

Rochester Institute of Technology

RIT Digital Institutional Repository

Theses

2-6-2015

Kosovo's Forensic Psychiatric Institution: Challenges on Management, Procedures of Treatment, and Finances

Margarita Gjocaj

Follow this and additional works at: <https://repository.rit.edu/theses>

Recommended Citation

Gjocaj, Margarita, "Kosovo's Forensic Psychiatric Institution: Challenges on Management, Procedures of Treatment, and Finances" (2015). Thesis. Rochester Institute of Technology. Accessed from

This Senior Project is brought to you for free and open access by the RIT Libraries. For more information, please contact repository@rit.edu.

A·U·K

Submitted to A.U.K. as part of requirement for graduation

Keywords: Kosovo, Forensic, Psychiatric, Insitutions, Treatment

Kosovo's Forensic Psychiatric Institution: Challenges on Management, Procedures of Treatment and Finances

An Honors Society Project

Presented to

The Academic Faculty

By

Margarita Gjocaj

In Partial Fulfillment

of the Requirements for Membership in the

Honors Society of the American University in Kosovo

Acknowledgements

I would like to express, with my deepest gratitude, a special recognition to all the people who have contributed in the completion of this project.

My deepest acknowledgement goes to the project supervisor Dr. Brian Bowen for his persistence and continuous support with the goal being a successful realization of the project. My appreciation and gratitude goes to the project's technical advisers, Mr. Hajdar Korbi, and Mr. Safet Blakaj.

I am indebted to my family, friends, and colleagues for their continuous encouragement, support and understanding throughout this project and my academic life in general.

I dedicate this project to my father, Milazim Gjocaj, and show my gratitude for his unconditional support and counsel, always professional and never tiring.

In loving memory of my dearest mother.

ABBREVIATIONS

KFPI – Kosovo Forensic Psychiatric Institution

UP – University of Prishtina

MoH – Ministry of Health

MoJ – Ministry of Justice

KCHS – Kosovo’s Clinical and Hospital Service

WHO – World Health Organization

UN – United Nations

EU – European Union

THL - Finnish National Institute for Health and Welfare

UNMIK - United Nations Interim Administration Mission in Kosovo

EULEX - European Union Rule of Law Mission

Table of Contents

Acknowledgements	2
Executive summary	6
Problem and Goal Statement	7
Chapter 1: Background Information	8
1.1. Forensic Mental Health	8
1.2. History	8
1.3. Human rights with emphasis on mentally ill offenders.....	9
1.4. European standards	12
1.5. Austria	13
1.4.1. Legislation	13
1.6. Belgium	14
1.6.1. Legislation	14
1.7. Finland.....	15
1.7.1. Legislation	15
1.8. Placement capacity	15
Chapter 2: Forensic Mental Health in Kosovo	17
2.1. Starting Point.....	17
2.1.1. Demographics	17
2.1.2. Prevalence of Mental Illnesses	18
2.1.3. Mental health care and Forensic Psychiatric services in Kosovo.....	19
2.1.4. Legislation for treatment and placement of mentally ill offenders	20
2.2. Establishment of KFPI	20
2.2.1. Treatment Procedures	21
2.2.2. Cost/Budget	22
Chapter 3: Methodology	24
3.2. Methodology	24
3.2.1. Research Methodology	24
3.2.2. Research Method Sampling.....	25
3.3. Problems and difficulties encountered	27
3.4. Ethical considerations	27

3.5. Strengths and weaknesses of the results.....	27
Chapter 4: Results	29
4.1. Challenges of KFPI Management	29
4.2 Procedure of treatment	33
4.3 Challenges on Finances	36
4.3.1. Budget for salaries	38
4.3.2. Budget for Goods and Services	41
Chapter 5: Analysis and Discussion	43
5.1. Analysis and Discussion of Management Problems	43
5.2. Analysis and Discussion of Problems in the Procedure of Treatment	46
5.3. Analysis and Discussion of Challenges on Finances	48
Chapter 6: Recommendations and Conclusion	53
Appendixes	63

Executive summary

Kosovo opened its first Forensic Psychiatric institution in September 2014. This project addressed the difficulties KFPI is facing being a new establishment in the country which include: a) the areas of management, b) procedure of treatment and c) budget.

The main goal of this project was to identify the potential difficulties or drawbacks that KFPI and its staff are facing. This goal included the process of identifying the actors and institutions behind those problems. The project's subsequent goal was to propose solutions to stakeholders which impact the communication process within and outside the institution for the procedure of treatment of mentally ill offenders. The project saw a survey conducted to 30 participants who were staff members of KFPI, 3 interviews with representatives within the Ministry of Justice, Ministry of Health and KFPI and analysis of financial reports. The most important finding was that the procedure of assessment and treatment of mentally ill offenders was the main area affected by all of the aforementioned problems that the institution is facing especially by lack of professional staff and treatment materials.

As such, this project proposed the development of a new forensic psychiatry department within the UP including foreign professors, visits abroad and creation of inside facilitators with a total cost of 105,000€ per year. The lack of communication between the ministries and KFPI regarding the procedure of treatment showed the need for informative and feedback workshops with a total cost of 7,000€ per year. Finally, the project proposed the accommodation of the budget in accordance to the fundamental needs of KFPI regarding salaries and goods and services with a total cost of 337,344.40€ for a 6-month period. This cost should be divided between the MoH, MoJ or the total Government budget.

Problem and Goal Statement

The project's aim is to address the problem of the establishment of a Kosovo Forensic Psychiatric Institution (KFPI) and the difficulties it is facing being a new establishment in the country. The problems include: a) the areas of management, b) procedure of treatment and c) budget. The institution lacks properly trained and professional staff and it has a lack of financial resources to support the procedures of treatment of mentally ill offenders. In addition, there seems to be the problem of lack of communication between the Ministries of Health and Justice in relation to the institute which affects the procedure of treatment.

Because it is a new institution which did not exist before in the country, it needs a greater attention in regards to its establishment. The main goal of this project was to identify the potential difficulties or drawbacks that KFPI and its staff are facing. This goal included the process of identifying the actors and institutions behind those problems. In order to achieve the desired results another goal was to analyze the financial statements, procedure of treatment and staff qualifications of the institution.

Secondly, after the problems, actors and institutions have been identified, the project's subsequent goal is to propose solutions to stakeholders which impact the communication process within and outside the institution for the procedure of treatment of mentally ill offenders. Stakeholders' impact is also seen upon the process of budget planning and distribution and the overall management of KFPI with an emphasis on the professional preparation and development of the specialized staff. The stakeholders in this case are the Ministry of Justice with the system of courts and prisons, Ministry of Health with its prison health system and the highest level of the KFPI being its management and director.

Chapter 1: Background Information

1.1. Forensic Mental Health

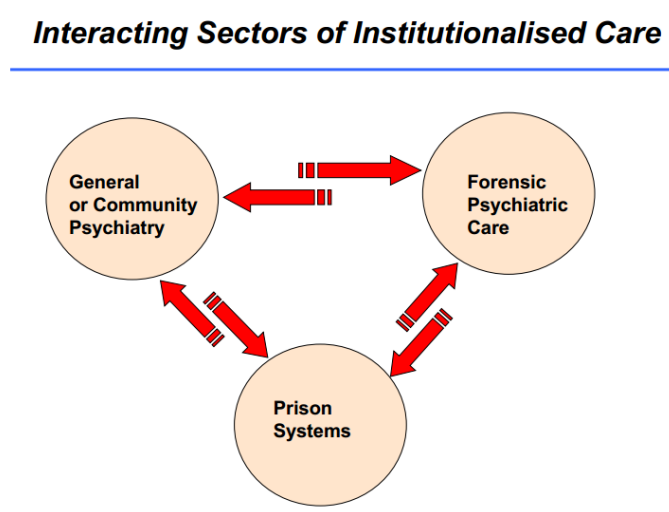
Individuals with mental disabilities are a group of society which should be ensured with access to proper care and mental health services. Based on World Health Organization's publications mental health refers to the condition of social, physical and mental well-being and promotes "the prevention of mental disorders, and the treatment and rehabilitation of people affected by mental disorders" (WHO, 2014). According to Seppanen, Salize and Lavikainen, mentally disordered inmates or offenders are those individuals who have committed crimes and are not able to stand to court sessions because of their mental disabilities (2013). The offences which are most commonly committed by these individuals are 1) family violence, 2) sexual violence, 3) murder and 4) torture (Barras & Bernheim, 1990). The process of treatment and placement of mentally disordered offenders is still a controversial issue in the western societies and their criminal justice systems (Salize and Dressing, 2005). According to Gostin, the condition of these inmates should be considered and treated in the perspective of human rights (2000). The reason behind this is that humans have the rights to an improved human condition and this is directly linked to the mental health and health in general (Gostin, 2000). These statements are based in the conventions of the Council of Europe and European Union for mentally disabled offenders and human rights.

1.2. History

Forensic psychiatry as a term and theory has been present for approximately 200 years. The trend of development of this subject started in the 19th century in France and Germany. It then developed further in Austria, Finland, Denmark and Sweden (Lindqvist, 2012). Some of the reasons for this delayed development of this subject in Europe are the First World War which left many countries divided and the Second World War which destroyed many countries (Schanda et al., 2000). Mentally ill offenders could be found in general hospitals, prisons, psychiatric divisions and in the community. Figure 1.1 shows the correlation between three main institutions in the treatment of these individuals. More violent or serious cases of mentally ill offenders are treated in forensic psychiatric institutions. When stable, they can be transferred in general hospitals or prisons and vice versa (Schanda et al., 2000). This means that there should be close

cooperation between general hospital, especially the division of psychiatry, and forensic institutions, where they exist in a country.

Figure 1.1: Interacting sectors of institutionalized care (Source: Salize, 2007)



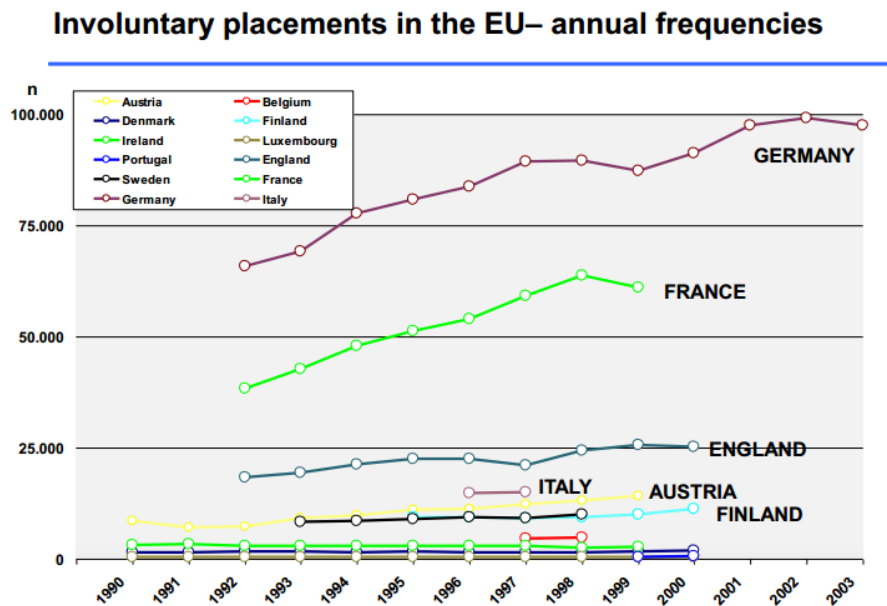
1.3. Human rights with emphasis on mentally ill offenders

The main document in Europe for the protection of human rights is the *European Convention for the Protection of Human Rights and Fundamental Freedoms* which was signed in 1950 from the Council of Europe (Salize and Dressing, 2005). Several articles of this convention have an importance for the mentally ill, with the inclusion of those who have committed offences. . These articles “state the obligation of human rights’ respect, the right to live, the prevention of torture, of discrimination, of punishment without law and the right to a fair trial” (Council of Europe, 1950). In 2000, the European Union released a document which was known as *The Charter of Fundamental Rights of the European Union* and it included 54 articles (Salize and Dressing, 2005). This charter did not try to replace the convention of the Council of Europe but it just built upon its articles and information. The main part of the charter related to the right of individuals for access to health is article 35 (European Union, 2000). It states that “every individual has the right to receive health care and treatment and be ensured with human health protection under the European Union policies and procedures” (Salize and Dressing, 2005).

A specific document which deals more precisely with the issue of the mentally ill offenders is the Declaration of Human Rights, a United Nations' source of law (Salize and Dressing, 2005). The main part is Article 5 which states that "no individual should be prone to torture and mistreatment and Article 12 states that no individual should be subject to interference in privacy and attacked upon his/her reputation and honor" (Gostin, 2000). The latter article is more directly related to the rights of mentally ill offenders to receive wider medical treatment. In addition, the General Assembly of the UN released a document known as the Principles for the Protection of Persons with Mental Illnesses and the Improvement of Mental Health Care (Salize and Dressing, 2005). The principles of the document mainly deal with the issue of humane treatment of mentally ill individuals with specific reference on the criminal offenders who are suspected of having any kind of mental illness (Salize and Dressing, 2005).

As a result many countries, including fifteen EU countries have implemented the forensic psychiatric institution or developed it within psychiatry as a specialty. The sections below discuss the legal framework and treatment procedures in several European countries such as Belgium, Austria and Finland. Forensic psychiatry did not develop as a specific discipline until the 20th century (Salize and Dressing, 2005). Before the development of the specific institutions or divisions between hospitals and prisons for psychiatric care, mentally ill offenders were being treated in general hospitals and/or prisons. Their treatment was done in a traditional inpatient method which mostly included the involuntary placement of mentally ill individuals since they were seen as a threat to the community (Salize and Dressing, 2005). Figure 1.2 shows the rates of the involuntary placements of mentally ill individuals in general hospitals for their continuous treatment until further health condition developments.

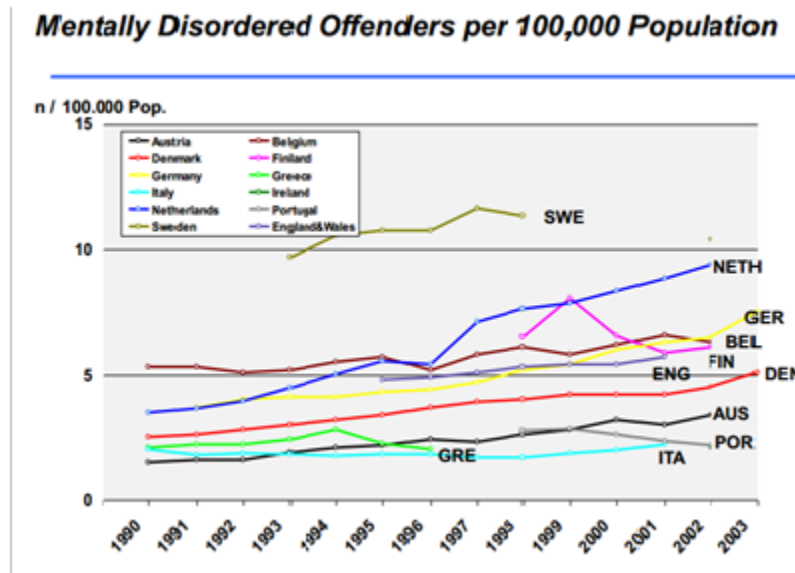
Figure1.2: Involuntary placements in the EU – annual frequencies (*Source: Salize, 2007*)



The numbers in the graph show the placements of mentally ill in general without specifying whether they were criminal offenders or not. It can be seen that the average number is approximately 25,000 individuals whereas Germany has a very high number of mentally ill who are involuntary placed in hospitals.

Additionally, Figure 1.3 displays the number of mentally ill offenders in EU states until 2003. In this case, it can be seen that Sweden has the highest number of mentally ill offenders among the EU states.

Figure 1.3: Mentally Disordered Offenders per 100,000 Population (*Source: Salize, 2007*)



1.4. European standards

In order to achieve a better service for this vulnerable group of society, the implementation of forensic psychiatric institution and its standards of treatment procedures are based in European standards. Forensic Psychiatry “at the level of nations occurs in a context of social and political development, and complied with the law, criminal justice and clinical psychology” (Salize and Dressing, 2005). Although the political doctrines of European countries have affected their legal framework, forensic psychiatry has an obligation to treat the patients in the best way possible while still protecting society from serious harms. This relates to the fact that patients being treated in forensic psychiatric institutions have a tendency to show multiple disorders such as anti-social behavior, misuse of substances, and poor application of treatment (Initial Report: Implementation of Kosovo Forensic Psychiatric Institute 2012).

Because of the specific condition of the inmates, their situation requires special treatment in designated institutions before and after trial. In many countries of the EU, such as England and Wales, the mentally disordered offenders are primarily remanded in custody until a new court order (Salize and Dressing, 2005). The process of forensic assessment is done routinely in many countries of the EU (Salize and Dressing, 2005). A short and general interview that was done with the prison health system representative Mr. Safet Blakaj for the purpose of this project,

brought to light the reasons why a specific institution is required for these inmates. Mr. Blakaj stated that these inmates should be treated in specific institutions with legal and health practices because of their mental condition and criminal record. In addition, specific treatment is required in order to ensure the safety of other prisoners or patients in common prisons or hospitals and the staff in these institutions. The specific institution which is required for the process of placement and treatment of mentally disordered offenders is known as the forensic psychiatric institution.

1.5. Austria

Similar to many European countries, Austria did not have a special institution for the treatment of mentally ill offenders who, as a result, were treated in general hospitals (Schanda et al., 2000). In addition, their placement in the hospitals for treatment was mainly done involuntarily because they were perceived as a risk to the community around them (Salize and Dressing, 2005). This situation was not plausible for the state because of the conflicting interests of the Prison Health System and the psychiatric wards in hospitals. This conflict arose as a result of the decision whether to treat the mentally ill offenders in prisons where the special care was not at the necessary level or hospitals where there was limited capacity. As a result, the Ministry of Justice in Austria in 1975 reformed the penal law and planned the building of a special institution which would treat the criminals who were suspected of having mental illnesses (Schanda et al., 2000). This institution was not opened until 10 years later, in 1985 (Schanda et al., 2000).

1.4.1. Legislation

This section describes the procedures of justice and placement of a mentally ill offender in Austria. The graphical display of the procedure can be seen in Appendix 1 by Salize and Dressing.

To begin with, the interpretation of the procedure in Appendix 1 goes as follows, when an offender is suspected to be mentally ill the court needs an expert's assessment to order the offender's placement in a special forensic psychiatric institution or in a psychiatric closed ward of the general hospital. In order to make a final decision the court needs another psychiatrist expert assessment to decide about "criminal responsibility and illness-related dangerousness" (Salize and Dressing, 2005). If the person has a mental illness and is also directly associated with a minor offence, the offender is said to not have criminal responsibility and is exculpated or set

free. However, if the offender has a mental state in association with a major offence and dangerousness related to illness, s/he is also set free but undergoes treatment in general hospital until the mental state is reduced. Moreover, if the penalty was committed under a more serious mental state which is known as a “higher degree of mental abnormality” the offender should take criminal commitment and be sent in prison or psychiatric wards in general hospitals (Salize and Dressing, 2005). As for the placement of the offenders in forensic psychiatric special institutions, the decision cannot be made by the court but only by the Ministry of Justice. The offenders can be treated there until the mental state is improved. The penal courts have the right to require continued inpatient treatment once a year.

1.6. Belgium

Belgium has a much more different system and placement procedures for the mentally ill offenders. The whole process is regulated by the Social Protection Act which concerns “abnormal offenders, habitual offenders and certain sexual offenders” (Salize and Dressing, 2005). Based on this act, “an offender can be found criminally not responsible if s/he was in an abnormal state of mind during the act of commitment of the offence” (Salize and Dressing, 2005).

1.6.1. Legislation

This section describes the procedures of justice and placement of a mentally ill offender in Belgium. The graphical display of the procedure can be seen in Appendix 2 by Salize and Dressing.

When a person who has committed a crime is suspected to have a mentally abnormal condition, the court needs an expert’s assessment in order to make the decision. The assessment looks at the mental state of the offender at the time of the offence, at the time of the assessment and the social danger. If the individual is found criminally responsible, based on the penal code, s/he should be sent to prison. If the person is found criminally not responsible, based on the Social Protection Act, s/he is sent in Forensic Psychiatric Units or Institution of Social Defense until the mental state is improved. After this the offender will continue in- or out-patient treatment until s/he is completely released.

1.7. Finland

1.7.1. Legislation

This section describes the procedures of justice and placement of a mentally ill offender in Finland. The graphical display of the procedure can be seen in Appendix 3 Salize and Dressing.

In Finland, the assessment, placement and treatment of mentally ill offenders is regulated by the Mental Health Act. The criminal law in Finland states that a person could not be responsible for an offence that was committed under a state of abnormality where the offender is not able to comprehend the act. In some other cases the law acknowledges some individuals as being in a situation of lessened criminal responsibility where they get a lesser sentence. And finally there is the state of full responsibility. In order for the court to make a decision it needs an expert's assessment. In Finland the experts are provided by the Office for Medico-Legal Affairs (TEO). Based on their decision the individual is or is not sent to involuntary treatment. If the individual has full responsibility for the offence s/he is sent in prison. With reduced criminal responsibility, the individual gets a prison sentence which is 25% shorter; whereas, offenders with lack of criminal responsibility are sent in forensic psychiatric treatment as ordered by TEO.

1.8. Placement capacity

As an illustration, the table below summarizes data from the project of Salize and Dressing in the capacity of offenders' placement in three different institutions (General Hospitals, Prison wards and Forensic Psychiatric special institutions) in the three aforementioned countries.

Table 1.1: Placement capacities in Austria, Belgium and Finland (*Source: Salize and Dressing, 2005*)

	General Hospitals	Specialized Forensic Facilities	Prison Wards
Austria	100 in closed wards	Central forensic hospital: 120 Department in Hospitals: 84 Forensic facility for addiction disorders: 80	Forensic prison department and Forensic prison wards: 120 total
Belgium	Unknown number of capacities	5 forensic units in psychiatric hospitals: 193 total	8 psychiatric prison wards: 213 total
Finland	4 forensic ward at psychiatric hospitals: 15-20 each	2 state forensic hospitals: 300	2 psychiatric wards: 60 total

Chapter 2: Forensic Mental Health in Kosovo

Many developing countries do not have a well-developed forensic psychiatry which mainly is in its early stages of development. As a result, the mentally ill offenders are a major challenge to the judicial and health systems. This situation is present in Kosovo. As a post war country, Kosovo has a prevalence of mental illness because of the trauma experienced during the war and post-war periods. Many developed or industrialized countries have developed some type of forensic psychiatric care for the offenders with an abnormal mental state. Some examples of these countries are Austria, Belgium and Finland that were mentioned above. The forensic psychiatric care in these countries is done in general hospitals, prison wards or special forensic psychiatric institutions. However, same as in Kosovo, the development of a specialized forensic psychiatric care is in its initial phase in the developing countries. In Kosovo, the development of the specialized institute was initiated in 2008 and “included in the Kosovo Mental Health Strategy for 2008-2013” (Salize et al., 2014).

2.1. Starting Point

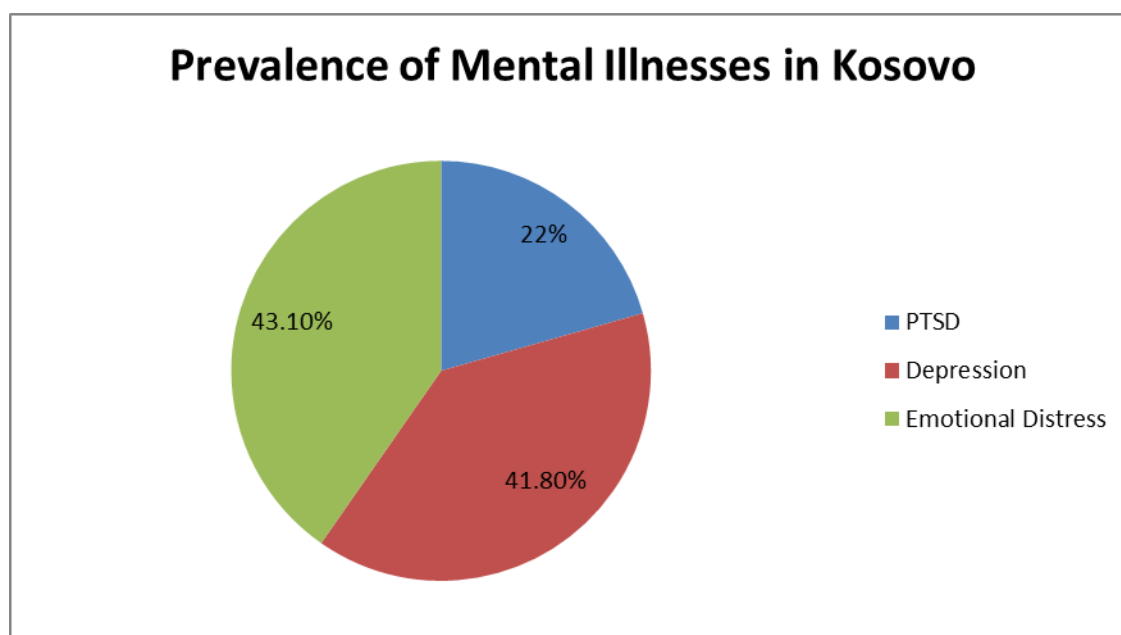
2.1.1. Demographics

Kosovo is a small country situated in the Western Balkans its territory being 10,000 km² and population 1.8 – 2 million. From this population, around 90% have an Albanian nationality, while 5-7% belong to the Serb minority (THL, 2011). As a result of the war during the end of 1990s Kosovo was left destroyed and then under the administration of UNMIK (United Nations Interim Administration Mission in Kosovo). In 2008 Kosovo declared its independence. Since 2009, EULEX (the European Union Rule of Law Mission) is operating in Kosovo with the aim of “assisting the police, judiciary and customs services in the country” (THL, 2011). The consequences of the war can be still noticed in the economy of Kosovo which is small and a poor population “with an annual per capita GDP of ca. 1,500 €” (THL, 2011). The economy’s characteristics are low foreign investments, high trade deficits and considerable amounts of remittances which are received from Kosovo people living and working abroad, mainly in Europe. The infrastructure has showed some progress; however, pollution is still pertinent.

2.1.2. Prevalence of Mental Illnesses

With a high emphasis on the post-war Kosovo, the mental illnesses have shown a high prevalence in the population of the country. According to the Kosovo Rehabilitation Centre for Torture Victims, in 2005, 27.7% of the population has shown signs of psychiatric morbidity. Moreover, 64.9% of the population is reported to have experienced trauma during the war. As a post-war country the most prevalent types of mental health conditions include Post-Traumatic Stress Disorder, Depression and Emotional Distress. Figure 2.1 shows the data from the Kosovo Rehabilitation Centre for Torture Victims from year 2005 with rates of prevalence of the three aforementioned mental illnesses. The study included 1,161 participants from the age of 15 and older from whom 89.3% were of Albanian ethnicity and 6.7% of the Serbian minority (Morina, Rushiti and Ford, 2010). The results represent percentages of the total of 1,161 surveyed participants. According to some more recent study, the prevalence of war related trauma has started to slowly decrease (Morina, Rushiti and Ford, 2010). However, concerning issues about the safety of the community are the psychological problems as a consequence of the war, the uncontrolled gun possession and under development legal systems. The combination of these three can result in high rates of crimes under mental health abnormalities.

Figure 2.1: Prevalence of Mental Illnesses in Kosovo (*Source: Kosovo Rehabilitation Centre for Torture Victims, 2005*)



2.1.3. Mental health care and Forensic Psychiatric services in Kosovo

Mental health care in Kosovo is mostly concentrated in the general hospital in Prishtina and regional hospitals (Peja, Gjakova, Mitrovica, and Prizren). “The Neuropsychiatry Clinic of the University Clinical Centre of Kosovo in Pristina” has a total of 88 beds which serve for inpatient services for mental illness treatment (McCarley, 2011). The remaining 6 regional hospitals have a capacity of 15-20 beds each. In total the hospitals in Kosovo have 165 beds approximately for mental health care (McCarley, 2011). This means that Kosovo’s capacity for mental health care is 8.3 beds for a 100,000 population. There are other regional specialized institutions or mental health centers which offer long-term rehabilitation services for chronic mental illnesses. Some problems that Kosovo is facing in terms of mental health care are the insufficient staff and the lack of medical materials, which limit the treatment options. Table 2.1 summarizes the data for the capacity of Kosovo’s hospitals and institutions for mental health care in Kosovo.

Table 2.1 Mental Health Care in Kosovo: Capacity (*Source: McCarley, 2011*)

General Hospitals (Prishtina, Peja, Gjakova, Gjilan, Mitrovica, and Prizren)	Prison Wards	Regional Hospital in Peja	Shtime Special Institute	Special Forensic Institution
88 Neuropsychiatric Clinic in Prishtina	8 total	"Secure Room" 2 Total	54 Total	36 Total
24 Intensive Psychiatry Unit in Prishtina				
5 Regional hospitals 20 beds each				
5 Regional hospitals 6 beds each for Intensive Psychiatric care				

On the other hand, the forensic psychiatric services in Kosovo, until the establishment of the forensic psychiatric institution, were offered only in the Neuropsychiatry Clinic of the University Clinical Centre in Prishtina and in the Medical Ward in Dubrava. The Clinic in Prishtina has a capacity of 3 rooms with 11 beds and “it only offers services of forensic psychiatric assessment, whereas, the long-term inpatient treatment is rare” (Salize et al., 2014). The Medical Ward in Dubrava has a capacity of 16 beds which offers services of “acute treatment of psychiatric cases”

(Salize et al., 2014). However, both of these institutions, same as the regional psychiatric wards, lack the resources and sufficient staff. Another problem is that individuals with the serious mental disorders may be treated in the same room.

2.1.4. Legislation for treatment and placement of mentally ill offenders

Because of the lack of resources, staff and treatment capacity and the existence of the support of the law, the Ministry of Health in Kosovo drafted the project of the implementation of a special institution for the placement and treatment of mentally ill offenders in 2007 (Initial Report: Implementation of Kosovo Forensic Psychiatric Institute, 2012). However, the first step in the implementation of such an institution “was taken in 2004 when UNMIK Regulation no. 2004/32 on Criminal Proceedings involving Perpetrators with a Mental Disorder came into effect” (Salize et al., 2014). This regulation describes the procedures of placement and treatment of mentally ill offenders including the trial process (UNMIK, 2004). In addition, the Criminal Code No 04/L-082 further regulates the placement and treatment of such individuals by stating that if a person has committed a crime being in an abnormal mental state, the decision of the court should be made by taking into consideration the condition of the individual (Republic of Kosovo Assembly, 2011). Moreover, the Regulation 2004/34 regulates the implementation of the Kosovo Forensic Psychiatric Institution (KFPI) (Salize et al., 2014).

2.2. Establishment of KFPI

Having in mind the aforesaid weaknesses that the forensic psychiatry in Kosovo has, “the Kosovo Strategy on Mental Health 2008–2013” concluded that Kosovo needs to start the implementation process of the Kosovo Forensic Psychiatric Institution (Salize et al., 2014). This institution would have the role of assessment, placement and treatment of individuals who have committed crimes under an abnormal state of mind. As a result, the Ministry of Justice and Ministry of Health in Kosovo with a strong support and collaboration of the office of World Health Organization in Prishtina have drafted the project for the implementation of the KFPI (Initial Report: Implementation of Kosovo Forensic Psychiatric Institute, 2012). However, half a decade passed until the commencement of building and finalization of the project because of lack of funding and resources.

In 2011, a tendering process was initiated where “the Finnish National Institute for Health and Welfare (THL) was selected to carry out the project of the establishment of KFPI” (Salize et al., 2014). The process of implementation is funded by the European Community, “implemented by THL and managed by the European Union Office in Kosovo” (Salize et al., 2014). The beneficiaries and supporters of the project are “the Ministry of Health, the Ministry of Justice, the Kosovo Judicial Council, and the Psychiatric Clinic of the University Clinical Centre of Kosovo” (Salize et al., 2014). The goal of the project is to provide the necessary and adequate facilities for the psychiatric assessment for the courts, placement and treatment of mentally ill offenders. The treatment of the inmates would be improved by the provision of the necessary facilities and trained staff to carry out the process. Another advantage of the KFPI would be the increased collaboration between the institution and the judicial, health and psychiatric institutions. Appendix 4 shows the architectural display of the plan of the institution.

Based on the interview with Mr. Safet Blakaj, Coordinator for Prison Health System within the Ministry of Health in Kosovo, the process of implementation and building of the institution started in 2012. It was finished in May 2014 and inaugurated on 15 September 2014. The total number of staff members that the institution currently has is 30 who were trained by the Finnish National Institute for Health and Welfare (THL). The capacity of the institution is 36 beds. Currently, there are 6 patients being treated. Since the institution is in its preliminary phases of functioning those patients are in the process of examination or assessment to conclude whether they are or have been under the effect of a mental disorder during the act of the offence. The offences of those 6 patients include murder, attempt murder, and kidnapping. During the interview with Mr. Blakaj it was found out that one of the patients has escaped from the institution which shows a leakage in the managing of the security of the institution.

2.2.1. Treatment Procedures

The process of placement and treatment starts with the judicial system where if an individual who has committed a crime is suspected of having a mental disorder the court gives the order for expert assessment of the offender. The assessment is done from the KFPI which then sends the result of the assessment to the court. This process lasts from two weeks to one month. However, there are cases when this might last up to two years which might come as a result of lack of collaboration between systems and/or high level of disorder seriousness. After the assessment

process, the court decides on the lack of or presence of responsibility in the crime. Responsible individuals are sent to prison. If they show mental disorders after being sent in prison they can be treated in the Medical Ward in Dubrava Prison, in general hospitals or in KFPI, depending on his/her level of seriousness of mental disorder. If the person is considered of having lack of responsibility, s/he is treated in the KFPI until the seriousness of the disorder is reduced. The decision for discharge is made in close collaboration between the psychiatrists at the KFPI and the court. The graphical display of the treatment procedures is attached in the Appendix 5 (Salize et al., 2014).

According to Mr. Blakaj, the difference between the procedures of placement and treatment of these offenders between the old and new system exists in several instances which the KFPI has helped in shortening of the procedures of treatment. Before the implementation of KFPI, the procedures of placement and treatment of mentally ill offenders were longer and less successful because of several reasons. To begin with, as mentioned in the above sections, the capacity of the psychiatric system was significantly low. This means that there was a lack of adequate space and facilities for proper assessment and treatment of mentally ill offenders. In addition, there was a lack of specifically trained and dedicated staff for mentally ill offenders. And finally, Kosovo did not have an adequate and specific program for the assessment, placement and treatment of these individuals. However, this is still a theoretical procedure of treatment. It needs to be developed more and be based on practice of work.

2.2.2. Cost/Budget

The implementation of Kosovo Forensic Psychiatric Institute had three main donators. The main funder of the project was the European Community which assisted in the construction, training, protocols, procedures, quality assurance system of the institution with a total of 1.6 million € (Ministry of Health, 2012). Other funders, who were also the beneficiaries of the project, were the Ministry of Justice which provided funds for goods and services and Ministry of Health which provided funds for salaries and communal services. Table 2.2 shows the amount of funds for each of the donators.

