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Forensic psychiatry in Europe: Concepts and service provision

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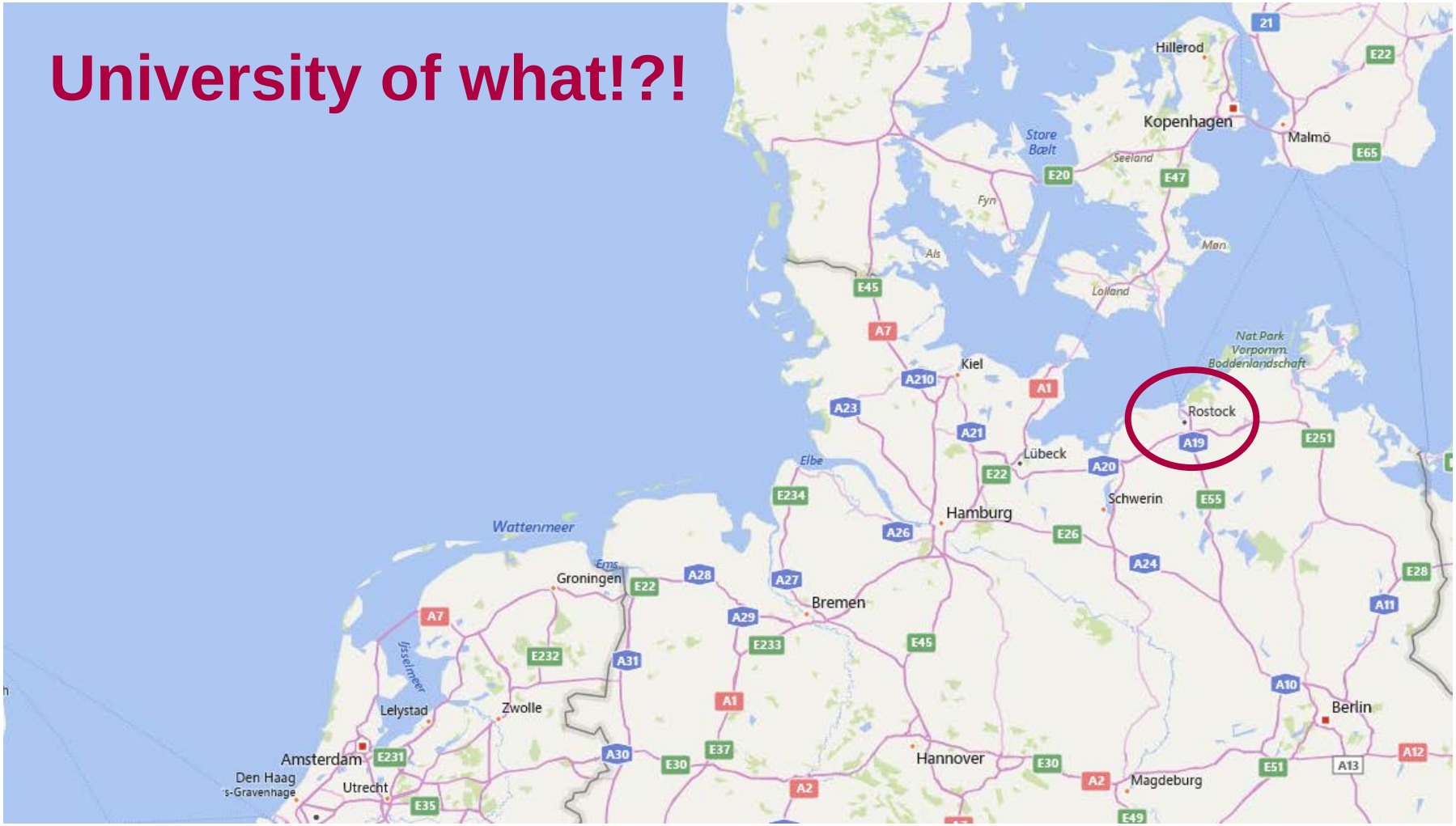
University of what!?!



Learning outcomes

- Understand the main differences in admission criteria to forensic-psychiatric care in Europe
- Have some knowledge of service provision for specific patient groups, in particular those with substance use disorders and long-stay patients
- Be able to reflect on service provision in your own working context in light of practice examples elsewhere

Outline

- Europe
- History of forensic psychiatry
- Surveys of forensic-psychiatric care in Europe
- Basic characteristics of forensic psychiatry
  - Forensic beds
  - Admission criteria
  - Care pathways
  - Length of stay
- Practice examples
  - UK
  - Germany
  - Netherlands
  - Italy
- Discussion

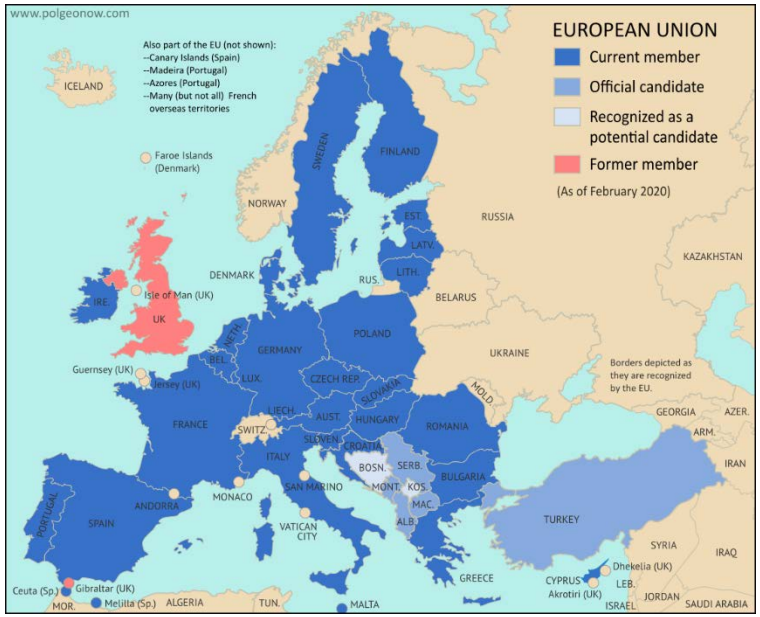
Europe

- Continent
- 10,180,000 km^2 (3,930,000 sq mi)
- 746,419,440 inhabitants
- 50 sovereign states

Europe

COUNCIL OF EUROPE

CONSEIL DE L'EUROPE



- 47 states
- European Court of Human Rights

- 27 states
- 6 candidates
- Council of the EU, European Parliament, European Commission

Free movement: people and goods

Europe

- European Free Trade Organisation
- Schengen area
- Euroz
- Europ
- Etc., e

A brief history of forensic psychiatry

- Special regulations ffenders“
  - Code Hammura exemption from full punishment
  - Roman law: „fur
  - Constitutio Crim 2) Article 179: „*Jen erer gebrechlichkeyt halben, wissentl Somebody who due to youth or other fr f their sin.“*)
  - General State L s (Allgemeines Landrecht für di 794: *„Wer frey zu handeln unverm kein Verbrechen, also auch keine Stra is not capable to acting freely [with free ffence and therefore cannot be punis*

A brief history of forensic psychiatry

- 1800 Criminal Lunatics Act
  - James Hadfield attempted to assassinate King George III (delusional belief – must die at hand of others)
  - Not guilty by reason of insanity
  - The Act: Indefinite detention of mentally ill offenders
- 1843 Mac Naughton rules
  - