

*Treatment of patients not guilty by reason of
insanity without walls inside Community
Mental Health Network*

Franco Scarpa Psychiatrist
Chief of rehabilitation Services for
mentally ill offenders
USL Toscana Centro
franco.scarpa@uslcentro.toscana.it
Board of Italian Rehab. Society



History of the OPGs in Italy

- ✓ In 1876, a Section for “maniacs” was opened in the Penitentiary in Aversa for mad detainees (or supposed to be). It was the first Italian “Forensic Mental Health Hospital” (Manicomio Giudiziario – MG). Royal Decree 260 of 1891 the NGRI offenders in MG.
- ✓ Royal Decree 260 of 1891 the NGRI offenders in MG.
- ✓ New MG was established in Montelupo Fiorentino in 1886.
- ✓ A third one in Reggio Emilia (1892).
- ✓ Another one in Naples (1922).
- ✓ One more in Barcellona Pozzo di Gotto in 1925
- ✓ Castiglione delle Stiviere in 1939

THE PSYCHIATRIC JUDICIAL HOSPITAL BEFORE THE CLOSURE



Castiglione delle Stiviere (Lombardia)
L'unico a gestione sanitaria

Reggio Emilia (Emilia-Romagna)

Montelupo Fiorentino (Toscana)

Aversa (Campania)

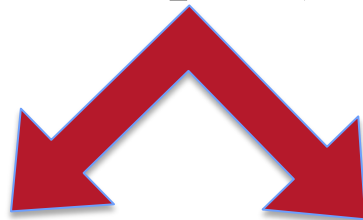
Napoli (Campania)

Barcellona Pozzo di Gotto (Sicilia)

Gli internati al 30 novembre 2014 erano 761.

The Law n. 180 and the n. 833 of 1978

- ✓ Closure of all Psychiatric Hospital
- ✓ New community treatment model
- ✓ No word dangerousness in case of care
- ✓ SPDC (small ward in hospital) for acute treatment



SPDC (for acute)

network of public residence

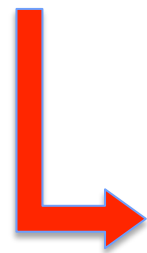
THE OPG's FOR NGRI WERE FORGOTTEN



1999-2008-2017

The closure of OPGs in Italy

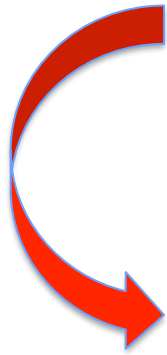
- ✓ The Decree-Law n. 230/1999.
- ✓ The Decree of the First Minister 2008/04/01
- ✓ The Decree-Law n. 211 12/22/2011
- ✓ The Law 81/2014



closure of the OPGs 31/03/2015
(last discharge was may 2017)

The Law n. 833 of 1978

Law n. 81 05/30/2014



Closure of all OPs – Closure of all OPGs

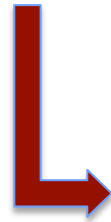
New unique community treatment model

public service psychiatrists forensic facilities (REMS)

**DE-INSTITUTIONALIZATION WAS
COMPLETED**

Overcome the OPG model in smaller community

REMS (Residence for Esecution of Security Measure with 20 beds) treatment of socially dangerous NGRI offenders