Table 2.2: Three main fund sources for the implementation of the KFPI (*Source: Ministry of Health, 2012*)

European Community		Ministry of Justice		Ministry of Health	
• Construction	1,300,000.00 €	• Goods and services	165,000.00 €	• Salaries	86,000.00 €
• Training, protocols, procedures, quality assurance system	356,870.34 €			• Communal services	10,000.00 €
Total for each	1,656,870.34 €		165,000.00 €		96,000.00 €
TOTAL	1,918,870.34				

Kosovo Forensic Psychiatric Institution is a new establishment in the country and it is perceived to improve the process of assessment, placement and treatment of mentally ill offenders which are a group of people that need special mental health care and treatment. Even though it is perceived to improve the procedures of treatment, provide trained staff and many other advantages, because of the fact that it is a new institution which did not exist before, it has its own weaknesses and spaces for improvement. Some of those implications or challenges are the management issues (need for more trained staff, management of security, sustainability of the institution, etc), the fact that it is in its initial phase of functioning the whole treatment procedures are based in theory rather than practice. And finally, if there is a need to increase the number of trained staff or capacity of beds how will it plan the budget and who will be the potential funders. These are some issues that this project will try to analyze and give recommendations for improvement.

Chapter 3: Methodology

This chapter addresses several aspects of the project starting with the problem and goal statement. It proceeds with the description of the methodology used to acquire the results. The methodology part includes the problems and difficulties encountered during the process and the strengths and weaknesses of the data. The project's aim is to address the problem of the establishment of a Kosovo Forensic Psychiatric Institution (KFPI) and the difficulties it is facing being a new establishment in the country. The problems include: a) the areas of management, b) procedure of treatment and c) budget. The institution lacks properly trained and professional staff and financial resources to support the procedures of treatment of mentally ill offenders. In addition, there seems to be the problem of lack of communication between the Ministries of Health and Justice in relation to the institute which affects the procedure of treatment.

The main goal of this project was to identify the potential difficulties or drawbacks that KFPI and its staff are facing. This goal included the process of identifying the actors and institutions behind those problems. In order to achieve the desired results another goal was to analyze the financial statements, procedure of treatment and staff qualifications of the institution. Secondly, after the problems, actors and institutions have been identified, the project's subsequent goal is to propose solutions to stakeholders which impact the communication process within and outside the institution for the procedure of treatment of mentally ill offenders. Stakeholders' impact is also seen upon the process of budget planning and distribution and the overall management of KFPI with an emphasis on the professional preparation and development of the specialized staff.

3.2. Methodology

3.2.1. Research Methodology

An important part of the research was the identification of the main problems for the institution. Part of the process of identification was done through analysis of secondary data. This data comprised of financial and statement reports from the institution done in the periods of planning and initial phases of implementation. Primary data were also a major part of the project and

especially of the process of problem identification. Primary data included interviews conducted with high level officials of the Ministry of Justice, Ministry of Health and KFPI. In addition, the complete staff of the institution was surveyed for the purpose of this project.

Secondary data was gathered before and after the primary data. To begin with, secondary research was done in order to see the structure and functioning of the institution. After the surveys and interviews were finished, secondary data was consulted again. The documents which were included in the research were published and unpublished documents. The former ones include the manual written by Seppanen, Salize and Lavikainen titled “Forensic Psychiatry.” It has a specific focus on the forensic psychiatric system in Kosovo. The web was searched for additional information about the education and professional development period of specialist outside of Kosovo with a focus on USA and Finland. The unpublished and unconcealed documents include reports from the individuals who drafted the project within the Ministry of Health and the representatives of European Commission. Those reports were consulted for information regarding the training of the staff and other additional information regarding the procedure of treatment of patients. In addition to that, other unpublished reports are the financial statements and future projections of the institution in order to see the cost and finance difficulties that they are facing. All of these documents have contributed to this project’s findings and overall results.

This project was carried out with the help and support of Mr. Safet Blakaj, Coordinator for Prison Health System within the Ministry of Health in Kosovo since 2002 and Mr. Milazim Gjocaj, University Professor and Medical Director in the MoH. They have contributed to the project with the valuable information about the overall implementation of the project, availability of the unpublished reports and recommendations about the subjects to be surveyed and interviewed.

3.2.2. Research Method Sampling

The primary research was conducted in two ways. To begin with, a survey consisting of 29 questions was sent to the staff of KFPI with the help of this project’s advisor Mr. Blakaj and consultant Mr. Gjocaj. This was done after the documents (secondary data) were analyzed. The subjects being surveyed consisted of the total of 30 employees who are employed by the KFPI. This should be stressed because a number of employees are transferred from Kosovo Clinical

and Hospital Service for reasons that will be explained later in the project. As a result, it can be noted that the survey included the whole population of the institute's staff. This means that no sampling was done in this process; the total number of KFPI's employees was surveyed. The survey included mostly multiple choice questions and a few open-ended questions. Some of the multiple choice questions offered the possibility to select more than one answer because of the relevance of the options. A few multiple choice questions were designed in a rank-based method. Respondents had to rank the options from the most to the least important with numbers depending on the number of options. Almost all of the questions had either the option "Other (Specify)" or "I don't know." The purpose of the survey was to have an initial identification of the problems of the institute from the perspective of KFPI's staff. This information was then going to be supported or not from the results drawn from the interviews.

The research report includes another type of primary data. Three different interviews were conducted with representatives from the Ministry of Justice, Ministry of Health and KFPI. Initially, my advisor, Mr. Safet Blakaj was interviewed. The information and results gathered from this interview were partly used for Chapter 2 and the rest for the final results. Moreover, Mr. Sokol Zogu, General Deputy Director and Head of Security and Operation for Correctional Service, was interviewed about the contribution and communication of Ministry of Justice with the actors involved in the institution and other specific results which are presented later in the project. Finally, Mr. Gani Halilaj, the Director of KFPI was interviewed about an in-depth discussion and analysis of the functioning process of KFPI. The interviews had some general questions which were the same for the three respondents and specific questions which were based on their position and institution. The interviews consisted of mostly open-ended questions because of the aim of receiving qualitative and professional data from the respondents. However, they were also asked several multiple choice questions which were the same for all of them in order to get the results and compare them. It should be noted that Mr. Halilaj was asked two sets of questions: professional and managerial. He also completed the survey as a part of the staff of KFPI. All of the sets of interview and survey questions are posted in the Appendix.

3.3. Problems and difficulties encountered

From the moment that the research problem was identified and the project started its first steps, time pressure and management were a significant issue. Based on the fact that this project requires a substantial amount of time allocation, equilibrium between work, school and project was slightly difficult to achieve. Firstly, it started with the secondary research and the struggle to find qualitative, relevant and peer reviewed articles and books.

Like any research project which requires a significant amount of time, commitment and research, it has had its additional problems and difficulties. Besides this, since it is a new institution, the hierarchy is not yet completely established which caused problems during the process of contacting the right people. This was mostly noticed in the process of planning and collecting primary data. To begin with, consent from the staff and director of KFPI was required in order to conduct the survey and interview. This took time because of the staff's and advisor's busy schedule. In addition, the survey consisting of 30 employees took several days to be finished because of the different shifts that they work or days-off that they have. However, it should be noted that their hospitality and willingness to be part of the study was remarkable. The interviews were conducted in the offices of the Ministry of Justice and Ministry of Health, respectively. The survey was conducted in the environment of KFPI.

3.4. Ethical considerations

As a research project with a problem which touches a highly sensitive group of people, such as the mentally ill offenders, ethical considerations were an undivided part of it. The interviews will not be confidential in regards to the identity of the respondents; however, sensitive information will be withheld from the public. The surveys conducted with the staff of KFPI will have a level of confidentiality meaning that the names of the respondents shall not be disclosed. The information and data gathered from the surveys will be analyzed and written without any indications on the identity of the respondents.

3.5. Strengths and weaknesses of the results

In order to reach the goals, a considerable amount of research and collecting of data was done. Starting from primary data, interviews and surveys, it can be said that they represent the strength

of this project. The strength of the data results from the group of interviewees and survey respondents. They are all key people in the process of development and implementation of the institution and the ones who encounter the problems on a daily basis. This strength was achieved with the help of my advisors in the process of identifying the respondents and making this whole process be finished successfully.

Another additional strength of the project is secondary research used for the results section. Its strength lies on the reports, manuals and financial statements taken and written from key people in the process of implementation of KFPI. However, additional secondary research, such as reports on similar problems outside of Kosovo, was different to be found. There is either a lack of such reports or different countries face diverse problems even in similar institution. This was one weakness on the process of this research project.

Chapter 4: Results

This chapter of the project presents the main findings from the secondary and primary data obtained from research focusing on the project's areas of the problem. The sections of this chapter are divided based on the problems of KFPI which are represented with graphs, tables, illustrations, facts and figures. The data presented here are derived from interviews, surveys and analysis of published and unpublished reports. The analysis and discussion will follow in the upcoming chapter.

4.1. Challenges of KFPI Management

As a new institution in Kosovo, it might be normal to be facing several problems in different areas of operations. The process of identification of main KFPI problems shed light to management problems as being one of the main difficulties that the institution is facing. Some of the main areas of management with issues include the lack of professional staff, expertise and experience, properly trained managers and public and institution awareness.

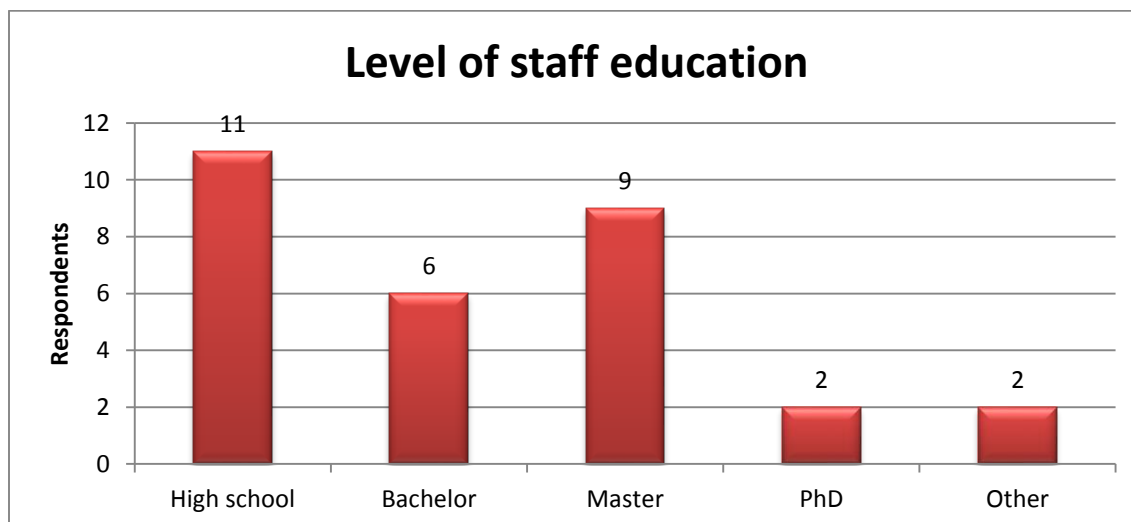
The staff of KFPI consists of doctors, nurses, social workers and others with a background in medical services within Kosovo. The total number of KFPI staff is 30, including the director, Mr. Gani Halilaj. During the research of published and unpublished institution reports it was found out that the staff was part of a 9-month training from specialists and professionals of a similar institute of Finland (G. Halilaj, Personal Communication, October 2014). During the interview with Mr. Halilaj, more details of the training were discovered. The staff received the training after they passed the process of admission in the institution, including exams and interviews. However, the institution has an additional number of 8 employees who are not completely employed by KFPI. Those individuals are Head of Administration, Assistant, Legal Officer, Finance Officer, and Guards. They are all transferred from Kosovo's Clinical and Hospital Service due to the lack of budget which will be discussed in the last section of results, Challenges on Finances. Graph 4.1 shows the total number of employees divided in their respective professions.

Graph 4.1 Total number of staff and their job positions



As we can see from the graph, employees who belong completely to the institution consist of a number of 30. The professions can also be seen in the graph with their respective number of employees. It is important to mention that psychiatrists are part of the “Doctor” section whose main role is the expertize and assessment of mentally ill offenders (G. Halilaj, Personal Communication, October 2014). Whereas, psychologists deal mostly with the process of treatment after the assessment is finished. The section “Other” is the director of the institution who has answered both the survey and interview.

Graph 4.2 The level of education of the staff of KFPI.



Graph 4.2 shows the level of education of the employees. We can see that there is a high number of employees whose highest level of education is high school. Those 11 employees are all nurses. A few other nurses had bachelor or masters. Two of the employees fall in the last section “Other.” This section represents a level of education which is present in Kosovo and is known as specialization. This level of education is only present in the Department of Medical studies. Students who finish the bachelor studies should go through specialization before continuing to master studies and then doctorate.

Since the institution is new in Kosovo, any of the people working there did not finish forensic psychiatry because it does not exist in our country as a department within the University. However, after being accepted in the institution, the majority of the staff went through focused 9-month training from specialists and professionals of a similar institute of Finland. The training took place in Kosovo. Table 4.1 shows the number of staff who were part of and finished the training successfully.

Table 4.1. Questions about the training

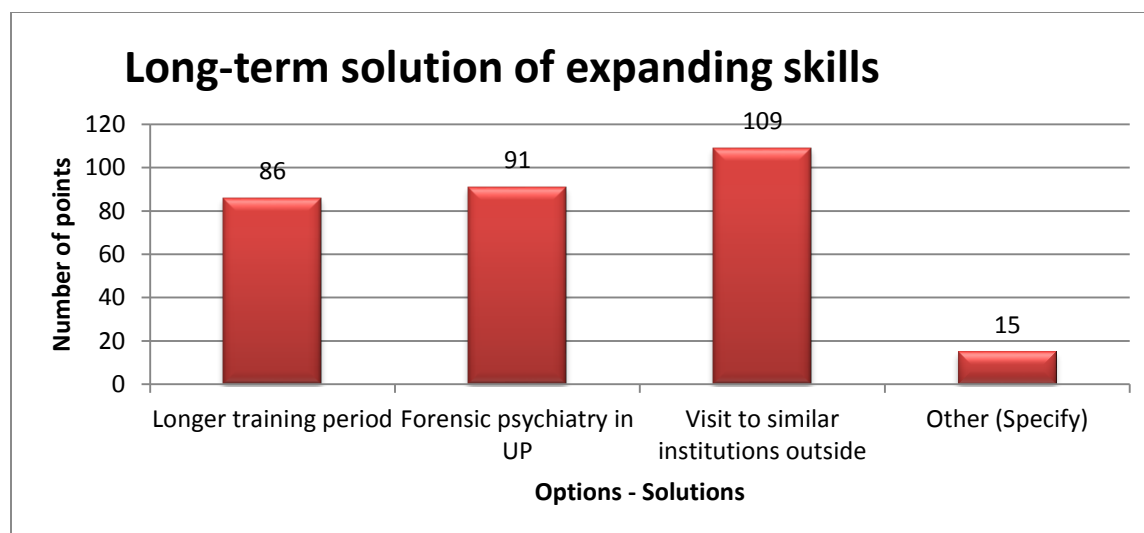
Questions	Yes	No	I don't know
Did you complete the training with the specialists from Finland?	26	4	0
Do you think the training was enough?	7	22	1
Have you ever visited a similar institution outside of Kosovo for training purposes?	6	24	0
Do you think that the difficulties or drawbacks are as a result of the institution being new in Kosovo?	13	11	6

As it can be seen, 4 out of 30 did not complete the training. Those four people are three nurses with a level of education of high school and one doctor with a level of education of masters. However, all of those four people were part of other trainings within Kosovo which were not

directly related with the institution's specialty. The majority of employees think that the training was not enough to complete the daily responsibilities. In addition, most of them have never visited a similar institution outside of Kosovo and 43.3% or 13 out of 30 employees think that the difficulties are as a result of the institution being new in Kosovo.

Graph 4.3 shows the employees opinion about the long term solution of the in their expansion of skills regarding their work in the institution. They had to rate the options from 4 as the most important to 1 as the least important. The maximum points that an option could get were 120 (4 points times the number of respondents 30). Some respondents gave similar points to 2 or more options because they thought they were equally important. So, 90.83% or 109 out of 120 possible points went to the option of "Visit to a similar institution outside."

Graph 4.3 Employees opinion on long-term solution of expanding skills



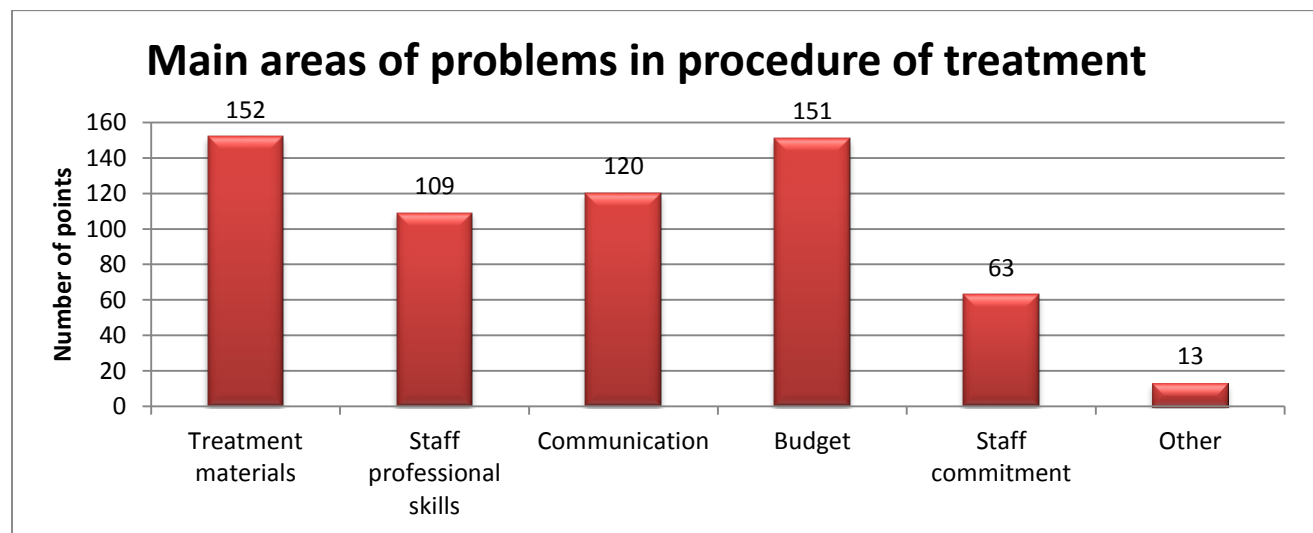
In addition to the survey, the management issues were mostly discussed in an interview with the director of KFPI, Mr. Gani Halilaj. He specifically mentioned the lack of professional staff which was illustrated in the graphs 4.1 and 4.2 and table 4.1. Moreover, Mr. Halilaj added other management problems to the ones mentioned above. He said that besides the professional staff, the managerial staff should also be properly trained because this institute is complicated and is a combined entity of state enterprise, health, forensic and forensic psychiatric. Finally, Mr. Halilaj added that just like any new product in the market which needs recognition and marketing, KFPI

needs it too (G. Halilaj, Personal Communication, October 2014). The public, the courts and prosecution should know about the existence of the institution.

