Workshop MAUL - SIPRiFo

L'autore di reato con disturbi psichici tra intervento giurisdizionale e trattamento

Ferrara, 13 aprile 2024

La valutazione della sociale pericolosità psichiatrica: uso terapeutico della sicurezza

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We are waiting for

SIPRiFo

Italian Society for Forensic Psychotherapy and Rehabilitation

NATIONAL MEETING 2024

Modelli trattamentali forensi basati sulle evidenze

Riccione, 4-6 ottobre 2024

no conflicts of interest

Network Maul
Psichiatria e Psicologia Forense

Rassegne

Il superamento degli Ospedali Psichiatrici Giudiziari: a new deal per la salute mentale?

Closing forensic psychiatric hospitals in Italy: a new deal for mental health care?

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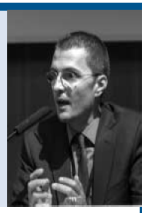
BJPsych | The British Journal of Psychiatry (2015) 206, 445–446. doi: 10.1192/bjp.bp.114.153817

Editorial

Closing forensic psychiatric hospitals in Italy: a new revolution begins?

Corrado Barbui and Benedetto Saraceno



Summary

On 30 May 2014 the Italian Parliament appro
regarding forensic psychiatric hospitals. Forer
hospitals are facilities that admit individuals v
committed a criminal offence but lack crimin
because of a mental disorder and are deeme
to public safety. Here we report the key aspe
legislation together with some critical conside

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Behav. Sci. Law 34: 444–459 (2016)
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Closing Italian Forensic Psychiatry Hospitals in Favor of Treating Insanity Acquittees in the Community

Felice Carabellese, M.D.* and Alan R. Felthous, M.D.†

Originally a hedge against the death penalty, the insanity defense came to offer hospitalization as an alternative to imprisonment. In the late 19th century Italy opened inpatient services first for mentally ill prisoners and then for offenders found not guilty by reason of insanity. Within the past decade, a series of decrees has resulted in transferring the responsibility for treating NGRI acquittees and "dangerous" mentally ill prisoners from the Department of Justice to the Department of Health, and their treatment from Italy's high security forensic psychiatric hospitals (*OPGs*) to community regional facilities (*REMSs*, Residences for the Execution of Security Measures), community mental health facilities, one of which is located in each region of Italy. Today community REMSs provide the treatment and management of socially dangerous offenders. The dynamic evolution of Italy's progressive mental health system for insanity acquittees, to our knowledge the most libertarian, community oriented approach of any country, is retraced. Discussion includes cautionary concerns as well as potential opportunities for improvements in mental health services. Copyright © 2016 John Wiley & Sons, Ltd.

2011, Commission of inquiry on Forensic Psychiatric Hospitals

The Law n. 833 of 1978 vs Law n. 9 02/27/2012

Closure of all OPs – Closure of all OPGs

New unique community treatment model

public service psychiatrists + forensic psychiatrists

Quality as Culture: Institutional or Recovery?

CUSTODIAL	THERAPEUTIC
Distant, non-interactive	Interactive, thinking, feeling, planning
Rewards conformity	Rewards engagement
Oriented to immediate goals of physical adjustment	Oriented to long term goal of social adjustment
Oriented towards good order and discipline now	Oriented towards recovery and rehabilitation
Physical structure constrains unwanted behaviour (bars, locks etc)	Relational structure (milieu) sustains expectations of socializing together
Ultimate goal is preventing antisocial and self-damaging behaviour during incarceration	Ultimate goal is effective autonomous functioning
Result of custodial care is institutionalisation, disability, worsening of strong pro-criminal sub-culture	Result of therapeutic care is increasing autonomy, taking responsibility for heath and pro-social orientation.