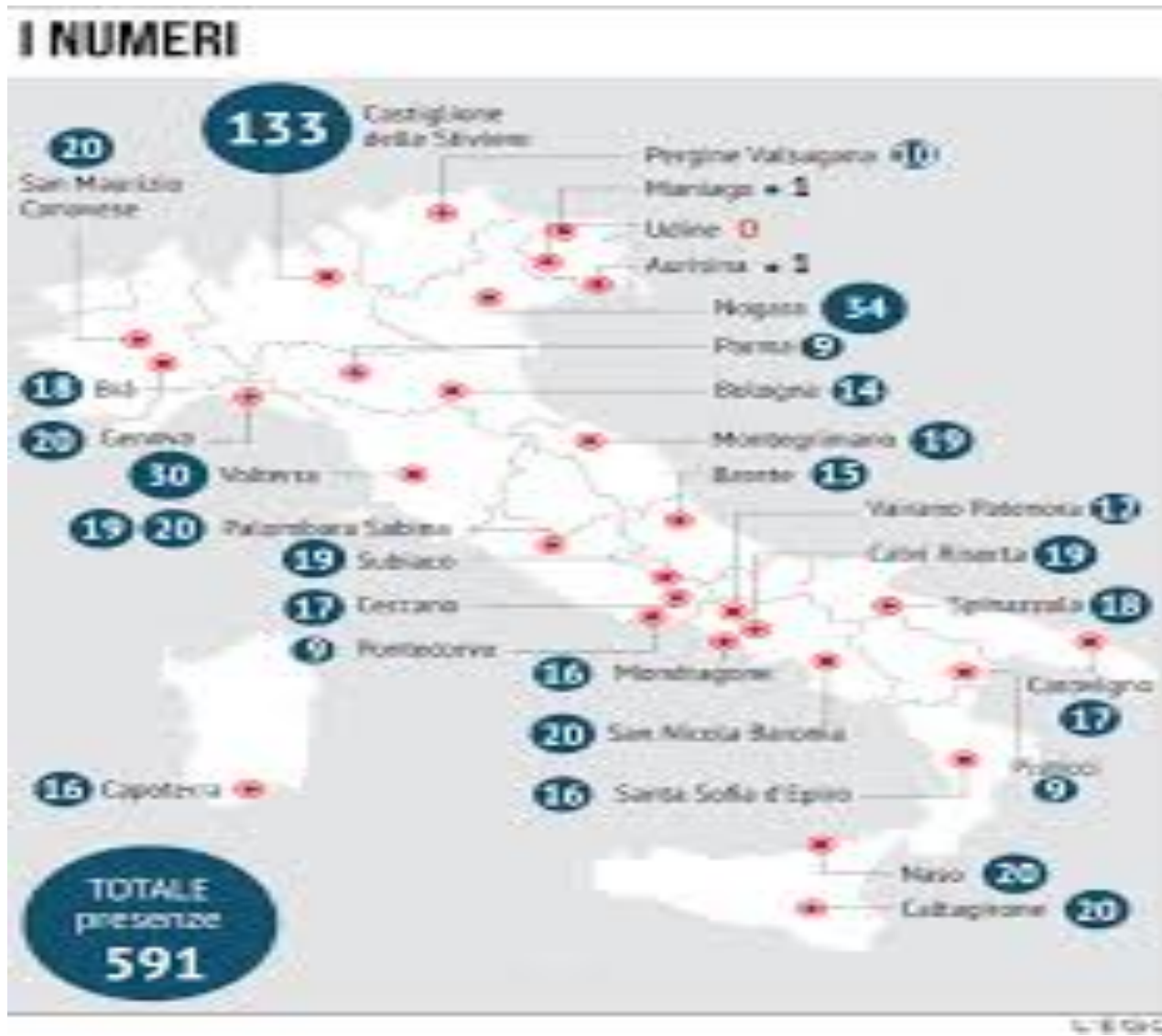
- ✓ One **Clinical Centre** within all prisons in the 20 Italian regions, for the *treatment of the prisoners that become mentally ill during their imprisonment*

- **EMPOWERMENT OF THE COMMUNITY SERVICES**
- **NEW FACILITIES FOR SECURITY MEASURE MORE DANGEROUS – RESIDENCE FOR EXECUTION SECURITY MEASURE (REMS)**
- **THE REMS ARE RESIDENCE MANAGED ONLY BY NATIONAL HEALTH SYSTEM PERSONNEL**
- **REMS MUST HAVE NO MORE THAN 20 BEDS**
- **EVERY REGION MUST HAVE AT LEAST A REMS**
- **THEY HAVE ONLY A PERIMETRAL CHECK BY PRIVATE POLICE OR ELECTRONIC TOOLS**

- **AT THE END OF 2014 THERE WERE STILL 672 INMATES INSIDE THE 6 OPG**
- **AFTER 1 APRIL 2015 THE LESS DANGEROUS PATIENTS WERE DISCHARGED FROM FORENSIC HOSPITALS AND SENT TO THE REMS**
- **THE NUMBER OF THE PATIENTS INSIDE THE 6 OPG PROGRESSIVELY DECREASED UNTIL THE DEFINITIVE CLOSURE IN 2017 FEBRUARY**
- **THE REMS NEWTWORK HAS BEEN DEVELOPED IN A SHORT TIME AND AT THE MOMENT IT COVER THE WHOLE COUNTRY**

