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

Aula Magna Ospedale di CONA, 13 aprile 2024

«Il DUNDRUM Toolkit nei percorsi trattamentali forensi: i dati nazionali della validazione»

Dr.ssa Lia Parente

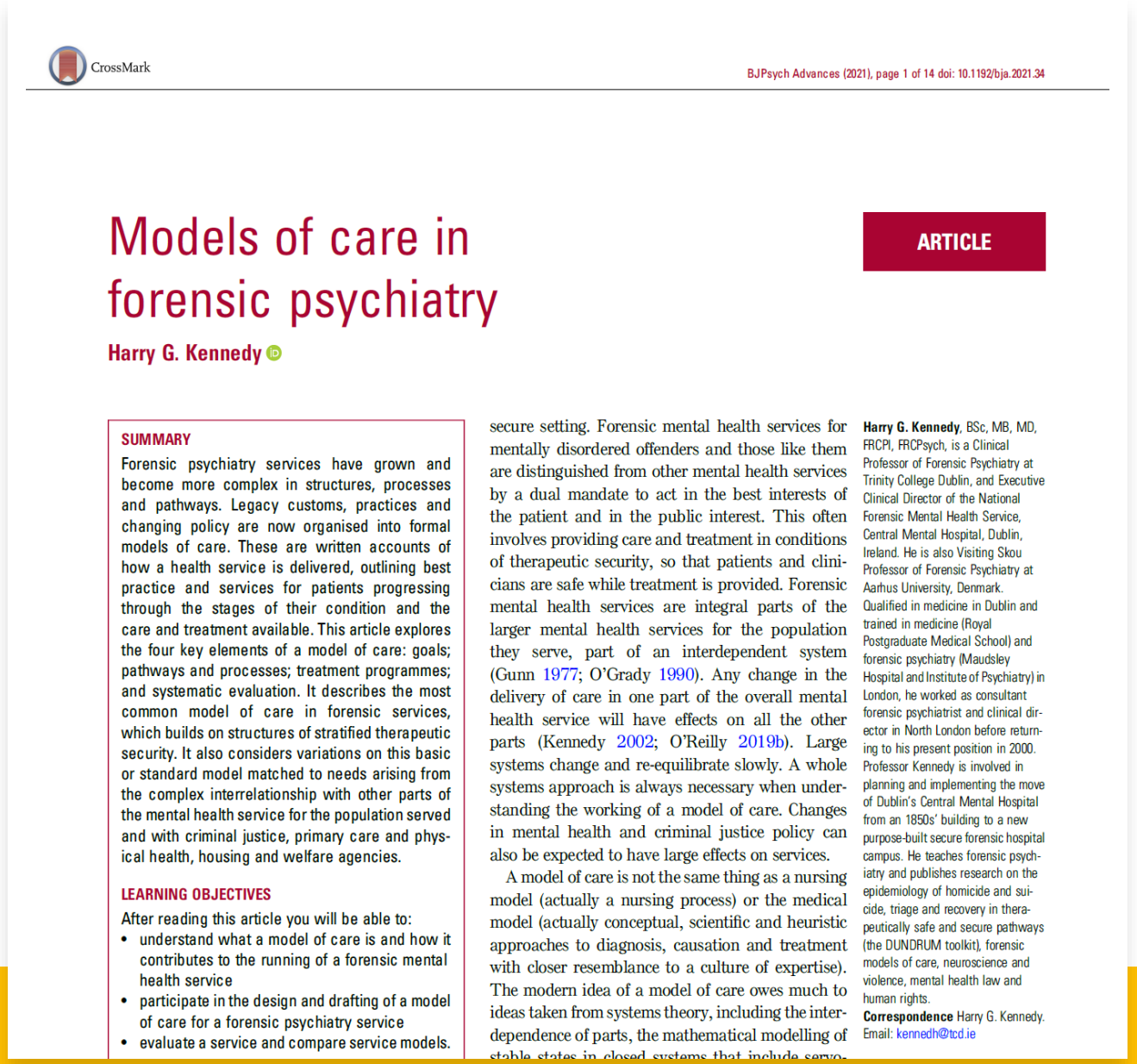
Il duplice mandato del professionista forense

- Agire nel migliore interesse del paziente
- Agire nell'interesse pubblico

Valutazione attraverso corretto assessment

Applicazione misura di sicurezza

Quale misura di sicurezza



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BJPsych Advances (2021), page 1 of 14 doi: 10.1192/bja.2021.34

Models of care in forensic psychiatry

ARTICLE

Harry G. Kennedy

SUMMARY

Forensic psychiatry services have grown and become more complex in structures, processes and pathways. Legacy customs, practices and changing policy are now organised into formal models of care. These are written accounts of how a health service is delivered, outlining best practice and services for patients progressing through the stages of their condition and the care and treatment available. This article explores the four key elements of a model of care: goals; pathways and processes; treatment programmes; and systematic evaluation. It describes the most common model of care in forensic services, which builds on structures of stratified therapeutic security. It also considers variations on this basic or standard model matched to needs arising from the complex interrelationship with other parts of the mental health service for the population served and with criminal justice, primary care and physical health, housing and welfare agencies.