The REMS is part of Department of Mental Health (DSM)

- ✓ Exclusive healthcare management within facilities
- ✓ Under the responsibility of the ASSL
- ✓ This nature implies that the function of REMS is purely a healthcare one, that is affirmed in the Ministerial Decree of October 1st 2012, which emphasized that the REMS have "therapeutic/rehabilitative and socio-rehabilitative functions" and whose "internal management is of exclusive healthcare", still "the organizational and medical responsibility within the facility is assumed by a psychiatrist"

It is a new topic for the DSM's procedures that has inevitable consequences

A new specific forensic treatment

FORENSIC RECOVERY ORIENTATION

- Involve the patient in the process
- Record the patient's view
- Involve family and friends (with consent)
- Record views of family and friends (with consent)
- Involve victims and survivors in the process
- Involve views of victims and survivors (with consent)

New Forensic Psychiatric Culture/Practice for Mental Health Department at the Time of REMS

- All processes regarding risk assessment (tools), risk management (environmental, relational and procedural security), forensic treatment should utilize new procedures, new culture, specific training, new relationships between Court and forensic psychiatrists and new practices for a specific forensic psychiatry model of treatment (Carabellese, 2017).

Definition of forensic psychiatric services

Dual Mandate

- Forensic psychiatry presents a specific ethical balance between the rights of the patient who is not criminally responsible, and the obligation to protect the public, to protect other patients, to protect staff and to protect the patient him/herself from the violent consequences of their mental disorder

RISK, GRAVITY AND CONCERN

- "Dangerousness is a dangerous concept" according to Shaw (1973).
- Scott (1977) quoted Shaw but went on to define dangerousness as the product of probability (risk) and gravity (seriousness).

Therapeutic Uses of Security

At the time of REMS' treatment

- The therapeutic setting for NGRI patients and those considered socially dangerous is done by the forensic psychiatrist expert who decides the assessing level of danger for the Judge (Carabellese, 2017).

An agreement between the experts, the Judges and the DSM is needed for the treatment's efficacy

Careful selection of the therapeutic safety level

MAILING LIST…

Forensic Psychiatric Experts' Decisions

Study conducted on 302 forensic psychiatric reports:

(Mandarelli G, Carabellese F, … Ferracuti S, 2019)

- Schizophrenia spectrum disorders and PD accounted for 66% of the total diagnoses
- No significant gender differences in the psychiatric diagnoses
- Male defendants showed significantly higher prevalence of substance abuse history and criminal conviction in comparison with female defendants ($p < 0.05$).
- Not-CRDs had histories of more previous outpatient or inpatient psychiatric treatments ($p < 0.001$)
- Not-CRDs had histories of more previous involuntary hospital admissions ($p < 0.001$)
- Not-CRDs were more frequently in psychiatric treatment at the time of crime ($p < 0.001$)
- Schizophrenia spectrum disorders was the most frequent diagnosis in the not-CRDs group (47%)
- PDs were the most represented in the CRDs (50%)
- Not-CRDs had fewer victims than CRDs ($p < 0.05$)
- Not-CRDs who were also judged socially dangerous were more frequently affected by schizophrenia spectrum or PDs than CRDs

The mean time between commission of the crime and the forensic psychiatric evaluation was 770 days (S.D. 722; range 1–3185)

Puglia situation

In Puglia there are:

- ✓ 1 Clinical Centre within prison of Lecce = 20 beds
- ✓ 2 REMS (Carovigno and Spinazzola) = 38 beds
- ✓ 1 Special Forensic Facility = 20 beds
- ✓ 10 Forensic Facilities = 100 beds
  - ✓ Just opened: 7 = 70 beds (fully occupied)
  - ✓ Another 3 are opening (with 30 beds)

- ✓ Puglia has in its program to
- ✓ Increase the beds for each community (from 10 to 12) and the mental health personals too (from 10 to 14)
- ✓ Open a third REMS = 20 beds

150 NGRI offenders socially dangerous are waiting for REMS admission

European Court of Human Rights Judgment 24 January 2022

A NGRI young men who remained in prison for a long time waiting for admission in REMS

- violation of the right to freedom and personal safety pursuant to art. 5 § 1 CEDU.
- violation of the prohibition of inhuman and degrading treatments and punishments established by art. 3 CEDU
- violation of the Art. 5 § 5 CEDU due to the absence in the Italian legal system of an effective remedy capable of guaranteeing the appellant equitable compensation for the contra legem restriction of his personal freedom
- violation of Article 6 § 1 CEDU due to the failure by the national authorities to enforce the sentence with which the domestic judge had ordered the release of the applicant.