- ✓ **THE FIRST REMS OPENED IN 2015 APRIL AND WE HAVE AT NOW AN EFFICIENT FORENSIC THERAPEUTICAL STRATEGIES EVER EXPERIENCED IN ITALY**
- ✓ **CURRENTLY THERE ARE 35 NEW REMS INSIDE THE WHOLE COUNTRY**
- ✓ **THEY HOST MORE THAN 620 PATIENTS**
- ✓ **A SIGNIFICANT TURNOVER (AROUND 300 PATIENTS WERE DISCHARGED)**

THE NETWORK OF THE REMS



***EVERY REMS CAN HAVE NO MORE THAN 20 BEDS.
SOME OF THEM HAVE ONLY 8 OR 12 BEDS***

THE PERSONNEL OF A REMS CAN BE AT LEAST

3 PSYCHIATRIST

1 PSYCHOLOGIST

12 NURSES

6 SOCIO SANITARY NURSES

3 REHABILITATION PERSONNEL

1 SOCIAL WORKER

PRIVATE GUARDS FOR GATE CHECK (WHERE NEEDED)

REMS FEATURES

- ✓ EXCLUSIVELY HEALTH PERSONNEL**
- ✓ NUMBER OF BEDS (NO OVERCROWDING)**
- ✓ REMS ONLY FOR HIGHLY DANGEROUS PATIENTS**
- ✓ GOAL POINTED TOWARDS CARE AND REHABITATION**
- ✓ ONE PATIENTS ONE MANDATORY THERAPEUTIC PLAN**
- ✓ TREATMENT IN REMS CAN LAST NOT MORE THAN THE PRISON ONE COULD HAVE BEEN SENTENCED IF GUILTY AND CHARGEABLE**

LAW 81/2014 STATES THAT EACH PATIENT WHO IS IN A SECURITY MEASURE MUST RECEIVE A TREATMENT AND REHABILITATIVE INDIVIDUAL PLAN (PTRI)

THE PTRI IS AIMED TO CREATE THE CONDITIONS FOR:

1) THE TREATMENT INSIDE THE COMMUNITY NETWORK OF UTILITIES OR AT HOME IN A SECURITY MEASURE OF LIBERTÀ VIGILATA

2) THE DISCHARGE FROM THE REMS AS SOON AS POSSIBLE AND CHANGE OF THE MEASURE (FROM DETENTIVE MEASURE IN REMS TOWARDS THE LIBERTÀ VIGILATA)

➤ PTRI

- INVOLVEMENT OF THE PATIENT
- MULTIDISCIPLINARITY (PSYCHIATRIST, PSYCHOLOGIST, EDUCATIONAL AND REHAB WORKERS, NURSE)

➤ **COMPETENCE**

- EDUCATION – WORK ATTITUDES
- ✓ AUTHONOMY
- ✓ COGNITIVE COMPETENCE
- ✓ SOCIAL SKILLS

➤ **GOALS CENTERED ON INDIVIDUAL NEEDS**

➤ **MONITORING OF THE PLAN BASED ON**

- COMPLIANCE
- ✓ REAL WILL TO CHANGE
- ✓ POSITIVE CHANGES AND OUTCOME
- ✓ BEST RELATIONSHIP
- ✓ FAMILY AND FRIENDSHIP NETWORK IMPROVEMENT

THE PATIENT'S INVOLVEMENT INTO DEFINITION OF AREAS TO RECOVER MAY FACILITATE A PROPER TIME OF ADMISSIONS INTO RESIDENCIES AND COMMUNITY TREATMENTS.

THE PTRI IS AIMED TO STRENGTHENS A DIALECT APPROACH TO THE FORENSIC PATIENT, INSIDE THE REMS OR OUTSIDE THE NETWORK OF COMMUNITY SERVICES

PATHWAYS OF CARE IN THE REMS

MULTIDIMENSIONAL APPROACH (Therapeutic equipe for each patients)

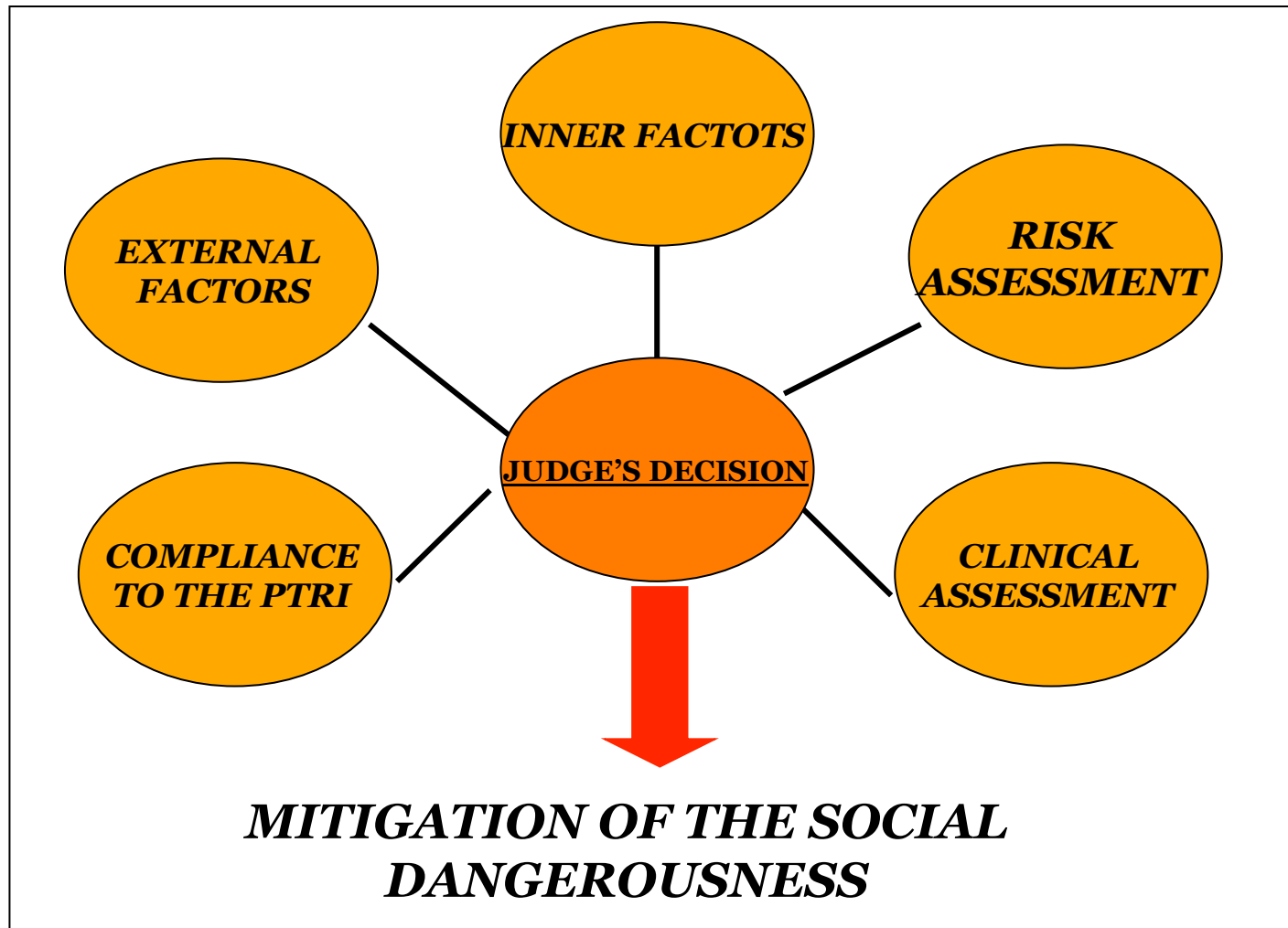
TOOLS MONITORING BEHAVIOR

FREQUENT MONITORING OF THE PTRI (INDIVIDUAL PLAN OF TRETMENT AND REHAB)

VIOLENCE RISK ASSESSMENT

CLOSE RELATIONSHIP WITH EXTERNAL MENTAL HEALTH SERVICES AIMED TO MOVE THE PATIENT TOWARDS A COMMUNITY FACILITY

GOAL OF REMS TREATMENT



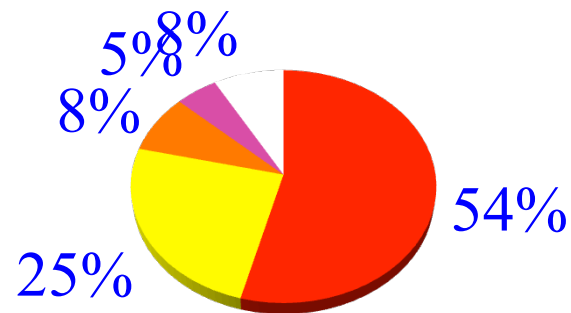
_ LIBERTA' VIGILATA

PATIENTS OF VOLTERRA REMS

- *61 Patients NGRl evaluated as socially dangerous admitted inside Volterra REMS from Januari 1st 2015 to December 31st 2017*
- **DIAGNOSTIC TOOLS:**
 - *SCID I/P Structured Clinical Interview for DSM-IV Axis I Disorders/Patient edition*
 - *SCID II for Axis II Disorders*

