

# REVOCA DELLA MDS PSICHIATRICA: QUANDO, COME E DOVE

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Ferrara, 13/04/2024

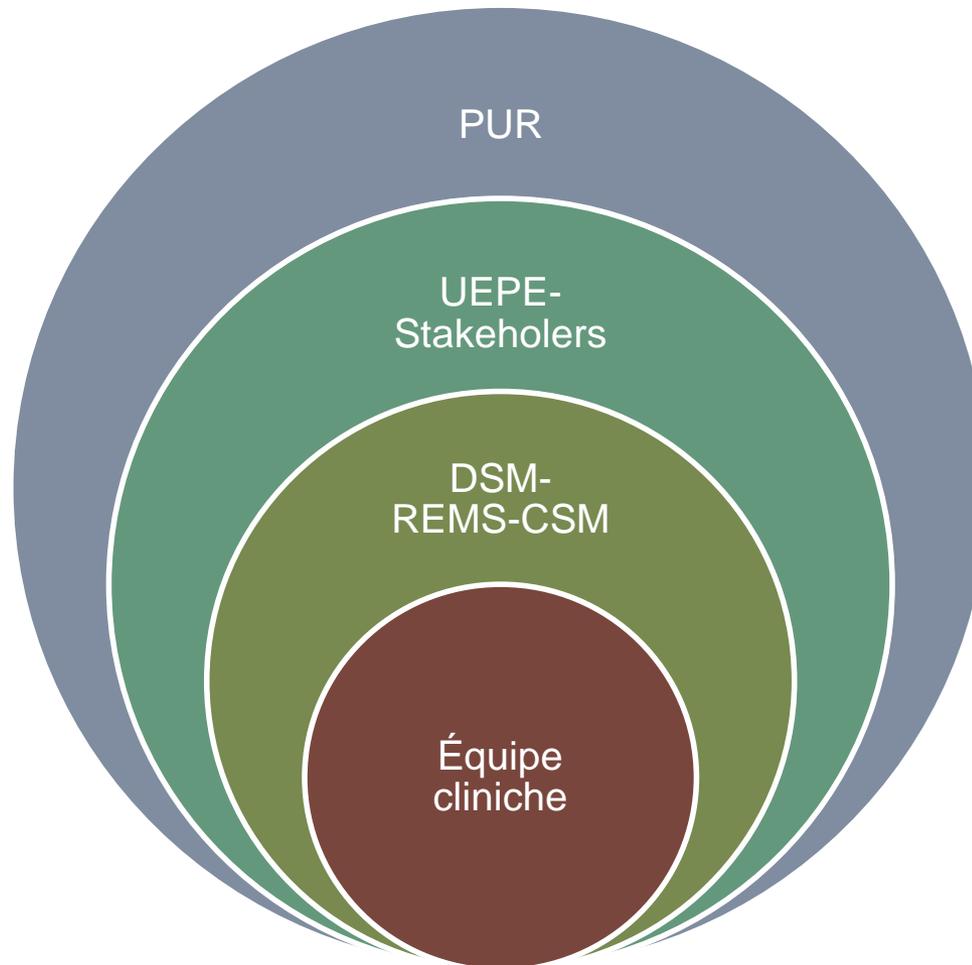


Libertà, CT,  
carcere

REMS

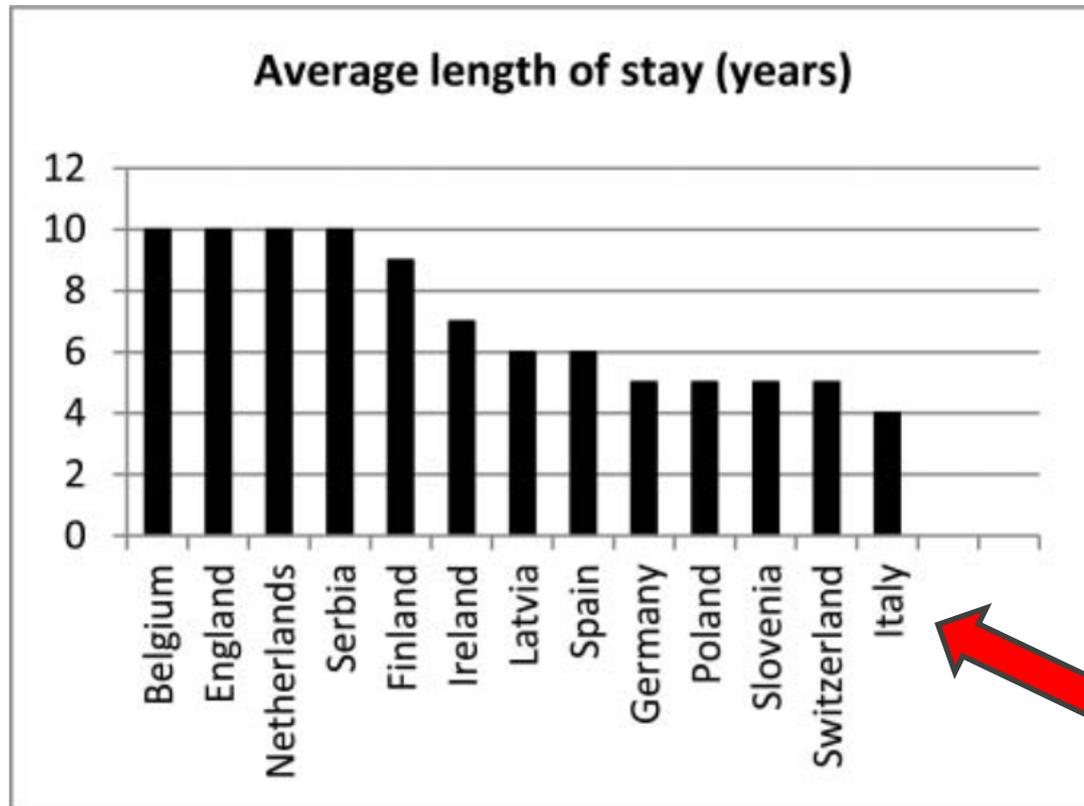
Dimissioni

# Sistema forense regionale



Quanto dura un percorso psichiatrico  
forense?

