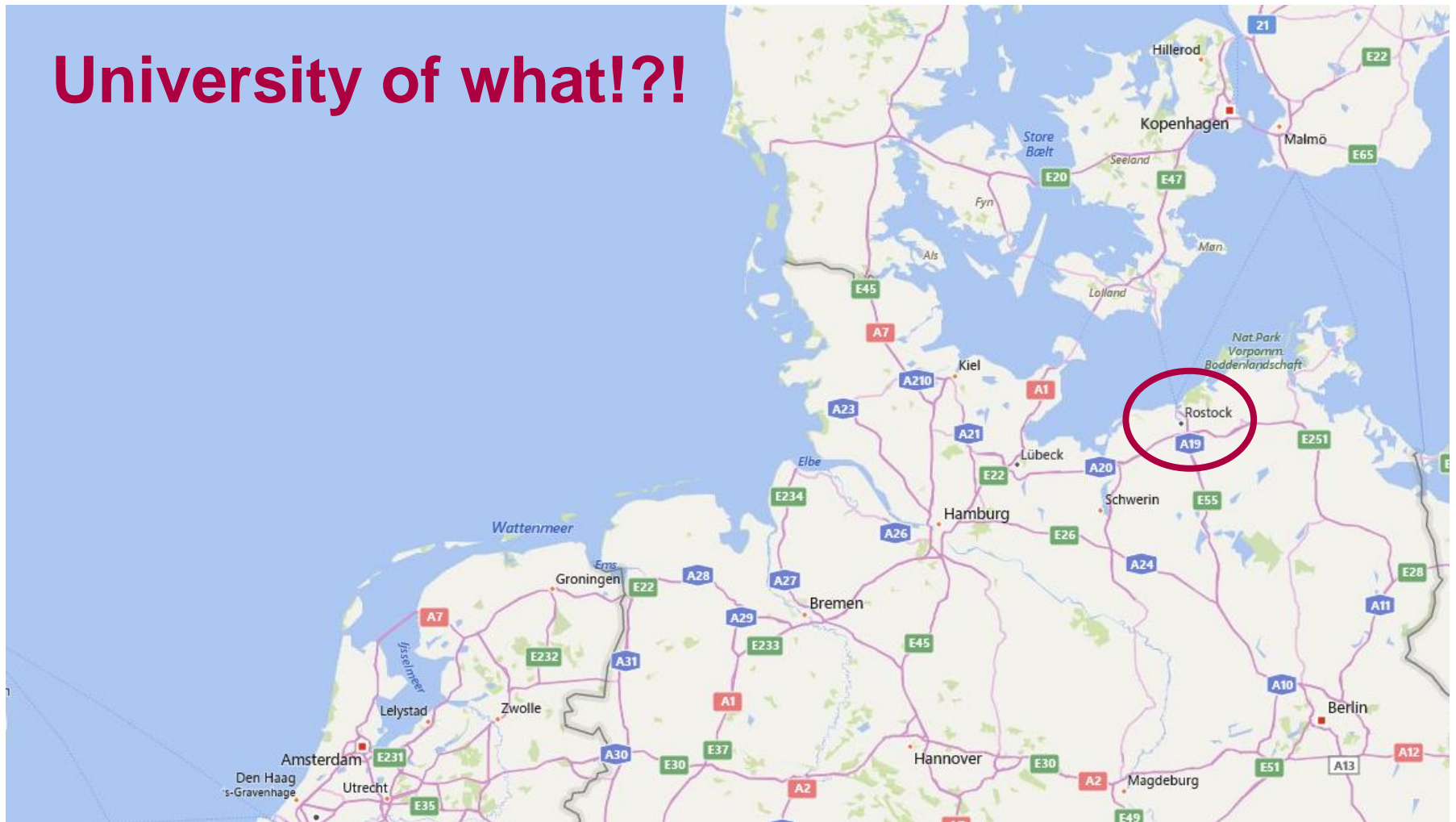


Forensic psychiatry in Europe



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University of Rostock

University of what!?!



