

# Forensic psychiatry in Europe



**Birgit Völm**  
**Professor of Forensic Psychiatry**  
**Medical Director, Hospital for Forensic Psychiatry**  
**University of Rostock**



# 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
  - Netherlands
  - Germany
  - 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

# Mapping offender-patient pathways in the different jurisdictions of the European Union

BRADLEY HILLIER<sup>1</sup>, CHRISTOPHER LAMBOURNE<sup>2</sup> AND  
 TINA GRAM LARSEN<sup>3</sup>, <sup>1</sup>Institute of Psychiatry, King's College London,

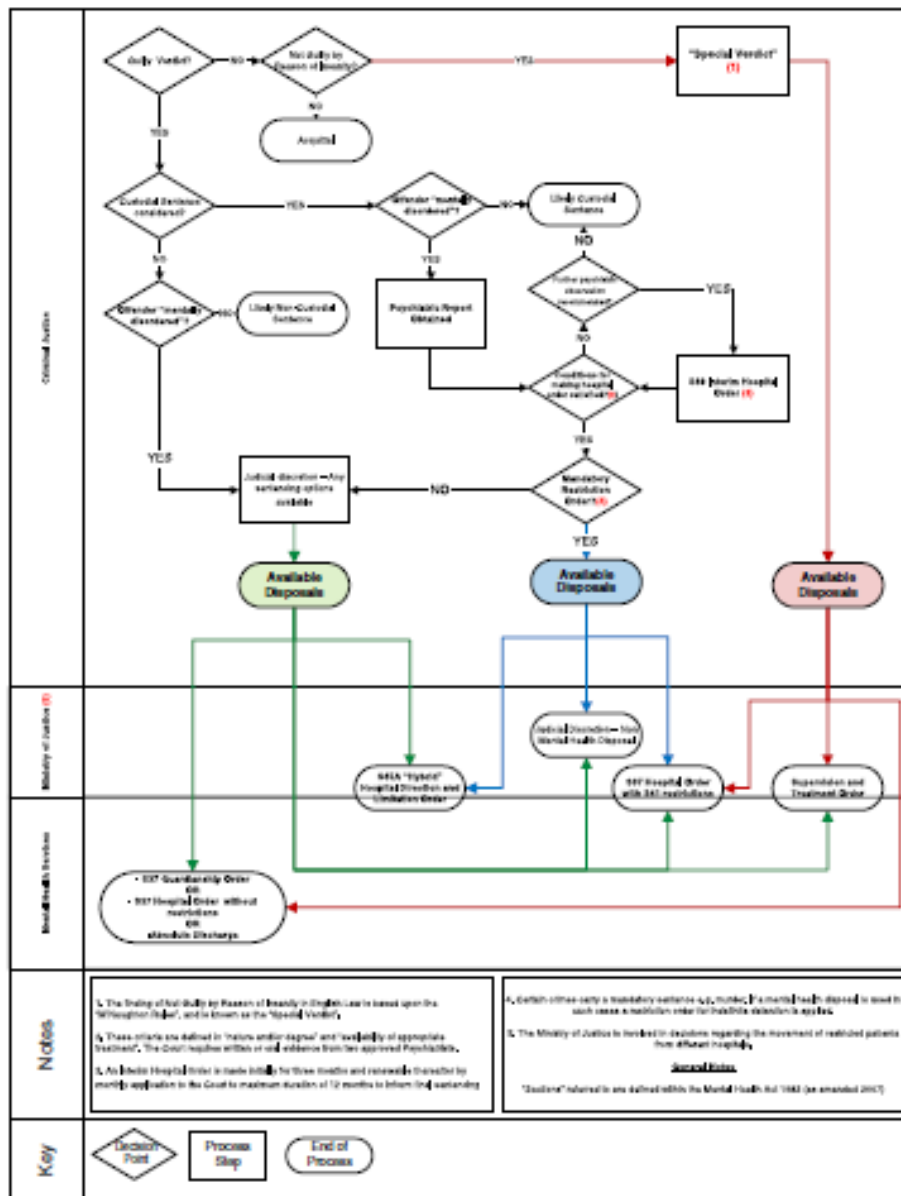


Figure 1: Forensic mental health disposals within England and Wales

# COST Action 2013 - 2017

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IS1302 - Towards an EU research framework on forensic psychiatric care