LEARNING OBJECTIVES

After reading this article you will be able to:

- understand what a model of care is and how it contributes to the running of a forensic mental health service
- participate in the design and drafting of a model of care for a forensic psychiatry service
- evaluate a service and compare service models.

secure setting. Forensic mental health services for mentally disordered offenders and those like them are distinguished from other mental health services by a dual mandate to act in the best interests of the patient and in the public interest. This often involves providing care and treatment in conditions of therapeutic security, so that patients and clinicians are safe while treatment is provided. Forensic mental health services are integral parts of the larger mental health services for the population they serve, part of an interdependent system (Gunn 1977; O'Grady 1990). Any change in the delivery of care in one part of the overall mental health service will have effects on all the other parts (Kennedy 2002; O'Reilly 2019b). Large systems change and re-equilibrate slowly. A whole systems approach is always necessary when understanding the working of a model of care. Changes in mental health and criminal justice policy can also be expected to have large effects on services.

A model of care is not the same thing as a nursing model (actually a nursing process) or the medical model (actually conceptual, scientific and heuristic approaches to diagnosis, causation and treatment with closer resemblance to a culture of expertise). The modern idea of a model of care owes much to ideas taken from systems theory, including the interdependence of parts, the mathematical modelling of stable states in closed systems that include servo-

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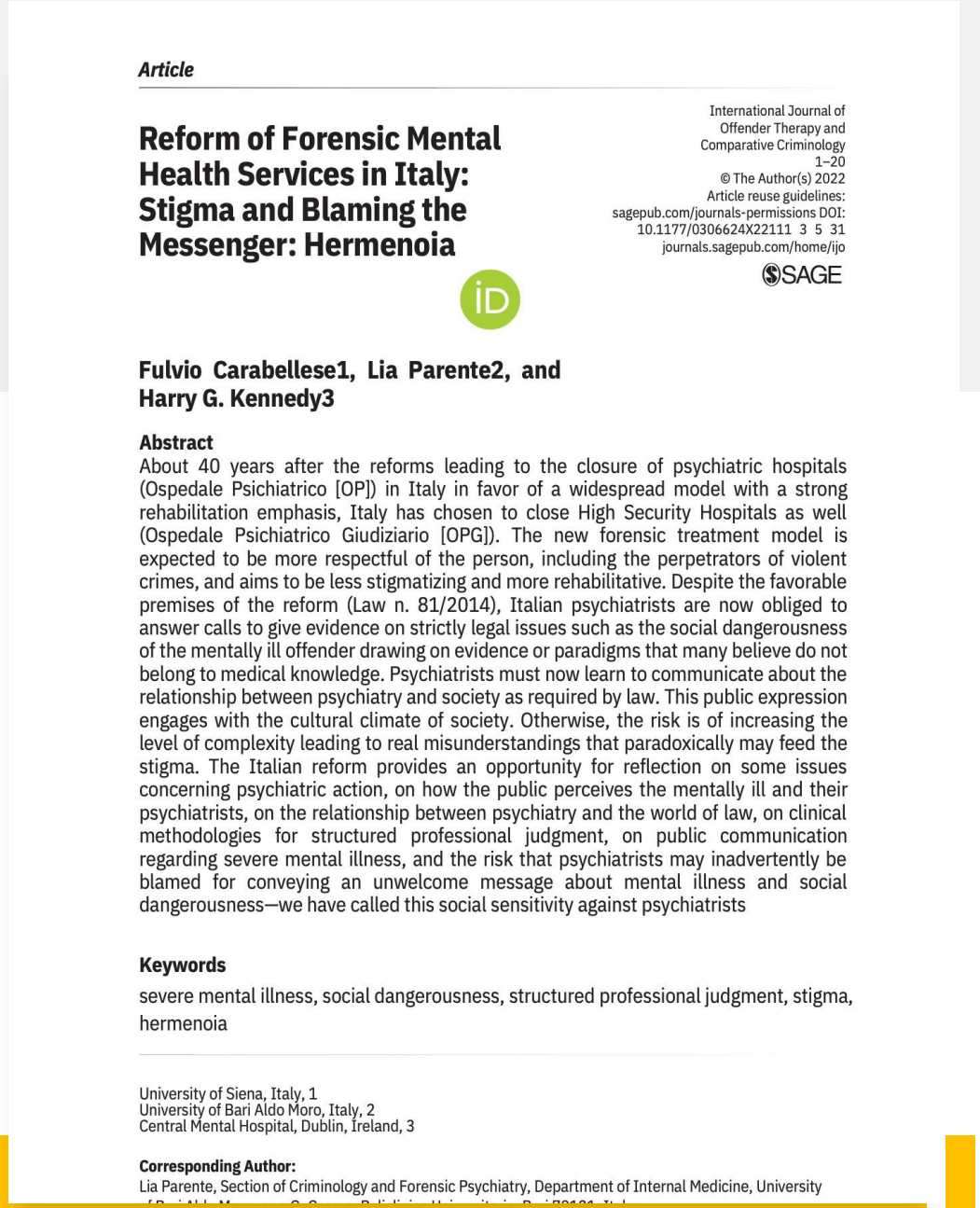
Correspondence Harry G. Kennedy. Email: kennedh@tcd.ie