Outline

- Surveys of forensic practice in Europe
- COST Action survey
- Basic characteristics of forensic psychiatry in different countries
 - Admission criteria
 - Forensic beds
 - Care pathways
 - Long-stay
- Practice examples
 - Germany
 - Netherlands
 - Italy
- Discussion

Salize et al. studies

■ Civil patients

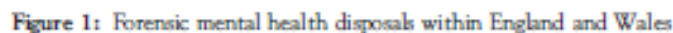
- ‘Compulsory admission and involuntary treatment of mentally ill patients – Legislation and Practice in EU-Member States’
- European Commission Research Project (1999-2002), Salize & Dressing 2002 – 15 countries

■ Forensic Care

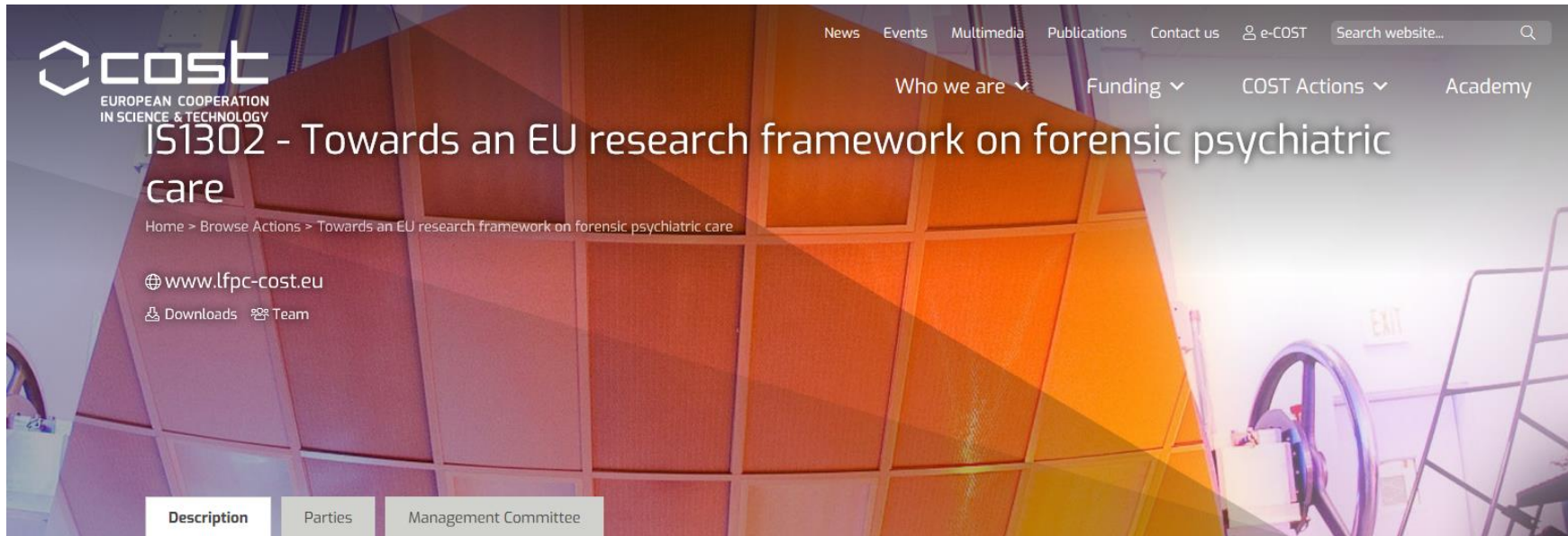
- ‘Placement and Treatment of Mentally Ill Offenders – Legislation and Practice in European Union Member States’
- European Commission Research Project (2002-2004), Salize & Dressing 2004 – 15 countries

■ Prisons

- ‘Mentally Disordered Persons in European Prisons – Needs, Programmes and Outcome (EUPRIS)’
- European Commission Research Project (2005-2007), Salize, Dressing, Kief 2007 – 24 countries



COST Action 2013 - 2017



Belgium
Croatia
Cyprus
Finland
France
fYR Macedonia
Germany
Ireland
Italy
Latvia
Lithuania
Netherlands
Poland
Portugal
Serbia
Slovenia
United Kingdom

COST Action

- Focus on long-term forensic psychiatric care
- Aims
 - Increasing knowledge in long-term forensic psychiatric practice
 - Facilitating cross-national exchange of 'what works'
 - Accelerating (research) initiatives on the development of new and innovative treatment programs of (subgroups of) mentally disordered offenders
 - Advancing on a European standardization of current needs and quality of life
 - Building research capacity with special attention for engagement of (young) Early Stage Researchers
 - Contributing to a more informed debate about the ethical challenges associated with decision- and policymaking in long-term forensic psychiatric care

