Moving beyond forensic psychiatric hospitals in Italy: a socio-demographic study

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Summary

Given the Law 81/2014, March the 31st 2015 has been an historical date in Italy that has marked the final closure of the six forensic psychiatric hospitals. This law identifies a new pathway of care that involves small-scale high therapeutic profile facilities (called Residenze per la Esecuzione della Misura di Sicurezza or, in short, REMS) instead of the old forensic psychiatric hospitals. The aim of this study is to investigate sociodemographic, clinical and juridical characteristics in a population of inpatients from forensic psychiatric hospitals, belonging to the territorial Health Services of Salerno, Italy, and discharged from forensic psychiatric hospitals, in a period ranging from February 2011 to December 2015, as consequence of the application of the Law 81/2014. This study has involved a sample of 102 forensic patients (97 males, 5 females) coming from forensic psychiatric hospitals, selected on the basis of their date of discharge. A comprehensive evaluation of the sample was carried out to evaluate how sociodemographic, clinical and juridical variables characterize the selected sample in order to define a proper profile for the patients under analysis. For this aim, we have conducted bivariate and multivariate analysis of data that have shown interesting connections among variables under analysis. The statistical analysis conducted has the aim to define a proper profile of the patients under evaluation and it has highlighted that they are mainly characterized by the following features: male, aged between 50-59 years, single, schooling between 5 and 8 years, have prior psychiatric diagnosis, have carried out non-serious crimes against the person, come from a condition of freedom and recipient of a CCL 206 or of a definitive custodial sentence, the average length of their stay in OPG has been less than one year, they are currently free. The Law of May 30, 2014 n. 81 has done well in the long run journey to overcome Judicial Psychiatric Hospitals (OPG), begun in 2008. The Local Health Authority of Salerno aims to continually improve, and to promote and protect the health and independence of offenders and people with mental disorders. Based on our experiences the ex-offenders readjustment can be accomplished involving families and rebuilding social community networks. The analysis has given information about the profile of patients discharged from forensic psychiatric hospitals. As highlighted in the following, it can be of help not only to better assess the patients but even to evaluate the resources that are needed to take care of them.

Key words: forensic psychiatry, forensic psychiatric hospitals

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Conflict of interest
The Authors declare no conflict of interest.

Introduction

On March 31th 2015, a revolutionary reform in psychiatric care has taken place in Italy as a result of the Italian Law 81/2014 [1]. It was decided the final closure

of the forensic psychiatric hospitals (OPGs) that has been finally achieved in March 2017 at national level [2,3].

A new pathway of care has been implemented for people with mental disorders who have committed criminal offence, involving small-scale high therapeutic profile facilities, i.e. Residential Services for the Execution of Security Measures (Residenze per l'Esecuzione delle Misure di Sicurezza, REMS) [4].

The conversion to REMS has made Italy the first and only country in the world to have followed the principles of the deinstitutionalization movement to such extent as to abandon a hospital-based model of forensic psychiatric care in favor of residential units which only employ clinical personnel [5].

According to structural, technological and organizational requirements of the clinical governance each REM shall make available a maximum endowment of 20 beds entirely in the health competence. Furthermore, the health care organizations should continually improve the quality of the services to achieve high welfare standards and to ensure maximum safety [2].

The structural characteristics of REMS are set by law to achieve four main goals: 1) security measures; 2) individualized care; 3) recovery in a community setting; 4) small scale units [6].

Inpatients, from Italian forensic psychiatric hospitals, are a population with poorly understood characteristics. For this aim in 2012, a research project is started to collect data on the inpatients of the Italian forensic psychiatric hospitals, coordinated by the Italian National Institute of Health and funded by the ministry of Health [7].

In Italy there are not periodical reports about OPG inpatients. Only recently some data on this population have been available from the MoDiOPG Study and from the report "Anatomia degli Ospedali Psichiatrici Giudiziari" [8]. These studies, relying on different methodologies, have shown that most of these people suffer a severe psychiatric disorder (i.e. schizophrenia and other psychotic disorders, 61 to 70 percent respectively) and have committed serious offenses against people (i.e. attempted or completed homicide, 54 percent). Most of them were formerly known to territorial psychiatric health care services, their average residence time was 3 years and most of them were expected to be allocated in residential psychiatric care facilities after discharge [7].

The aim of this study is to investigate sociodemographic, clinical and juridical characteristics in a population of inpatients from forensic psychiatric hospitals, belonging to the territorial Health Services of Salerno, Italy, and discharged from forensic psychiatric hospitals in a period ranging from February 2011 to December 2015 as a result of the Law 81/2014.

