Forensic psychiatry in Europe

Birgit Völlm
Professor of Forensic Psychiatry
Medical Director, Hospital for Forensic Psychiatry
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’

- **Forensic Care**
  - ‘Placement and Treatment of Mentally Ill Offenders – Legislation and Practice in European Union Member States’

- **Prisons**
  - ‘Mentally Disordered Persons in European Prisons – Needs, Programmes and Outcome (EUPRIS)’
Mapping offender-patient pathways in the different jurisdictions of the European Union

BRADLEY HILLIER¹, CHRISTOPHER LAMBOURNE² AND TINA GRAM LARSEN³, ¹Institute of Psychiatry, King’s College London,
COST Action 2013 - 2017

IS1302 - Towards an EU research framework on forensic psychiatric care

Home > Browse Actions > Towards an EU research framework on forensic psychiatric care

www.lfpc-cost.eu

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

IAFMHS, Montreal, 26.6.2019
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

Imprisonment / 100,000 inhabitants

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
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

- Netherlands: 23.9
- Belgium: 17.5
- Latvia: 12.9
- England & Wales: 11.7
- Finland: 10.1
- Germany: 10.0
- Scotland: 9.8
- Macedonia: 7.9
- Croatia: 6.2
- Poland: 5.7
- Lithuania: 3.5
- Portugal: 2.4
- Slovenia: 2.0
- Ireland: 2.0
- Italy: 1.7
- Spain: 1.4
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

International Journal of Forensic Mental Health

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

Stephanie Sampson, Rachel Edworthy, Birgit Völlm & Erik Bulten

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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 providing definition for long-stay (6 years, The Netherlands)
- LoS in hospital cannot be longer than prison sentence would have been in:
  - Croatia
  - Italy
  - Portugal
  - (Germany)
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
# 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 …