Survey

- Of 17 members of the COST action
- Topics
 - Admission criteria
 - Forensic beds
 - Care pathways
 - Long-stay
- Findings complemented by literature

Age of criminal responsibility

10

England & Wales

12

Andorra

Belgium

Hungary

Ireland

Netherlands

14

Albania

Austria

Bulgaria

Croatia

Cyprus

Estonia

Germany

Italy

Latvia

Malta

Romania

Spain

Slovakia

Slovenia

15

Czech Republic

Denmark

Finland

Norway

Sweden

16

Portugal

Variable

France

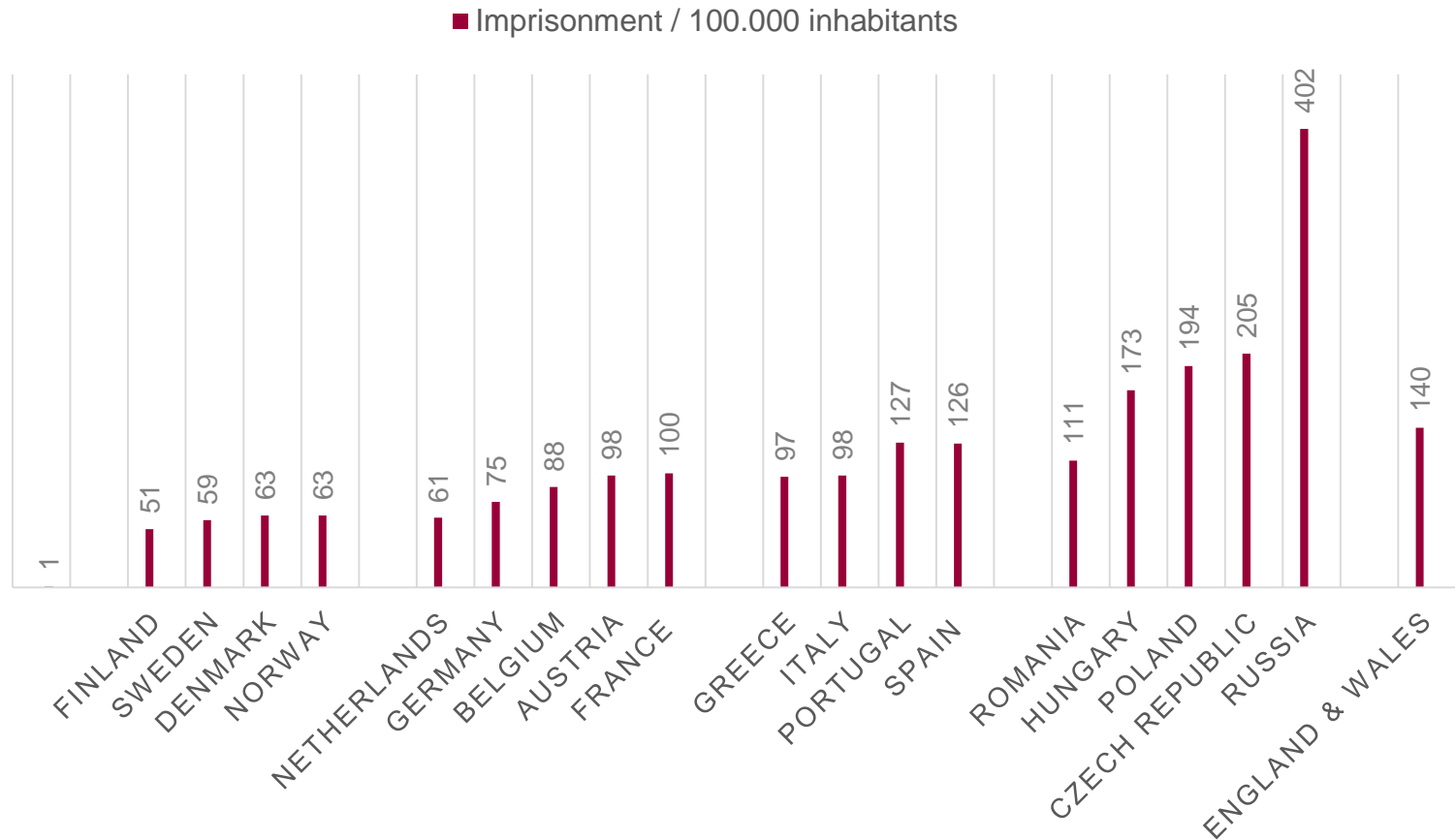
Greece

Lithuania