For this aim we have observed on the patients different variables related to their sociodemographic, clinical and legal condition and we have examined their relation to define a profile for the patients under analysis.

Patients and methods

This study has involved a sample of 102 forensic patients (97 males, 5 females) coming from forensic psychiatric hospitals, selected on the basis of their date of discharge. This population was discharged from forensic psychiatric hospitals in a period ranging from February 2011 to December 2015 (i.e. the period of transition which ended on March 31, 2015 with the final closure of the forensic psychiatric hospitals in Italy according to the Law 81/2014). These patients were considered belonging to the territorial Health Services of Salerno, Italy, on the basis of their permanent address and they underwent, according to the cited Law, a new recovery-oriented rehabilitation approach.

A comprehensive evaluation of the sample was carried out including assessment of recorded data relevant to sociodemographic (sex, age, marital status, residence status, education, employment), clinical (psychiatric diagnosis, substance use diagnosis, medical diagnosis, psychiatric history, substance use history, pre- and post- forensic psychiatric hospital allocation) and legal (crime, criminal record, Penal Code-based allocation, safety measures, Forensic hospital permanence time) variables.

The aim of the analysis is to evaluate the relations among these variables: in more detail we are going to investigate on some aspects of the patients that can be appreciated from the relation among sociodemographic and legal variables, sociodemographic and clinical variables and further examining the relation among legal and clinical variables. This allows to define a proper profile of the patients that gives a clear idea of their main characteristics.

Results

The explorative statistical analysis of the examined variables highlights that the patients have these main characteristics: male (94,7%), aged between 40-59 years (64,9%), single (71,3%), schooling between 5 and 8 years (50,0%), prior psychiatric diagnosis (79,8%), carried out non-serious crimes against the person (67,0%), coming from a condition of freedom (78,7%), recipient of a CCL 206 or of a definitive custodial sentence (54,3%), average length of stay in OPG less than one year (40,4%), %), currently free (37,2%). A psychiatric diagnosis code 295 is present in the 44,7% of cases, absence of a diagnosis related to the use of substances involves the 68,1% of the patients whereas the 90.4% of them have other medical pathologies.

To start to investigate the dependence among the observed variables and in particular to evaluate how the sociodemographic variables are related to the clinical and legal variables, a chi-square test has been performed for couples of selected variables of main interest. In Table I the chi-square statistics (and the corresponding p-values in brackets) are presented. It seems that the relation between the couples of variables examined is not always statistically significant. Note that the limit of this approach

Table I. Chi-square test for a selection of variables to evaluate the relation among sociodemographic, legal and medical couples of variables.

| Variables	Chi-square statistic (p-value)
Sociodemographic - Legal	
Residence - Crime	9.5343 (0.1469)
Crime - Forensic hospital permanence time	15.961 (0.1859)
Criminal record - Forensic hospital permanence time	4.3581 (0.3668)
Education - Crime	16.674 (0.3103)
Education - Forensic hospital permanence time	22.408 (0.3183)
Status - Forensic hospital permanence time	32.629 (0.1094)
Sociodemographic - Clinical	
Psychiatric diagnosis - Residence	7.4149 (0.2724)
Psychiatric diagnosis - Substance use diagnosis	11.732 (0.006997)
Medical - Legal	
Psychiatric diagnosis - Crime	11.098 (0.2429)
Psychiatric diagnosis - Psychiatric history	9.0241 (0.02799)
Substance use diagnosis - Crime	2.559 (0.5392)
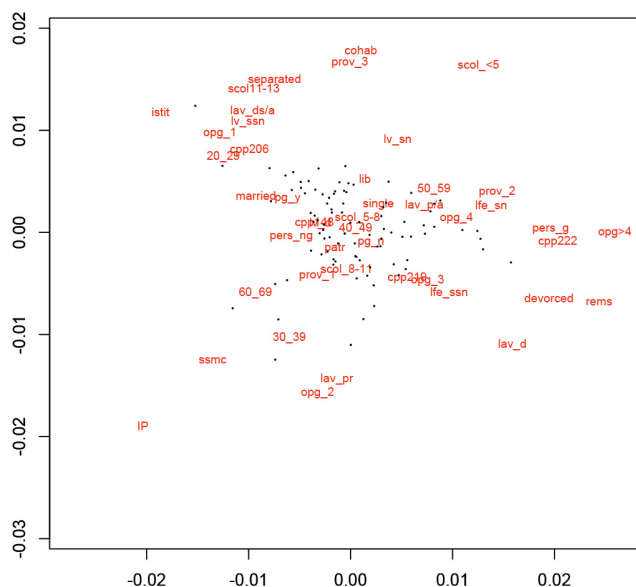
Figure 1.
Sociodemographic-legal map. Individuals are represented as points whereas categories are represented by strings in a two-dimensional Euclidean space map. The legend is in Appendix A.