Il giudizio professionale strutturato

- facilita il dialogo tra autorità giudiziaria ed esperti del mondo forense
- rende scientificamente attendibile la valutazione (es. Dundrum + HCR-20)
- è un processo



Article

Reform of Forensic Mental Health Services in Italy: Stigma and Blaming the Messenger: Hermenoia

International Journal of Offender Therapy and Comparative Criminology
1–20

DOI: 10.1177/0306624X22111 3 5 31
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SAGE

Fulvio Carabellese1, Lia Parente2, and Harry G. Kennedy3

Abstract

About 40 years after the reforms leading to the closure of psychiatric hospitals (Ospedale Psichiatrico [OP]) in Italy in favor of a widespread model with a strong rehabilitation emphasis, Italy has chosen to close High Security Hospitals as well (Ospedale Psichiatrico Giudiziario [OPG]). The new forensic treatment model is expected to be more respectful of the person, including the perpetrators of violent crimes, and aims to be less stigmatizing and more rehabilitative. Despite the favorable premises of the reform (Law n. 81/2014), Italian psychiatrists are now obliged to answer calls to give evidence on strictly legal issues such as the social dangerousness of the mentally ill offender drawing on evidence or paradigms that many believe do not belong to medical knowledge. Psychiatrists must now learn to communicate about the relationship between psychiatry and society as required by law. This public expression engages with the cultural climate of society. Otherwise, the risk is of increasing the level of complexity leading to real misunderstandings that paradoxically may feed the stigma. The Italian reform provides an opportunity for reflection on some issues concerning psychiatric action, on how the public perceives the mentally ill and their psychiatrists, on the relationship between psychiatry and the world of law, on clinical methodologies for structured professional judgment, on public communication regarding severe mental illness, and the risk that psychiatrists may inadvertently be blamed for conveying an unwelcome message about mental illness and social dangerousness—we have called this social sensitivity against psychiatrists

Keywords

severe mental illness, social dangerousness, structured professional judgment, stigma, hermenoia

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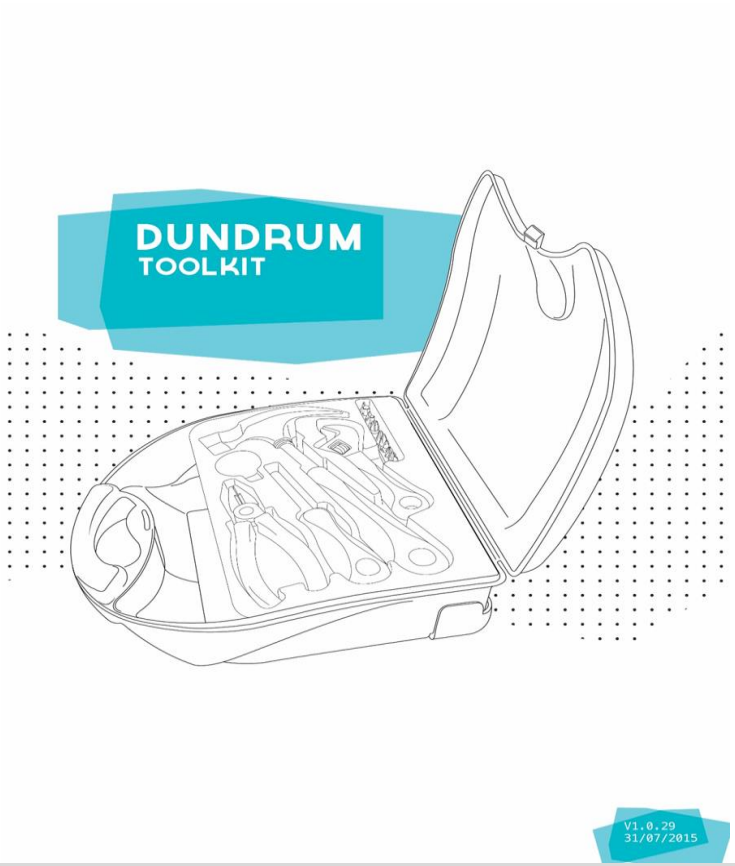