Luxembourg

Poland

Imprisonment

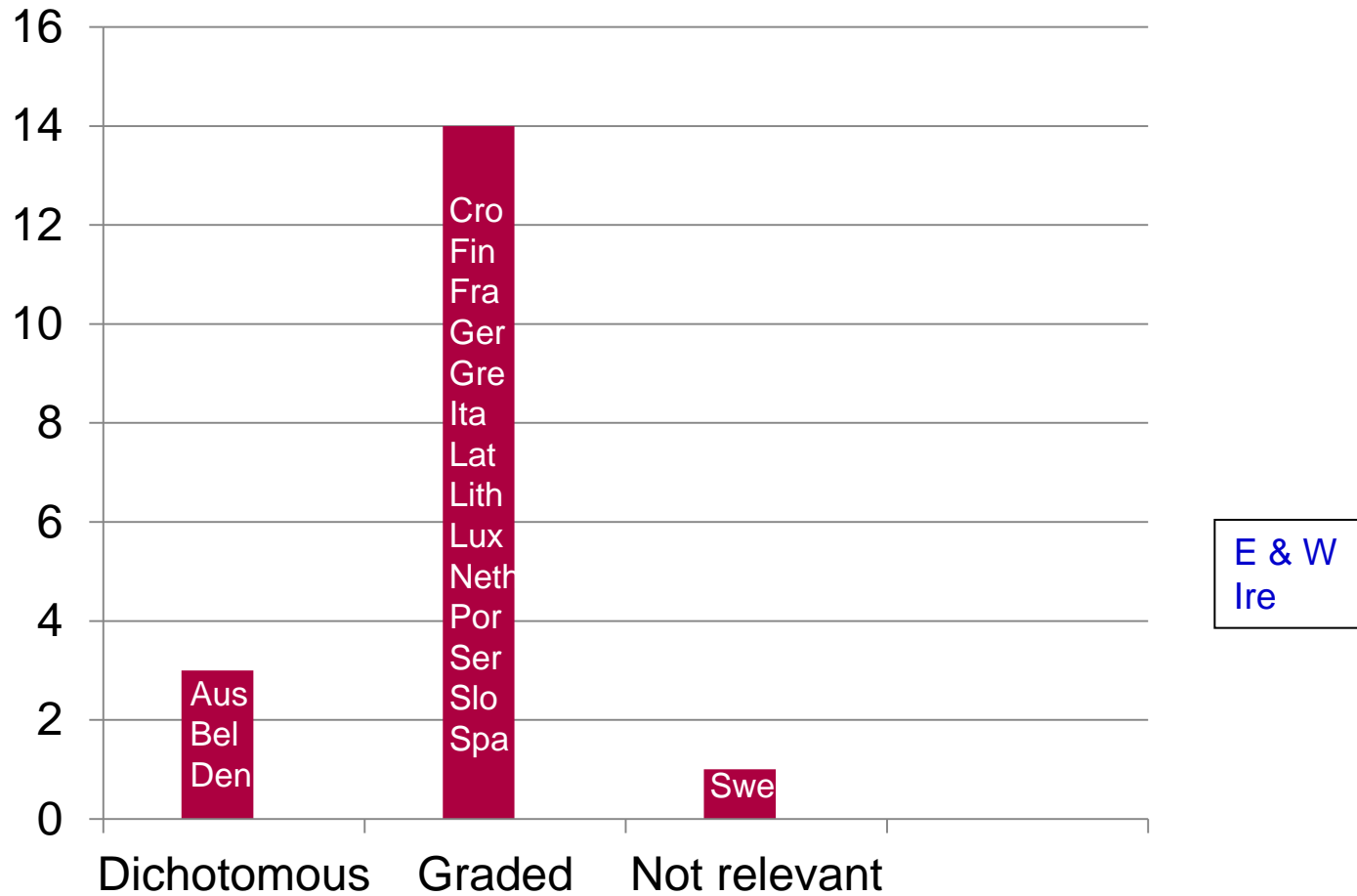


Source: World Prison Brief

Criminal responsibility

- Criminal responsibility necessary for punishment
- For those who are not criminally responsible alternative measures have to be found
- They can be acquitted or admitted to hospital
- Countries differ in concept of criminal responsibility
- Countries differ in whether or not they require diminished or absent ('insanity') criminal responsibility for admission to forensic-psychiatric hospital