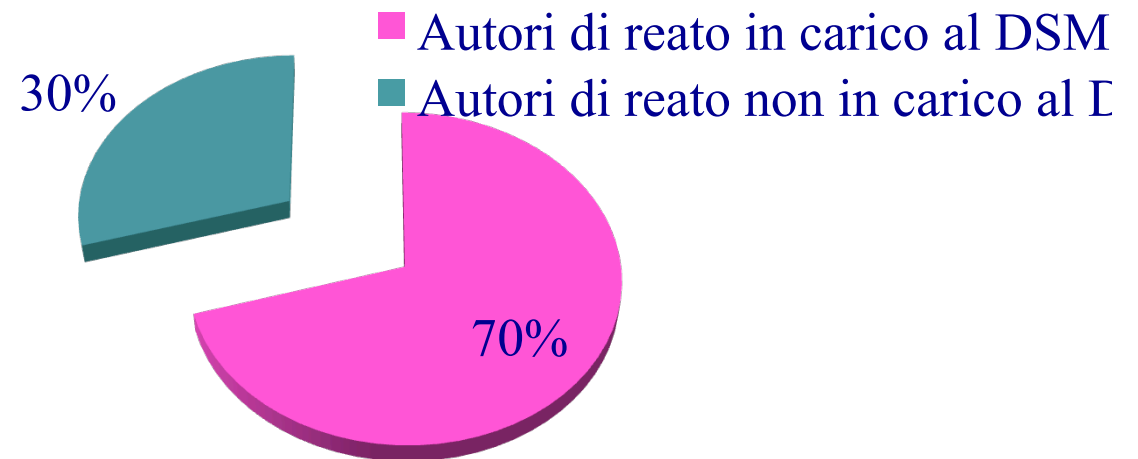
- ✓ *Gender: Male; Average \approx 40 years*
- ✓ *Civil status: Unmarried 73,8 % Married 9.8%*
Divorced 14,8 %
- ✓ *Education: 45 % primary school or lowest*
- ✓ *Work: 88% unoccupied or retired*
- ✓ *Immigrants : 24.6%*

- Disturbi dello Spettro Schizofrenico
- Disturbi dello Spettro Bipolare
- Disturbi di Personalità
- Disturbi da Uso di Sostanze
- Ritardo Mentale