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# Survey

- Of 17 members of the COST action
- Topics
  - Forensic beds
  - Admission criteria
  - (Other) admission and exclusion criteria
  - 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

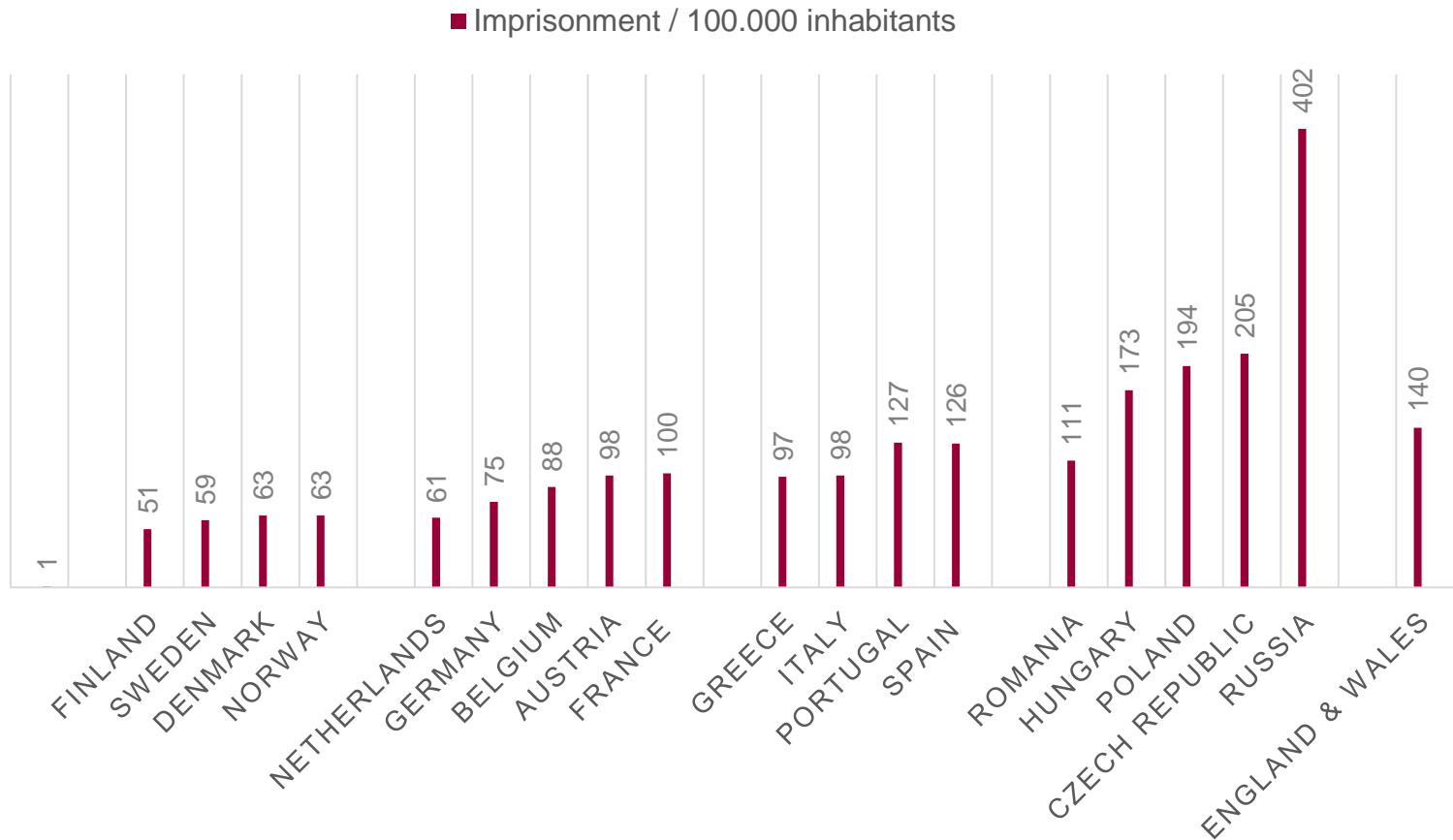
Lithuania

Luxembourg

Poland