Concepts of criminal responsibility



Criminal responsibility and admission

Diminished/Absent responsibility required

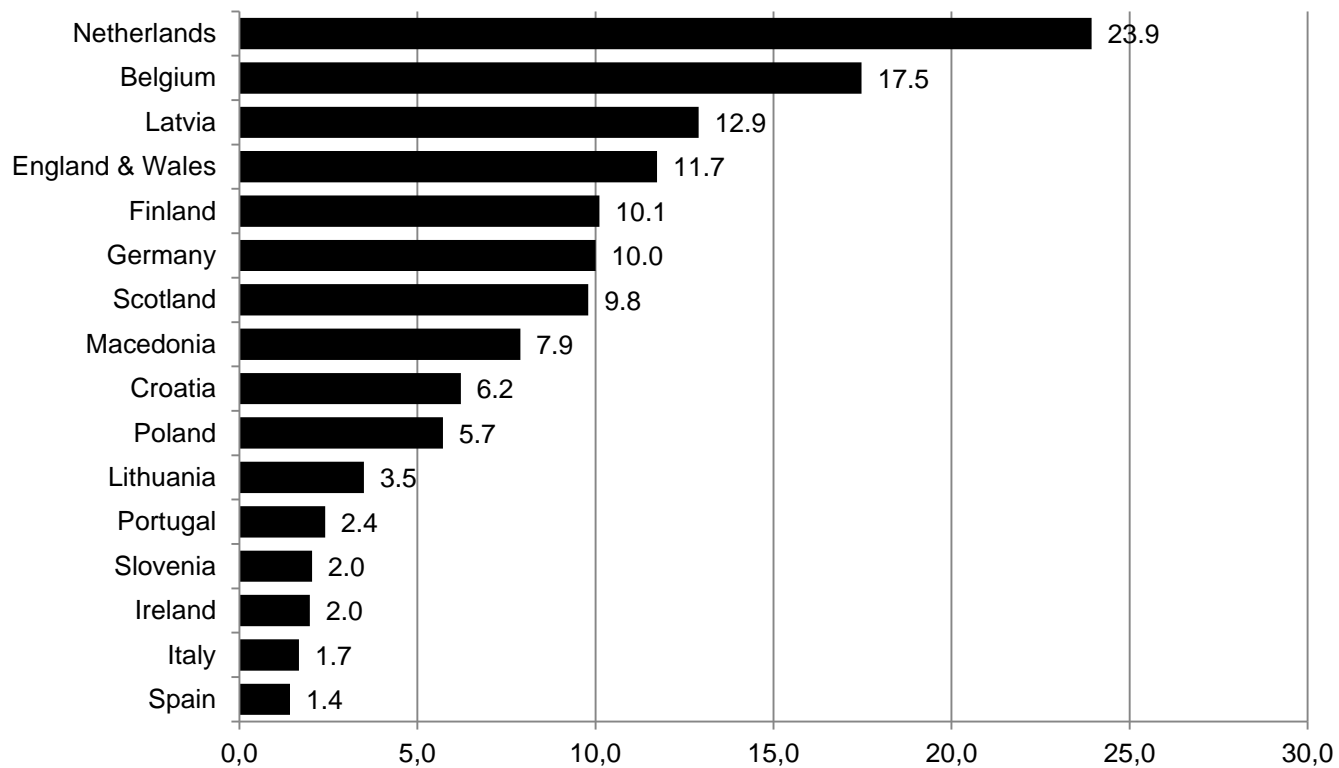
- Austria
- Belgium
- Croatia
- France
- Germany (not for SUDs)
- Greece
- Italy
- Latvia
- Lithuania
- FYR Macedonia
- Netherlands
- Poland
- Spain
- (Sweden)

Not required

- Denmark
- E & W
- Finland
- Ireland
- Luxembourg
- Portugal
- Serbia
- Slovenia
- Switzerland