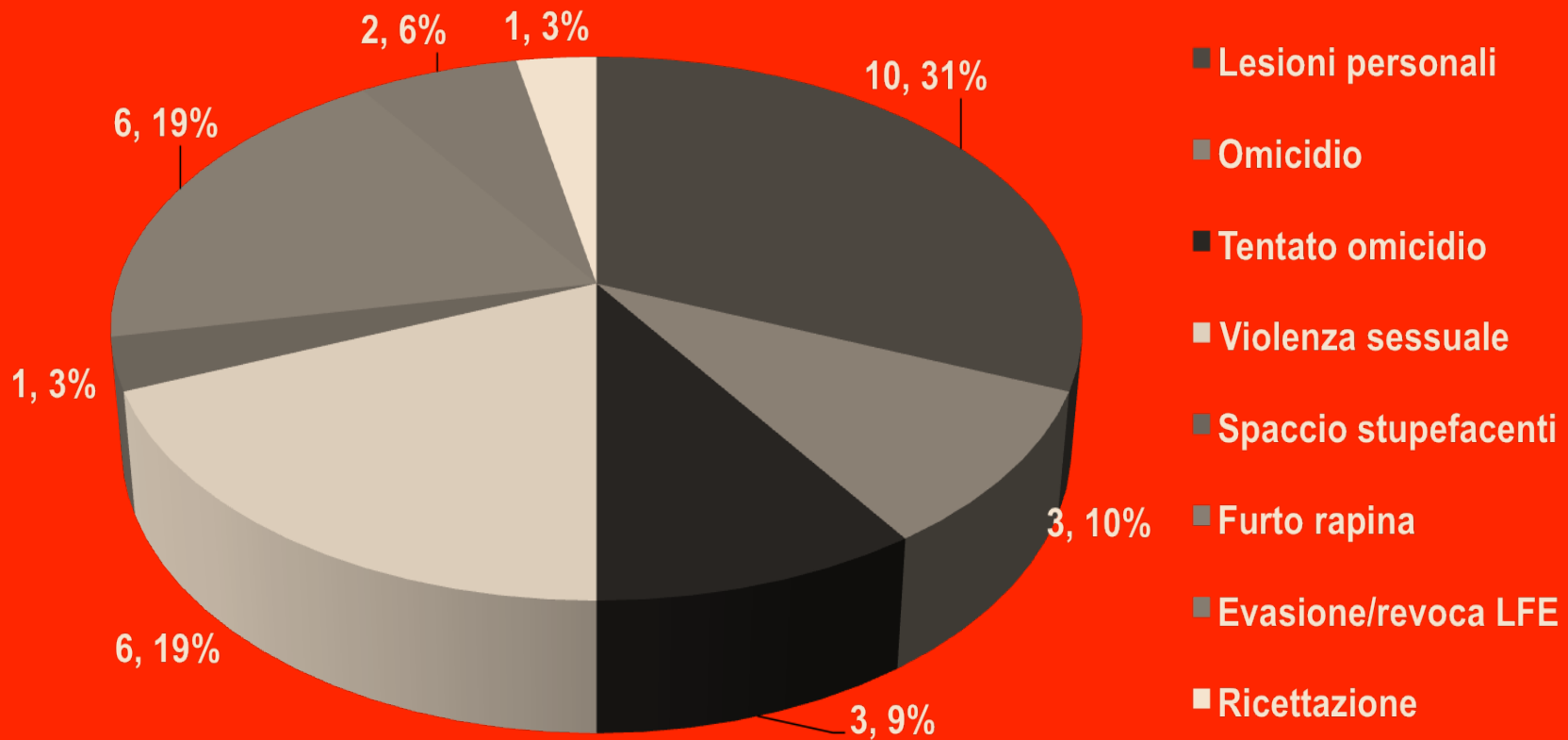


- ✓ *Diagnosis Axis I: 50% Schizophrenia*
- ✓ *Comorbidity a: $\approx 2/3$ of the whole population*
- ✓ *45.9% of them Substance abuse*
- ✓ *Comorbidity for medical illness: 47.5%*
- ✓ *Previous forced treatments TSO: 83.6%*
- ✓ *Previous Therapy LAI 37.3%;*