4.2 Procedure of treatment

The procedure of treatment of mentally ill offenders starts from the moment when the individual is held on court waiting for a decision from the judge and until s/he is released from KFPI, if sent there. The procedure of treatment is affected by numerous factors starting from the budget which then brings to light other factors such as the communication between the Ministries of Health, Ministry of Justice and KFPI. During the survey, the main factors of the problems in the procedure of treatment were identified shown in Graph 4.4. The respondents had to rate the options from 6 as the most important to 1 as the least important. The maximum points that an option could get were 180 (6 points times the number of respondents 30). Some respondents gave similar points to 2 or more options because they thought they were equally important. So, the three main areas were lack of budget, materials and communication.

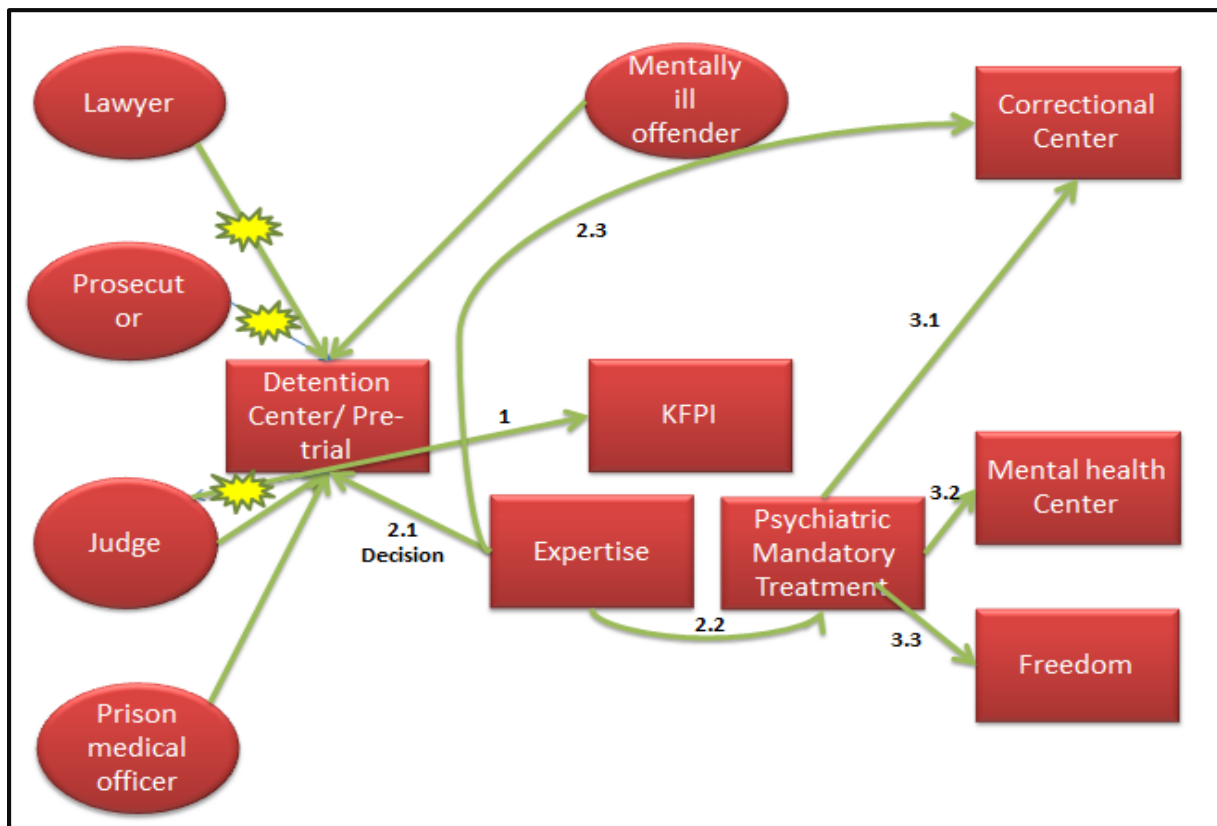
Graph 4.4 Areas of problems in the procedure of treatment.



During the interviews with representatives of Ministry of Health, Justice and KFPI it was also found that communication between these three institutions is crucial in the procedure of treatment but unfortunately there is a lack of it. Mr. Blakaj, Halilaj and Zogu all said that the communication between the three is “Good with evident results.” However, none of them are

satisfied. Based on the information received from the three interviewees Figure 4.1 was built. It shows the areas where the gap in communication is. All of this is as a result of lack of information of these players such as lawyers, prosecutors and judges about the existence of the institution. They are also not aware of their possibility to send a potentially mentally ill offender for initial expertize and assessment. According to Mr. Halilaj, no representative of the judiciary system has visited the institution so far.

Figure 4.1 Areas of lack of communication in the procedure of treatment (The stars represent the areas of the gap in communication).¹ Source: *Personal communication with Mr. Halilaj, Blakaj and Zogu.*



¹ The detailed analysis of Figure 4.1 will be done in the Analysis and Discussion section.

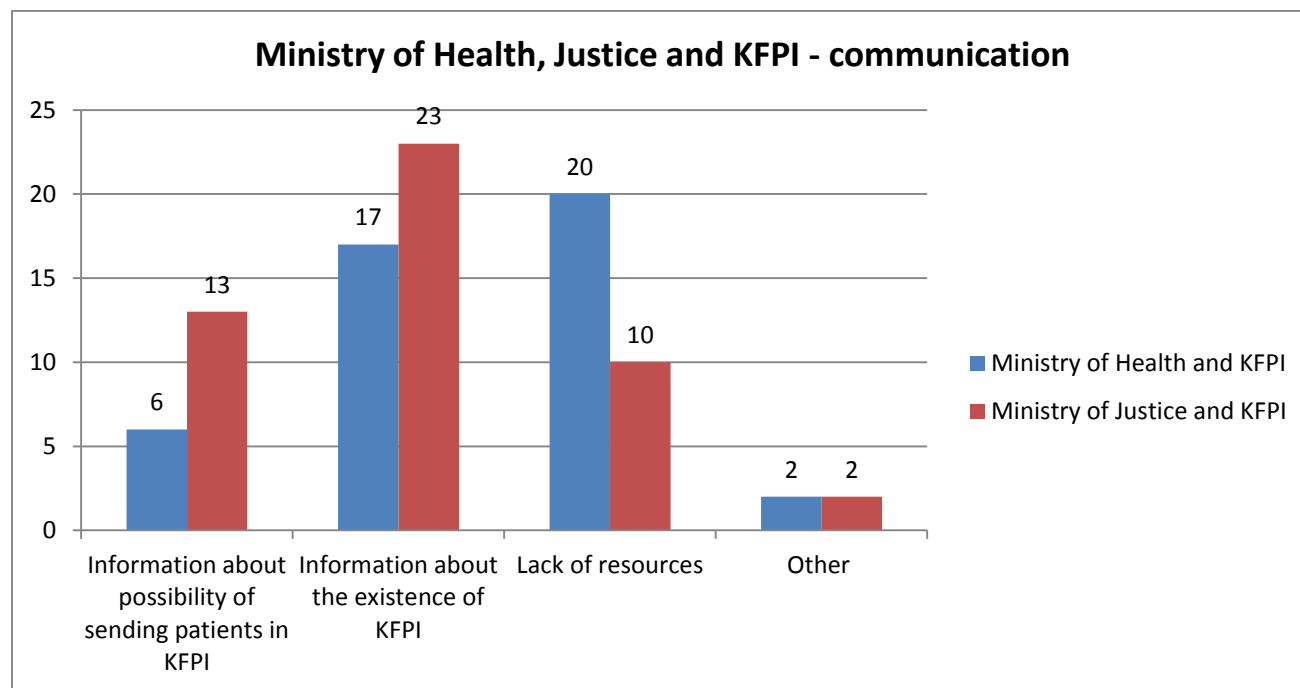
Table 4.2 Staff's opinion regarding the procedure of treatment

Questions	Highly satisfied	Moderately satisfied	Not at all satisfied
How much are you satisfied with the patients' procedure of treatment?	12	17	1
How much are you satisfied with the communication between Ministry of Health and Institution?	2	22	6
How much are you satisfied with the communication between Ministry of Justice and Institution?	1	25	4

Table 4.2 shows that the majority of employees are not quite satisfied with the procedure of treatment with a big emphasis on the communication process.

Since the interviews and other research led to the lack of communication between the Ministry of Health and KFPI and Ministry of Justice and KFPI, the respondents were asked questions about the areas where the communication between these three institutions lacks. The respondents could choose more than one option so the possibility for one option to be chosen was 30. So as we can see, according to 23 out of 30 respondents, Ministry of Justice lacks the information about the existence of KFPI. On the other hand, 20 out of 30 respondents said that Ministry of Health does not locate the resources (money, materials) properly for the institution.

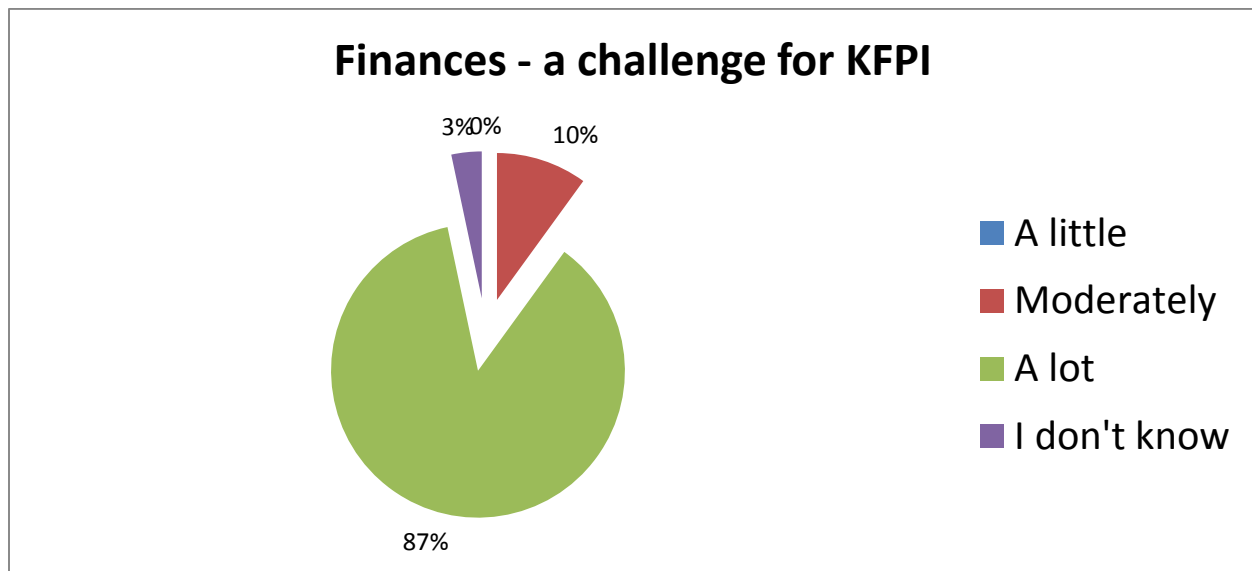
Graph 4.5. Areas where there is lack of communication between the three institutions



4.3 Challenges on Finances

Most of the difficulties that the institution is facing are as a result of lack of necessary resources, money and materials, to complete the daily functions. The identification of this problem came as a result of the survey and then analysis of budget projections and statements. In Graph 4.4 materials and budget turned out to be the areas which were most problematic especially for the procedure of treatment of patients. The respondents were also asked questions specifically about the budget. Since the institution is new it was foreseen that finances would be a problem, hence the focus of this section. Graph 4.6 shows the respondents' answers on the question: "How much do you think finances are a challenge for the functioning of KFPI?"

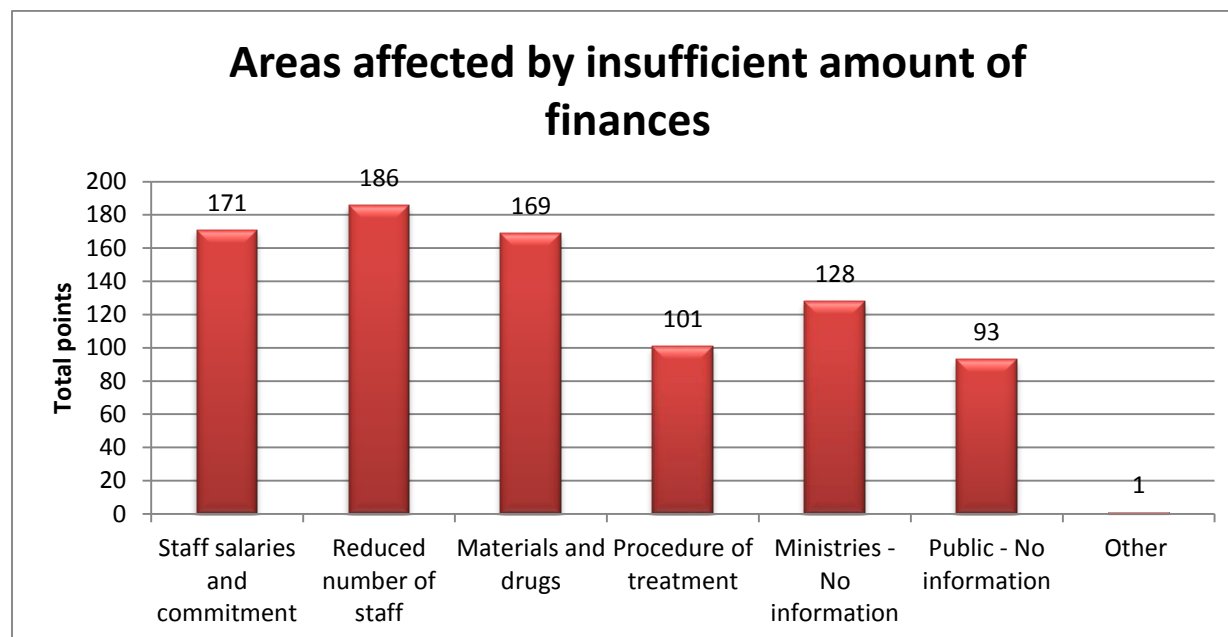
Graph 4.6. The degree to which finances are a challenge for the functioning of KFPI



Graph 4.6 shows that 87% of the employees think that finances or the budget that KFPI has are a significant challenge to the functioning of the institution.

In addition, Graph 4.7 represents the areas which the staff thinks are the most affected by the insufficient amount of finances. The respondents had to rate the options from 7 as the most important to 1 as the least important. The maximum points that an option could get were 210 (7 points times the number of respondents 30). Some respondents gave similar points to 2 or more options because they thought they were of equal importance. The main area that the employees think is affected is “Reduced number of staff” with 186 points out of 210 (89%). Secondly, they chose “Reduced staff salaries and as a result their commitment” with 171 points out of 210 (81%). And the third are affected by budget is “Lack of medical materials and drugs” with 169 points out of 210 (81.5%).

Graph 4.7. Areas affected by the insufficient amount of finances



4.3.1. Budget for salaries

After the information gathering from surveys and interviews showed that budget was a significant indicator about KFPI's problems and challenges, the financial statements were analyzed. This step required permission from the director who was willing to provide the information for the purposes of this project. Table 4.3 shows the initial budget planning of KFPI for its staff. It is important to mention that in Table 2.2 of Chapter 2 it was shown that Ministry of Health allocated 86,000 € only for the salaries of KFPI staff. On the other hand, KFPI's plan for its staff salaries for the first 6-month period was 137,743.32 €, as presented in table 4.3.

Table 4.4 shows the reduced salaries of the staff in order to achieve the budget limit. However, it is still higher than the Ministry of Health allocation of 98,763.00 €. Because of this, KFPI decided to reduce and reallocate the number of staff as it can be seen in Table 4.5 reaching a total of 86,532.00 €. This amount comes much closer to the one allocated by MoH.