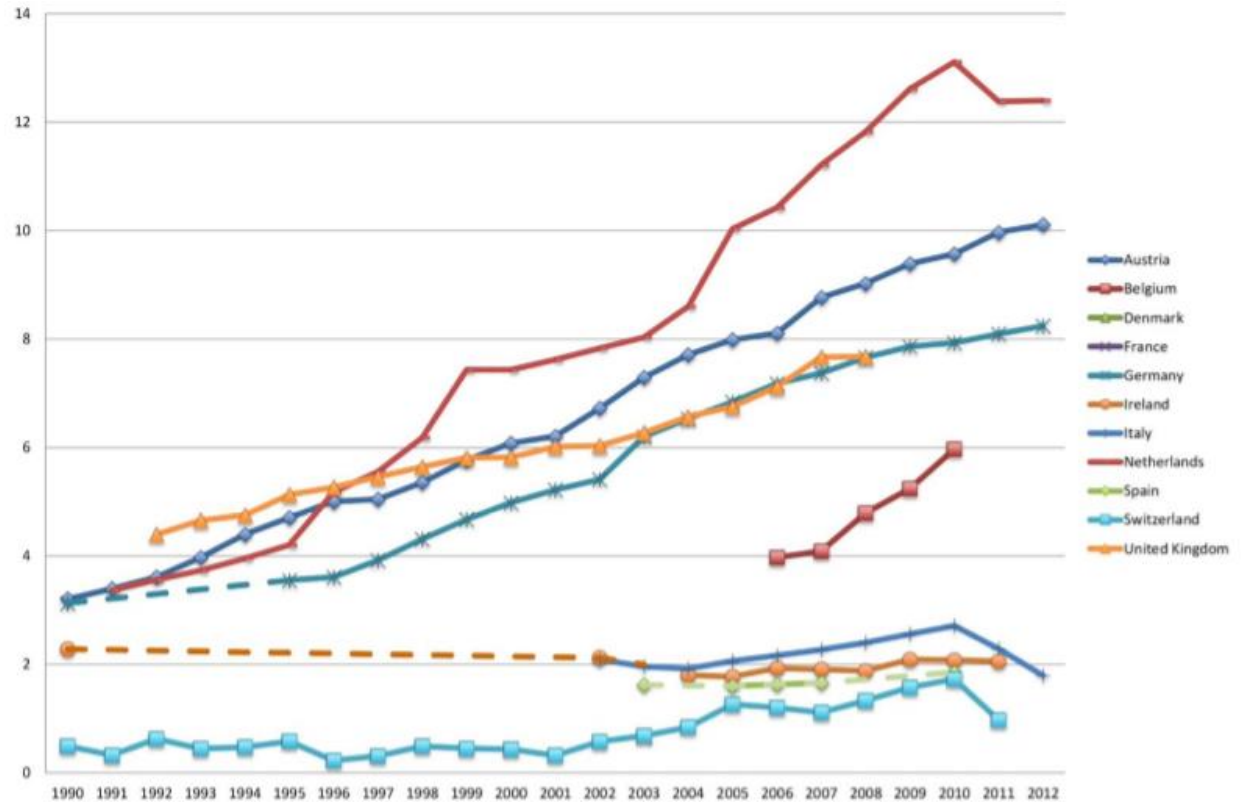
Bed numbers

Forensic in-patients prevalence rate per 100,000 year 2013



Bed numbers over time

Figure 3 Forensic beds per 100 000 inhabitants from 1990 to 2012.



Chow & Priebe, 2016

Pathways

- Exclusion of certain groups, i. e. those with substance use disorders only (e.g. UK)
- Special services/regulations for substance abuse disorders:
 - Austria, Belgium (out patients), Germany, Netherlands, Serbia
- Separate units for different levels of security (low, medium, high) unusual – usually provided within the same institution
- Differences in involvement of courts in leave decisions
- Follow up after discharge in about half the countries: years to lifelong

Long-stay in forensic services

Long stay in 18 countries

file:///C:/Users/Birgit%20Voellm/AppData/Local/Packages/Microsoft.MicrosoftEdge_8wekyb3d8bbwe/TempState/Downloads/Long%20stay%20in%201



International Journal of Forensic Mental Health

Routledge
Taylor & Francis Group

ISSN: 1499-9013 (Print) 1932-9903 (Online) Journal homepage: <http://www.tandfonline.com/loi/ufmh20>

Long-Term Forensic Mental Health Services: An Exploratory Comparison of 18 European Countries

Stephanie Sampson, Rachel Edworthy, Birgit Völlm & Erik Bulten

To cite this article: Stephanie Sampson, Rachel Edworthy, Birgit Völlm & Erik Bulten (2016): Long-Term Forensic Mental Health Services: An Exploratory Comparison of 18 European Countries, International Journal of Forensic Mental Health, DOI: [10.1080/14999013.2016.1221484](https://doi.org/10.1080/14999013.2016.1221484)

To link to this article: <http://dx.doi.org/10.1080/14999013.2016.1221484>

 View supplementary material

 Published online: 11 Nov 2016.