RASSEGNA ITALIANA DI CRIMINOLOGIA ANNO XVI N.4 2022
Società Italiana di Criminologia
Articoli generali

The DUNDRUM ToolKit, Italian version and its potenzial use in the italian forensic treatment model

Il DUNDRUM ToolKit, versione italiana e il suo potenziale utilizzo nel modello trattamentale forense italiano

Felice Carabellese | Lia Parente | Donatella La Tegola | Ilaria Rossetto
Filippo Franconi | Enrico Zanalda | Gabriele Mandarelli
Roberto Catanesi | Henry Gerard Kennedy | Fulvio Carabellese

OPEN ACCESS

Double blind peer review

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Abstract
The legislative process that led to the closure of the Judicial Psychiatric Hospitals (OPG), replaced by the Residences for the Execution of Security Measures (REMS), constituted a significant step forward towards the establishment of a community model of care of offenders with severe socially dangerous mental disorders more respectful of human rights. Among the main criticalities that had been identified in the previous forensic psychiatric treatment system, based on OPGs, were considered the overcrowding, the problematic hygienic-sanitary conditions, the inexistence of treatment programs that were adequate to the levels of social danger that changed over time, the non-therapeutic-rehabilitative nature of the internment in OPG, the "anti-therapeutic" presence of the Penitentiary Police personnel, the hypothetically unlimited duration of the internment. The new model has certainly remedied these critical issues, but other issues have arisen that need to be worked on. The authors report here the first data of a multicenter research project that developed on the national territory during the years 2021 and 2022 aimed at validating the DUNDRUM Toolkit, a tool for evaluating the effectiveness of forensic treatment and recovery, in validation course also in other European countries, particularly adaptable to the treatment model that has been developing in Italy with the establishment of REMS.

Il DUNDRUM - Manuale per la Comprensione della Pericolosità, Recovery e Urgenza

- DUNDRUM-1: triage e valutazione dei bisogni per l'ammissione alla sicurezza terapeutica
- DUNDRUM-2: urgenza del bisogno
- DUNDRUM-3: completamento e preparazione del programma
- DUNDRUM-4: recupero forense
- DUNDRUM-3 self-report e DUNDRUM-4 self-report

DUNDRUM-1 triage security – 11 item

- Gravità della violenza
- Gravità dell'autolesionismo
- Immediatezza del rischio di violenza
- Immediatezza del rischio di suicidio/autolesionismo
- Necessità forense specialistica
- Fuga/fuga
- Impedire l'accesso
- Sensibilità delle vittime/problemi di pubblica sicurezza
- Rischio complesso di violenza
- Comportamento istituzionale
- Processo legale

Esempio item Dundrum 1 - item 1: **Gravità della Violenza**

Punteggio 4

- 4.1 Omicidio o
- 4.2 Accoltellamento che perfori una parte del corpo o
- 4.3 Fratture craniche o
- 4.4 Strangolamento giudicato potenzialmente letale o
- 4.5 Ogni lesione potenzialmente letale o
- 4.6 Aggressioni sessuali gravi (es: penetrazione violenta o procedibilità d'ufficio o violenza sessuale di gruppo) o
- 4.7 Rapimento o tortura o avvelenamento o menomazione intenzionale diretta a causare una perdita permanente di una funzione.
- 4.8 Ogni offesa contro una persona vulnerabile calcolata da 3.1 a 3.6 può essere innalzata fino a 4

Punteggio 3

- 3.1 Uso di armi per ferire (incluso esplosivo) o
- 3.2 Incendio che mette a rischio la vita (incluso ogni incendio in un ospedale o istituto) o
- 3.3 Aggressioni che causano commozione cerebrale o
- 3.4 Fratture a ossa lunghe o
- 3.5 Stalking con minacce di morte o
- 3.6 Episodio isolato di violenza sessuale (non procedibile d'ufficio).
- 3.7 Ogni offesa contro un bambino o persona adulta vulnerabile calcolata da 2.1 a 2.2 può essere innalzata al punteggio di

Punteggio 2

- 2.1.1 Aggressioni reiterate causanti lesioni come lividi e
- 2.1.2 Che non possono essere prevenute da un servizio sanitario in rapporto di 2 ad 1 in condizioni aperte (si intende per condizioni aperte un contesto clinico strutturato non forense) o
- 2.2 Violenze o molestie sessuali meno gravi
- 2.3 NOTA: Ogni offesa contro una persona vulnerabile calcolata da 1.1 a 1.2 può essere elevata al punteggio di 2.3