Figure 2.
Sociodemographic-clinical features. Individuals are represented as points whereas categories are represented by strings in a two dimensional Euclidean space map. The legend is in Appendix A.
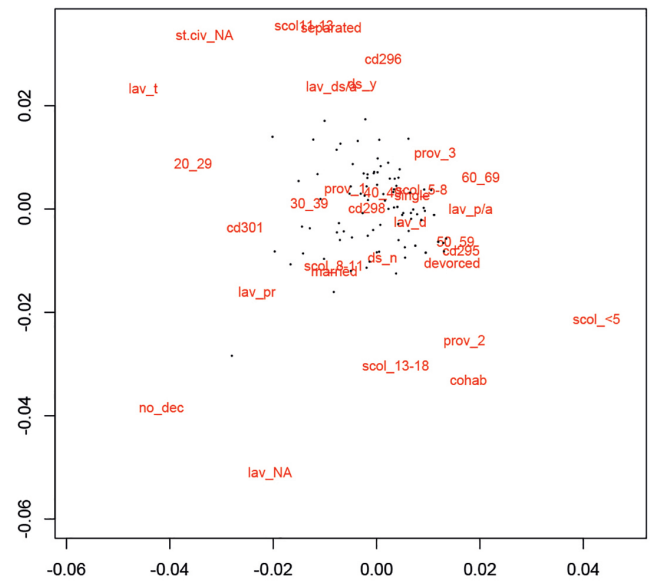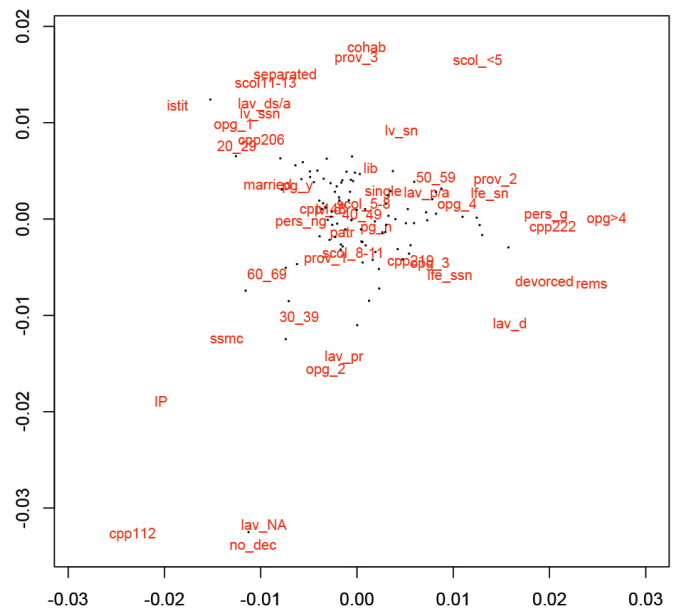

Figure 3.
Clinical and juridical features. Individuals are represented as points whereas categories are represented as words in a two-dimensional Euclidean space map. The legend is in Appendix A.

is that only couples of variables are considered whereas it would be if major interest to evaluate how these variables are interrelated.

To accomplish this aim, we have performed a multiple correspondence analysis (among the others see Green-

Appendix A. Labels of the maps included in Figure 1, 2 and 3.

