted in the fundamental ideal of a network of agencies cooperating for the same purpose: the successful reintegration of the target-population in society. The approach was also based on the specialization of the intervenors, with multidisciplinary teams, from the field of Mental Health and Justice, designing individual assessments and intervention plans for the beneficiaries.

Research suggests that supervising persons with mental health issues requires the consideration of **diverse variables and dimensions of the individual's life** and an individualized approach to encourage the process of recovery, which will most likely be supported by an active participation in society. For that to happen, the articulated intervention between Mental Health services and Probation services, with an immersive engagement with local communities appears to be vital.

In the pilot project, this phenomenon was evident, with numerous partnerships being activated and, in the words of probationers and family members, the positive attitude of the community, supporting successful interventions and personal recovery pathways. The fact that the teams have chosen to follow a **Case Manager / Professional of Reference approach**, in which one team member was the main contact with the services and becomes an “expert” in the service user’s need, indicates the interest of having an in-depth knowledge of the person’s life, in all of its dimensions, in order to co-define clear and specific goals on a trajectory towards recovery. This perspective was also characterized as a **“holistic approach”**, by the Mental Health professionals, following a theoretical model that underpins broad interventions with a multidimensional focus. It matters to say that this intervention modality was seen as facilitating communication between teams and with diverse services and the effective and timely sharing of important information.

From the probationers’ perspective, **the approach to the assessment of needs and intervention was adequate**, at the level of the Mental Health and Probation services.

The service users mentioned that they felt appropriately supported in different needs and recognized the effort, dedication and availability of the professionals. Something that was referred as being important was for the teams to provide continuous and ongoing support to the probationers, even after being in freedom; **“until the person gets completely out of the well”**, as mentioned by one of the interviewees. When faced with a harsh penalty, one probationer mentioned that it was **“very important to get the support from Psychology”**, and this finding was reiterated by his father, who acknowledged how fundamental this support was during a period of three months of domiciliary arrest.

It is, however, important to note that, although embracing diverse dimensions of the person’s life, the support should be discrete. There is the concern that **“people (from the community) may think that because you are being accompanied it means that you are still stuck with your problem”** and, in a way, still represent a threat to others.

It should also be noted that one probationer was unhappy with his Mental Health treatment and denied he had a psychotic mental health condition; regardless of the real clinical condition of this person, there was a marked feeling of helplessness and of not being heard, which could potentially be damaging for his recovery.

The probationers were referred to the Mental Health service from the Court or from the Probation services, in a **referral process that appears to be timely** and will be better documented in the Best Practices’ Manual. Providing specific training to judges and other “key players” of the judicial system – as was done within the Pri. Alt. Eur. project – appears to be vital, considering that being informed of the existence of local specialized support to the probationers will play an important role in decided which type of supports and measures/penalties to apply. In this specific case, the group that was involved followed specific **criteria for inclusion** in the pilot project, with an **impartial and objective admission** of the beneficiaries of the service; even though the group does not represent the diversity of probationers with mental health conditions that may be supported.

2.1.4 Impact – i.e., *the extent to which the pilot project reduced recidivism and contributed to ending discriminatory practices towards vulnerable and minority groups*

When asked about the life domains in which the pilot project’s intervention had a positive effect, all of the enquired highlighted the benefits of having had non-restrictive penalties/measures in terms of their **professional life** – all of the four probationers were working, relating current professional opportunities to the coordinated work of both teams (probation and health services) –, **social life** – most of the respondents mentioned the possibility of being back to their hometown and social circle, with positive effects, such as prevention/reduction of discrimination as a result of the mediation by the supporting teams –, and **family and personal relationships** – three of the four interviewees demonstrated recognition and gratitude towards the support the Mental Health and/or Probation teams had given to their families.

One of the probationers mentioned a positive impact in terms of his **civic participation**, namely the possibility of being back at a local cultural association, and one other revealed that he had already had opportunities to be more active in his community, but he was still feeling “*depressed*” and “*with no will to be as active as before*”.

One other dimension of life in which the probationers reported positive outcomes was related to the individual’s **emotional wellbeing**. Due to the support from the Mental Health services, but also to the fact that there were professionals aware and available to “make things work” for these probationers, there was a feeling of positive expectation and hope, transmitted by many of the probationers that were heard. One of them actually stated that the pilot project “*helps, in the day to day, to be more communicative and happy*”, for the reason that there were regular personal and telephone contacts from someone he could trust in and that cared.

From the light application of the Most Significant Change, a summary of the positive and negative impacts of being in the pilot project are described in Table 1 below.

Negative Changes	Positive Changes
Prejudice and stereotyping related to being a probationer with a Mental Health condition <i>(“some people from the community speaking badly about me on my back”)</i>	Possibility of walking free and out of prison
Feelings of sadness and/or depression (referring to the time the probationer was imprisoned at home with the electronic bracelet)	Being able and allowed to work
Feelings of embarrassment after leaving prison <i>(“When a guy gets out of prison, he gets pretty embarrassed and feeling down with himself”)</i>	Having more support and follow-up from the Mental Health services

Negative Changes	Positive Changes
Obligation of being under psychiatric medication (in the situation of a probationer who rejects the possibility of having a Mental Health condition, despite the medical diagnostic)	Having more support and advice from the Mental Health and Probation staff members
Difficulties in establishing personal relationships (<i>"I'm having difficulties in finding a girlfriend"</i>)	Having stopped drug use/abuse
	Being more informed and aware about good and bad life decisions (<i>"now I am more capable to see who's good and who's bad in my life"</i>)
	Being able to have and ride a vehicle (i.e., a car or a motorcycle)
	Knowing that the family would receive professional support

Table 1. Summary of positive and negative changes described by the probationers

In an attempt to illustrate how the project has impacted the life of probationers, the story of one of the probationers, A, is presented, mentioning the diverse changes that came up from the pilot project and highlighting the one that is seen as most significant:

*"My life has changed very positively! They – the professionals from the Mental Health and Probation teams – helped me **drop my drug abuse** (i.e., the usage of illicit substances related to the committing of crime) and **get a different perspective of life**. They made me want to live my life legally, without anyone "biting me in the back" or "pointing a finger at me". I've got a **good job** with good **future perspectives**. I have managed to consolidate my life – after 2 months I left prison, **I bought my own car**. I am having a **healthier, free, and more financially sound lifestyle** and I **can even help my parents at home**.*

*The **most significant** thing for me was the life perspective I was able to adopt. And the determination I was able to develop when I was stuck (doing time in the prison). That made me **capable of deciding**: "No, that's not for me..." and to move on.*

*The most **negative** part of the experience was that I was sent to jail and the very negative effect that situation had on my parents."*

None of the probationers explicitly expressed that he had felt **discrimination** before or during the project's intervention, for the reasons of being a person with a Mental Health condition and/or being under probation. They mentioned, nevertheless, situations that could be related to feeling prejudice against them.

In the words of one probationer: *"I even thought I would be a target of more attack, but everyone talks to me and greets me. Even so, it's not like it was before. I've always had horses¹... I used to play the accordion ... I went from North to South and I was always welcomed. After being arrested, something changed."* One other probationer expressed a similar feeling of mistrust or apprehension: *"When I came for appointments – Psychology consultations – and went out on the street, I had some fear of people's reaction, of evil, of mistrust. There were about two or three people looking at me from the side."* Although there was not an intense feeling of being discriminated, the probationers did value the support received under the pilot project and recognized it was an essential component for their inclusion in society.

Probationer A mentioned that *"people – from the community – knowing that I was free, but that somehow, that I managed to organize my life and was being supported was seen with good eyes."* He reinforced that the community would think *"he has made a mistake but wants to straighten out his life"*.

One other probationer, C, mentioned that the support from the team made it easier to *"deal with the day-to-day after having left jail"*, reinforcing that the support from Probation Services' team was very important for himself and for his mother; including in dealing with the mandatory intake of injectable medication that he disagrees with. It is, therefore, possible to conclude that there is a positive effect in preventing and/or reducing discrimination due to the joint action of the two services.

In terms of **recidivism**, one might infer the pilot project was relatively successful in preventing re-offense of a crime. From the five individuals that were followed, four did not commit another felony. This required meaningful effort from the probation officers, namely a very close follow-up of one of the individuals (who unfortunately was arrested at home during the summer), the very close case management of a probationer that refused the medication intake (who was working abroad) and regular contacts with all the other probationers, some of whom were drug users with the inherent challenges of that situation (e.g., by the end of the month, when the probationers receive their salary, is a period of higher concern).

From the Mental Health professionals' perspective, working in cooperation with the Probation Services was an asset, namely in trying to guarantee that the probationers would **comply with their treatment plan**. Most of the probationers followed the therapeutic program without resistance, with the need of reminders from the Health professionals. In one

¹ Castro Daire is a rural area and the probationer had horses and a very old carriage which would be used with the horses in events all over the country. When he went to jail, the father - who is in his 70's - could not take care of the horses and this "part of their life" ceased.

case – the person who denies having a Mental Health condition – there is, sometimes, the need to be “*threatened*” and reminded of the conditions that he must fulfill to remain on parole. In most of the cases, the fact that both teams work in connection to family members is a strength to support the compliance with treatment.

There was “only” **one out of the five probationers that committed another crime**. To protect his identity, he will be called “D”. Even though D was complying with the proposed plan; he has been recently arrested for the crime of driving without a license and this re-incidence in crime led to an imprisonment with the duration of 10 months. The professionals from both teams anticipate a regression because the probationer will return to the circumstances that caused the initial trauma.

The professional from the Mental Health service does not want to stop having contact with D while he is in prison and would like to maintain support and avoid abandonment; she does not know if it will be possible, and the teams concluded that a **higher involvement of judges in the teamwork could make a difference**. According to the case manager, the 10 months’ time that D will serve will not bring benefits and may cause harm – social exclusion and regression in rehabilitation- as well as a loss in confidence in the professionals. The testimony of the Mental Health professional who is D’s case manager reflects the commitment, teamwork and concern of the teams with the pilot project’s intervention.

“D. started being supported by the Mental Health team in May 2021, initially only with a psychiatrist and then with me – Social Worker – as a case manager.

From the beginning, there was coordination with the Probation Services’ team, to define a joint intervention plan that would respond to the needs of D at the moment. We collaborate with community services regularly: Home Support Service for food, Social Reintegration Income Team for financial support, Occupational Centre and Vocational Training at local NGOs for professional development.

This holistic view of the individual allowed a follow-up on the various dimensions and needs of D, with closer monitoring by Mental Health and community services. The joint intervention allowed D to participate in activities developed within the community and improved his social inclusion.

At the beginning of the intervention, D had only two persons of reference in the community: the community priest and the president of the local Parish Council, showing no affinity with anyone else. Throughout the intervention, he came to comply with the guidelines and the advice that we shared with him, began to authorize the entry in his private space (i.e., his home), came up to accept a greater intervention of the Home Support Service in the hygiene of the house ...

***Everything indicated that this type of intervention allowed him to embrace new horizons and participation in the community.** The intervention plan was being successfully monitored and complied with, until D allowed himself to be tempted to drive a vehicle for which he was not qualified to, ending up being arrested for this crime, this October (2022). I am aware that D has made a mistake. However, a measure of deprivation of liberty will not rehabilitate this person, with a mental illness and a cognitive difficulty.”*

All the shared information clearly indicates that the pilot project’s approach is of great potential in reducing recidivism. According to the University of Coimbra, more time would be necessary to make a more rigorous judgement of this outcome. Probably, in the future, there will be a clearer idea of the impact of the intervention at the level of ending discrimination and prejudice against probationers with mental health conditions.