Table 4.3. KFPI's initial salaries' budget plan (*Source: KFPI unpublished financial reports*)

No	Staff position	Number of staff per position	Monthly gross salary per position	Monthly gross salary for all positions	Annual gross salary	Salaries budget for period June - December 2014
1	Director	1	1,210.49	1,210.49	14,525.88	7,262.94
2	Doctor	3	969.68	2,909.04	34,908.48	17,454.24
3	Psychologist	2	811.13	1,622.26	19,467.12	9,733.56
4	Social worker	2	811.13	1,622.26	19,467.12	9,733.56
5	Head of nurses	1	626.85	626.85	7,522.20	3,761.10
6	Nurse	29	516.08	14,966.32	179,595.84	89,797.92
Total						137,743.32

Table 4.4. KFPI's reduced staff salaries. (*Source: KFPI unpublished financial reports*)

No	Staff position	Number of staff per position	Monthly gross salary per position	Monthly gross salary for all positions	Annual gross salary	Salaries budget for period June - December 2014
1	Director	1	907.50	907.5	10890	5,445.00
2	Doctor	3	679.50	2038.5	24462	12,231.00
3	Psychologist	2	528.50	1057	12684	6,342.00
4	Social worker	2	528.50	1057	12684	6,342.00
5	Head of nurses	1	453.00	453	5436	2,718.00
6	Nurse	29	377.50	10947.5	131370	65,685.00
Total						98,763.00

Table 4.5. Reduced number of KFPI staff. (Source: KFPI unpublished financial reports)

No	Staff position	Number of staff per position	Monthly gross salary per position	Monthly gross salary for all positions	Annual gross salary	Salaries budget for period June - December 2014
1	Director	1	907.50	907.5	10890	5,445.00
2	Doctor	6	679.50	4077	48924	24,462.00
3	Psychologist	2	528.50	1057	12684	6,342.00
4	Social worker	2	528.50	1057	12684	6,342.00
5	Head of nurses	2	453.00	906	10872	5,436.00
6	Nurse	17	377.50	6417.5	77010	38,505.00
Total						86,532.00

Nevertheless, this is just one part of the staff that KFPI needs and is known as professional staff. The institution needs administrative and logistics staff as well. This seems to be impossible considering the amount of money that they have at their disposal. However, they had the support of Kosovo's Clinical and Hospital Service which allowed the transfer of their employees to the institution as a short-term solution. Those employees are paid by KCHS but offer their services to KFPI. Table 4.6 shows the positions that this staff covers and their cost to KCHS.

Table 4.6. KCHS staff transferred to KFPI. (Source: KFPI unpublished financial reports)

No	Staff Position	Monthly gross salary	Annual gross salary	Salaries budget for period June - December 2014
1	Head of administration	680.40	8164.80	4,082.40
2	Assistant	453.00	5436.00	2,718.00
3	Legal officer	642.00	7704.00	3,852.00
4	Finance officer	642.00	7704.00	3,852.00
5	Driver	290.00	3480.00	1,740.00
Total				16,244.40

4.3.2. Budget for Goods and Services

The financial statements analyzed include the budget for goods and services as another significant indicator of finance problems of KFPI besides the salaries. As for any institution, goods and services and municipal services are an important part of the running of KFPI. However, based on the nature and function of this institution, materials of treatment, specified and prescribed calories of food, drugs and medical materials are must-have items. These items should be provided in a continuous manner and without interruptions or problems as a necessity for the success of assessment and treatment of patients.

KFPI, as a new institution in its first months of operation, is being challenged in this area as well. As Table 2.2 in Chapter 2 showed, it was planned for the Ministry of Justice to allocate and provide 165,000€ for KFPI's goods and services. Ministry of Health, besides the wages and salaries, was supposed to provide 10,000€ for municipal services. This is a total of 175,000€ for goods, services and municipal services. However, the initial planned budget for this section is represented in Table 4.7. It is shown that the total planned budget for goods, services and municipal services was 205,350€. This is 30,350€ more than what the two ministries offered.

Table 4.7. Planned budget for goods, services and municipal services of KFPI. (Source: KFPI unpublished financial reports)

No	Type of service	Annual amount	Budget for period June - December 2014
1	Cleanness and hygiene	50,000.00	25,000.00
2	Maintenance	10,000.00	5,000.00
3	IT	5,000.00	2,500.00
4	Food and kitchen service	105,000.00	52,500.00
5	Security	40,000.00	20,000.00
6	Derivatives, machine maintenance, registration, etc.	20,000.00	10,000.00
7	Drugs and medical materials	100,000.00	50,000.00
8	Municipal services	80,700.00	40,350.00
Total		410,700.00	205,350.00

Unfortunately, the situation worsened for the institution in terms of the budget for these items. Ministry of Justice did not provide the 165,000€ planned for KFPI. As a result, Ministry of Health had to allocate 60,000€ for these items. The remaining amount of money was not received by KFPI but part of the necessary goods and services were provided by Kosovo's Clinical and Hospital Service. Medical materials and drugs were and are still being provided by Prison Health department within the Ministry of Health.

Chapter 5: Analysis and Discussion

The goals of this project were to identify and analyze the potential difficulties or problems that KFPI and its staff are facing. This goal included the process of identifying the actors and institutions behind those problems. After the problems, actors and institutions have been identified, the project's subsequent goal was to propose solutions to stakeholders which impact the communication process within and outside the institution for the procedure of treatment of mentally ill offenders. Stakeholders' impact is also seen upon the process of budget planning and distribution and the overall management of KFPI with an emphasis on the professional preparation and development of the specialized staff. The stakeholders in this case are the Ministry of Justice with the system of courts and prisons, Ministry of Health with its prison health system and the highest level of the KFPI being its management and director.

5.1. Analysis and Discussion of Management Problems

Kosovo Forensic Psychiatric Institution is a new establishment in the country offering several possibilities for the prison and mental health systems. At the same time, it is facing a number of problems during its initial phases of operations. The main area of management problems is the lack of professional staff with expertise and experience. The staff of KFPI consists of doctors, nurses, social workers and others with a background in medical services within Kosovo. The total number of KFPI staff is 30, including the director, Mr. Gani Halilaj. From this total, 17 are nurses, 6 doctors, 2 head of nurses, 2 social workers, 2 psychologists and 1 director. The administrative staff which includes Head of Administration, Assistant, Legal Officer, Finance Officer, and Guards is transferred from Kosovo's Clinical and Hospital Service due to the lack of budget. When it comes to the professional skills that the expertise staff possesses, they are limited to just a few having finished PhD or Masters, 2 and 9 employees, respectively. The rest of the staff's educational and professional preparations for this specific field consist of 11 employees with high school degree, mostly nurses, and 6 employees with a bachelor's degree. This is shown in Graph 4.2. Nevertheless, their degrees and the skills gained were not related to forensic psychiatry which is a specific field in itself.

It can be seen that this part of management, the admission of professional staff, will be an issue for the institution since in Kosovo there are no university departments which offer forensic psychiatry degrees. This is not surprising because this country did not have a forensic psychiatric institution before and the treatment of mentally ill offenders was done in general hospitals and/or prisons. As a consequence of the inexistent demand for such profession, the university does not have such a department and the experts in forensic psychiatry do not exist. On the other hand, in the USA, the procedure to become a professional forensic psychiatrist takes many years and patience. First of all, the individual has to enroll in an accredited university which has 4-year science programs. Then they should take courses such as biology and microbiology during their undergraduate studies. In addition, the students should be able to graduate with a major in biology or similar degrees which will help them prepare and get admitted in medical school. The specialty chosen after getting into medical school should be psychiatry. This means that the students will have to complete residency for 4 other years before getting into the fellowship program of 1-year (Mackenzie 2008).

In order to reach specific knowledge and skills for the job, the medical staff of the institution went through a 9-month training by specialists from Finland. The training was done after they were admitted in their job positions. From the total of 30 employees, 26 of them finished the training while 4 of them did not. Those four people are three nurses with a level of education of high school and one doctor with a level of education of masters. The majority of employees, 73.3% or 22 out of 30, think that the training was not enough to complete the daily responsibilities. In addition, 80% of the employees or 24 out of 30 have never visited a similar institution outside of Kosovo. 43.3% or 13 out of 30 employees think that the difficulties are as a result of the institution being new in Kosovo while 6 out of 30 do not know whether they can make this relation because of the lack of information that they have. The staff was asked another question regarding the helpfulness of the training for their jobs in KFPI. Their answers are displayed in Graph 5.1.

Graph 5.1. The helpfulness of the training in their jobs



As it can be seen from Graph 5.1 only 8 out of 30 members of staff or 26.7% of them said that the training with the specialists from Finland helped them a lot in their jobs. 9 out of 30 employees or 30% said that the training did not help them at all whereas 43.3% or 13 out of 30 employees said that the training helped them moderately for their specific job responsibilities. When trying to reach to the reasons behind these answers it was found that employees would find the training more helpful in expanding their skills if they were sent to a similar institution outside as part of the training. Graph 4.3 shows the responses of the employees when asked to rate the options from the most helpful to the least. Some respondents gave similar points to 2 or more options because they thought they were equally important. So, 90.83% or 109 out of 120 possible points went to the option of "Visit to a similar institution outside." 75.8% or 91 out of 120 possible points were given to the option of opening a forensic psychiatry department within the University of Prishtina, "Forensic psychiatry in UP." Some other points, 86 out of 120 possible points or 71.7% went to the option "Longer training periods." This option is supported by the question in Table 4.1 which asked staff member whether the training was enough and 22 out of 30 answered "No." Graph 5.1 also supports the latter option where 13 out of 30 employees said that the training helped them only moderately in their jobs. As a corollary, the options in Graph 4.3 should be considered as long-term solutions to KFPI's current lack of professional and specialized staff skills.

5.2. Analysis and Discussion of Problems in the Procedure of Treatment

The procedure of treatment of mentally ill offenders starts from the moment when the individual is held on court waiting for a decision from the judge and until s/he is released from KFPI, if sent there. The procedure of treatment is affected by numerous factors starting from the budget which then brings to light other factors such as the communication between the Ministries of Health, Ministry of Justice and KFPI. A number of questions in the survey asked the respondents about the main areas of problems in the procedure of treatment. They had to rate the options with points from the most to the least present or important area. Their answers are summarized in Graph 4.4. According to the respondents, the main area which causes problems to the procedure of treatment is the lack of treatment medical materials with 84.4% or 152 out of 180 possible points followed by the lack of budget with 83.9% of the points. The third area is the lack of communication with 66.7% or 120 out of 180 possible points; the fourth area is the lack of professional skills with 60.6% or 109 out of 180 possible points. From the arrangement of these options it can be seen that budget or finances and the management or professional staff problems affect the procedure of treatment because of their interlinked functions to achieve a final desired result: proper and professional assessment and treatment of mentally ill offenders. Management problems were analyzed and discussed in section 5.1, the finances will be discussed in section 5.3 whereas this section, 5.2, will discuss the whole process of communication as part of the procedure of treatment.

During the interviews with representatives of Ministry of Health, Justice and KFPI, it was found that communication between these three institutions is crucial in the procedure of treatment but unfortunately there is a lack of it. Mr. Blakaj, Halilaj and Zogu all said that the communication between the three is “Good with evident results.” However, none of them are satisfied. Based on the information received from the three interviewees Figure 4.1 was built. It shows the areas where the gap in communication is. The main actors in the process of the detention, pre-trial and trial of the mentally ill offender are the lawyer, the prosecutor, the judge and the prison medical officer. All of these aforementioned individuals can ask for an offender to be assessed for mental disorders after the offence has been committed. In Figure 4.1 there are three yellow stars next to the lawyers, prosecutor and judge. This means that there is a lack of

information among these players such as lawyers, prosecutors and judges about the existence of the institution. They are also not aware of their possibility to send a potentially mentally ill offender for initial expertize and assessment. According to Mr. Halilaj, no representative of the judiciary system has visited the institution so far.

Figure 4.1 shows the procedure of treatment of the mentally ill offenders if there was no lack of information and all actors involved knew about KFPI. To begin with, after the mentally ill offender is held in detention or pre-trial, the judge can decide to send him/her in point 1 in Figure 4.1 or KFPI for assessment if doubt of mental condition exists. This decision can be taken upon consultation with the lawyer or the prison medical officer. In KFPI the offender is directly sent in the expertize department. There are situations when, because of the lack of good communication between the judiciary and KFPI, even after the doctors give their assessment the judge still does not make the final decision about the offender. As a result, the offender is sent back to detention to wait for the decision, point 2.1 in Figure 4.1. When the decision made says that the person is mentally ill, s/he is sent to Psychiatric Mandatory Treatment within KFPI, point 2.2 in the figure. However, if the assessment states that the person is not mentally ill but has committed the offence, s/he is sent in the Correctional Center, point 2.3 in the figure. After the person has finished the treatment in KFPI s/he can be sent in the Correctional Center, Medical Health Center or Freedom, depending on his/her condition. In the correctional center are sent those individuals who have received a detention higher than 5 years of prison and had a combined mandatory treatment and prison detention. The individuals who are detained for less than 5 years and only have mandatory treatment are sent to Mental Health Centers after they finish the treatment in KFPI. While those offenders who have committed crimes which are not convicted with prison years but are offensive for the society are sent in freedom after they have finished the treatment in KFPI. The updated information about the condition of the offenders held in the mandatory treatment department within KFPI is sent to the judge at least every six months. The judge then decides whether to send the offender in Correctional Centers, Medical Health Centers or Freedom. The problem that KFPI employees are encountering is the delayed decisions from the judge in order to decide for the offenders' future treatments. This prolongs the procedure of treatment and causes problems to KFPI in terms of budget because they have to spend more than necessary materials for the offender for which the decision is being delayed.

Having in mind their initial problems with budget this does not help the institution in their early stages of operation.

The dissatisfaction of staff members with the communication between the Ministry of Justice, Ministry of Health and KFPI can be seen in Table 4.2 where most of them said that they were moderately satisfied whereas only 1 and 2, respectively, said that were highly satisfied. Since the interviews and other research led to the lack of communication between the Ministry of Health and KFPI and Ministry of Justice and KFPI, the respondents were asked questions about the areas where the communication between these three institutions lacks. In Graph 4.5 it can be seen that, according to 23 out of 30 respondents, Ministry of Justice lacks the information about the existence of KFPI or its function in general. On the other hand, 20 out of 30 respondents said that Ministry of Health does not locate the resources (money, materials) properly for the institution. The former option can be related to the lack of awareness of the possibility to send a mentally ill offender in KFPI for expertize, assessment and treatment. The latter option can be related to the shortage in budget which comes from the Ministry of Health, as the provider of resources, to KFPI.

5.3. Analysis and Discussion of Challenges on Finances

Most of the difficulties that the institution is facing are as a result of lack of necessary resources, money and materials, to complete the daily functions. The identification of this problem came as a result of the survey and then analysis of budget projections and statements. In Graph 4.4 materials and budget turned out to be the most problematic areas especially for the procedure of treatment of patients. Since the institution is new, it was foreseen that finances would be a problem, hence the focus of this section. To begin with, the respondents were asked general questions about the finances. Afterwards, the study was focused in specific areas of the budget such as salaries and goods and services. When asked whether they think that finances are a problem to KFPI, Graph 4.6, 86% of the respondents answered that finances or the budget that KFPI has are a significant challenge to the functioning of the institution. Graph 4.7 represents the areas which the staff thinks are the most affected by the insufficient amount of finances. The respondents had to rate the options from 7 as the most important to 1 as the least important. The maximum points that an option could get were 210 (7 points times the number of respondents 30). The main area that the employees think is affected is “Reduced number of staff” with 186

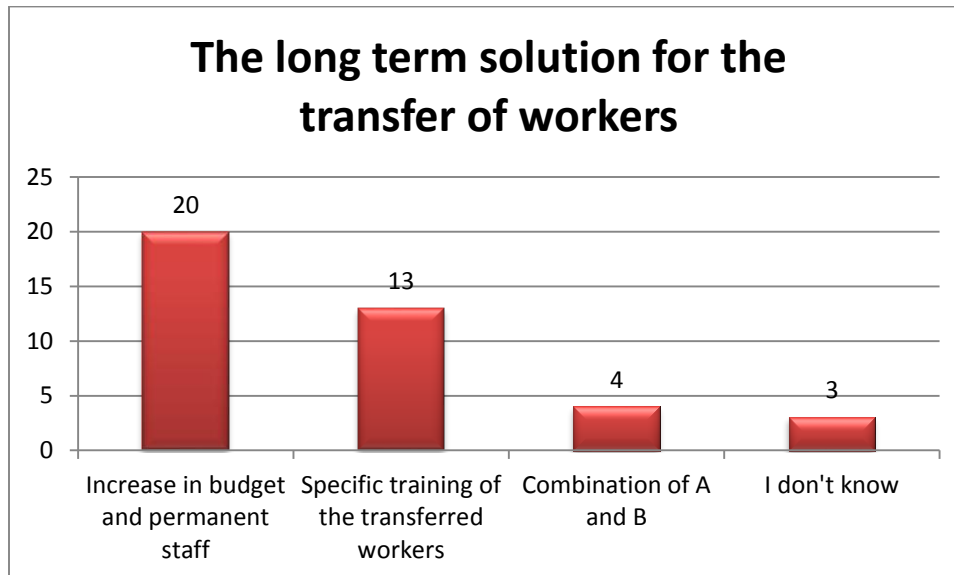
points out of 210 (89%). Secondly, they chose “Reduced staff salaries and as a result their commitment” with 171 points out of 210 (81%). And the third area affected by budget is “Lack of medical materials and drugs” with 169 points out of 210 (81.5%).

After the information gathering from surveys and interviews showed that budget was a significant indicator about KFPI’s problems and challenges, the financial statements were analyzed. This step required permission from the director who was willing to provide the information for the purposes of this project. Table 4.3 shows the initial budget planning of KFPI for its staff. It is important to mention that in Table 2.2 of Chapter 2 it was shown that Ministry of Health allocated 86,000 € only for the salaries of KFPI staff. On the other hand, KFPI’s plan for its staff salaries for the first 6-month period was 137,743.32 €, as presented in Table 4.3. According to KFPI’s initial plan, they needed 51,743.32 € more than what the Ministry had allocated for them. Because the Ministry did not have more financial resources to provide for the institution, KFPI had to find another solution. Table 4.4 shows the reduced salaries of the staff in order to achieve the budget limit. However, it is still higher than what the Ministry of Health allocated which was 98,763.00 €. Because of this, KFPI decided to reduce and reallocate the number of staff as it can be seen in Table 4.5 reaching a total of 86,532.00 €. This amount comes much closer to the one allocated by MoH. Comparing Tables 4.3 and 4.5, besides the decrease in wages, KFPI decreased the number of nurses from 29 to 17. At the same time the institution increased the number of doctors from 3 to 6 and the number of head of nurses from 1 to 2. The increase in the number of doctors, psychiatrists and psychologists, is a good step toward increase of professional staff among the members of KFPI.