Punteggio 1

- 1.1 Minima entità della violenza e
- 1.2 Minima minaccia alla vita
- 1.3 Vedi 2.3

Punteggio 0

- 0.1 Nessuna precedente o attuale violenza o
- 0.2 Nessun disturbo mentale attuale (il disturbo mentale include la reazione disadattiva)

Giudizio Finale sul livello di sicurezza terapeutica adeguato

4	Alta sicurezza (?)
3	Media sicurezza (REMS)/Comunità forense (libertà vigilata con prescrizioni severe)
2	Bassa sicurezza: Comunità forense (libertà vigilata)
1	Comunità/Trattamento ambulatoriale con o senza libertà vigilata
0	CSM o strutture intra-carcerarie quando non è necessario piano territoriale

DUNDRUM-2: Triage d'Urgenza

- TU1A Paziente forense comunitario
- TU1B Detenuto in custodia cautelare
- TU1C Prigioniero condannato
- TU1D Spostamento verso l'alto
- TU1E Spostamento verso il basso

TU2 Salute mentale
TU3 Prevenzione del suicidio
TU4 Umanitario
TU5 Sistemico
TU6 Urgenza legale

DUNDRUM-3 Completamento del programma

- Salute fisica
- Salute mentale
- Comportamenti problema
- Cura di sé e attività della vita quotidiana
- Istruzione, occupazione e creatività
- Famiglia e reti sociali

DUNDRUM-4 Recupero

- Stabilità
- Insight
- Rapporto e alleanza di lavoro
- Permessi
- Elementi dinamici HCR-20
- Problemi di sensibilità delle vittime
- Speranza

Self-report

- Dundrum 3 e 4

- co-costruzione del percorso di trattamento
- il paziente diventa protagonista del suo percorso di cura
- confronto e crescita della fiducia reciproca equipe-paziente

Applicability of the DUNDRUM-1 in a forensic Belgium setting

Petra Habets, Inge Jeandarme and Harry G. Kennedy

Abstract

Purpose – *Criteria to determine in which level of security forensic patients should receive treatment are currently non-existent in Belgium. Research regarding the assessment of security level is minimal and few instruments are available. The DUNDRUM toolkit is a structured clinical judgement instrument that can be used to provide support when determining security level. The purpose of this paper is to investigate the applicability and validity of the DUNDRUM-1 in Flanders.*

Design/methodology/approach – *The DUNDRUM-1 was scored for 50 male patients admitted at the forensic units in the public psychiatric hospital Rekem. Some files were rated by three researchers who were blind to participants' security status, resulting in 33 double measurements.*

Findings – *Almost all files (96 per cent) contained enough information to score the DUNDRUM-1. Average DUNDRUM-1 final judgement scores were concordant with a medium security profile. No difference was found between the current security levels and the DUNDRUM-1 final judgement scores. Inter-rater reliability was excellent for the DUNDRUM-1 final judgement scores. On item level, all items had excellent to good inter-rater reliability with the exception of one item institutional behaviour which had an average inter-rater reliability.*

Practical implications – *The DUNDRUM-1 can be a useful tool in Flemish forensic settings. It has good psychometric properties. More research is needed to investigate the relationship between DUNDRUM-1 scores and security level decisions by the courts.*

Originality/value – *This is the first study that investigated the applicability of the DUNDRUM-1 in a Belgian setting, also a relative large number of repeated measurements were available to investigate the inter-rater reliability of the DUNDRUM-1.*

Keywords *Reliability, Forensic mental health, Needs assessment, DUNDRUM toolkit, Security level*

Paper type *Research paper*

Petra Habets and Inge Jeandarme are both based at Knowledge Centre Forensic Psychiatric Care, Public Psychiatric Hospital Rekem, Rekem, Belgium. Harry G. Kennedy is based at Central Mental Hospital, National Forensic Mental Health Service, Dublin, Ireland.

ORIGINAL PAPER

External validity and anchoring heuristics: application of DUNDRUM-1 to secure service gatekeeping in South Wales

Daniel Lawrence,[1,2] Tracey-Lee Davies,[1,3] Ruth Bagshaw,[3] Paul Hewlett,[1] Pamela Taylor,[3,4] Andrew Watt[1]

BJPsych Bulletin (2018) **42**, 10–18, doi: 10.1192/bjb.2017.6

[1]Priory Group & Partnerships in Care, UK; [2]School of Health Sciences, Cardiff Metropolitan University; [3]South Wales Forensic Mental Health Service, Bridgend; [4]Division of Psychological Medicine, School of Medicine, Cardiff University

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First received 01 Nov 2017, final revision 16 May 2017, accepted 29 Jun 2017

Aims and method Structured clinical judgement tools provide scope for the standardisation of forensic service gatekeeping and also allow identification of heuristics in this decision process. The DUNDRUM-1 triage tool was completed retrospectively for 121 first-time referrals to forensic services in South Wales. Fifty were admitted to medium security, 49 to low security and 22 remained in open conditions.