2.1.5 Sustainability – i.e., the extent to which the net benefits of the pilot project are likely to continue and the conditions that may support/hinder the success of the pilot project

In the opinion of the coordinating organisation, **it is very likely that the results already achieved with the pilot project will be maintained after its end**, since the professionals from both, the Mental Health and Probation services, are already in the field and working in collaboration. It is expected that the documentation of their best practices and the evaluation

and dissemination of the pilot project will expand the impact of this intervention, by demonstrating its impact and expanding it into other regions.

Contributing to the future success of the project is the “*unconditional support*” that the pilot project has received from the Coordination of Mental Health Policies and from the General Directorate of Prisons and Social Reintegration Services; throughout the whole process, these agencies were very supportive and expressed the expectation that this intervention would be generalized in the country and respond to an existing social problem within prisons: the high number of probationers with mental health conditions, in contexts that are not equipped to facilitate their personal recovery, creating barriers to a successful (re)inclusion in society.

One other variable that is likely to / could ? contribute to the sustainability of the intervention is the **network approach in supporting the probationers**. Besides working in collaboration, the Mental Health and Probation Services would also cooperate with other entities from the region, namely local NGOs in the field of Occupational Activities and Vocational and Educational Training, other Health Services, Social Security’s Social Remuneration Team, the Employment Institute, the Municipality of Castro Daire and many other local associations.

Finally, one aspect that will be very supportive the project’s continuity is the **existence of a manual of best practices**, with the experiences from Dão Lafões documented and more easily replicable,

One of the **factors that may threaten future outcomes of the intervention**, as stated by different parties is the newly enacted legislation that govern the work of the Mental Health team; the Community Mental Health Teams were legislated and created recently, and concerns regarding the stability of this policy were mentioned by some of the interviewees. Another issue to consider is the complexities of the situation of Dual Diagnostics – i.e., Mental Health conditions along with substance’s abuse – which requires intervention of other specialized teams that tend to be more “distant” and not as involved in this coordinated intervention.

Although these challenges are mentioned, the team from the University of Coimbra reiterated the high level of commitment from all the involved organisations and the feeling that “*with everyone’s support, the difficulties and challenges will be overcome*”.

When exploring the sustainability of the **individual’s outcomes** for the probationers, should the project’s intervention end, the view from the service users is highly positive. All of the four probationers that were interviewed were of the opinion that all the support that had been given had equipped them with tools to move on with their life without colliding with the Criminal Justice System. Having a paid job, being involved in the community and the awareness of the impact on the families’ wellbeing were factors that gave additional motivation to fulfill all the requirements of living a free life, within the legal limits.

From the families’ point of view, there is also the positive feeling about the sustainability of the achieved results. The father of the probationers E and A expressed: “*I am convinced that they will continue at their pace in their future life, by the commitment they are currently*

undertaking" (i.e., referring to a paid job in the community and high expectations from the employers).

Regardless of the positive outcomes of the project and of the potential sustainability of the intervention, even after the end of the pilot project, the concerns expressed by the Mental Health and Probation staff should be mentioned. In their view when reflecting on a **scenario in which the coordinated work between teams would not exist**, the Mental Health team considered that the probationers would benefit from clinical follow-up by the National Health Service, but the coordinated intervention between teams would be lost and there could possibly be replication of interventions; most likely, there would be a drastic reduction in the amount of information shared between services and the objectives for each probationer would not be so clear.

Based on previous experiences and the collaboration with other Health Services, the probation officers considered that the collaborative support to the probationers would not exist, and the basic follow-up and treatment would be ensured at the Central Hospital.

The close work between the services would be lost and there would probably be less access to consultations and maintenance of treatments, with a higher risk of recurrence and worsening of the mental health condition of the probationers. There would be a risk of distancing users from the treatment and their recovery path, due to simple factors such as geographical distance, lack of autonomy in transportation, lack of funding. Pharmacological treatment would be maintained, but treatment at the level of relationship and personal recovery would be unsupported. In the words of one of the participants, there would be an *"incentive to the regression of the probationers"*.

From all the interviews and all the gathered information, it is possible to **conclude that there are high chances that this project will be continued after the pilot has ended**. There is also information to suggest that the project is easily replicable in other regions of the country, given that the current legislation about Mental Healthcare in Portugal legislated the creation of additional Mental Health Community teams in the near future and there are already Probation Services in the field. The Best Practices Manual will be an important resource to facilitate the foregoing. The expansion of this intervention to include additional target-populations and specialised teams, namely probationers with problems with alcoholism and drug abuse, would be a step further in the progression of more inclusive of diversity support to probationers.

Section Three: The Way Forward



3.1 Conclusions and Recommendations

From the analysis of the collected data, it is concluded that the pilot **project was successfully implemented**, with an adequate development of the suggested activities and following the original plans, with minor adjustments regarding the timing of some activities; this was partly related to the summer period, in which most organisations cease most of their activity in Portugal, as well as to personal events in the lives of the persons involved.

In the continued implementation of the project that should be consideration for the **development of a monitoring & evaluation tool or procedure**. Even though all the outputs have been developed as planned, things could have turn differently and there is the need for planning rigorous and systematic monitoring procedures and a risk management plan, to be implemented along project's cycle.

In terms of the **project's efficacy**, it is evident that there are positive results at the level of the **improved access to Mental Healthcare** by probationers, as well as to the **supplementary and cooperative intervention** between the Probation and Mental Health Services, when addressing the needs of probationers with Mental Health conditions under non-restrictive measures and penalties.

There are also positive signs regarding the **application of measures that are non-restrictive of freedom** to probationers with Mental Health issues, as well as to the **prevention of recidivism** among the beneficiaries of the intervention; it is, however, considered too early to have an in-depth perspective about these outcomes for the reasons that the group in the pilot project was small and non-representative of the population, the period of time of the "study" was short (from May to November of 2022) and there is little involvement of judges in the intervention. Related to this point, there is one other opportunity to improve, with a **higher involvement of the judges**, as a group of stakeholders, being mentioned as positive in terms of the application of different measures and decision-making when recidivism in crime takes place.

Although the evaluation yielded very positive results, it was seen that **no probationers were involved in the designing of planning of the project**. An awareness of the specific needs and challenging conditions of the target population – which may create obstacle for an active participation in project planning – is considered as a best-practice to engage the service users when designing interventions. There were no opportunities or specific strategies to implement this practice, which is considered as another point for improvement.

The **engagement of probationers with Mental Health condition, with their own perspective as "experts by experience"** would probably enhance the pilot project's approach to their needs, by adding new ideas based on their life experience with Mental Health problems and reinforcing their voice to be heard. This is aligned with the very relevant self-advocacy movement, "*nothing about us, without us*", and a possible solution to overcome the challenge of involving probationers would be to bring self-advocates with Mental Health condition into the project's team.

As for the supplementary and collaborative intervention between the Mental Health and Probation services, it was clear that there is a joint approach to tackle the complex needs of the group of beneficiaries of the intervention. With the implicated risks, it was considered, by different stakeholders, that the **coordination between the teams was fairly informal**, resulting from personal knowledge among team members; it actually started with the collaboration between friendly people who knew each other. There are chances that this informality may not be replicable in other contexts. The **recommendation is therefore to formalise the cooperation between services** with service level agreements and Memoranda of Understanding concerning matters such as the frequency and

structure of meetings – intervision, supervision, cooperation with other specialised teams – would be beneficial for the quality of the intervention. Another **practical recommendation is having a regular day for case discussion** between teams.

The issues of the **double diagnostic** – having a Mental Health Condition and an intellectual disability – and the comorbidity of Mental Health conditions and substances' abuse were identified as challenging situations, considering the “added layers” of complexity and the need to involve other specialized teams in the intervention; previous experiences have shown that other teams were not always prepared to work in this cooperative and transdisciplinary approach, **therefore it would be important to replicate the project with the participation of additional agencies**.

One aspect that came up during the interviews was the apparent difficulty in exchanging information between services, because it is not clearly defined what are **the limits of confidentiality in the sharing of clinical information** between the professionals from the Mental Health field and the staff member from the Criminal Justice System; the respondents highlighted that the challenge was not about sharing information, rather in realizing exactly “*how far one should go*”, with respect to data protection legislation. This is where the recommendation for formal service level agreements and MOUs among agencies would also help to address this issue.

During informal discussions with the teams, the fact that the different professionals involved in the Mental Health community intervention come from diverse hospital services, with specific rules and different managerial perspectives, was pointed out as a potential threat to the successful collaboration. Within the Mental Health team, elements from different professions will be accountable to different coordinators and clinical directors; not only to the Mental Health team's coordinator. The fact that **different rules and directives will apply to professionals within the same team may create disparity in the level of engagement with the team's intervention**, and this appeared to be a point worthy of reflection in the future, especially considering that the Mental Health Community teams were recently implemented and there is probably “room” to make specifications about their mode of work.

Some of the previous issues – i.e., the formality of the collaboration between teams, the limits of confidentiality, the complexities of double diagnostics – are variables to consider and improve in the future, for which the documentation of procedures and establishment of best practices will probably be of great contribution. In the publication entitled *Manual for practitioners in the courts and probation services: Promoting non-discriminatory alternatives to imprisonment across Europe*, edited by Penal Reform International (October 2022), recommendations directed at the Probation services and Courts, referring the articulated work with public Mental Healthcare teams, are available for consultation.

Whilst it was clear that the probationers were thoroughly supported by both teams, it **is reiterated how important it is to give ongoing and long-term support** until the personal recovery process is in an advanced stage, with positive changing attitude to life and illness, with emphasis on hope and the establishment of a meaningful life. The probationers expressed the need to be accompanied until getting “*completely out of the well*” and the subjective perception of “*a certain fear that something bad will happen*”, after leaving prison. While this may not be novel information for the Mental Health services, it might be an aspect to reinforce for the staff members outside of this field of practice. This relates to the **support to family members** of the probationers that, even though it was being done, it was not felt or understood as enough by the interviewed parent; this is only a preliminary conclusion, considering the low representation of family members in the group of interviewees.

Lastly, a point is worth making with respect to the issue of diversity – or **lack of diversity** – among the probationers supported within the pilot project. Being a group of five male probationers that represent different Mental Health conditions or disorders – Attention Deficit Hyperactivity Disorder, Schizophrenia, Depressive Behaviour, Substances' Abuse, Developmental Intellectual Difficulties – the target group did not represent diversity of the population when considering other variables (e.g. gender, sexual orientation, etc). One can only infer if the results of the intervention and the appropriateness of the response would be evaluated differently if the group was more diverse. This is something to consider in future projects.

Annex 1a – Questionnaire

Data Collection Instrument – English (the Portuguese version is in Annex 1b)

Questions for Probationers and Families of Probationers

1. Are you (or your family member) registered with a general practitioner?

1.1. If no, why?

2. Are you registered with a different type of medical practitioner or service?

3. Are you (or your family member) being supported by a mental health service?

If yes,

3.1. How easy was it for you to access a mental health service?

3.2. How do you feel about how you are treated by the mental health team?

3.3. Do you feel you are being helped by the mental health service?

3.3.1.1. If no, what do you think is the reason?

4. Could you give examples of actions from the project that facilitated your access to the mental health service or other health services?

5. To which type of health services has the project facilitated access:

- General practitioner
- Mental health service
- Clinical psychologist
- Occupational centre
- Supported employment
- Integration in the open labour market
- Other _____

6. In your perspective, what else could be done so that you (or your family member) could have a better access to mental health care?

7. Do you believe that the support you (or your family member) received under the pilot project was sufficient? Please elaborate on your answer.