Another part of KFPI’s staff is the logistics and administrative staff. Having in mind the provided budget from MoH the institution cannot afford to hire more staff. However, they had the support of Kosovo’s Clinical and Hospital Service which allowed the transfer of their employees to the institution as a short-term solution. Those employees are paid by KCHS but offer their services to KFPI. Table 4.6 shows the positions that this staff covers and their cost to KCHS. It can be seen that 16,244.40 € of salaries are paid to KFPI’s logistics and administrative staff by KCHS as a support for the new institution due to the lack of budget. A specific attention of this project was given to the issues of staff transfer from KCHS. The survey for the purpose of this project was done only to the professional staff, those who are paid by KFPI. They were

asked questions about the transferred staff. 46.7% of the employees said that the communication, work and commitment with the transferred staff is very good, 43.3% said it is moderately good while 10% said it was not good. When asked whether the transfer of workers affects their commitment towards KFPI, 40% answered “Yes”, 13.3% answered “No” and 46.7% answered “I don’t know.” During the upcoming months and years, KFPI will probably undergo processes of improvement in all of the areas mentioned in this project. One of them is the transfer of employees. When asked about the staff members’ opinion for the long term solution of the transfer of employees their answers are displayed in Graph 5.2. The respondents could choose more than one option so the possibility for one option to be chosen was 30.

Graph 5.2. The long term solution for the transfer of workers



As it can be seen from the graph, 20 out of 30 employees think that there should be an increase in budget in order to hire more permanent staff rather than transfer them from another institution. The second possibility which was chosen from 13 out of 30 employees is the provision of specific trainings to the transferred workers. And lastly, 4 out of 30 employees think that there should be a combination of new employees and specific training of the transferred employees. As it can be seen, all of the proposed and chosen options offer a solution which can only be achieved through an increase in the budget offered to KFPI. In order to provide their services with higher quality, the institution should have all of its necessary materials and workers. The

ways in which KFPI can achieve a higher budget will be discussed in Chapter 6 of Recommendations.

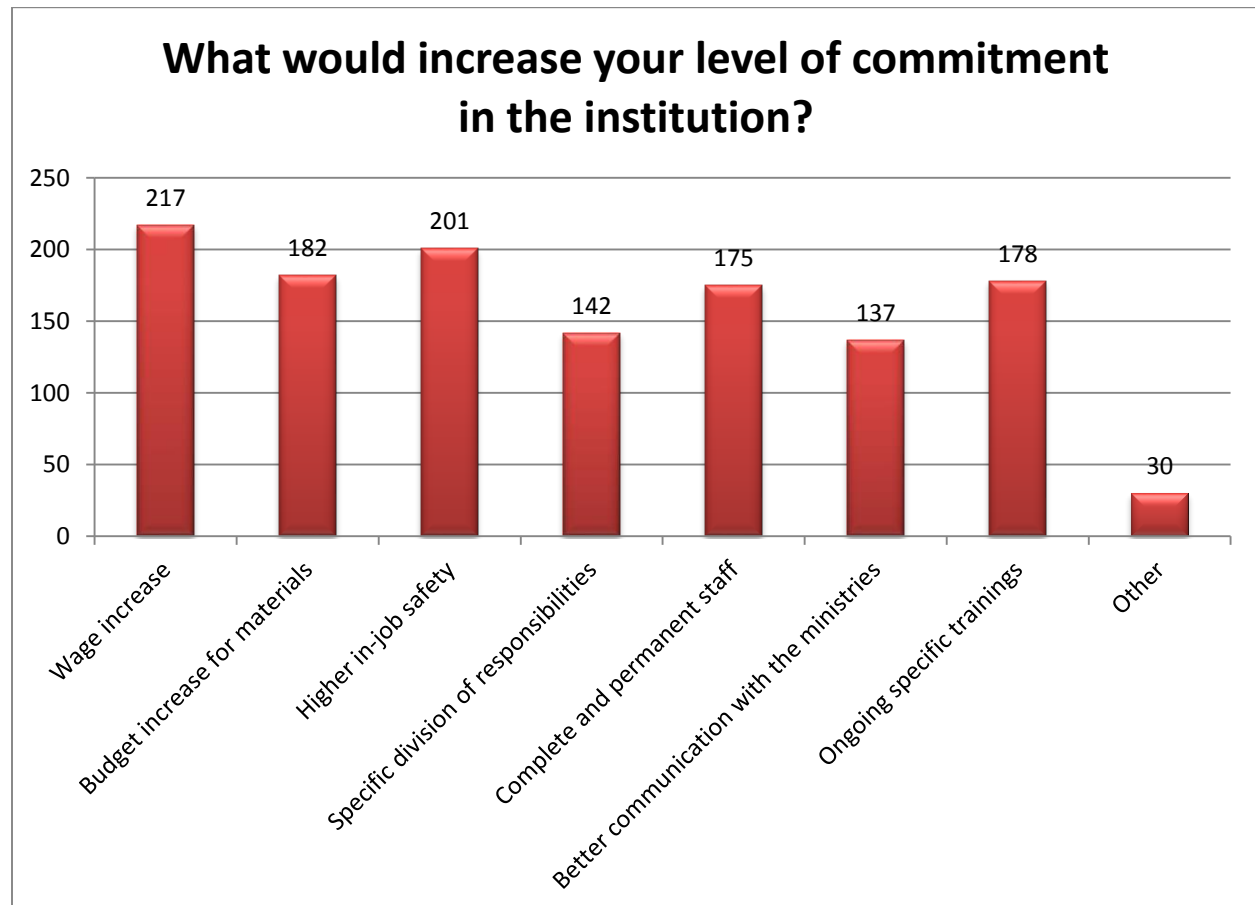
Another area affected by the lack in budget is the goods and services. Having in mind the nature and function of the institution, materials of treatment, specified and prescribed calories of food, drugs and medical materials are must-have items. These items should be provided in a continuous manner and without interruptions or problems as a necessity for the success of assessment and treatment of patients. KFPI, as a new institution in its first months of operation, is being challenged in this area as well. As it happened with the budget on salaries, KFPI's initial plan exceeded the financial resources that both Ministry of Health and Justice allocated. As it was shown in Table 2.2 in Chapter 2, the plan was that the Ministry of Justice to allocate and provide 165,000€ for KFPI's goods and services. Ministry of Health, besides the wages and salaries, was supposed to provide 10,000€ for municipal services. This is a total of 175,000€ for goods, services and municipal services. Table 4.7 showed that the total planned budget for goods, services and municipal services was 205,350€ which is 30,350€ more than what the two ministries offered.

Unfortunately, the situation worsened for the institution in terms of the budget for these items when the Ministry of Justice did not provide the 165,000€ planned for KFPI. MoJ did not provide the money because they were not sure whether they can allocate the budget for an institution which is mostly managed by the MoH. In this situation it can be noticed the miscommunication between the ministries and their role towards the institution. As it was explained earlier, both ministries use the services of the institution by sending the offenders there and treating them through medical processes. As a result, Ministry of Health had to allocate 60,000€ for these items. They allocated this amount for KFPI by decreasing the amount of financial resources planned for other institutions or projects within the ministry. The remaining amount of money was not received by KFPI but part of the necessary goods and services were provided by Kosovo's Clinical and Hospital Service. Medical materials and drugs were and are still being provided by the Prison Health Department within the Ministry of Health.

Having in mind the problems that KFPI is facing in its initial phases of operation it was thought that the employees might need certain incentives in order to increase their commitment to this new and troubled institution. As a result, they were asked about the areas which would

help them mostly to increase their commitment in the job shown in Graph 5.3. They had to rate the options from 8 as the most important to 1 as the least important. The maximum points that an option could get were 240 (8 points times the number of respondents 30).

Graph 5.3. Incentives to increase the level of commitment



The options which were given to the respondents in the question for Graph 5.3 were found as a result of the secondary research during the early stages of the project. As it can be seen, 217 points out of 240 or 90.42% of the possible points were given to the option of “Wage increase.” The second highest rated option is “Higher in-job safety” with 201 out of 240 possible points or 83.75% of the possible points. The fact that the employees voted this option the second is because of the nature of the institution which treats individuals who have committed offences or crimes while being under a condition of mental illness. The next most rated options are “Budget increase for materials,” “Ongoing specific trainings” and “Specific division of responsibilities” which are all related to the aforementioned problems with professional staff and budget.

Chapter 6: Recommendations and Conclusion

The main goals of this project were to identify the potential difficulties or drawbacks that KFPI is facing and the actors or institutions behind it. Subsequently, the next goal was to propose solutions to stakeholders which impact the communication process within and outside the institution for the procedure of treatment of mentally ill offenders. Stakeholders' impact is also seen upon the process of budget planning and distribution and the overall management of KFPI with an emphasis on the professional preparation and development of the specialized staff. Based on the study which explored the problems being encountered by Kosovo's Forensic Psychiatric Institution and having in mind the goals the following recommendations were drawn:

➤ **Introduce a new department of Forensic Psychiatry within the University of Prishtina**

One of the main problems identified in the project which impacts the core function of the institution, assessment and treatment, was the lack of professional staff or forensic psychiatrists. The reason being that, since the institution did not exist before and the mentally ill offenders were treated in general hospitals and prisons, there was no demand for such profession. Besides the initial assessment which was done by the Judicial and Prosecution Councils, the mentally ill offenders were treated in the same environments as common patients and prisoners. With the establishment of KFPI, as the highest expertize body to refer to, the whole process should go through this institution. Thus, it should have its own experts. In the section of analysis in Chapter 5 of this project an example of the USA educational system for this profession was given. So, what Kosovo could do is incorporate the forensic psychiatry concentration in the graduate studies for students who have finished medicine in general or any of its sub-fields, more precisely psychiatry, psychology, microbiology, etc. For students of medicine of the UP, the first level of graduate studies is known as specialization which should be finished before going to master's program. During specialization, students have a program of 1 year of general studies and 3 years of concentration studies.

As mentioned throughout the project, Kosovo lacks professional forensic psychiatrists. As such, if this department were to open in UP, the university should hire professors or lecturers from foreign countries who have a well-developed forensic psychiatry accompanied by a strong institution. Some examples can be Finland, Austria, and Belgium which were used as

comparative studies in Chapter 1 of this project and collaborated with Kosovo for the implementation of KFPI. Two professors will be needed for the first two intensive months of studies. Each professor will get 10,000€ per 2 months with a total of 20,000€. Other professors will be hired for a period of a year with a total cost of 30,000€. As it was mentioned, Finland already offered trainings for the current staff of KFPI. The concentration will be designed in such a way that it will not only offer lectures and practical work in Kosovo. Nevertheless, the first generations of graduates should be sent in similar, but more developed and experienced, institutions abroad. The cost for sending students abroad depends on their total number. Nevertheless, the cost for 3 students for a total of 10 days is 500€ per day per student with a total of 15,000 €. This would contribute to a better understanding of the functioning of a well-organized and coherent institution. However, the main focus should be on the professional area of the treatment of the offenders. The experience and knowledge gained on the field by the graduate students will be much useful rather than only lectures or practical work in KFPI which is still in the process of development. The hiring of foreign professors could only be temporary. They could, after a period of time, be replaced by native professionals who were educated by this system. The establishment of a forensic psychiatry department would not only create experts and professionals, but it will also ensure the continuity of education for other generations in the field.

As a process, the establishment of the forensic psychiatry department within the UP and the hiring of foreign professors would take a specific period of time. During this period, the current staff of KFPI should go through ongoing trainings with specialists from around the world, including the possibility of spending approximately 10 days of training in foreign institutions. In addition, a process of choosing a facilitator should be created. The facilitator should be chosen among the employees being trained. However, that person should undergo some tests and pass specific criteria in order to be qualified as a facilitator. The facilitator's job is to contribute in the process of training his/her fellow colleagues by sharing the knowledge gained and possibly replace the foreign specialists after a certain period of time. The assessment whether or when a person can be qualified as a facilitator and replace the foreign specialist should be done by the specialist him/herself in cooperation with the director and board of KFPI. This whole process should be based on the recorded performance of the candidate. The cost to train and create two facilitators would be 2,000€ per month or 24,000€ per year. Their salaries would also increase by 250€ per month with a total of 6,000€ extra per year for the two

facilitators. The process of sending them abroad for a period of 10 days of training would be 500€ per day with a total of 10,000€ per 10 days for two facilitators.

Table 6.1 Total cost for professional development recommendation

No	Activity	Annual cost
1	Foreign professors	20,000€
2	Other professors	30,000€
3	Visit abroad for 3 students	15,000€
4	Creation of facilitators	24,000€ + 6,000€ = 30,000€
5	Visit abroad for 2 facilitators	10,000€
Total		105,000€

➤ **Specific workshops about the existence and importance of KFPI for all the institutions involved**

Having in mind the communication problems that the institution has been facing with the Ministry of Justice, in particular the Judiciary and Prosecution Councils, there is a need to improve this chain of information flow in order to have a better procedure of treatment. As it was mentioned in Chapter 5, the decision from the judge regarding the continuation of the assessment, treatment or release of the offender sometimes takes too long. This causes an increase in the cost for the institution by keeping the offenders longer than it is needed. However, more importantly, it inhibits the completion of the goal of proper assessment and treatment. In order to improve this chain of communication and lack of information numerous workshops should be held for these specific actors and institutions. The functions and operation of KFPI should be explained and the key role of all the people and institutions involved should be made clear. The workshop should shed light to the fact that KFPI is the highest expertize body to refer

to. The benefits of the institution should be made understood and that the contribution of all the actors and institutions involved leads to the accomplishment of the objectives. There would be 2 central workshops held in the first year, each with 50 participants approximately. The first workshop will be informative whereas, the second one will provide feedback information about the implementation of the lessons learned. After this, the workshops will be held once a year. The cost for 1 participant is 70€ with a total of 7,000€ for two workshops.

➤ **Accommodate the budget in accordance to the fundamental needs of KFPI**

The main area which is affected by the lack of financial resources is the procedure of treatment. Within the procedure of treatment we have numerous factors such as treatment materials, staff salaries, communication between institutions and others which are shown in Graph 4.4 and all together lead to a successful or failed procedure of treatment. The analysis of financial statements and the survey with the staff members concluded that KFPI does have a problem with financial resources. Firstly, it can be noticed in Tables 4.3, 4.4., and 4.5 with the initial planned number of staff and their salaries compared to the decreased number of staff and salaries as a result of the lesser resources allocated for KFPI. This only applies for the professional staff because the administrative staff is transferred from KCHS costing them 16,244.40 € for a 6 month period. The budget for goods and services was also decreased from 175,000 € planned to only 50,000 € and some other transfers from KCHS and the Prison Health System. According to graph 4.7, the lack of financial resources impacts the staff's salaries and their commitment and the medical materials for treatment.

This project recommends that the budget of KFPI should be considered seriously and a permanent solution should be found especially for the transfer of employees and goods and services which are the most crucial part of the institution. Regarding the salaries and the number of workers which KFPI had to decrease, the project recommends an increase in both of them. This is based on the survey, more specifically on Graph 5.3 which shows that an increase in salaries would increase the commitment of workers. It is also based on Graph 4.7 which says that the main area affected by the decrease in financial recourses is the reduced number of staff. Regarding the administrative and logistics staff, they should no longer be transferred from KCHS but employed for KFPI and paid by its budget. This cost is a total of 16,244.40 €.

Table 6.2 Recommended budget for professional staff

No	Staff position	Number of staff per position	Monthly gross salary per position	Monthly gross salary for all positions	Annual gross salary	Salaries budget for period June - December 2015
1	Director	1	1000	1000	12000	6,000.00
2	Doctor	8	800	6400	76800	38,400.00
3	Psychologist	2	700	1400	16800	8,400.00
4	Social worker	2	700	1400	16800	8,400.00
5	Head of nurses	2	550	1100	13200	6,600.00
6	Nurse	29	450	13050	156600	78,300.00
Total						146,100.00

KFPI also has a problem with the budget on goods and services. This paper recommends that the initial amount promised by the Ministry of Justice of 165,000 € should be given to KFPI after the role of each ministry has been clear during the workshops. The 10,000 € promised by the Ministry of Health should also be given to KFPI. Nevertheless, Table 4.7 shows that KFPI planned a total of 205,350.00 € per 6 months in goods and services. The paper recommends that the institution should lower this cost to the 175,000 € promised by both ministries without affecting the budget for medical treatment materials.

Table 6.3 Total recommended budget for salaries and goods and services

No	Activity	Semi-annual cost
1	Professional staff	146,100.00€
2	Administrative staff	16,244.40€
3	Goods and services	175,000.00€
Total		337,344.40€

The Ministry of Health should give its contribution for the budget of KFPI while the Ministry of Justice should do that through the Judicial and Prosecution Councils as well. These councils are the main bodies which decide whether a person should be sent for assessment and the continuation of treatment procedures. They should recognize KFPI as the highest expertize body in that area and provide for its services. Nevertheless, to avoid potential friction between the two ministries the Government of Kosovo should allocate the full needed and planned budget for KFPI.

As a corollary to all this, Kosovo Forensic Psychiatric Institution does have its own problems as a new establishment in the country. Having in mind the goal of identification of the problems and actors and institutions behind them, Kosovo, in general, lacks experts in the field of forensic psychiatry. This is because before the establishment of the institution the mentally ill offenders were being assessed and treated in general hospitals and prisons. Therefore, there was no specific demand for such a profession. The project came to this conclusion through the analysis of the employees' level of degree. Their level ranges from high school to PhD; however, none of their degrees is in forensic psychiatry. Nevertheless, 26 out of 30 employees finished a 9-month training with specialists from Finland regarding forensic psychiatry. In order to achieve the objectives of qualitative assessment and treatment of mentally ill offenders more experience and expertise is needed.