# Imprisonment



Source: World Prison Brief

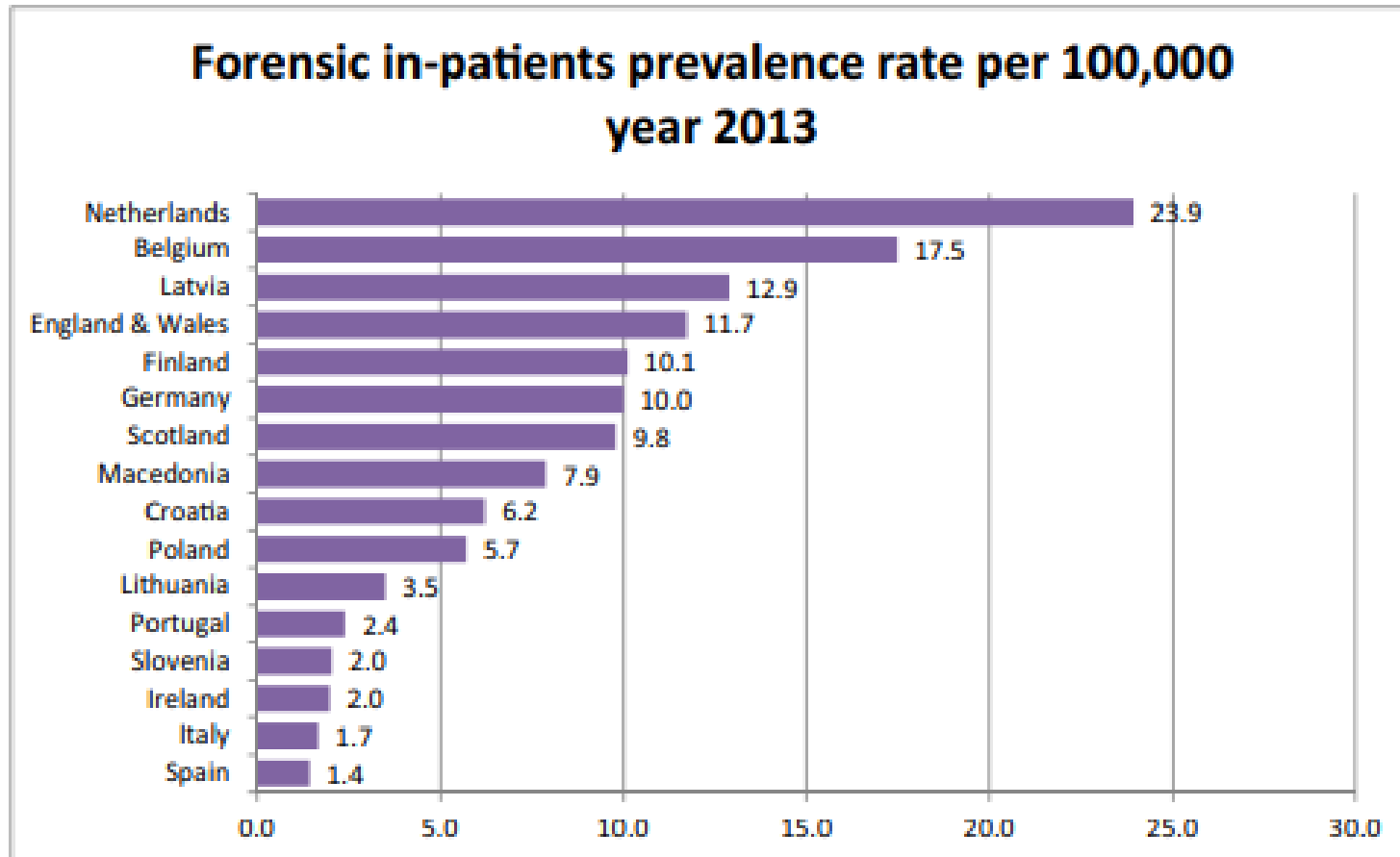


## Forensic mental health in Europe: some key figures

Jack Tomlin<sup>1</sup>  · Ilaria Lega<sup>2</sup> · Peter Braun<sup>3</sup> · Harry G. Kennedy<sup>4,5</sup> · Vicente Tort Herrando<sup>6</sup> · Ricardo Barroso<sup>7</sup> · Luca