9. Has the project changed anything for you (or your family member)? Please elaborate on your answer.

10. Have you (or your family member) felt discriminated **before** the project for any of the following:

- 10.1. Ethnicity or/and nationality
- 10.2. Gender
- 10.3. Recidivist status
- 10.4. Disability
- 10.5. Mental health status

11. If yes, by whom?

12. Have you(or your family member) felt discriminated **during** the project for any of the following:

- 12.1. Ethnicity or/and nationality
- 12.2. Gender
- 12.3. Recidivist status
- 12.4. Disability
- 12.5. Mental health status

13. If yes, by whom?

13.1. If the project was a facilitator, please explain how.

13.2. If the project was an obstacle, please explain why.

14. Do you feel the project contributed to ending discrimination and prejudice against you, as an individual under probation/with a mental health condition?

14.1. If so, please explain how.

14.2. If not, please explain why.

15. Could you tell me about the positive and negative changes that have been brought about because of the pilot project?

16. In which areas of your (or your family member) life has the project had a more meaningful effect:

- Education and Lifelong Learning?
- Employment and Occupation?

- Social Life?
- Civic Participation?
- Family and Personal Relationships?
- Other: _____

17. Do you believe you (or your family member) will continue to do well once you (or they) are no longer a part of the project?

18. In your view, what are some of the things that the project should keep doing (or do) to be a success in the future?

19. What are some of the things that may get in the way of the project being a success in the future?

Questions for Probation Officers and Mental Health Professionals

<p>1. Do you believe the project has improved the probationers access to mental health services?</p>
<p>2. Was there any supplementary intervention between the Probation Services (PS) and the Mental Health Services (MHS)?</p>
<p>3. On a scale of 1 – 5, how would you rate the level of cooperation between probation and health services (1 being the lower level and 5 being higher level of cooperation).</p> <p>Please explain your rating.</p>
<p>4. How often did the PS and the MHS meet with the project's/UC team to discuss the project?</p> <p>5. How many persons participated in the meetings?</p> <p>6. What are your thoughts on the meetings? Were they productive? Please explain your answer about the project meetings.</p> <p>7. Do you see any change in efficiency when handling cases with mental health conditions, collaborating with the other team (MH or PS) during the project versus how things were before the project was in place?</p>
<p>8. Did the probationers follow the treatment plan (e.g., kept up with daily routines, taking the medication, following clinical recommendation etc.)?</p>
<p>9. Do you believe that the project was the best response to address the needs that existed before with respect to non-custodial sentences for probationers with mental health conditions?</p> <p>Please explain your answer.</p>
<p>10. Has there been any cases of probationers committing a criminal offence while on the project or abandoning the treatment plan?</p>
<p>11. Have you noticed a reduction in the discriminatory attitudes and practices towards probationers with mental health conditions since the project commenced?</p>
<p>12. Could you tell me about the positive and negative changes that have been brought about because of the pilot project?</p>

13. Do you believe the positive effects of the project will be maintained, even the intervention ends?

13.1. If so, for how long: 1 year? 5 years? 10 years?

14. Are there any other projects or services contributing for the positive effects of the intervention?

14.1. If so, please name the ones you have in mind.

15. In your view, what are some of the things that the project should keep doing (or do) to be a success in the future?

16. What are some of the things that may get in the way of the project being a success in the future?

17. What are some of the strategies you believe could be implemented to have more diversity in the group of probationers (e.g., probationers who are women, from diverse background, with disability ...) that would benefit from the project in the future?

Questions for Judges

- 1.** Do you believe that the project was the best response to address the needs that existed before with respect to non-custodial sentences for probationers with mental health conditions?

Please explain your answer.

- 2.** Has there been any cases of probationers committing a criminal offence while on the project or abandoning the treatment plan?

- 3.** Have you noticed a reduction in the discriminatory attitudes and practices towards probationers with mental health conditions since the project commenced?

- 4.** Have you had any insight on different measures and sentences that may be applied to probationers with mental health conditions?

- 5.** Do you believe the positive effects of the project will be maintained, even the intervention ends?

5.1. If so, for how long: 1 year? 5 years? 10 years?

Questions for Consortium Staff

1. Do you consider that the pilot of the project contributed to the enhancement of:
 - the access to mental health services by probationers with mental health conditions;
 - the collaborative work between the probation office's staff and the mental health services' staff;
 - the application of non-discriminatory measures/sentences to probationers with mental health conditions.
2. If so, could you describe improvements resulting from the pilot of the project to:
 - the access to mental health services by probationers with mental health needs;
 - the collaborative work between the probation office's staff and the mental health services' staff;
 - the application of non-discriminatory measures/sentences to probationers with mental health needs.

3. In which of the following phases of the project were the probationers involved?
 - i. Design
 - ii. Implementation

How were they involved?

- i. Trainings
 - ii. Meetings
 - iii. Informal discussions
 - iv. Other: _____
4. Please describe which topics were discussed with the probationers during the project?

5. Has the cooperation model/pilot model been developed in conjunction with other initiatives, programs or services in the area?

If yes, which?

6. How did you feel during the project about the following:
Please **rate with: never, seldom, sometimes, most of the times, always.**

- i. I felt respected by all members of the project;
- ii. I feel people in the project are honest and transparent about the purpose of the project;
- iii. I feel that we work as a team;
- iv. I feel that knowledge sharing will produce positive outcome.

7. Overall, on a **1 to 10 scale**, how would you rate the new model of cooperation put in place (1 being the lower level and 10 being higher level of quality)?