Another problem encountered during the research and study of the institution was in the procedure of treatment. This procedure starts from the moment when the person is held in custody until s/he is released. This whole process is affected from the lack of professional staff, budget, and communication between the Ministry of Health, Ministry of Justice and KFPI. In the process of communication between the aforementioned institutions and actors comes mainly from the lack of information about the existence and role of KFPI. The study showed that the actors who have a lack of information about the possibility of requiring assessment and treatment of the mentally ill offenders are the lawyers, judges and prosecutors. On the other hand, the Ministry of Health lacks the necessary financial resources to offer to the institution. Lastly, financial resources are one of the main areas of problems which cause the other difficulties in management and procedure of treatment. \The planned number of employees and their wages had to be decreased when the institution started functioning because of the lack in financial

resources. The same problem appeared in the budget for goods and services. Some workers had to be transferred from KCHS while some goods and services were offered from the Prison Health System. All of these problems have caused a sort of a chaos in the initial phases of the functioning of KFPI.

Having in mind the last goal of proposing solutions to stakeholders in order to impact the communication process for the procedure of treatment of mentally ill offenders, the recommendations were given according to the area of problem. Stakeholders' impact is also seen upon the process of budget planning and distribution and the overall management of KFPI with an emphasis on the professional preparation and development of the specialized staff. Regarding the lack of professional staff, the project gave numerous recommendations such as the creation of a forensic psychiatry within the UP, hiring foreign professors initially, visits abroad, ongoing trainings and creation of facilitators within KFPI. The long term goal was to create human resources for this area of expertise within Kosovo who would then educate the upcoming generations. As for the lack of communication, the project recommended a set of informative and feedback workshops. On the other hand, the budget should be accommodated as such that the stakeholders, MoH and MoJ, and KFPI should find a middle ground which will focus on the correct implementation of the objectives of assessment and treatment of mentally ill offenders. These recommendations were given separately for each of the main areas of problems; however, the involvement of all the relevant actors and institutions is necessary for the success to be achieved.

References

- Barras, V. & Bernheim, J. (1990) "The history of law and psychiatry in Europe. In Principles and Practice of Forensic Psychiatry" (eds R. Bluglass & P. Bowden), pp. 103 -109. Churchill Livingstone.
- Blakaj, Safet, (2014) Coordinator for Prison Health System within the Ministry of Health in Kosovo. Personal Communication on the Establishment of Kosovo's Forensic Psychiatric Institution. September 2014
- Council of Europe (1950). "European Convention for the Protection of Human Rights and Fundamental Freedoms." *Council of Europe*
- European Union. (2000). "The Charter of Fundamental Rights of the European Union" *European Union*
- Gostin, Lawrence O., and Lance Gable. (2004). "The Human Rights of Persons with Mental Disabilities: A Global Perspective on the Application of Human Rights Principles to Mental Health." *Georgetown.edu. Georgetown University*. Web. 15 Sept. 2014.
- Halilaj, Gani. (2014) Director of KFPI. Personal Communication. October 2014
- Initial Report: Implementation of Kosovo Forensic Psychiatric Institute (2012). *Ministry of Health in Kosovo*
- KFPI Unpublished financial reports
- KFPI Staff survey
- Kosova Rehabilitation Center for Torture Victims. (2006). Long-Term Sequels of War, Social Functioning and Mental Health in Kosovo. Pristina: *Kosova Rehabilitation Center for Torture Victims*.
- Lindqvist, Per. (2012). "Forensic psychiatry in Europe". *The Psychiatric Bulletin*
- Mackenzie, Corey M. (2008) "How to Become a Forensic Psychiatrist." Demand Media

- McCarley, Nigel. (2011). "Establishment of the Kosovo institute of forensic psychiatry: Mission Report" *European Union*
- Ministry of Health. (2012) "Establishment of Kosovo Forensic Psychiatry Institute – KFPI" *Ministry of Health – Prison Health System*
- Morina N, Rushiti F, Salihu M, Ford JD. Psychopathology and well-being in civilian survivors of war seeking treatment: a follow-up study. *Clin Psychol Psychother* (2010) **17**:79–86. doi: 10.1002/cpp.673
- Republic of Kosovo Assembly. Criminal Code No 04/L-082 of the Republic of Kosovo (2011). Available from:<http://www.kuvendikosoves.org/>
- Offenders – Legislation and Practice in the European Union." *Pabst Science*
- Salize et al.. (2014). "Developing Forensic Mental Healthcare in Kosovo." *Frontiers*. Web. 15 Sept. 2014.
- Salize, Hans J., and Dressing, Harald. (2005). "Placement and Treatment of Mentally Disordered"
- Salize, Hans Joachim. (2007). "Detention of Mentally Ill Persons in Psychiatric Hospitals, Forensic Institutions or European Prisons -is it appropriately regulated?" *Central Institute of Mental Health Mannheim, Germany*
- Schanda, H., Ortwein-Swoboda, G., Knecht, G., et al (2000) The situation of forensic psychiatry in Austria. Setback or progress? *International Journal of Law and Psychiatry*, 23, 481 - 492.
- Seppanen, Allan, Hans Joachim and Juha Lavikanien. (2013) "Forensic Psychiatry: Manual." *European Office in Kosovo and National Institute for Health and Welfare Finland*
- THL-Finnish National Institute for Health and Welfare (2011) Terms of Reference of Project 2012/284-009. THL: Helsinki & Pristina.

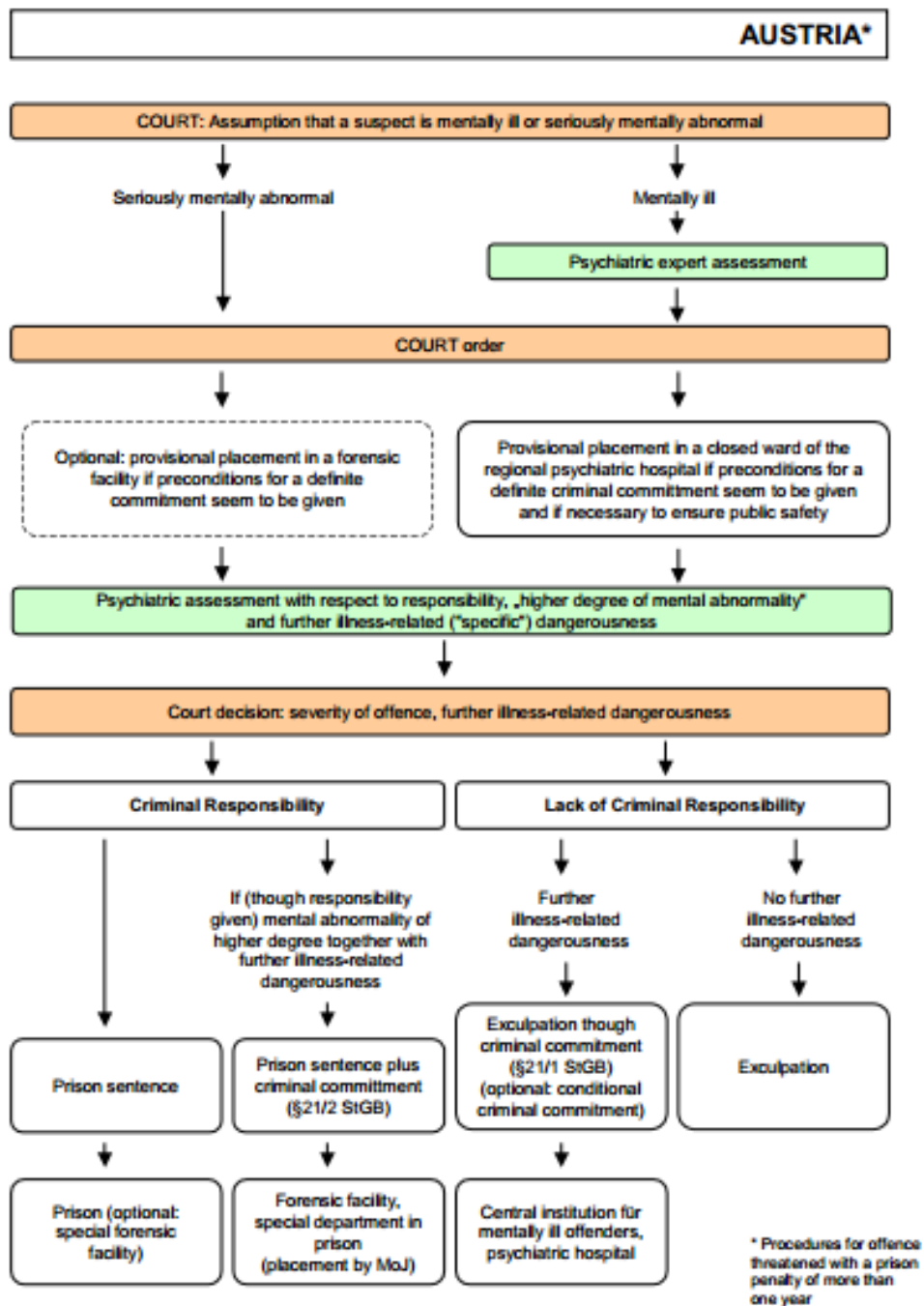
United Nations Interim Administration Mission in Kosovo UNMIK. Regulation no. 2004/34 on Criminal Proceedings Involving Perpetrators with a Mental Disorder (2004). Available from:http://www.unmikonline.org/regulations/index_reg_2004.htm

World Health Organization "First WHO World Suicide Report." (2014). *WHO*. N.p., n.d. Web. 15 Sept. 2014.

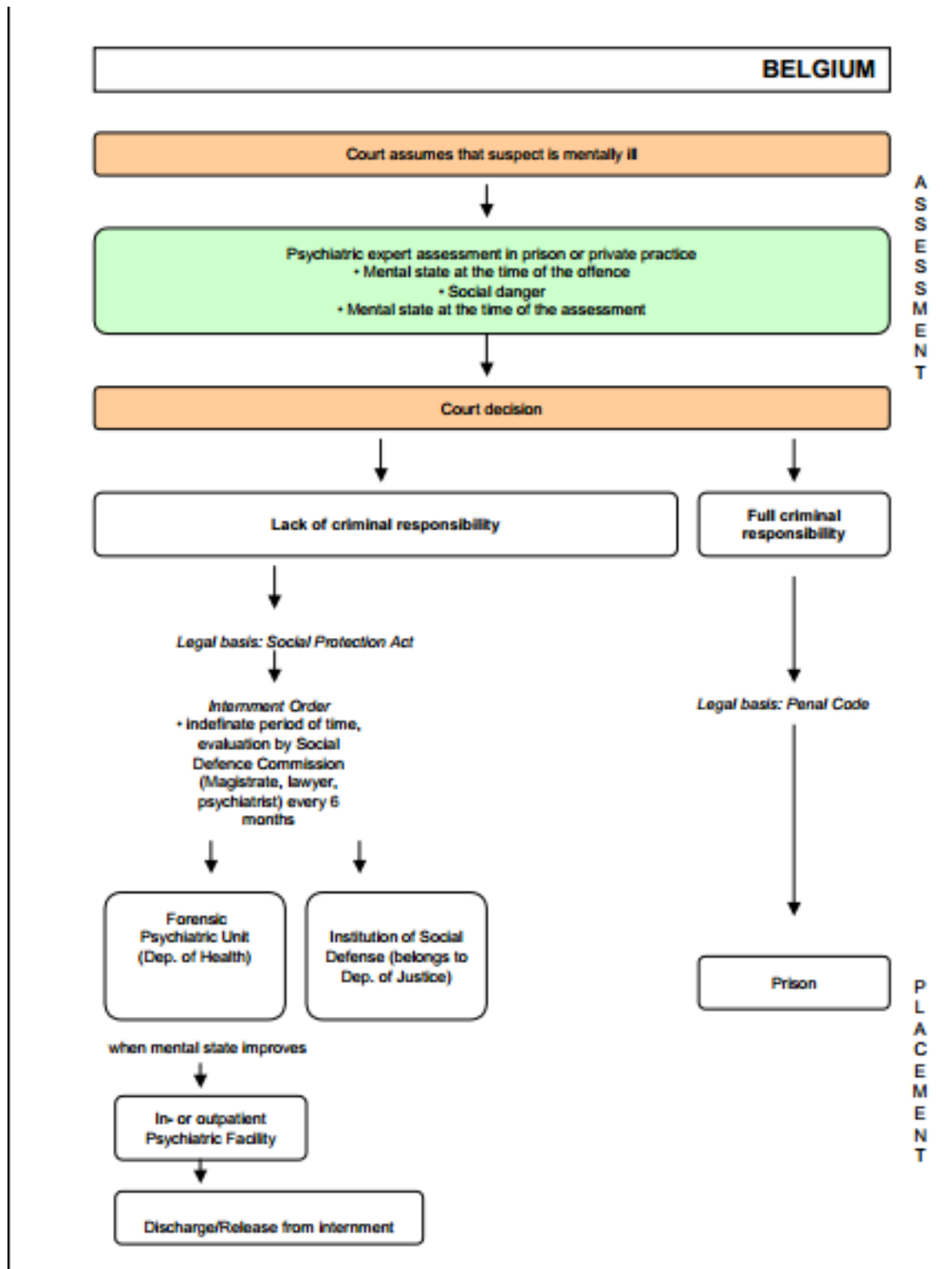
Zogu, Sokol,(2014) General Deputy Director and Head of Security and Operation for Correctional Service. Personal Communcation. November 2014

Appendixes

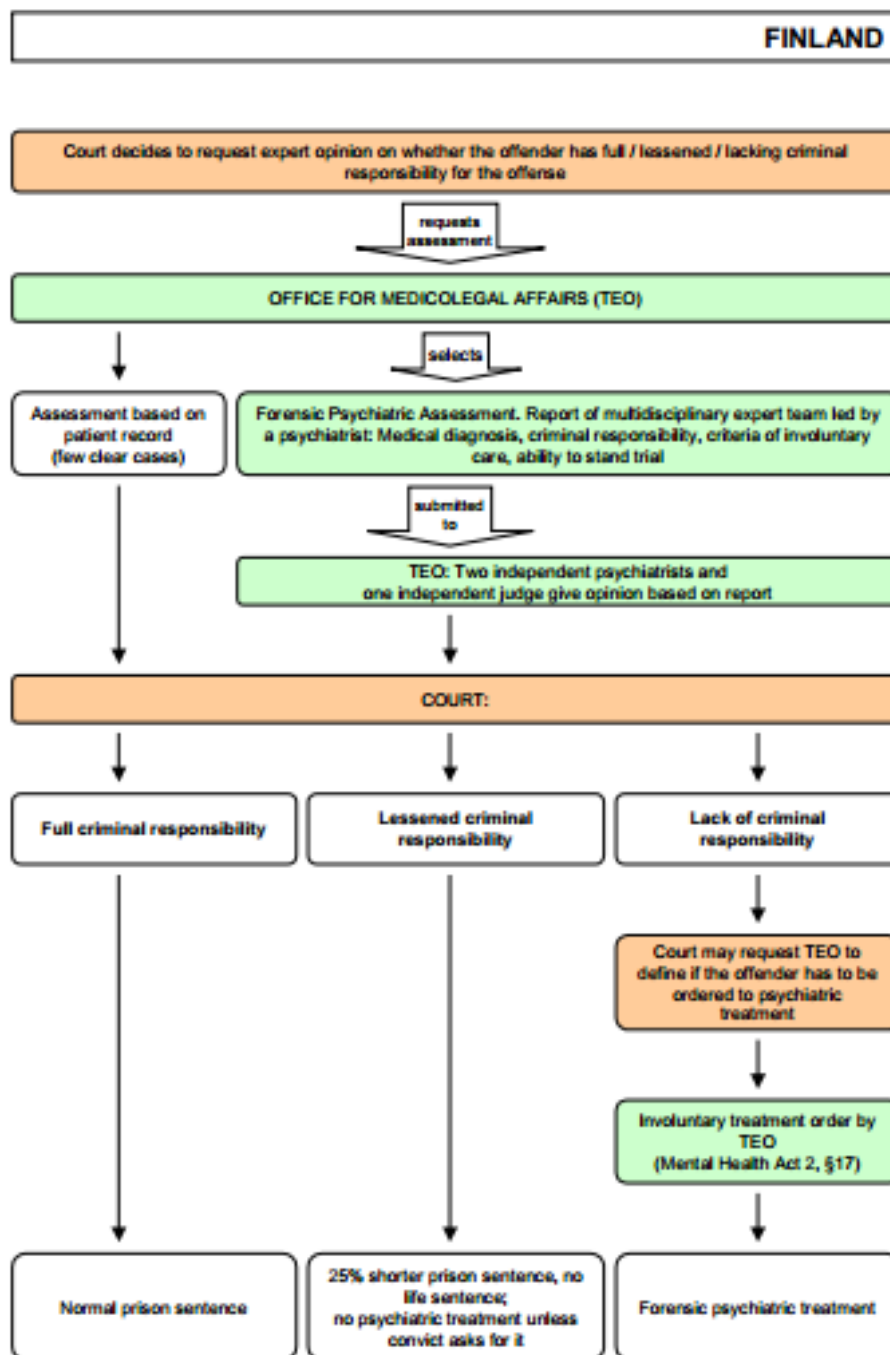
Appendix 1: Judicial and Placement Procedures for Mentally Ill Offenders in Austria