Results DUNDRUM-1 total scores differed appropriately between different levels of security. However, regression revealed heuristic anchoring on the 'legal process' and 'immediacy of risk due to mental disorder' items.

Clinical implications Patient placement was broadly aligned with DUNDRUM-1 recommendations. However, not all triage items informed gatekeeping decisions. It remains to be seen whether decisions anchored in this way are effective.

Declaration of interest Dr Mark Freestone gave permission for AUC values from

McInerney *et al. International Journal of Mental Health Systems* 2013, **7**:18
http://www.ijmhs.com/content/7/1/18

INTERNATIONAL JOURNAL OF MENTAL HEALTH SYSTEMS

CASE STUDY **Open Access**

Implementing a court diversion and liaison scheme in a remand prison by systematic screening of new receptions: a 6 year participatory action research study of 20,084 consecutive male remands

Clare McInerney[1,2†], Mary Davoren[1,2†], Grainne Flynn[1,2†], Diane Mullins[1,2†], Mary Fitzpatrick[1†], Martin Caddow[1†], Fintan Caddow[1†], Sean Quigley[3†], Fergal Black[3†], Harry G Kennedy[1,2†] and Conor O'Neill[1,2*†]

Adams *et al. BMC Psychiatry* (2018) 18:35
DOI 10.1186/s12888-017-1584-8

BMC Psychiatry

RESEARCH ARTICLE **Open Access**

The risks, needs and stages of recovery of a complete forensic patient cohort in an Australian state

Jonathon Adams[1*], Stuart D. M. Thomas[2], Tobias Mackinnon[3] and Damien Eggleton[3]

Abstract

Background: Routine outcome measures are increasingly being mandated across mental health services in Australia and overseas. This requirement includes forensic mental health services, but their utility in such specialist services and the inter-relationships between the measures remain unclear. This study sought to characterise the risks, needs and stages of recovery of an entire cohort of forensic patients in one jurisdiction in Australia.

Methods: Local expert groups, comprising of members of the forensic patient treating teams, were formed to gather information about the status and needs of all forensic patients in the State of New South Wales, Australia. The expert groups provided demographic information and completed three assessment tools concerning the risks, needs and stages of recovery of each forensic patient.

Results: The cohort of 327 forensic patients in NSW appears to be typical of forensic mental health service populations internationally when considering factors such as gender, diagnosis, and index offence. A number of important differences across the three structured tools for forensic patients in different levels of secure service provision are presented. The DUNDRUM Quartet demonstrated interesting findings, particularly in terms of the therapeutic security needs, the treatment completion, and the stages of recovery for the forensic patients in the community. The CANFOR highlighted the level of needs across the forensic patient population, whilst the HCR-20 data showed there was no significant difference in the mean clinical and risk management scores between male forensic patients across levels of security.

Conclusions: To the authors' knowledge this is the first study of its kind in New South Wales, Australia. We

RASSEGNA ITALIANA DI CRIMINOLOGIA ANNO XVI N.4 2022 Articoli generali

Società Italiana di Criminologia

The DUNDRUM ToolKit, Italian version and its potenzial use in the italian forensic treatment model

Il DUNDRUM ToolKit, versione italiana e il suo potenziale utilizzo nel modello trattamentale forense italiano

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OPEN ACCESS

Double blind peer review

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Abstract

The legislative process that led to the closure of the Judicial Psychiatric Hospitals (OPG), replaced by the Residences for the Execution of Security Measures (REMS), constituted a significant step forward towards the establishment of a community model of care of offenders with severe socially dangerous mental disorders more respectful of human rights. Among the main criticalities that had been identified in the previous forensic psychiatric treatment system, based on OPGs, were considered the overcrowding, the problematic hygienic-sanitary conditions, the inexistence of treatment programs that were adequate to the levels of social danger that changed over time, the non-therapeutic-rehabilitative nature of the internment in OPG, the "anti-therapeutic" presence of the Penitentiary Police personnel, the hypothetically unlimited duration of the internment. The new model has certainly remedied these critical issues, but other issues have arisen that need to be worked on. The authors report here the first data of a multicenter research project that developed on the national territory during the years 2021 and 2022 aimed at validating the DUNDRUM Toolkit, a tool for evaluating the effectiveness of forensic treatment and recovery, in validation course also in other European countries, particularly adaptable to the treatment model that has been developing in Italy with the establishment of REMS.