8. Overall, how would you rate your satisfaction on the cooperation/interaction with the actors involved in the project? Please **rate the following with very poor, poor, good, very good, excellent.**

- i. PS officers
- ii. MHS professionals
- iii. Probationers
- iv. Families of probationers
- v. Courts' staff

9. How was the collaborative work between the PS's staff and the MHS's staff?

10. What would be the best practices from this collaborative work that you would highlight?

11. What would be the main points of improvements to this collaborative work that you would highlight?

12. What were the more important lessons learnt from this collaborative work?

13. To what extent the PS's functions have been improved through the cooperation with the MHS throughout the project? Please **rate your opinion on the following with: not applicable, very little, little, moderately, significantly.**

- i. Recidivism
- ii. Supervision
- iii. Reporting and technical support to Courts
- iv. Individual evaluations
- v. Individual rehabilitation plans
- vi. Support to the government officials responsible for the definition and execution of criminal policy in the execution of those tasks
- vii. Reintegration in the community
- viii. Communication and information sharing across the system

- ix. Data collection on probationers' mental health
- x. Understanding of specialised medical information
- xi. Other (*NOTE: explore the application of non-discriminatory and non-custodial measures in specific)

14. To what extent the mental health services' functions have been improved through the cooperation with the probation services throughout the project? Please **rate your opinion on the following with: very little, little, moderately, significantly.**

- i. Quality of individual evaluations
- ii. Communication and information sharing across the system
- iii. Raising awareness of mental health conditions
- iv. Availability of health services
- v. Continuity of care and treatment
- vi. Other (*NOTE: explore the application of non-discriminatory and non-custodial measures in specific)

15. Are you aware of any service level agreements, Memoranda of Understanding, communication system, procedures for work arrangements and decision making between the probation services and the mental health services?

16. Has there been developed any M&E tool for the follow up of project activities?

17. Were standards, guidelines or best practices regarding the collaborative work between the PS's staff and the MHS's staff developed and documented?

If so, how?

If not, why?

18. Were the goals of the pilot project clear? Were the goals of the pilot project achieved?

19. The coordination/team meetings during the pilot project were: **Not Enough / Just Enough / Too Many?**

20. Were the goals of the meetings clear? Were the goals of the meetings achieved?

21. Was there an appropriate monitoring of the pilot project?

If so, how?

If not, why?

22. Was the information gathered during the pilot project adequately used?
If so, how?

If not, why?

23. Could you state adjustments that were made to the project in light of changes?

24. Has the project improved the evaluation system of probationers?
If yes, how?

25. In your opinion, would you say the project was a facilitator or an obstacle to the inclusion/reintegration of probationers with mental health conditions in the community?
If the project was a facilitator, please explain how.

If the project was an obstacle, please explain why.

26. Do you feel the project contributed to ending discrimination and prejudice against your probationers with mental health conditions from judges, probation officers, and mental health professionals?
If so, please explain how.

If not, please explain why.

27. Which target group was more positively influenced by the project, regarding ending discrimination towards probationers with mental health needs:

- I. Probationers;
- II. Probation officers;
- III. Mental health services' staff;
- IV. Judges;

V. Other: _____
Most Significant Change – Interview Template
<p>28. Do you believe the positive effects of the project will be maintained, even the intervention ends?</p> <p>28.1. If so, for how long: 1 year? 5 years? 10 years?</p> <p>29. Are there any other projects or services contributing for the positive effects of the intervention</p> <p>29.1. If so, please name the ones you have in mind.</p>
<p>30. What were the conditions that supported the success of the pilot project, at the level of:</p> <p>I. Mental health services;</p> <p>II. Probation services;</p> <p>III. Judicial system/services;</p> <p>IV. Employment services;</p> <p>V. Social services;</p> <p>VI. Other services.</p> <p>31. 27. What were the conditions that hindered the success of the pilot project, at the level of:</p> <p>I. Mental health services;</p> <p>II. Probation services;</p> <p>III. Judicial system/services;</p> <p>IV. Employment services;</p> <p>V. Social services;</p> <p>VI. Other services.</p>

Annex 1b

Perguntas para Condenados/Arguidos e Famílias de Condenados/Arguidos

<p>8. Está registado (ou o seu familiar) com um médico de Medicina Geral e Familiar?</p> <p>8.1. Se não, porquê?</p> <p>9. Está registado noutra tipo de serviço médico?</p>

10. Está (ou o seu familiar) está a ser apoiado por algum serviço de Saúde Mental?

Se sim,

10.1. Com que facilidade/dificuldade acedeu a um serviço de Saúde Mental?

10.2. Qual a sua opinião sobre como é tratado pela equipa do serviço de Saúde Mental?

10.3. Sente que está a ser ajudado pelo serviço de Saúde Mental?

10.3.1.1. Se não, qual considera ser a razão?

11. Poderá dar exemplos de ações do projeto que facilitaram o seu acesso ao serviço de Saúde Mental ou a outros serviços e cuidados de saúde?

12. A que tipo de serviços de saúde tem o projeto facilitado o acesso:

- Medicina geral e familiar / Médico de família
- Serviço de Saúde Mental
- Psicóloga Clínica
- Centro ou fórum de atividades ocupacionais
- Emprego apoiado
- Integração no mercado de trabalho aberto
- Outros __

13. Na sua perspetiva, o que mais poderia ser feito para que você (ou seu familiar) pudesse ter um melhor acesso a cuidados de Saúde Mental?

14. Acredita que o apoio que recebeu (ou o seu familiar) no âmbito do projeto-piloto foi suficiente? Por favor, elabore a sua resposta.

20. O projeto mudou alguma coisa para si (ou para o seu familiar)? Por favor, elabore a sua resposta.

21. Você (ou o seu familiar) sentiu-se discriminado **antes** do projeto por qualquer um dos seguintes aspetos:

- 21.1.** Etnia e/ou nacionalidade
- 21.2.** Género
- 21.3.** Estatuto de reincidência
- 21.4.** Deficiência
- 21.5.** Condição de saúde mental

22. Se sim, por quem?

23. Você (ou seu familiar) sentiu-se discriminado **durante** o projeto para qualquer um dos seguintes aspectos:

- 23.1.** Etnia e/ou nacionalidade
- 23.2.** Gênero
- 23.3.** Estatuto de reincidência
- 23.4.** Deficiência
- 23.5.** Condição de saúde mental

24. Se sim, por quem?

24.1. Se o projeto foi um facilitador, por favor, explique como.

24.2. Se o projeto foi um obstáculo, por favor, explique porquê.

25. Sente que o projeto contribuiu para acabar com a discriminação e o preconceito contra si, enquanto indivíduo em liberdade condicional/condenado/arguido/com uma condição de saúde mental?