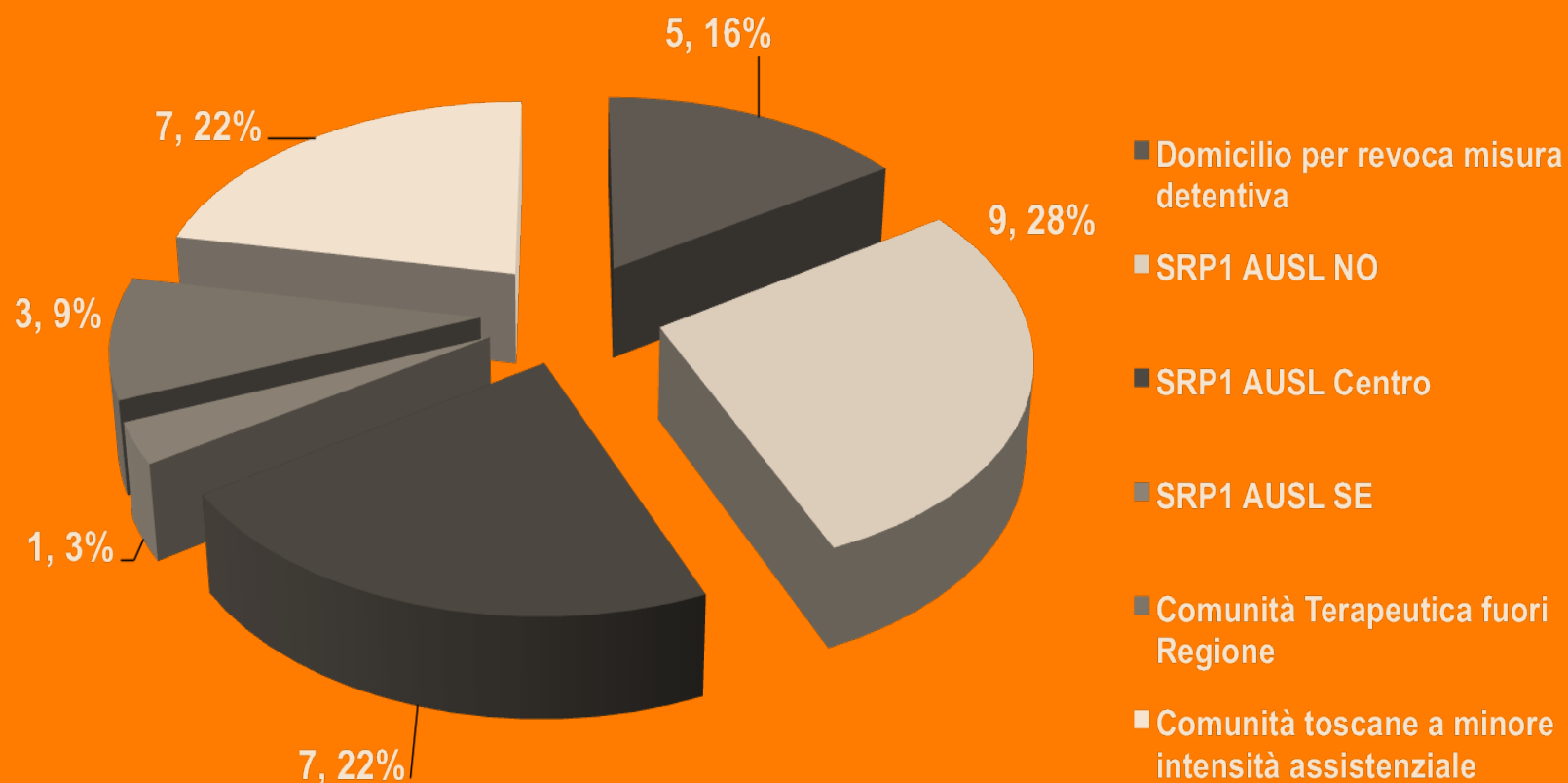
IN CHARGE TO MENTAL HEALTH SERVICES BEFORE COMMITTING CRIME



COMMITTED CRIMES



PLACEMENT AT DISCHARGE



WHAT THE REMS REALLY MUST DO ?

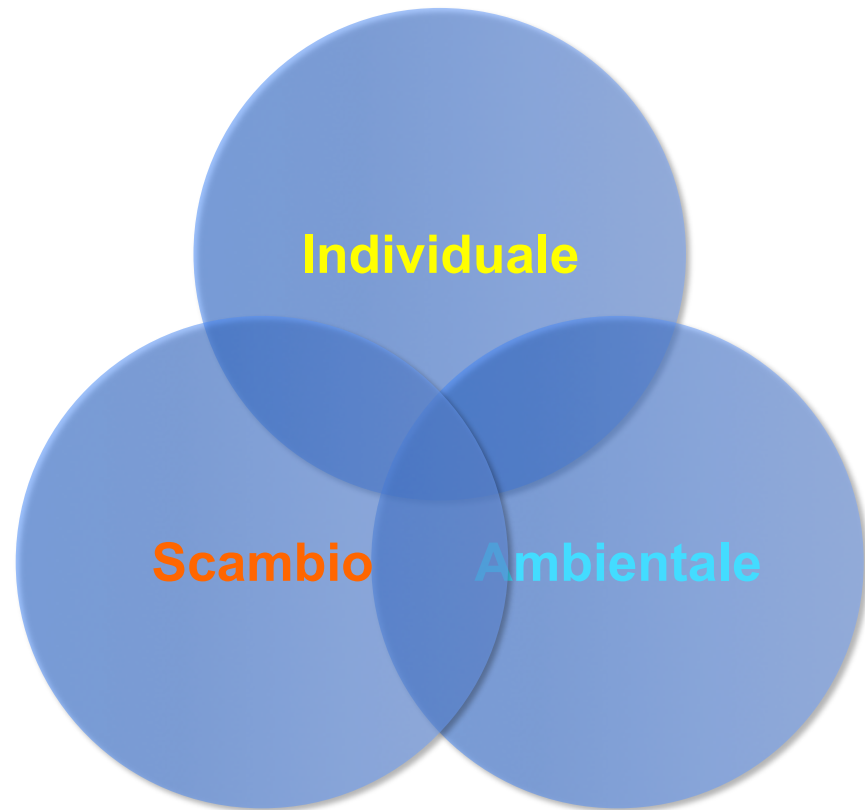
RESTRICTION ?