# Sampson et al., 2016

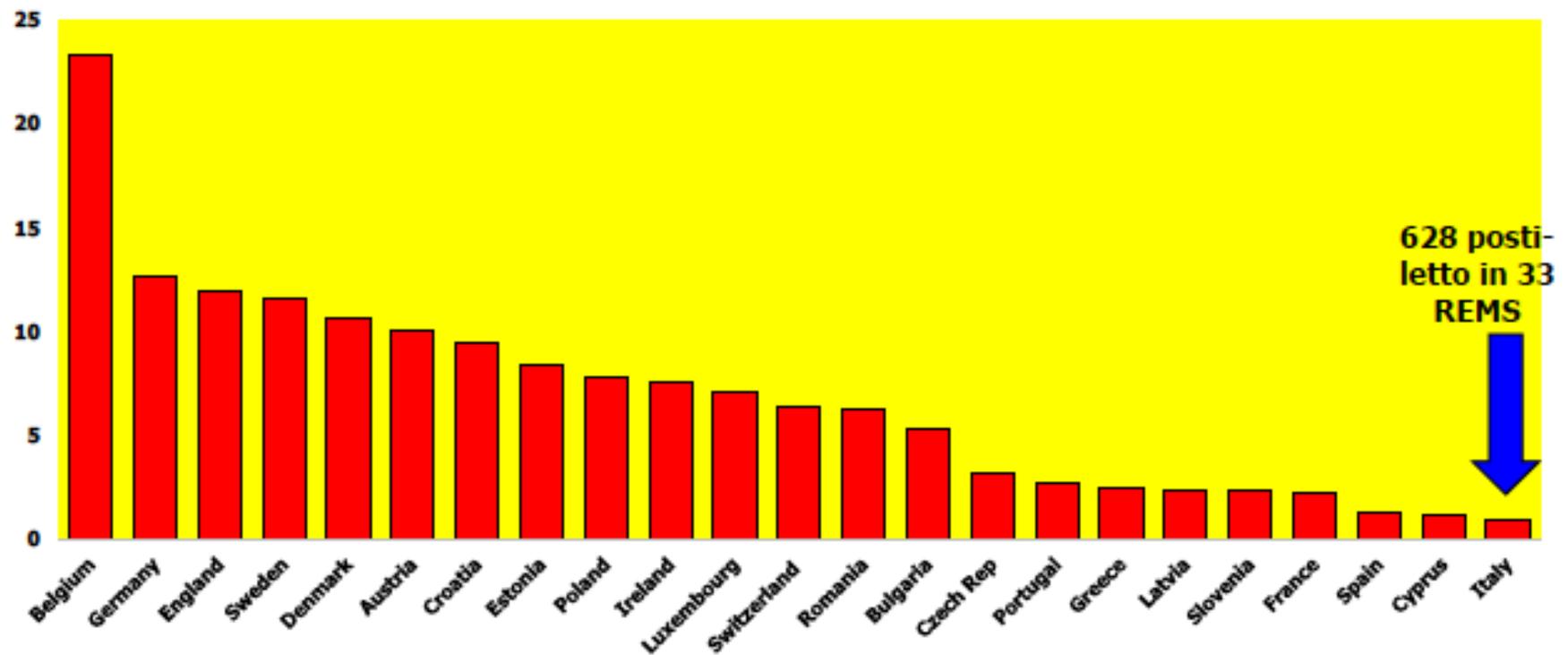


**Figure 1.** Expert participant observation of average length of stay in forensic inpatients at medium and high secure levels (not defined) and long-stay services (Spain, The Netherlands).

# Lo stato dell'assistenza psichiatrico forense