ITAL-EE-REMS

Italy – Evaluation of Excellence in REMS

Lia Parente[1] , Fulvio Carabellese[2], Alan Felthous[3],
Donatella La Tegola[1], Harry Kennedy[4] & Felice Carabellese[1]

A circa 10 anni dal DPCM che ha decretato la chiusura degli OPG, abbiamo esaminato lo stato dell'arte del nuovo modello trattamentale forense e soprattutto se i pazienti forensi fossero stati collocati nel livello di sicurezza terapeutica forense più appropriata, utilizzando uno specifico strumento di valutazione, il DUNDRUM Toolkit.

Method

- The DUNDRUM Toolkit is a set of four different structured professional judgement and assessment tools and consisting of four specific scales used with forensic patients for evaluation and treatment purposes (Structured Professional Judgment Tools for Admission, Urgency, Treatment Completion and Recovery Evaluation Triage). In particular, DUNDRUM has been validated as matching best practice in Ireland, the UK, Belgium, Australia, New Zealand and Canada and now it is in progress in Italy.

- We used DUNDRUM 1 and 2 to evaluate whether the inpatient programs to which mentally ill offenders were assigned, having been legally determined to be socially dangerous corresponded to their assessed needs. We also assessed whether legal placements corresponded or not to the international criteria provided by the DUNDRUM toolkit. Then we used the DUNDRUM 3 and 4 to evaluate the effectiveness of the treatment and how to discharge the patient from REMS.

- A sample was recruited throughout the national territory made up of over 250 offenders affected by mental disorders, from different contexts: Italian REMS, prisoners, released offenders, offenders admitted to hospitals and/or forensic facilities, forensic patients in the communities and patients placed on waiting lists.

- The REMS and mental health and penitentiary facilities of Piedmont, Lombardy, Veneto, Tuscany, Lazio, Campania, Puglia, Basilicata, Calabria and Sicily participated in the research.

- The research was approved by the Ethics Committee of the University Hospital of Bari (N. 66510/AA. GG of 09.16.2020).

- Kennedy, H.G., O'Neill, C., Flynn, G., Gill, P., & Davoren, M. (2016). The DUNDRUM Toolkit V1.0.30.2010-2016. Central Mental Hospital. Dublin

Sample: 9 REMS (medium secure), 7 community residences (low secure)

N=192, 14 women (7.3%)