Castelletti<sup>8</sup> · Fiorino Mirabella<sup>9</sup> · Franco Scarpa<sup>10</sup> · Birgit Völlm<sup>1</sup>  · the experts of COST Action IS1302

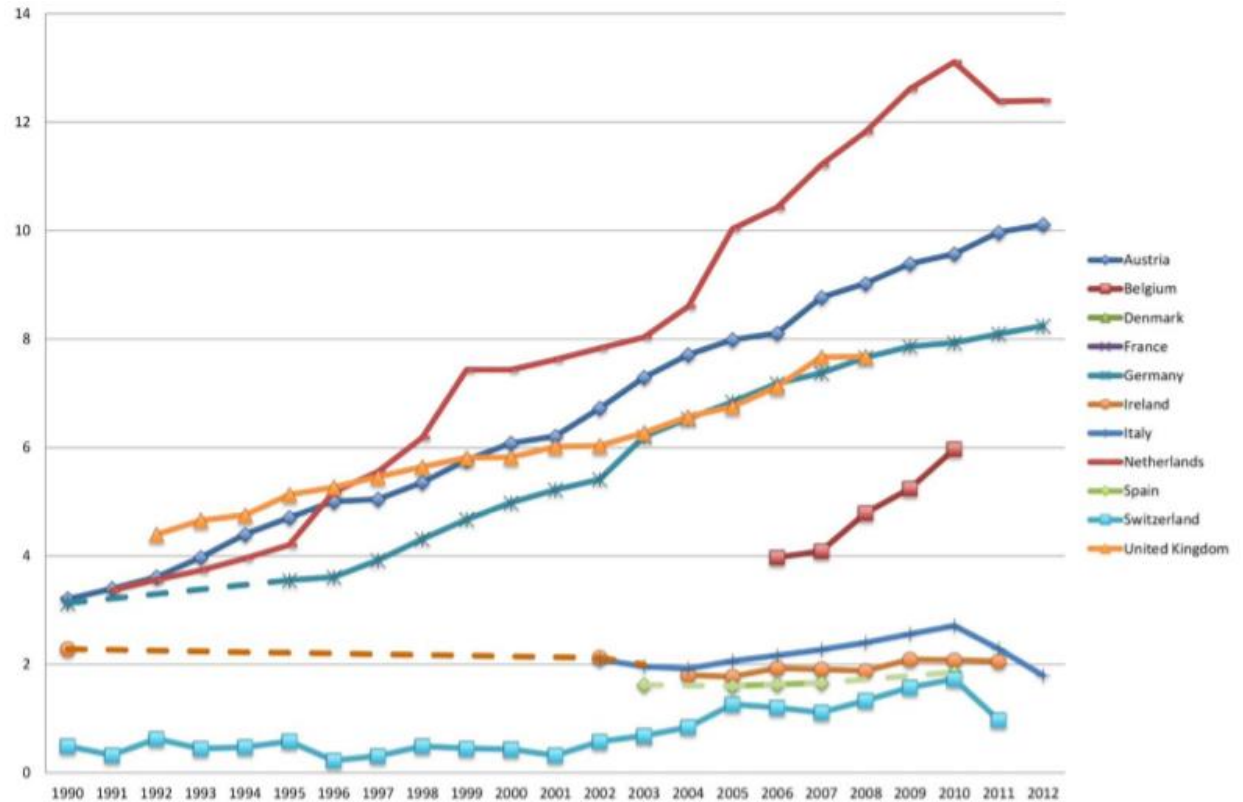
Received: 14 January 2020 / Accepted: 30 June 2020  
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# Bed numbers