Puglia-Basilicata Riskmon Research

Research objectives are:

- Evaluation of any association between specific risk factors and outcomes such as: A) further aggressive/violent conduct assessed with the MOAS scale B) Additional offenses in the study period (20 months)
- Identification of any association between protective factors and the outcomes
- The effectiveness of treatments in reducing violent behavior

Puglia-Basilicata Forensic Facilities

In Puglia (4 million inhabitants) there are:

- ✓1 Clinical Centre within prison of Lecce = 20 beds
- ✓2 REMS (Carovigno and Spinazzola) = 38 beds
- ✓7 Forensic Communities (low security) = 70 beds

In Basilicata (600.000 inhabitants) there is:

- ✓1 REMS (Pisticci) = 20 beds
- ✓2 General Psychiatric Communities where are admitted also forensic patients (low security) = 10 beds

Riskmon Research Methodology

Puglia-Basilicata Forensic and non-Forensic patients comparison

- ✓ A random sample (126) of residents in three REMS (n=26), four forensic probation communities (n=40) and seven general psychiatric community (n=60) who consented, were interviewed by researchers who also accessed file data. All participants were followed for 20 months.

- ✓ At To baseline patients were assessed (GAF; BPRS; SAPROF; HCR-20-3V; MMSE; PCL-R; MOAS). Socio-demographic, clinical-anamnestic and judicial data were reported.
- ✓ T1 follow-up 6 months later (GAF; BPRS; SAPROF; HCR-20-3V; MOAS)
- ✓ T2 follow-up after 6 months (GAF; BPRS; SAPROF; HCR-20-3V; MOAS)
- ✓ T3 follow-up 8 months after discharge.

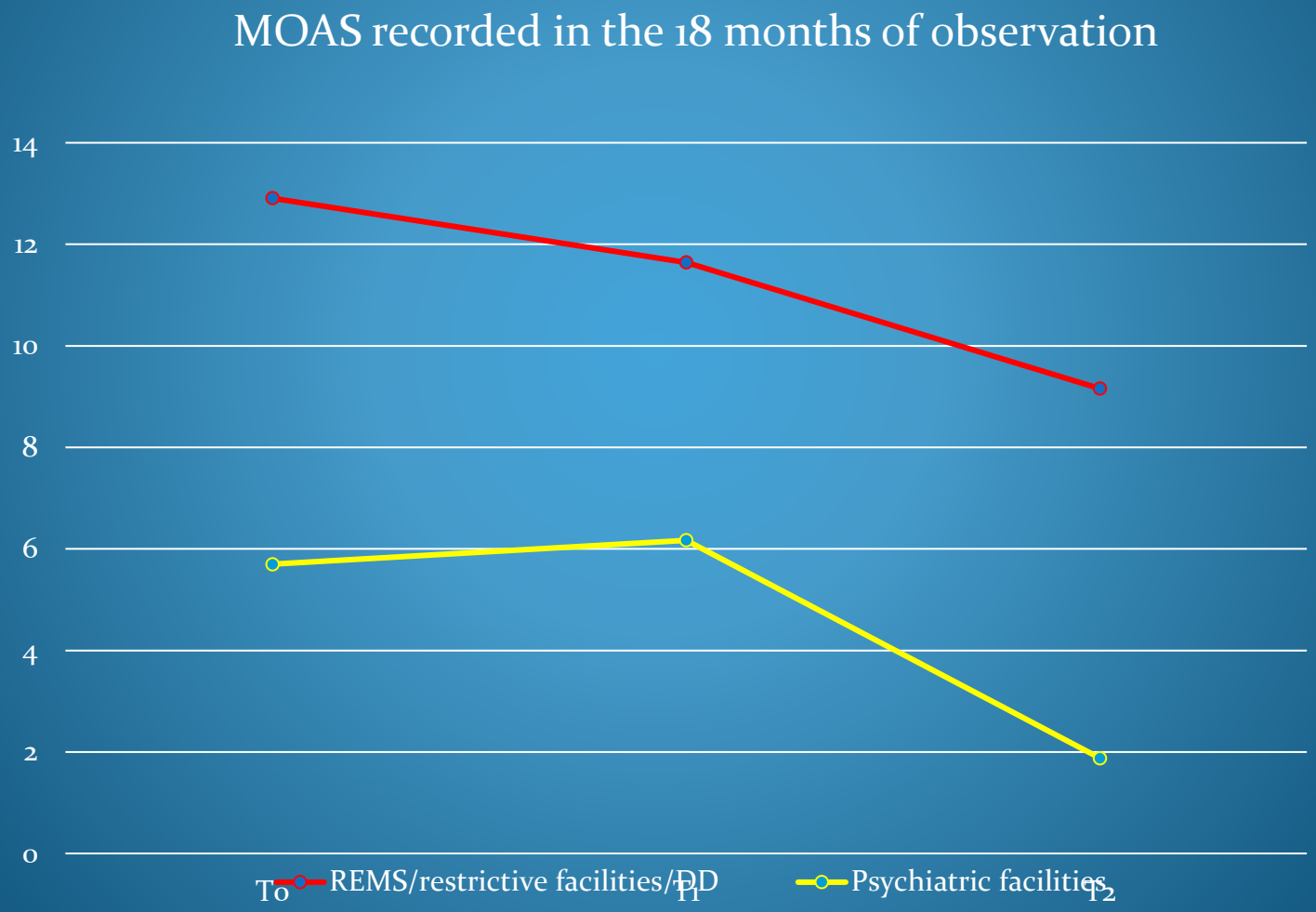
- ✓ Statistical analysis will be carried out with the Statistical Software for Social Sciences (SPSS) v. 21.0