25.1. Em caso afirmativo, por favor, explique como.

25.2. Se não, por favor, explique o porquê.

26. Pode falar sobre mudanças positivas e negativas que foram provocadas pelo projeto-piloto?

27. Em que áreas da sua vida (ou da vida do seu familiar) teve o projeto efeito mais significativo:

- Educação e formação ao longo da vida?
- Emprego e ocupação?
- Vida social?
- Participação cívica?
- Relações familiares e pessoais?
- Outros: _____

28. Acredita que você (ou o seu familiar) continuará bem quando deixar de fazer parte do projeto?

29. Na sua opinião, o que deve o projeto continuar/começar a fazer para ser um sucesso no futuro?

30. O que pode interferir negativamente com o sucesso futuro do projeto?

Perguntas para Profissionais dos Serviços de Reinserção Social e de Saúde Mental

18. Acredita que o projeto melhorou o acesso dos condenados/arguidos a serviços de Saúde Mental?

19. Houve alguma intervenção complementar/colaborativa entre os Serviços de Reinserção Social (SRS) e os Serviços de Saúde Mental (SSM)?

20. Numa **escala de 1 a 5**, como classificaria o nível de colaboração entre os SRS e os SSM (**sendo 1 o nível mais baixo e 5 um nível mais elevado de colaboração**).

Por favor, explique a sua classificação.

21. Com que frequência os SRS e os SSM se reuniram com a equipa do projeto/UC para discutir o projeto?

22. Quantas pessoas participaram nas reuniões?

23. Qual a sua opinião sobre as reuniões? Foram produtivas? Por favor, explique a sua resposta sobre as reuniões do projeto.

24. Vê alguma mudança na eficiência no tratamento de casos de condenados/arguidos com condições de saúde mental, em colaboração com a outra equipa (SRS ou SSM) **durante** o projeto **versus** como as coisas eram **antes** do projeto estar em vigor?

25. Os condenados/arguidos seguiram o plano de tratamento (por exemplo, mantiveram rotinas diárias, tomaram a medicação, seguiram recomendações clínicas, etc.)?

26. Acredita que o projeto foi a melhor resposta para dar resposta às necessidades que existiam **antes**, no que diz respeito a penas não privativas de liberdade para condenados/arguidos com condições de saúde mental?

Por favor, explique a sua resposta.

<p>27. Houve casos de condenados/arguidos que cometeram crimes ou que abandonaram o plano de tratamento durante o projeto?</p>
<p>28. Notou diminuição no que diz respeito a atitudes e práticas discriminatórias para com os condenados/arguidos com condições de saúde mental desde o início do projeto?</p>
<p>29. Pode falar-me das mudanças positivas e negativas que resultaram do projeto-piloto?</p>
<p>30. Acredita que os efeitos positivos do projeto serão mantidos, mesmo após o término da intervenção?</p> <p>13.1. Se sim, por quanto tempo: 1 ano? 5 anos? 10 anos?</p> <p>31. Existem outros projetos ou serviços que contribuam para os efeitos positivos da intervenção?</p> <p>14.1. Em caso afirmativo, por favor, refira aqueles que tem em mente.</p>
<p>32. Na sua opinião, o que deve o projeto continuar/começar a fazer para ser um sucesso no futuro?</p> <p>33. O que pode interferir negativamente com o sucesso futuro do projeto?</p>
<p>34. Quais são algumas das estratégias que acredita poderem ser implementadas para ter mais diversidade no grupo de condenados/arguidos (por exemplo, mulheres, de diferentes origens, com deficiência...) que beneficiariam do projeto no futuro?</p>

Perguntas para Juizes

- 6.** Acredita que o projeto foi a melhor resposta às necessidades que existiam anteriormente no que diz respeito a penas não privativas de liberdade para condenados/arguidos com condições de saúde mental?

Por favor, explique a sua resposta.

- 7.** Houve casos de condenados/arguidos que cometeram crimes ou que abandonaram o plano de tratamento durante o projeto?

- 8.** Notou diminuição no que diz respeito a atitudes e práticas discriminatórias para com os condenados/arguidos com condições de saúde mental desde o início do projeto?

- 9.** Teve novas ideias sobre diferentes medidas e sentenças que podem ser aplicadas a condenados/arguidos com condições de saúde mental?

- 10.** Acredita que os efeitos positivos do projeto serão mantidos, mesmo após o término da intervenção?

5.1. Se sim, por quanto tempo: 1 ano? 5 anos? 10 anos?

Perguntas para a Equipa do Consórcio

- 3.** Considera que o projeto-piloto contribuiu para a melhoria de:
- o acesso a serviços de Saúde Mental por condenados/arguidos com condições de saúde mental;
 - O trabalho colaborativo entre o pessoal dos Serviços de Reinserção Social (SRS) e dos Serviços de Saúde Mental (SSM);
 - a aplicação de medidas/penas não discriminatórias a condenados/arguidos com condições de saúde mental.
- 4.** Em caso afirmativo, poderá descrever melhorias resultantes do projeto-piloto ao nível de:
- o acesso a serviços de Saúde Mental por condenados/arguidos com necessidades de saúde mental;
 - O trabalho colaborativo entre o pessoal dos Serviços de Reinserção Social (SRS) e dos Serviços de Saúde Mental (SSM);
 - a aplicação de medidas/penas não discriminatórias a condenados/arguidos com condições de saúde mental.

32. Em qual das fases seguintes do projeto estiveram os condenados/arguidos envolvidos?

- iii. Desenho
- iv. Implementação

Como foram envolvidos?

- v. Formações
- vi. Reuniões
- vii. Discussões informais
- viii. Outros: _____

33. Por favor, descreva quais os tópicos que foram discutidos com os condenados/arguidos durante o projeto?

34. O modelo de cooperação/modelo-piloto foi desenvolvido em conjunto com outras iniciativas, programas ou serviços na área?

Se sim, qual/quais?