# Bed numbers over time

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

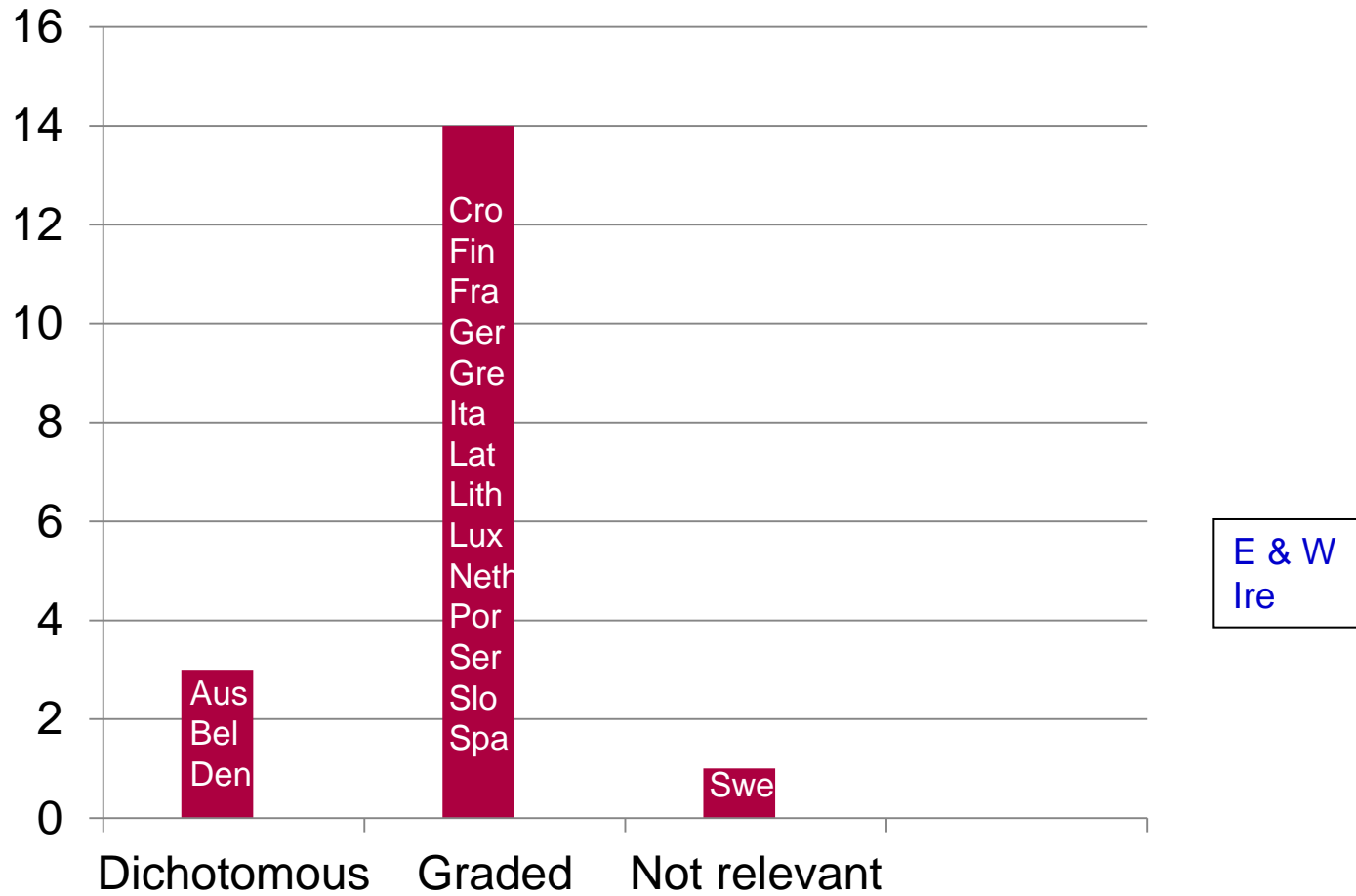


Chow & Priebe, 2016

# 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

# 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



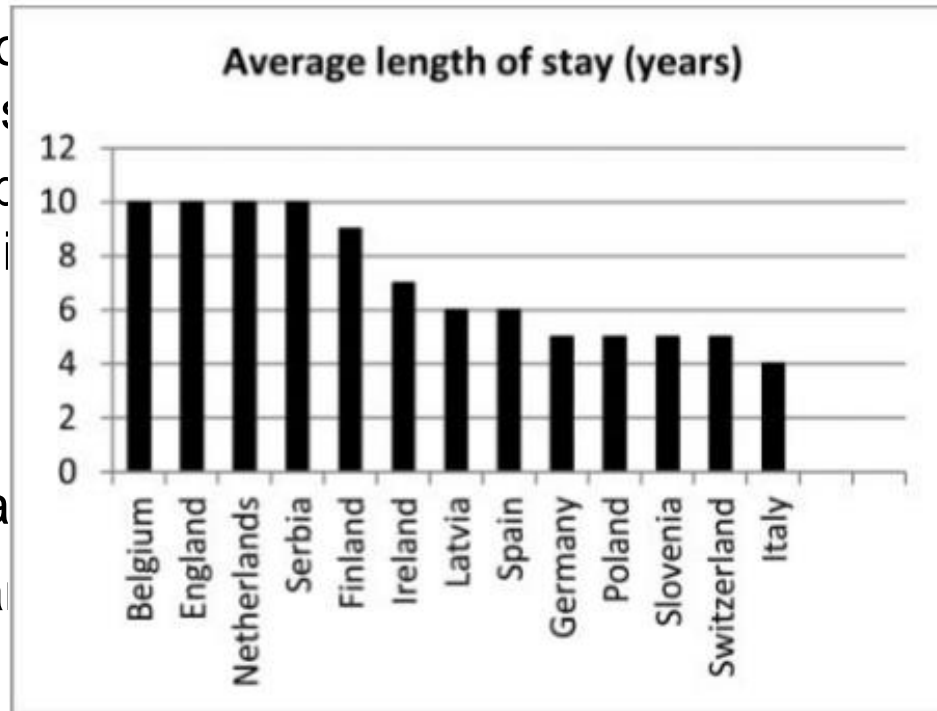
# Long-stay in forensic services

The screenshot shows a web browser window with the following content:

- Browser Tab:** Long stay in 18 countries
- Address Bar:** file:///C:/Users/Birgit%20Voellm/AppData/Local/Packages/Microsoft.MicrosoftEdge\_8wekyb3d8bbwe/TempState/Downloads/Long%20stay%20in%2018%20countries.pdf
- Journal Logo:** INTERNATIONAL JOURNAL OF FORENSIC MENTAL HEALTH
- Journal Title:** International Journal of Forensic Mental Health
- Publisher:** Routledge Taylor & Francis Group
- ISSN:** 1499-9013 (Print) 1932-9903 (Online) Journal homepage: <http://www.tandfonline.com/loi/ufmh20>
- Article Title:** Long-Term Forensic Mental Health Services: An Exploratory Comparison of 18 European Countries
- Authors:** Stephanie Sampson, Rachel Edworthy, Birgit Völlm & Erik Bulten
- Citation:** 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)
- Link:** To link to this article: <http://dx.doi.org/10.1080/14999013.2016.1221484>
- Actions:** View supplementary material, Published online: 11 Nov 2016, Submit your article to this journal