Riskmon Research

Puglia-Basilicata Forensic and non-Forensic patients comparison

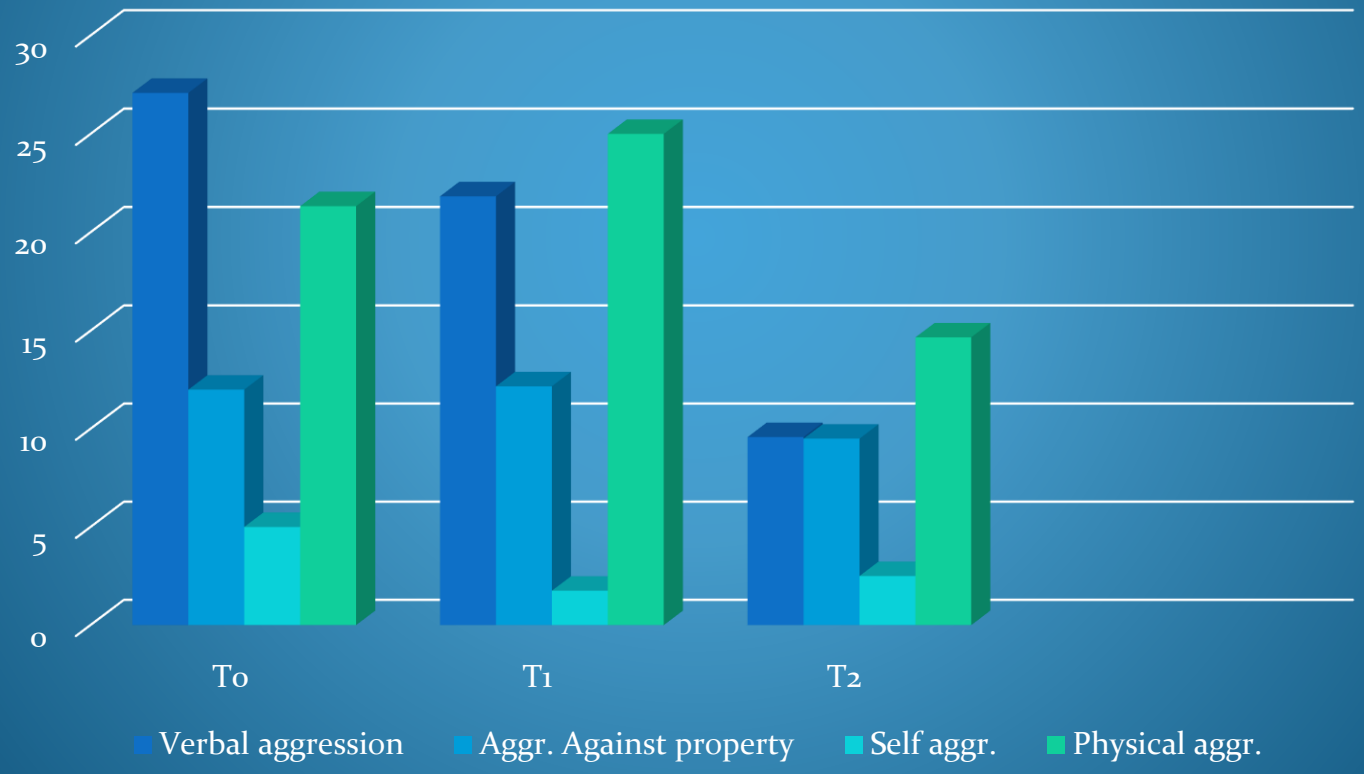
- ✓ At baseline patients were assessed (GAF; BPRS; SAPROF; HCR-20 3; MMSE; PCL-R; MOAS):
  - ✓ 27 female 21.4%; age 40.1 (SD 7.3); length of stay was 1.3 years (1.7).
  - ✓ Mini Mental State did not differ between groups 26.7(3.1);
  - ✓ GAF was lower in REMS 47.3(9.2) v 54.5(14.1) in probation and 58.6(14.7) in general psychiatric communities ($p=0.01$);
  - ✓ Psychopathy check list–revised factor 1 scores were higher in REMS 8.6(3.1) vs 5.5(3.7) in probation and 4.7(3.6) in general psychiatric communities ($p<0.001$);
  - ✓ SAPROF protective scores were lower in REMS than in other facilities ($p=0.011$)
  - ✓ HCR-20 sub-scale scores did not differ;
- ✓ At follow-up one year later for 107 residents GAF was unchanged; BPRS total fell 48.5(15.7) to 42.8(17.8) $p<0.001$.