in Italia



## NUMERO DI POSTI-LETTO FORENSI PER 100,000 ABITANTI IN 23 PAESI EUROPEI NEL 2017



# Lo stato dell'assistenza psichiatrico forense in Italia (dati 2023)

## ASSISTENZA PSICHIATRICO-FORENSE OGGI IN ITALIA

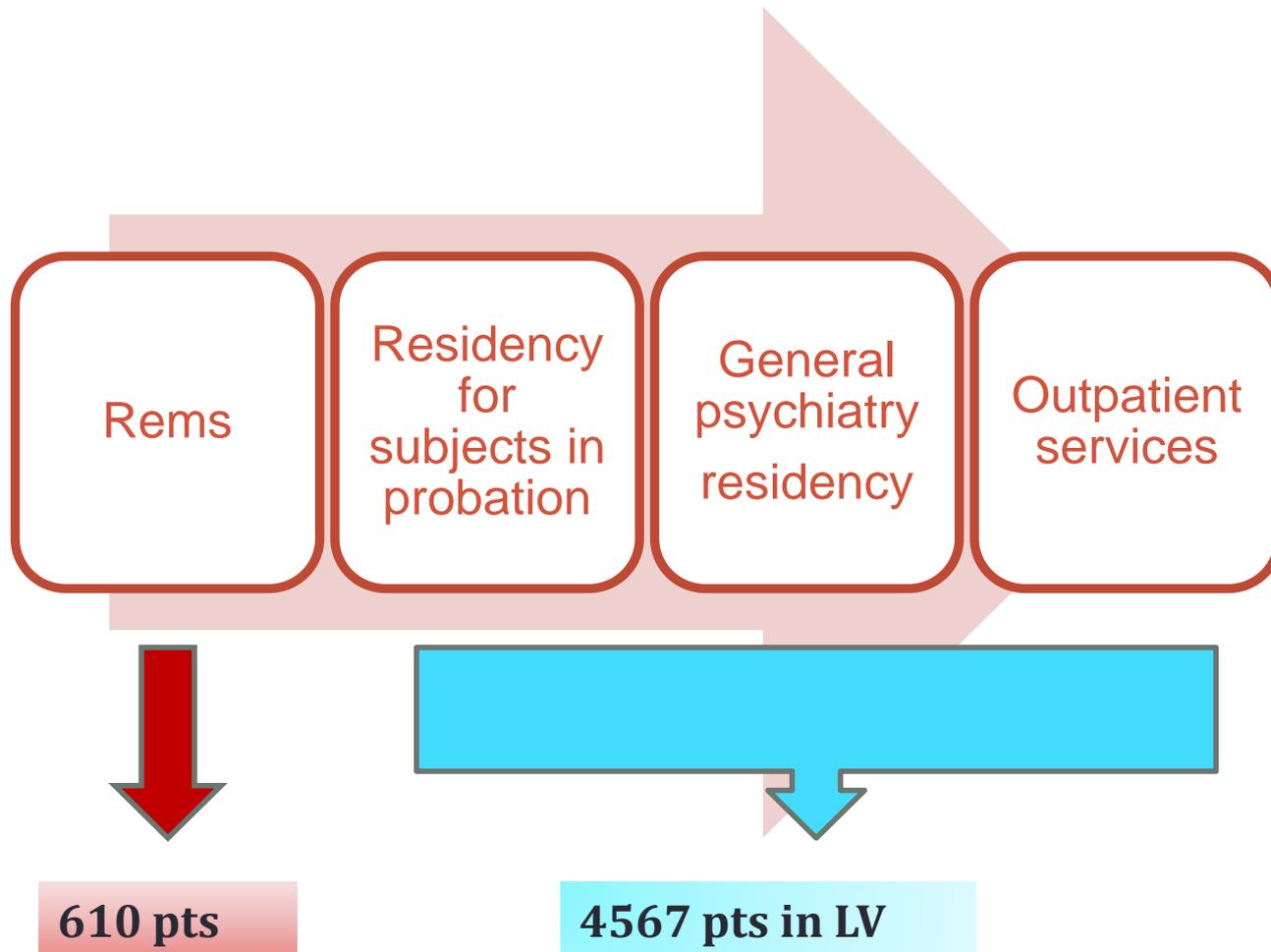
Numero posti-letto nei 6 OPG: circa 1.250