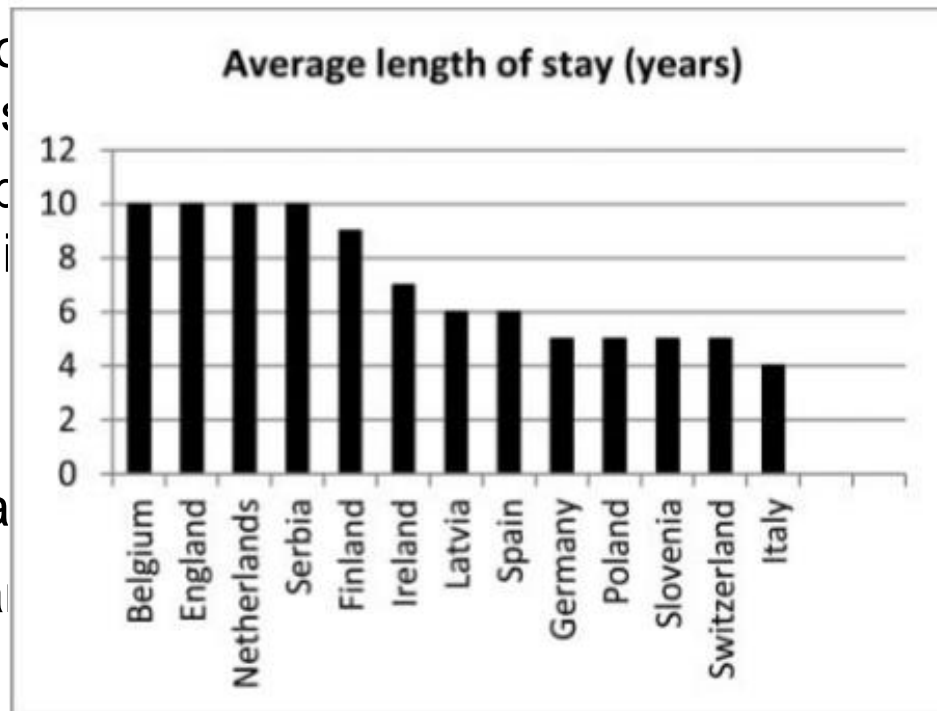
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Definition 'Long-term'

Forensic psychiatric inpatients with needs for security and care who are not able to safely progress to a level of lower security due to internal and/or external factors

Long-stay

- Only one country in the Netherlands
- LoS in hospital have been in
 - Croatia
 - Italy
 - Portugal
 - (Germany)