RISKMON

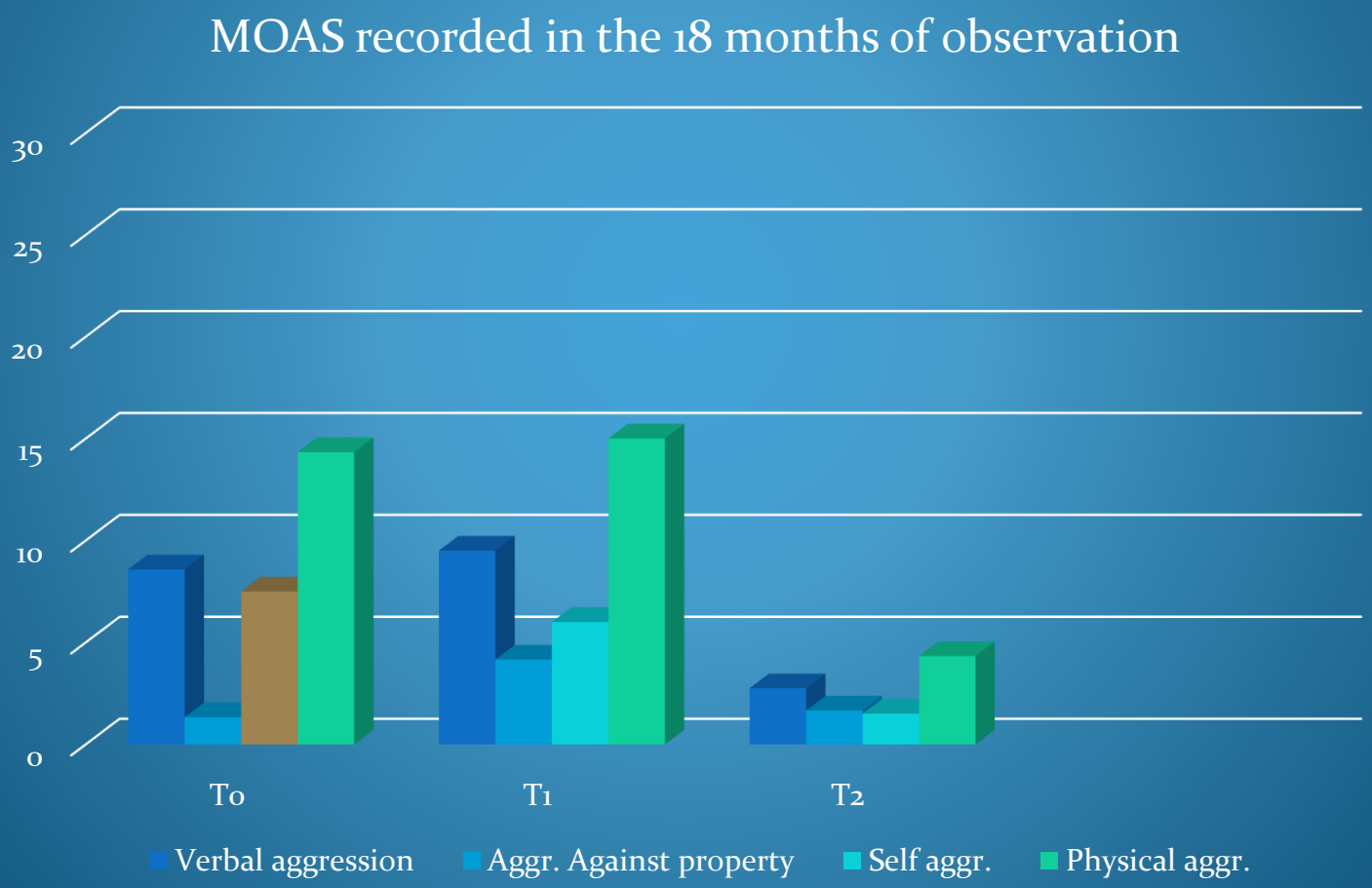

MOAS recorded in the 18 months of observation
14
12
10
8
6
4
2
0
REMS/restrictive facilities/DD
Psychiatric facilities
T0
T1
T2