PHARMACOTHERAPY TREATMENTS ?
TO SERVE A PENAL SENTENCE ?

IS IT REALLY POSSIBLE A
REHABILITATION PLAN AND A
RECOVERY FOR PATIENTS ?

GOALS OF THE RECOVERY

- INDIVIDUAL
- ORGANISATION



Onken et al., 2001

THE HARD CHOICE BETWEEN SAFETY AND REHABILITATION



The collaboration with the Judges, the forensic experts, the other community services for mental health are the main issues to deal with in order to assure a continuity of the cares, the prevention of recidivism and relapses

The community services need a substantial reorganization that can facilitate the development of community based treatment programs for forensic users after the REMS or instead of it.

Anyway this reform and the important task doesn't change the mission of the services that must take care of the forensic patients but can't be charged of the public safety and control of the patients.

A better treatment in prison of detainees affected by psychiatric troubles is needed.

Most of Italian regions have adopted a system of facilities at lower level of security specifically developed to non custodial measures so to create different levels of care and supervision

The Puglia Region has established two REMS and a network of specialist residential facilities for those in non-custodial security measure,

The Tuscany Region has 6 residential facilities for people in libertà vigilata (48 beds totally)

TOSCANA ORGANISTAION
I LEVEL

NETWORK OF COMMUNITY RESIDENTIAL FACILITIES
OR SUPPORTED HOUSING HOME TREATMENT

II LEVEL
INTERMEDIATE FACILITIES



USL NORDOVEST

USLCENTRO

USL SUDEST

III LEVEL
THE REMS



LACK OF A NATIONAL DATABASE

PREVALENCE RATE
TUSCANY
(1,5/100.000 IN REMS)

LAST 1,7 RATE ALL ITALY IN OPG (2014)

ALL SECURITY MEASURE (IN AND OUT REMS)
3,43/100.000

CRITICAL GROUPS

- SEVERE PSYCHOPATHOLOGICAL CHARACTERISTICS AND SEVERITY OF CRIME**
- PATIENTS, WITH A HISTORY OF POOR COMPLIANCE, UNSTABLE FAMILIAR AND AFFECTIVE ENVIRONMENT**
- IMMIGRANTS INCREASING (NO RELATIVES OR FRIENDS IN ITALY)**
- DUAL DIAGNOSIS (SUBSTANCE ADDICTED)**
- PERSONALITY DISORDERS AND PSYCHOPATHS**

WHAT MUST WORK BETTER
POOR CULTURE AND PRACTICE PRACTICE OF RISK
ASSESSMENT (HCR20, PCL-R and others)

HIGH NUMBER OF PATIENTS WAITING TO BE ADMITTED
TO THE REMS (OVER 300)

CRITERIA TO FILTER THOSE SUBJECTS MORE SUITABLE
FOR A REMS BASED TREATMENT

LONG TERM STAY (SOMETIMES STUCK) IN A SECURITY
MEASURES LIKE *LIBERTÀ VIGILATA AD LIBITUM*, WITHOUT
AN ENDING (IT ENHANCE THE PROBABILITY OF A
TRASGRESSIVE BEHAVIOR)

THE COST OF THE WHOLE SYSTEM IS INCREASING (DAILY
FARE IN A REMS FROM 300 € UP TO 500 €)

Conclusion

✓ The REFORM is **ABSOLUTELY POSITIVE**



BUT



- ✓ Repositioning of clinical and forensic psychiatrists
- ✓ Acquisition of new evaluation methodologies
- ✓ Closer and mutual collaboration between c-p and f-p
- ✓ Law adjustment according to the cultural transformations and scientific knowledge

HOW THE OPG WERE





THE REMS













Thank you for your attention

Franco Scarpa Psychiatrist
Chief of rehabilitation Services for
mentally ill offenders

USL Toscana Centro

franco.scarpa@uslcentro.toscana.it

francoscrp@gmail.com