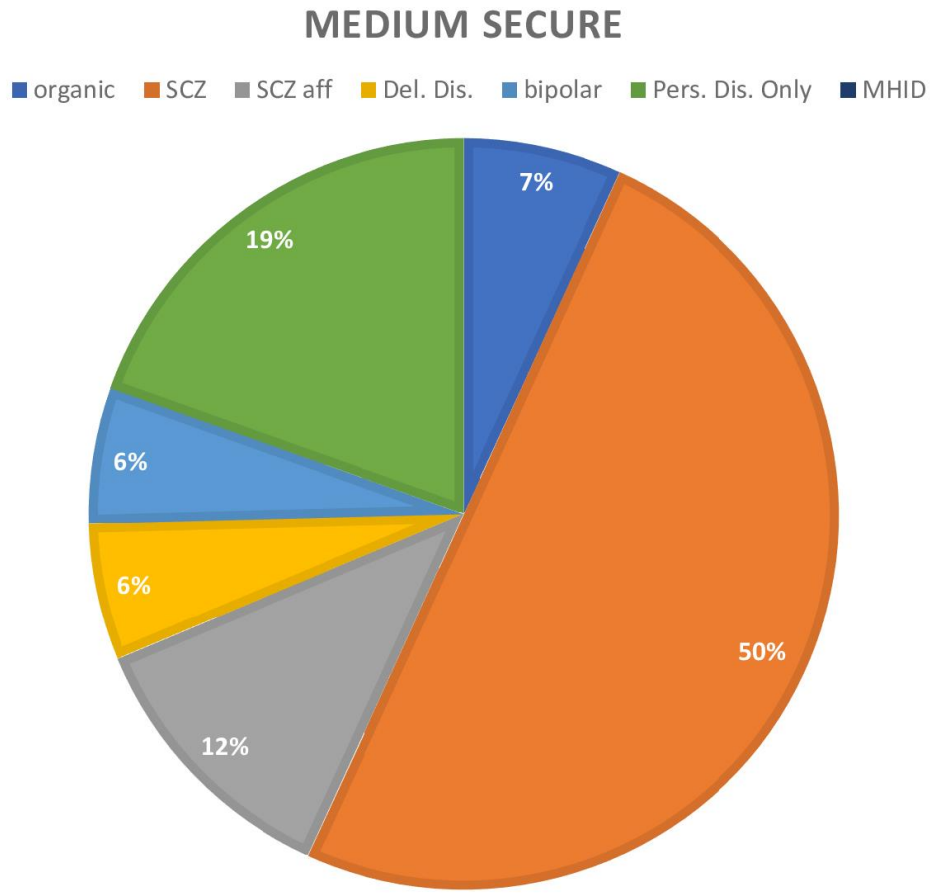
Mean age 43.5 (S.D. 11.5) range 19-85

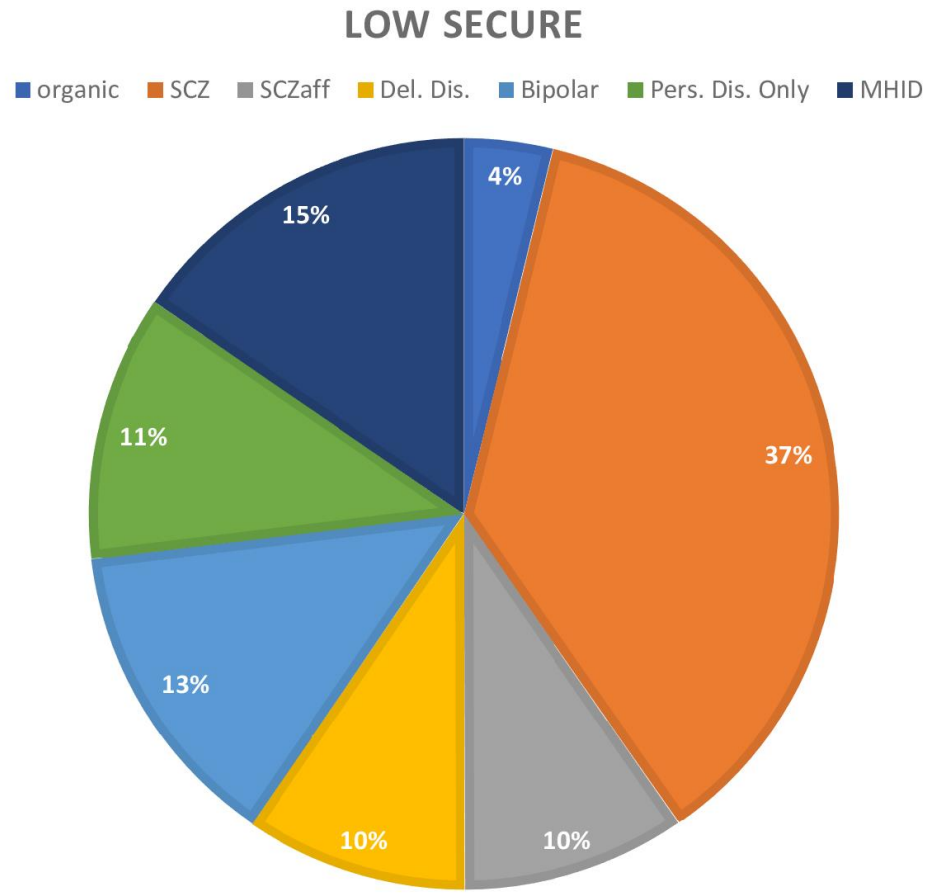
Mean length of illness 14.9 years (S.D. 10.2) range 0.5-42

	N	Women		Age		Mean length of illness	
		n	%	mean	S.D.	mean	S.D
REMS (medium secure)	137	6	4.4%	42.6	10.3	14.9	9.7
Community Residences (low secure)	55	8	14.5%	45.9	13.9	15.2	11.6
totals	192	14	7.3%	43.5	11.5	14.9	10.2
		X2 = 6.0, df=1. p=0.014		N.S.		N.S.	

Diagnosis

Axis 1 diagnosis for 174 patients, by placement.
Difference between medium security (REMS)-low security (CRAP) X^2=14.1, df=6, p=0.028.





Admission vs progress in treatment

	Site type		DUNDRUM-1 level			DUNDRUM-1 / DUNDRUM-3			DUNDRUM-1 / DUNDRUM-4		
	n	%	N	% of total	% of available beds	n	% of total	% of available beds	N	% of total	% of available beds
High secure	0	0	25	13	n/a	7	3.6	n/a	9	4.7	n/a
Medium secure (REMS)	137	71.0	95	49.2	69.3	97	50.3	70.8	88	45.6	64.2
Low secure (CRAP)	55	28.5	61	31.6	110.9	74	38.3	134.5	71	36.8	129.1
Community under order (CFS)	1	0.5	6	3.1		7	3.6		12	6.2	
Missing	0	0	6	3.1		8	4.1		13	6.7	
Total	193	100	193	100		193	100		193	100	

Disussione

Dundrum Toolkit:

- utilità nella giusta collocazione del paziente
- adottato attualmente in Lombardia, Piemonte, Lazio, Puglia, Calabria, Sicilia
- coerenza e affidabilità scientificamente validata

Conclusioni – Scientificità del processo decisionale