REMS & Forensic Facilities

MOAS recorded in the 18 months of observation

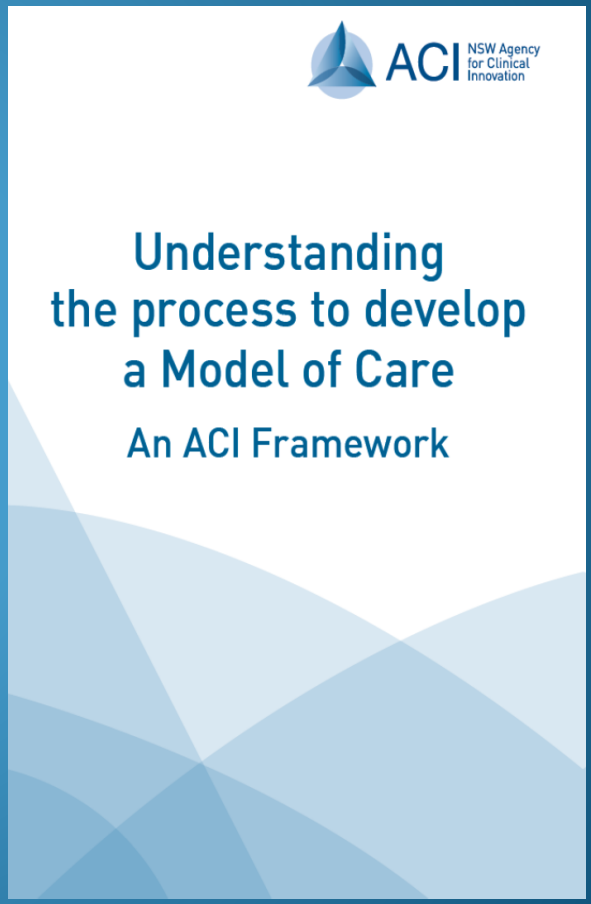


Psychiatric Facilities



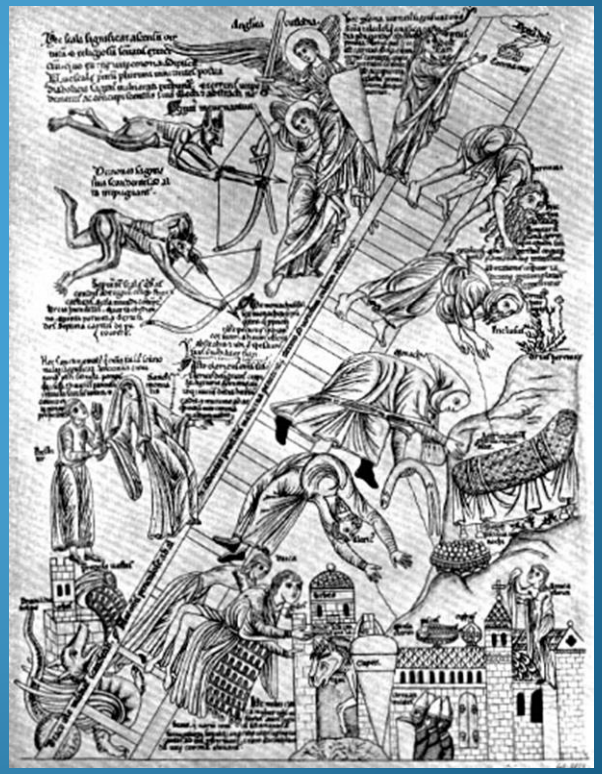
Model of Care: what is it?

- A "Model of Care" broadly defines the way health services are delivered. It outlines best practice care and services
- for a person, population group or patient cohort as they progress through the stages of a condition, injury or event.
- It aims to ensure people get the right care, at the right time, by the right team and in the right place
- Often includes a 'logic model' relating inputs (resources) to 'outputs' (health gains)



Therapeutic safety and security

- Physical/environmental
- Relational
- Procedural



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ACTIVE MANAGEMENT OF LENGTH OF STAY

PATHWAYS MANAGEMENT

- WHO TO ADMIT
- - AND TO WHERE
- WHO TO ALLOW DAY LEAVE
- WHO TO CONDITIONALLY DISCHARGE
- AND TO WHERE

The periodic check to the Court based on Structured professional judgement

It is a specific achievement with regard to:

- How the patient responds to the treatment
- How to reduce Risk Factors
- How to affect on Protective Factors
- How to affect on Family Support
- How to affect on Social Environment
- How to affect on Social Relationships
- How to decide Length of Stay
- How to decide Discharge
- How to increase Functional Recovery