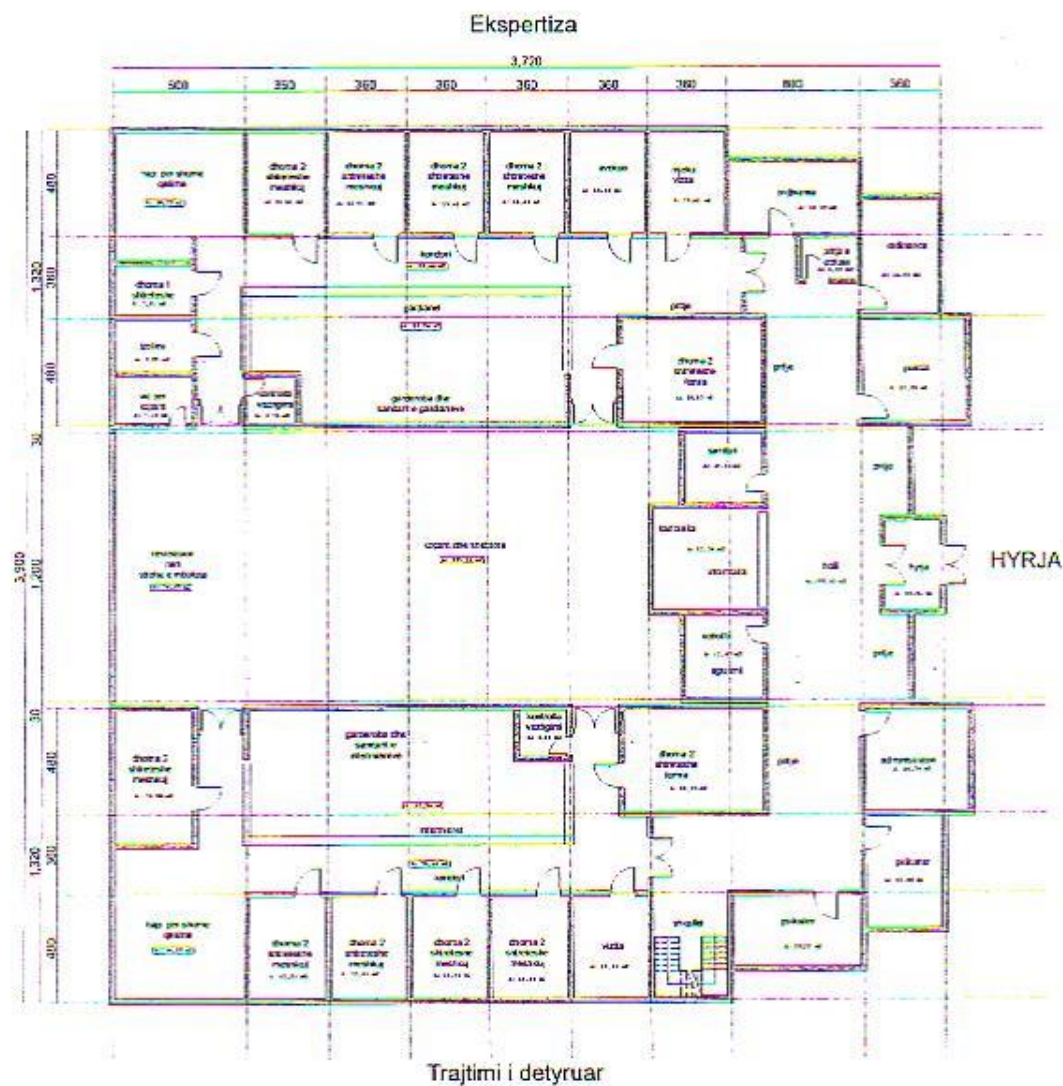
Appendix 2: Judicial and Placement Procedures for Mentally Ill Offenders in Belgium



Appendix 3: Judicial and Placement Procedures for Mentally Ill Offenders in Finland



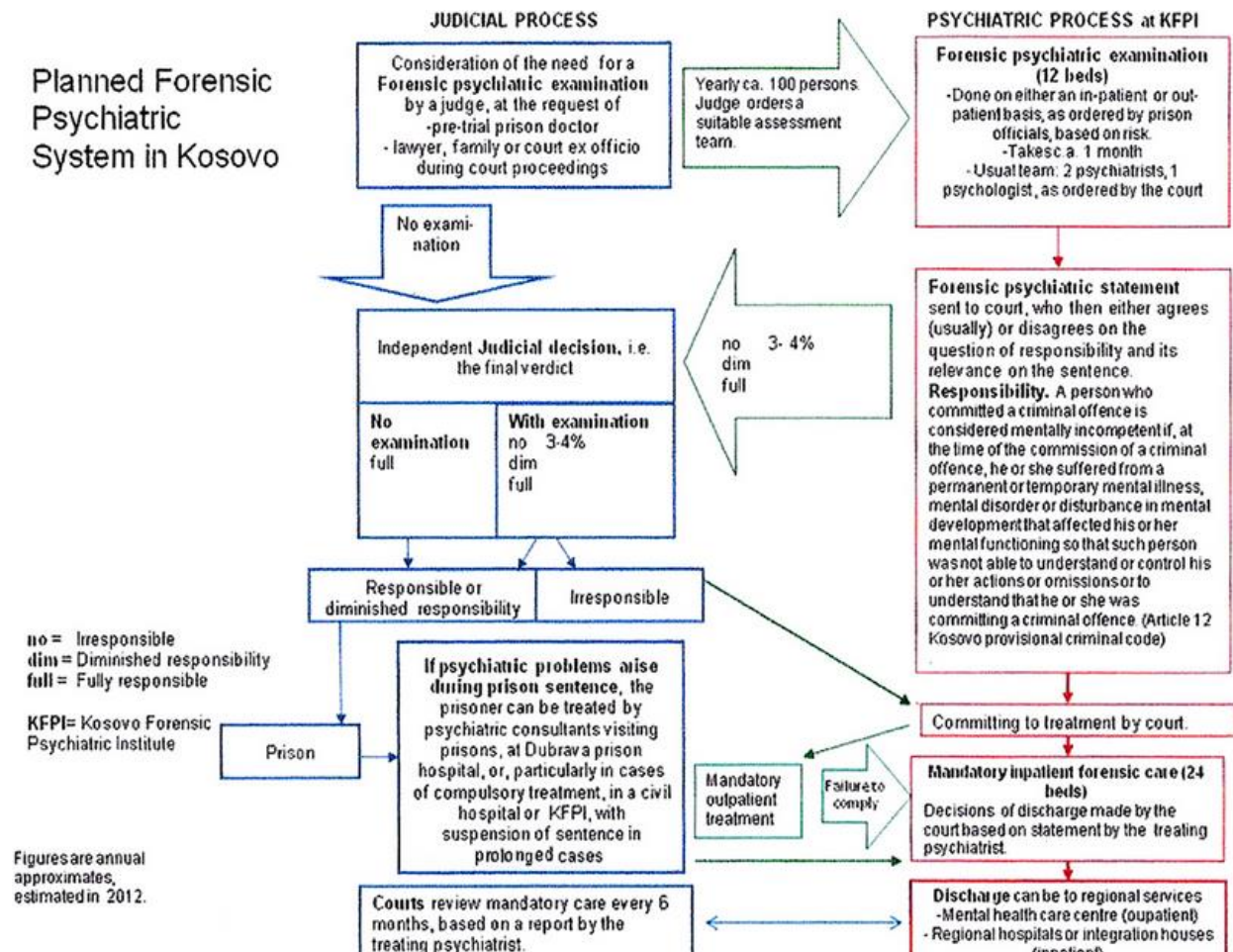
Appendix 4: Architectural Display of the Plan of the Institution



P = 1.250
PERDIDA

Appendix 5: Judicial and Placement Procedures for Mentally Ill Offenders in Kosovo

Planned Forensic Psychiatric System in Kosovo



Appendix 6: Survey questions

Survey for the staff of KFPI on the topic “Kosovo Forensic Psychiatric Institution: Challenges on Management, Procedure of Treatment and Finances”

1. What is your level of education?
 - a. High school
 - b. Bachelor
 - c. Master
 - d. PhD
 - e. Other (Specify)
2. What is your job position?
 - a. Doctor
 - b. Psychologist
 - c. Social Worker
 - d. Nurse
 - e. Head of Nurses
 - f. Other (Specify)
3. What are your specific responsibilities?
4. How many hours do you work per day?
5. Did you complete the training with the specialists from Finland?
 - a. Yes
 - b. No
6. If No, did you complete any other specific training before starting your job here?
 - a. Yes
 - b. No
7. If you answered Yes in question 6, which was the training and how long did it last?
8. If you answered No in question 6, how difficult it is for you to complete your tasks in the institution?

- a. Very difficult
 - b. Moderately difficult
 - c. Not difficult
9. How much do you think the training is helping you in your daily activities in the institution?
- a. Not at all
 - b. Moderately
 - c. A lot
10. Do you think the training is enough to accomplish very good results?
- a. Yes
 - b. No
 - c. I don't know
11. Have you ever been to a similar institute outside of the country for training purposes?
- a. Yes
 - b. No
12. What do you think would contribute in the expansion of staff skills of this institution?
(rate the options from 4 the most important to 1 the least important by putting the numbers in the boxes)
- ☐ Longer training period
 - ☐ Department of Forensic Psychiatry in the University of Prishtina
 - ☐ Visit in similar institutions outside of Kosovo for training purposes
 - ☐ Other (Specify)
13. Do you think that the difficulties or drawbacks are as a result of the institution being new in Kosovo?
- a. Yes
 - b. No
 - c. I don't know
14. If you answered "Yes" in question 13, what were the main problems you encountered
(you can choose more than one option)

- a. Budget
 - b. Communication between the ministries and KFPI
 - c. Management of KFPI
 - d. Patients' procedure of treatment
 - e. Medical materials and drugs
 - f. Other (Specify)
15. What is the degree to which finances are a challenge for the functioning of KFPI?
- a. A little bit
 - b. Moderately
 - c. A lot
 - d. I don't know
16. Which of these areas are affected by the insufficient amount of finances? (*Rank the options from 7 as the most important to 1 as the least important*)?
- ☐ Staff salaries and as a result their commitment
 - ☐ Reduced number of staff
 - ☐ Treatment and medical materials and drugs
 - ☐ Procedure of treatment
 - ☐ No awareness raising and as a result lack of information and communication between the ministries and KFPI
 - ☐ No awareness raising and as a result lack of information for the public
 - ☐ Other (Specify)
17. At what degree are you satisfied with the communication between Ministry of Health and KFPI?
- a. Highly satisfied
 - b. Moderately satisfied
 - c. Not at all satisfied

18. In which areas do you think there is a lack of communication between Ministry of Health and KFPI ?

- a. Lack of information about the possibility of sending the patients in KFPI
- b. Lack of information about the existence of KFPI
- c. Resource allocation (medical materials, drugs)
- d. Other (Specify)

19. At what degree are you satisfied with the communication between Ministry of Justice and KFPI?

- a. Highly satisfied
- b. Moderately satisfied
- c. Not at all satisfied

20. In which areas do you think there is a lack of communication between Ministry of Justice and KFPI ?

- a. Lack of information about the possibility of sending the patients in KFPI
- b. Lack of information about the existence of KFPI
- c. Resource allocation (medical materials, drugs)
- d. Other (Specify)

21. What are the communication areas that need improvement between the ministries and KFPI?

- a. Lack of information about the possibility of sending the patients in KFPI
- b. Lack of information about the existence of KFPI
- c. Resource allocation (medical materials, drugs)
- d. Other (Specify)

22. At what degree are you satisfied with procedure of treatment?

- a. Highly satisfied
- b. Moderately satisfied
- c. Not at all satisfied
- d. I don't know

23. If you think that there is a problem in the procedure of treatment, where do you think the problem stands (*Rank the options from 6 as the most important to 1 as the least important*)?

- ☐ Lack of materials
- ☐ Lack of staff's professional skills
- ☐ Lack of communication between the ministries and KFPI
- ☐ Lack of budget
- ☐ Lack of staff commitment
- ☐ Other (Specify)

24. Which are the areas that need improvement in the management of KFPI?

- a. Higher autonomy in decision-making
- b. No change in autonomy in decision-making
- c. Less autonomy in decision-making
- d. Other (specify)

25. How much do you feel safe in your job?

- a. Not safe at all
- b. Safe at a small degree
- c. Moderately safe
- d. Safe
- e. Highly safe

26. Based on your personal experience, what would increase you level of commitment in the institution (*Rank the options from 8 as the most important to 1 as the least important*)?

- ☐ Increase in salary
- ☐ Higher budget for treatment and medical materials
- ☐ Increase of in-job safety
- ☐ Specific division of responsibilities
- ☐ Permanent and completed staff
- ☐ Improved communication between the ministries and KFPI

☐ Continuous trainings about the specifics of the job

☐ Other (specify)

27. How is the commitment, work and communication between you and the transferred staff from Kosovo' Clinical and Hospital Service?

- a. Very good
- b. Moderately good
- c. Not good

28. Do you think that the transfer of workers affects their commitment in the institution?

- a. Yes
- b. No
- c. I don't know

29. What do you think is the long-term solution of this issue (staff transfers)?

- a. Increased financial capabilities for higher number of permanent employees
- b. Specific training of transferred workers
- c. A combination of new workers and trained transferred workers
- d. I don't know
- e. Other (specify)

Appendix 7: Interview questions

Interview questions for Gani Halilaj (Director of the Forensic Psychiatric Institution)

General questions

1. How was mental health, more specifically forensic psychiatry in Kosovo?
2. What were the main factors that influenced the commitment of the implementation of the forensic psychiatric institute from the mental health general point of view?
 - a. Improper treatment in hospitals/prisons
 - b. Overcrowding
 - c. Safety of mentally ill offenders and others in hospitals/prisons
 - d. Other (Specify)
3. What was the contribution of the mental health system in this process?
4. Which are the expectations of the establishment of the forensic psychiatric institute for the benefit of the mental health system in general?
5. How do you see the coordination of activities between the prison health system and the justice system?
 - a. Satisfactory
 - b. Not satisfactory
 - c. Good cooperation with evident results
 - d. Good cooperation with very good results
6. Which institution is more committed to the implementation of KFPI?
 - a. Ministry of Health
 - b. Ministry of Justice
 - c. Both of them the same
7. Can you elaborate on your choice in question 6?
8. Which is the level of commitment of Ministry of Justice?
 - a. Satisfactory
 - b. Good
 - c. Excellent
9. Which is the level of commitment of Ministry of Health?
 - a. Satisfactory

- b. Good
 - c. Excellent
10. If you think that there is a lack of coordination in which area do you think coordination lacks?
- a. Communication
 - b. Commitment
 - c. Professionalism
 - d. Legal infrastructure

Managerial topic

1. What are some main challenges of establishing the institution?
 - a. Budget
 - b. Staff
 - c. Other (Specify)
2. What are some challenges of running the daily and administrative activities of the institution?
 - a. Budget
 - b. Staff
 - c. Procedure of treatment
 - d. Other (Specify)
3. Staff issues: (terms of reference, recruitment, training, etc) elaborate.
4. Budget/cost: starting point, planning budget, allocation and use of budget
5. Since it is a new and specific institution with mentally ill offenders did anything unusual happen in the first 2 months of operating?

Interview questions for Safet Blakaj (Coordinator for prison health system):

1. How the treatment of the inmates before the institution was established?
2. What was the contribution of the prison health system in this process?
3. What were the main factors that influenced the commitment of the implementation of the forensic psychiatric institute from the prison health general point of view?
 - a. Improper treatment in hospitals/prisons

- b. Overcrowding
 - c. Safety of mentally ill offenders and others in hospitals/prisons
 - d. Other (Specify)
- 4. What will be improved for the prison health system and the patients by the establishment of the forensic psychiatric institute?
- 5. Which are the expectations of the establishment of the forensic psychiatric institute for the benefit of the patients and staff?
- 6. How do you see the coordination of activities between the prison health system and the justice system?
 - a. Satisfactory
 - b. Not satisfactory
 - c. Good cooperation with evident results
 - d. Good cooperation with very good results
- 7. Which institution is more committed to the implementation of KFPI?
 - a. Ministry of Health
 - b. Ministry of Justice
 - c. Both of them the same
- 8. Which is the level of commitment of Ministry of Justice?
 - a. Satisfactory
 - b. Good
 - c. Excellent
- 9. Which is the level of commitment of Ministry of Health?
 - a. Satisfactory
 - b. Good
 - c. Excellent
- 10. If you think that there is a lack of coordination in which area do you think coordination lacks?
 - a. Communication
 - b. Commitment
 - c. Professionalism
 - d. Legal infrastructure

Interview questions for Sokol Zogu (General Deputy Director and head of security and operation for correctional service)

1. What was the history of Kosovo for the treatment of these individuals from the criminal courts and institutions?
2. How was the expertise and mandatory treatment organized in the prison system for these individuals?
3. What was the remand period until a new court order and based on which law?
4. Which was the role of the correctional service in initiation for the establishment of the forensic psychiatric institute?
5. Which are the expectations (advantages and disadvantages) of the establishment of the forensic psychiatric institute from the justice system's point of view?
6. What were the main factors that influenced the commitment of the implementation of the forensic psychiatric institute from the justice system general point of view?
 - a. Improper treatment in hospitals/prisons
 - b. Overcrowding
 - c. Safety of mentally ill offenders and others in hospitals/prisons
 - d. Other (Specify)
7. How do you see the coordination of activities between the prison health system and the justice system?
 - a. Satisfactory
 - b. Not satisfactory
 - c. Good cooperation with evident results
 - d. Good cooperation with very good results
8. Which institution is more committed to the implementation of KFPI?
 - a. Ministry of Health
 - b. Ministry of Justice
 - c. Both of them the same
9. Which is the level of commitment of Ministry of Justice?
 - a. Satisfactory
 - b. Good
 - c. Excellent

10. Which is the level of commitment of Ministry of Health?
- a. Satisfactory
 - b. Good
 - c. Excellent
11. If you think that there is a lack of coordination in which area do you think coordination lacks?
- a. Communication
 - b. Commitment
 - c. Professionalism
 - d. Legal infrastructure
12. It was found out that one patient escaped from the institution.
- a. What does this say about the security of the institution? How many guards do you have per shift? Is this enough? What if the number of the patients increases?
 - b. Will you change anything about this?