Variables	Labels	Comments
Sociodemographic		
Sex	M, F	M = male; F = female
Age	(20-29); (30-39); (40-49); (50-59); (60-60)	Classes of age (in years)
Marital status	Cohab; devorced; married; no_dec; separated; single; st.civ_NA	Cohab = cohabitant; no_dec = not declared; st.civ_NA = not available
Residence status	prov_1; prov_2; prov_3	The Salerno's district has been divided in three subareas
Education	scol_< 5; scol_5-8; scol_8-11; scol_11-13; scol_13-18; scol_NA	Number of years of school education (classes): less than 5 years, (5-8), (8-11), (11-13), (13-18); Scol_NA = not available
Employment	lav_d; lav_ds/a; lav_p/a; lav_pr; lav_t; lav_NA	lav_d = retired; lav_ds/a = dependent worker; lav_pr = precarious worker; lav_t = temporary worker; lav_NA: not available
Clinical		
Psychiatric diagnosis	cd295; cd296; cd298; cd301	Code psychiatric diagnosis
Substance use diagnosis	ds_n; ds_y	ds_n = no; ds_y = yes
Medical diagnosis	dm_n; dm_y	dm_n = no; dm_y = yes
Psychiatric history	p_psi_n; p_psi_y	p_psi_n = no; p_psi_y = si
Substance use history	p_add_n = no; p_add_y = yes	p_add_n = no; p_add_y = yes
Pre-forensic psychiatric hospital allocation	free; IP	Free = free; IP = prison
Post-forensic psychiatric hospital allocation	IP; ssmc; lib; lfe_d; lfe_sn; lv_sn; lfe_ssn; lv_d; lv_ssn; lv_st; rems; out_NA	IP = prison; ssmc = ; lib = free; l.f.e. = a type of Security Measures (lfe_d = l.f.e. at home, lfe_sn = l.f.e. in the health structure, lfe_ssn = l.f.e. in the social-health structure); l.v. = a type of Security Measures (lv_d = l.v. at home, lv_sn = l.v. in the health structure, lv_ssn = l.v.in the social-health structure, lv_st = l.v. in the rehab); rems = residential services for the execution of security measures; Out_NA = not available
Legal		
Criminal record	istit; patr; pers_g; pers_ng	istit = against istitutions; part = against patrimony; pers_g = against people (with juridical consequences); pers_g = against people (without juridical consequences)
Penal code-based allocation	ccp_11; ccp_112; ccp_148; ccp_206; ccp_219; ccp_222	Code of the Italian penal code
Safety measures	net; no_det; pen_NA	det = detention; no_det = no detention; pen_NA = not available
Forensic hospital permanence time	opg_1; opg_2; opg_3; opg_4; opg_4; opg > 4	Permanence in forensic hospital (in years): 1, 2, 3, 4 or > 4 years

acre [2017]) whose results are depicted in the maps in Figures 1-3. In particular in Figure 1 we have considered some sociodemographic and legal variables: age, status, education, forensic hospital permanence time, penal code-based allocation, safety measures, crime, employment, criminal record.

In more details, the map in Figure 1 shows a clear heterogeneity in the distribution, bringing out the following profile: Male, single, aged between 40-49 years, schooling between 5-8 years, coming from the socio-demographic area 1, absence of criminal records, crimes committed against the person and minor assets.

In Figure 2 we have considered the sociodemographic and clinical variables related to: age, residence, status, education, employment, psychiatric diagnosis and substance use diagnosis.

From the map we can highlight the following profile for the patients under analysis: Male, single, aged between 40-49 years, schooling between 5-8 years, coming from the socio-demographic area 1, current psychiatric diagnosis.

In Figure 3 the map considers clinical and legal variables: psychiatric diagnosis, substance use diagnosis, medical diagnosis, psychiatric history, forensic hospital permanence time, penal code-based allocation, criminal record, crime. From this map it is possible to highlight the profile: Male, single, aged between 40-49 years, coming

from freedom, absence of criminal records, absence of dependency diagnosis, absence of previous psychiatric diagnosis.

The profiles obtained from the maps give evidence of the main characteristics of the forensic patients coming from forensic psychiatric hospitals and allow to better understand the incoming patients of the Mental Health Departments.

Conclusions

With the enactment of the DPCM of the first of April 2008, an important reform has been launched which has led to transfer to the Service National Healthcare the skills related to the health care of people in prisons (in general) and in the OPG (in particular). It has mainly involved the Mental Health Departments (DSM) in the clinical evaluation of hospitalized patients to overcome the Opg's.

In this context, the Law of May 30, 2014 n. 81 has had a key role to overcome Judicial Psychiatric Hospitals (OPG), that is started in 2008.

Although the reform has had revolutionary implications within national borders and might be relevant for forensic psychiatric clinical practice and policy at the international level, limited literature has been reported around it [9].

A good deal of flexibility was required in the application of the Law at regional level, based on different regional situations.

The Local Health Authority of Salerno aims to continually improve, and to promote and protect the health and independence of offenders and people with mental disorders. Based on our experiences the ex-offenders readjustment can be accomplished involving families and rebuilding social community networks. The socio-demographic and clinical profile of forensic psychiatric patients resulting from our work could give relevant information about the incoming patients allowing the Mental Health Departments to activate/increase connections with other support structures.

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