35. Como se sentiu durante o projeto em relação ao seguinte:

Por favor , **avalie com: nunca, raramente, às vezes, na maioria das vezes, sempre.**

- v. Senti-me respeitado por todos os membros do projeto;
- vi. Sinto que as pessoas no projeto são honestas e transparentes sobre o propósito do projeto;
- vii. Sinto que trabalhamos em equipa;
- viii. Sinto que a partilha de conhecimento produzirá resultados positivos.

36. No geral, numa **escala de 1 a 10**, como classificaria o novo modelo de cooperação implementado (sendo 1 o nível mais baixo e 10 de qualidade superior)?

37. No geral, como classificaria a sua satisfação em relação à cooperação/interação entre os intervenientes no projeto? Por favor, **avalie os seguintes com muito má, má, boa, muito boa, excelente.**

- vi. Profissionais do SRS
- vii. Profissionais do SSM
- viii. Condenados/arguidos
- ix. Famílias de condenados/arguidos
- x. Profissionais dos tribunais

38. Como foi o trabalho colaborativo entre a equipa do SRS e a equipa do SSM?

39. Quais seriam as melhores práticas deste trabalho colaborativo que destacaria?

40. Quais seriam os principais pontos de melhoria deste trabalho colaborativo que destacaria?

41. Quais foram as “lições aprendidas” mais importantes com este trabalho colaborativo?

42. Até que ponto as funções do SRS foram melhoradas através da cooperação com o SSM ao longo do projeto? Por favor, **avalie a sua opinião sobre: não aplicável, muito pouco, pouco, moderadamente, significativamente.**

- xii. Reincidência
- xiii. Supervisão
- xiv. Relatórios e apoio técnico aos tribunais
- xv. Avaliações individuais

<ul style="list-style-type: none"> xvi. Planos individuais de reabilitação xvii. Apoio aos funcionários do governo responsáveis pela definição e execução da política penal na execução dessas tarefas xviii. Reintegração na comunidade xix. Partilha de comunicação e informação em todo o sistema xx. Recolha de dados sobre a saúde mental dos condenados/arguidos xxi. Compreensão de informações médicas especializadas xxii. Outras (*NOTA: explorar a aplicação de medidas não discriminatórias e não privativas de liberdade em específico)
<p>43. Até que ponto as funções do SSM foram melhoradas através da cooperação com SRS ao longo do projeto? Por favor, avalie a sua opinião sobre: não aplicável, muito pouco, pouco, moderadamente, significativamente.</p> <ul style="list-style-type: none"> vii. Qualidade das avaliações individuais viii. Partilha de comunicação e informação em todo o sistema ix. Sensibilização para as condições de saúde mental x. Disponibilidade de serviços de saúde xi. Continuidade dos cuidados e tratamentos xii. Outras (*NOTA: explorar a colaboração com a aplicação de medidas não discriminatórias e não privativas de liberdade em específico)
<p>44. Tem conhecimento de quaisquer acordos de nível de serviço, Memorando de Entendimento, sistema de comunicação, procedimentos para acordos de trabalho e tomada de decisão entre os SRS e os SSM?</p> <p>45. Foi desenvolvida alguma ferramenta M&E para o acompanhamento das atividades do projeto?</p> <p>46. Foram desenvolvidas e documentadas normas, orientações ou boas práticas relativas ao trabalho colaborativo entre as equipas de SRS e SSM? Se sim, como?</p> <p>Se não, porquê?</p>
<p>47. Os objetivos do projeto-piloto foram claros? Foram alcançados os objetivos do projeto-piloto?</p> <p>48. A coordenação/reuniões de equipa durante o projeto-piloto foram: Insuficientes / Suficientes / Demasiadas?</p>

49. Os objetivos das reuniões foram claros? Os objetivos das reuniões foram alcançados?

50. Houve um acompanhamento adequado do projeto-piloto?

Se sim, como?

Se não, porquê?

51. A informação recolhida durante o projeto-piloto foi adequadamente utilizada?

Se sim, como?

Se não, porquê?

52. Poderia referir ajustes e melhorias feitos ao projeto à luz de alterações?

53. O projeto melhorou o sistema de avaliação dos condenados/arguidos?

Se sim, como?

54. Na sua opinião, diria que o projeto foi um facilitador ou um obstáculo à inclusão/reintegração de condenados/arguidos com condições de saúde mental na comunidade?

Se o projeto foi um facilitador, por favor, explique como.

Se o projeto foi um obstáculo, por favor, explique porquê.

55. Sente que o projeto contribuiu para acabar com a discriminação e o preconceito contra os condenados/arguidos com condições de saúde mental por parte de juízes, profissionais dos SRS e profissionais dos SSM?

Em caso afirmativo, por favor, explique como.

Se não, por favor, explique o porquê.

56. Que grupo-alvo foi mais positivamente influenciado pelo projeto, no que diz respeito à diminuição da discriminação para com os condenados/arguidos com condições de saúde mental:

- VI. Condenados/Arguidos;
- VII. Profissionais dos SRS;
- VIII. Profissionais dos SSM;
- IX. Juízes;
- X. Outros serviços: _____

Mudança Mais Significativa - *Template* para entrevista

57. Acredita que os efeitos positivos do projeto serão mantidos, mesmo após o término da intervenção?

57.1. Em caso afirmativo, por quanto tempo: 1 ano? 5 anos? 10 anos?

58. Existem outros projetos ou serviços que contribuam para os efeitos positivos da intervenção?

58.1. Em caso afirmativo, por favor, refira aqueles que tem em mente.

59. Que condições apoiaram o sucesso do projeto-piloto, ao nível de:

- VII. Serviços de Saúde Mental;
- VIII. Serviços de Reinserção Social;
- IX. Sistema/Serviços Judicial/ais;
- X. Serviços de Emprego;
- XI. Serviços Sociais;
- XII. Outros serviços.

60. Quais foram as condições que impediram o sucesso do projeto-piloto, ao nível:

- I. Serviços de Saúde Mental;
- II. Serviços de Reinserção Social;
- III. Sistema/Serviços Judicial/ais;
- IV. Serviços de Emprego;
- V. Serviços Sociais;
- VI. Outros serviços.