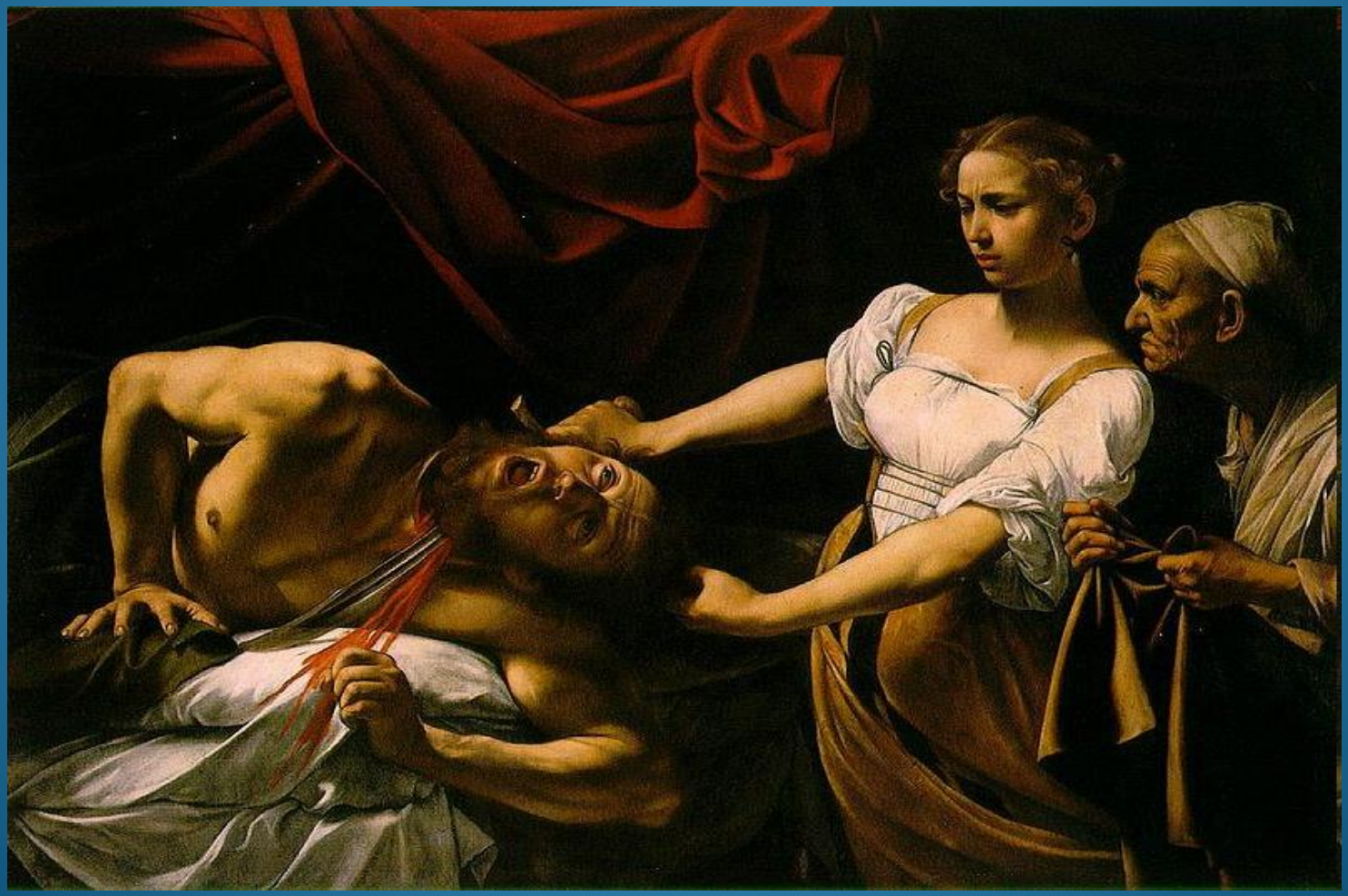
Centralized, Regional assessment and management of admissions in REMS and Forensic Facilities

It is a specific achievement with regard to:

- Use of effective tools
- Tools known and used by all protagonists of forensic treatment
- Structured professional judgement
- Reasoned communications to the Courts
- Reasoned decisions of the Courts

Inter-rater reliability I

Caravaggio: Judith & Holofernes



Inter-rater reliability II

Artemisia Gentileschi: Judith Beheading Holofernes

Dangerousness Understanding and Recovery Manual

- **DUNDRUM-1: triage and needs assessment for admission to therapeutic security**
- **DUNDRUM-2: urgency of need**
- **DUNDRUM-3: programme completion and readiness**
- **DUNDRUM-4: forensic recovery**
- **DUNDRUM-3 self-report and DUNDRUM-4 self report**

WE ARE WAITING FOR YOU

University of Bari - Italy, Italian Society of Psychotherapy and Forensic Rehabilitation (SIPRiFo), MAUL Forensic Psychiatry and Psychology Association, Metropolis Group Forensic Facilities, Italy, Dundrum Center for Forensic Excellence - Ireland, NUA Healthcare, Ireland

Present

III° International Forensic Psychiatry Summer School

16th-20th of September, Ionian School of Law, 245 Duomo Rd, Taranto, Italy

Thank you for your ATTENTION!

MAUL Forensic Psychiatry & Psychology Association

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