N. pazienti nelle 33 REMS italiane: 573

Persone in lista di attesa per entrare in una REMS: 605

Numero di pazienti in libertà vigilata in strutture residenziali, a casa, ecc: ignoto

# Levels of therapeutic security



# Mean time of staying (days) in REMS

<b>2018</b>	<b>452</b>
<b>2019</b>	<b>548</b>
<b>2020</b>	<b>634</b>
<b>2021</b>	<b>708</b>



55% time of staying

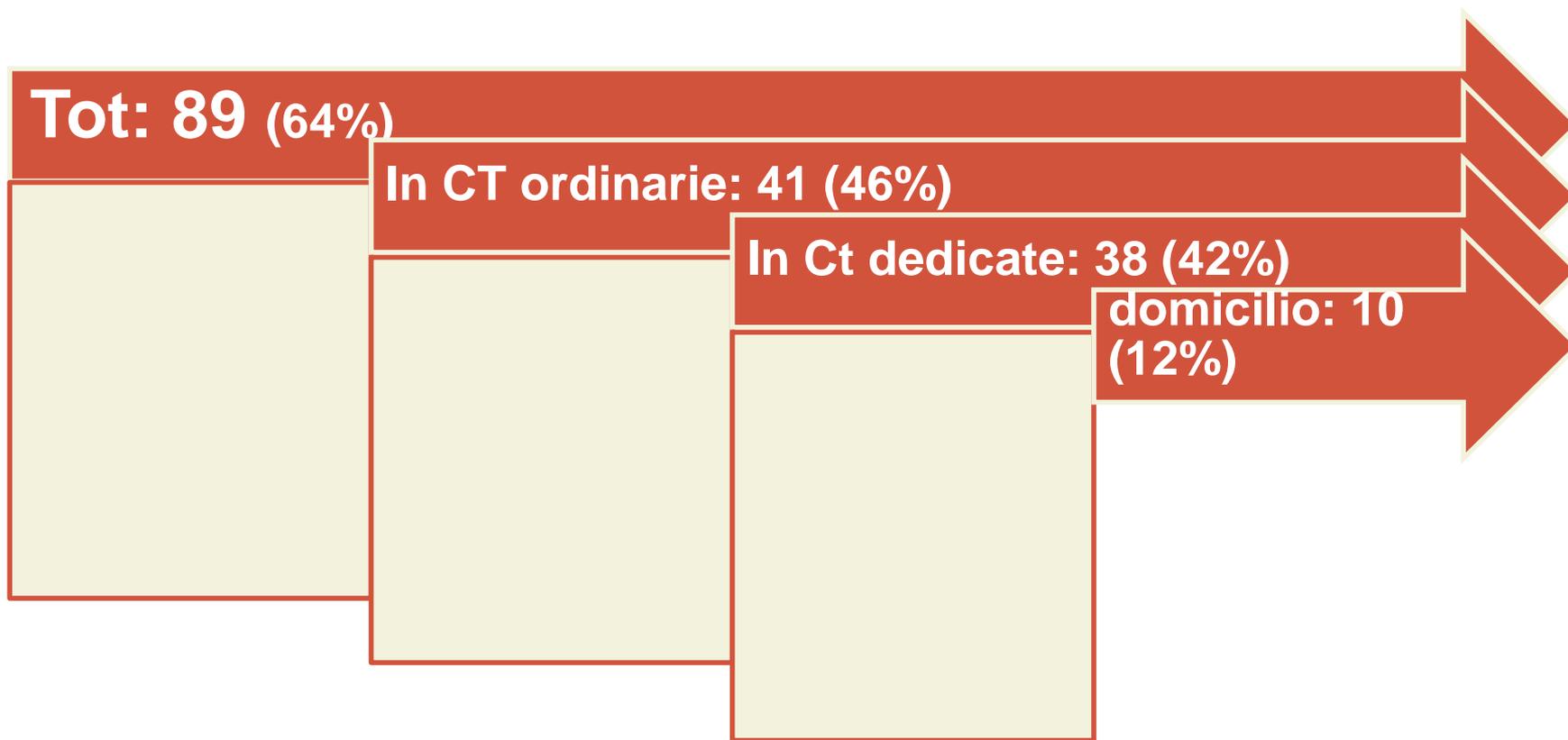
# Admissions – releases in REMS

	Adm.	Rel.
2020	237	273
2021	298	278



25% admissions

# Pazienti dimessi REMS Veneto 2016-23 (n=138)



# Pazienti dimessi REMS Veneto 2016-23

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## **Rientri**

Totale: 10/89  
(11%)

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Nuovi reati: 4/10

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Infrazioni MdS:  
6/10

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# Durata Tot. MdS

ND

D

LFE

LV

**Revoca MdS raramente presa in considerazione nelle dimissioni da una REMS**

**Revoca MdS quasi sempre a livello territoriale**

Quali criteri per revocare un paziente in  
MdS?

# outcomes

RESEARCH ARTICLE

Open Access

## Prospective study of factors influencing conditional discharge from a forensic hospital: the DUNDRUM-3 programme completion and DUNDRUM-4 recovery structured professional judgement instruments and risk

Mary Davoren<sup>1,2</sup>, Zareena Abidin<sup>1</sup>, Leena Naughton<sup>1</sup>, Olivia Gibbons<sup>1</sup>, Andrea Nulty<sup>1</sup>, Brenda Wright<sup>1</sup> and Harry G Kennedy<sup>1,2\*</sup>