5 years, The
ce would

The Netherlands

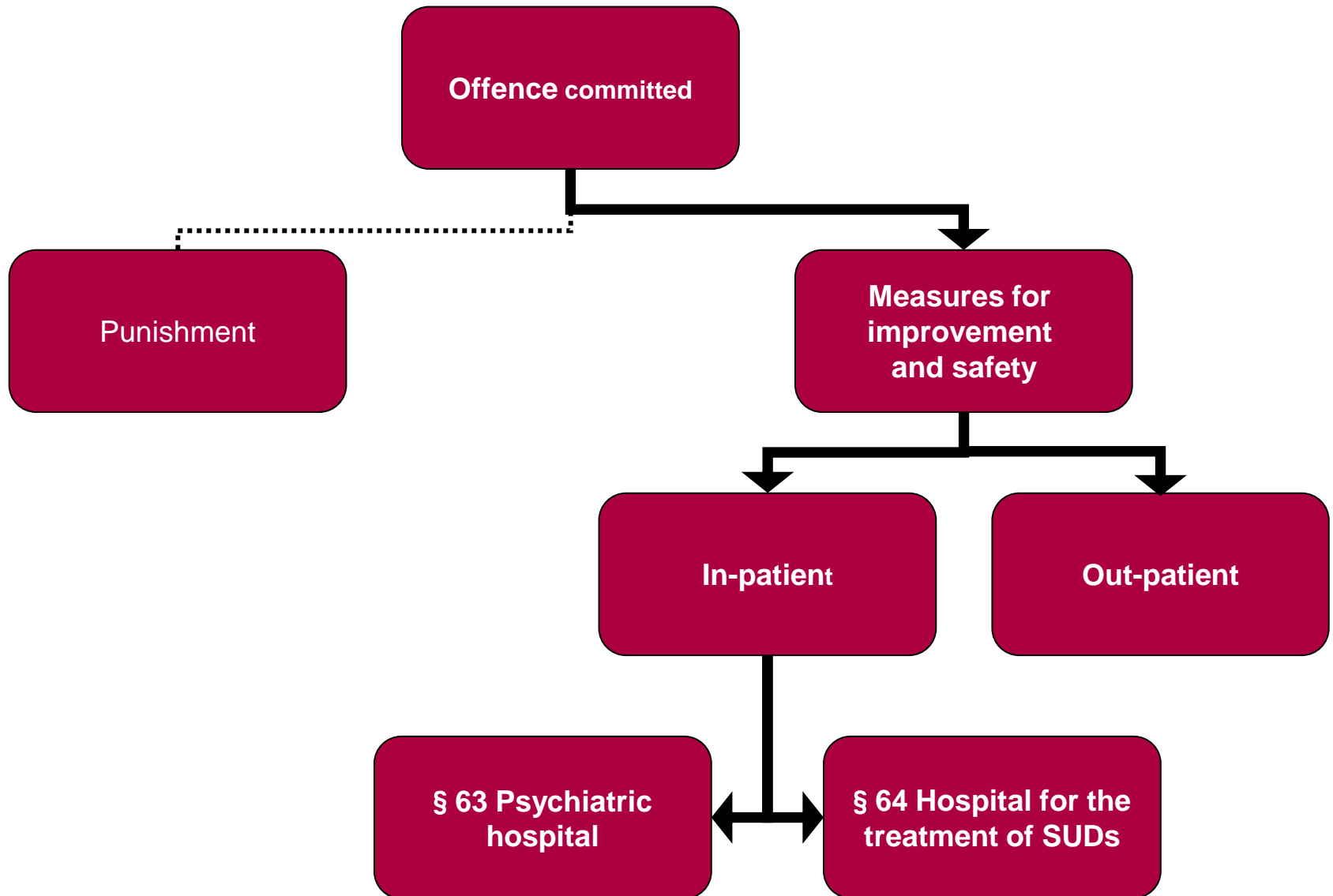
TBS order

- Offence punishable with 4 years + prison sentence
- Diminished / absent responsibility
- Risk
- Renewed by court every 2 years, after 6 years external expertise

Long-stay

- Treatment at 2 different hospitals
- For 6 years
- No significant risk reduction
- Long-stay order -> move to long-stay facility
- Focus on quality of life
- About 10-15% of forensic population
- Can move back to main stream care

Germany



Two tier system

§63 – Psychiatric hospital

- At time of offence diminished or absent responsibility
- Risk to commit further significant offences due to disorder
- Not time limited
- Reviewed annually
- Every 3 years external expert, after 6 years every 2
- Proportionality:
 - 6 / 10 years: degree of psychological or physical harm to the victim

§64 – SUD hospital

- No requirement of reduced responsibility
- Disposition to consume alcohol or drugs
- Offence committed because of this
- Risk to commit further offences due to substance use
- Expected to benefit from treatment
- Usually parallel prison sentence
- Can move to prison if measure not successful
- Reviewed every 6 months
- Limited to two years but can be extended up to 2/3 prison sentence + 2 years

Italy

- 1978 “Basaglia law”: Closure of psychiatric hospitals, replacement by community mental health care
- 2008: Forensic services incorporated into National Health Service
- Concerns about the state of forensic hospitals (CPT)
- 2014: Law mandating the development of secure residential units for forensic patients (REMS)
- Closure of 6 forensic hospitals completed in 2017
- Currently 30 REMS with about 600 beds (about 1000 in old system)
- REMS
 - In community
 - Up to 20 beds
 - Focus on rehabilitation
 - High turn over

Conclusion: Vive la différence ...