# 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

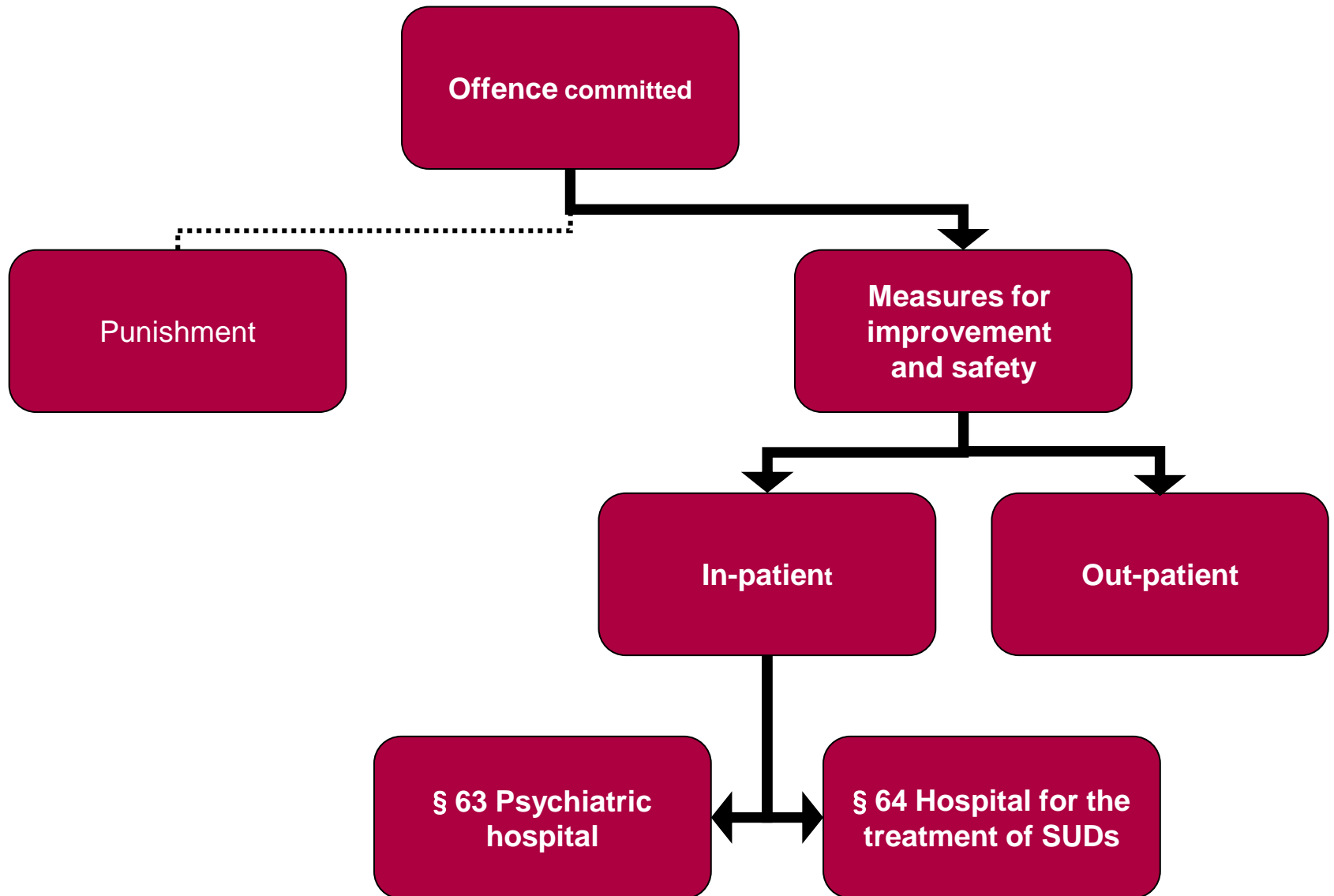
## TBS order

- 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 ...