**Results:** The D-3 distinguished which patients were subsequently discharged by the Mental Health Review board (AUC = 0.902,  $p < 0.001$ ) as did the D-4 (AUC = 0.848,  $p < 0.001$ ). Item to outcome analysis showed each item of the D-3 and D-4 scales performed significantly better than random. The HCR-20 also distinguished those later discharged (AUC = 0.838,  $p < 0.001$ ) as did the S-RAMM, START, SAPROF, PANSS and GAF. The D-3 and D-4 scores remained significantly lower (better) for those discharged even when corrected for the HCR-20 total score. Item to outcome analyses and logistic regression analysis showed that the strongest antecedents of discharge were the GAF and the DUNDRUM-3 programme completion scores.



# RPS dei pazienti autori di reato

- Come coinvolgere il paziente nel proprio percorso di cura?
- Come definire gli obiettivi trattamentali e gestionali del PTRI?
- Come assicurarsi che trattamenti e attività riflettano gli outcome?
- Gestione transizione e cambiamento
- Condivisione valori e obiettivi (*mission* del Servizio condivisa)
- Continuità dello staff
- Inizio tempestivo programma riabilitativo
- Network familiare
- Network sociale
- Insight
- Futuro (Speranze)

# Come, dove, quando e... perchè

## **Locks, Keys, and Security of Mind: Psychodynamic Approaches to Forensic Psychiatry**

Jessica Yakeley, MB, BChir, and Gwen Adshead, MB, BS

In this article, we discuss psychological approaches to the understanding of acts of violence and, specifically, psychodynamic approaches to both formulation and treatment. We suggest that the key theoretical paradigm of a psychodynamic approach involves the exploration and elaboration of the meaning of a violent act for the offender and describe the relevance of this approach for both legal assessments and clinical services in secure residential care. We argue that a psychodynamic approach can improve the quality of assessments of both psychopathology and risk and inform effective therapeutic interventions in hard-to-treat patients.

**J Am Acad Psychiatry Law 41:38–45, 2013**

### comprensione in psichiatria forense:

- dei motivi sottostanti l'indice reato
- dell'uso di pattern comportamentali prevaricanti sull'altro
- di come gli eventi pregressi avversi possano avere influito sull'attualità
- di come gli eventi avversi possano essere espressione di emozioni intollerabili come ansia, umiliazione, vergogna

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Il risk assessment è pensabile come una combinazione a 4 numeri:  
i primi due sono grosso modo fissi:  
essere maschio;  
abusare di sostanze;  
il terzo numero è manifestare un disordine suscettibile di azione incontrollata:  
un DP o il pensiero persecutorio;  
Il quarto numero è lo stato personale dell'individuo, che combinato con gli altri 3 può sbloccare i meccanismi inibitori (lock) che prevengono gli agiti violenti

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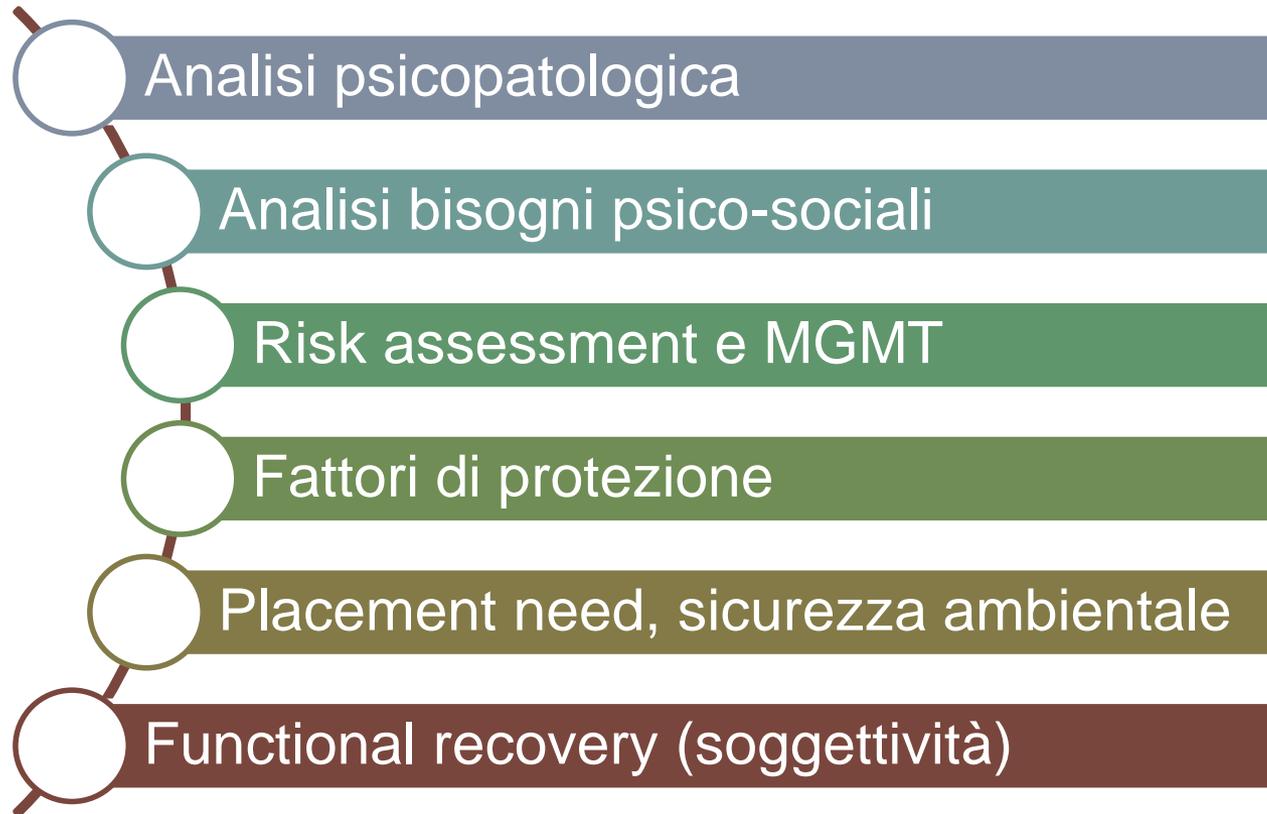
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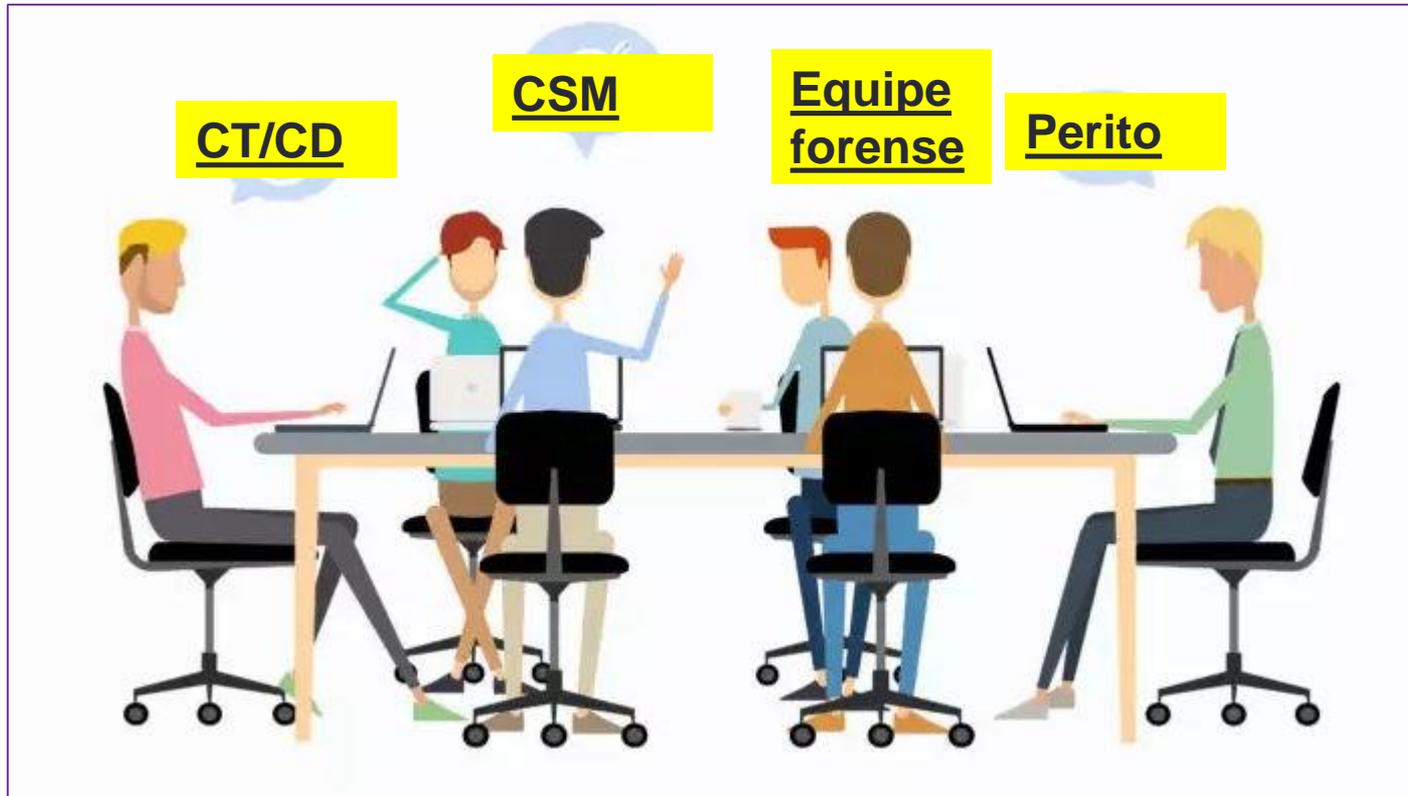
Il quarto fattore è **unico** ed **individuale**, basato sulla storia e sui significati che vengono personalmente attribuiti:

- quando si manifesta il soggetto esperisce rabbia, dolore, vergogna
- è associato ad intensa ansia e a fenomeni dissociativi
- è caratterizzato da uno stato interno di massima insicurezza e assenza di controllo
- è precipitato da esperienze che scatenano vergogna ed umiliazione
- dopo l'atto, il soggetto può esperire un senso di sollievo o di orgoglio per quanto ottenuto

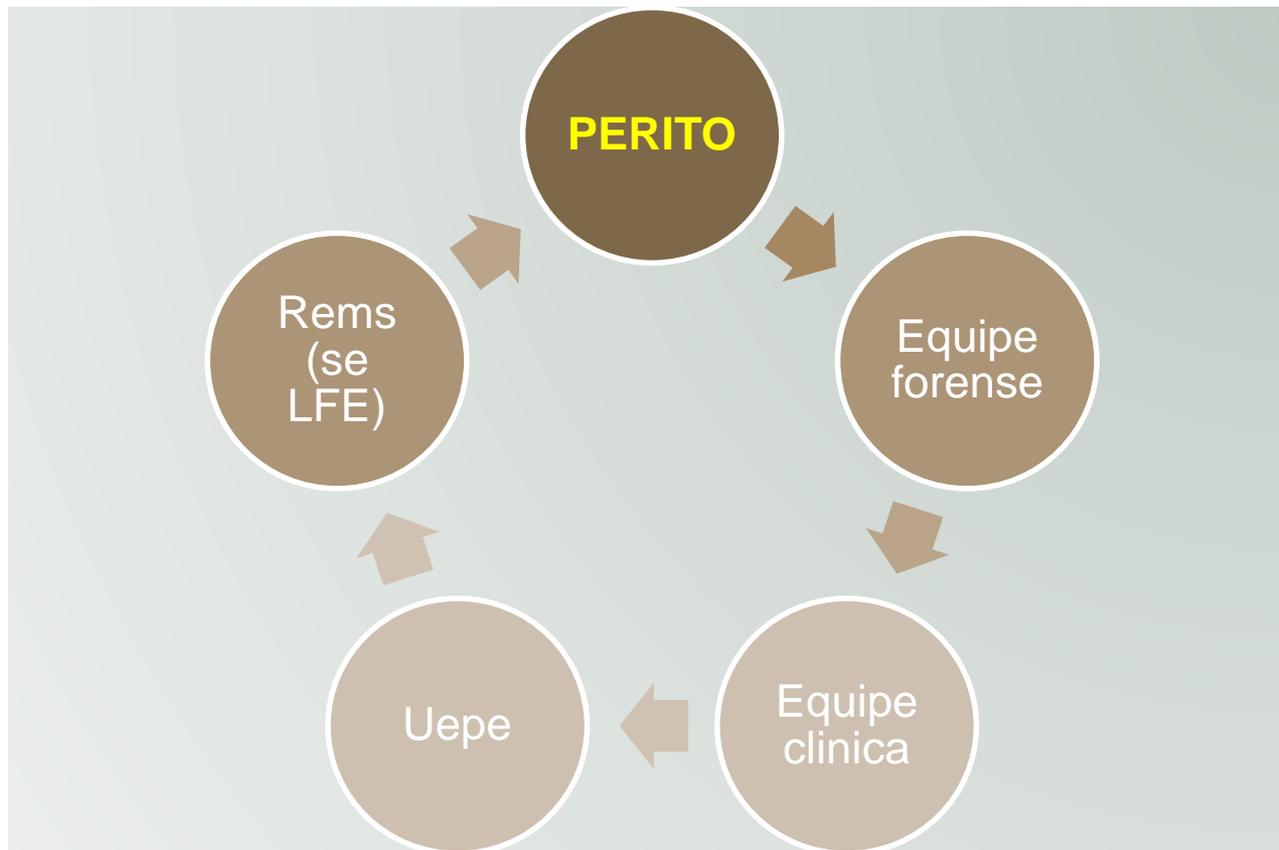
# PTRI e revoca della MdS



# Chi fa cosa?



# Chi fa cosa?



**agire >> pensare**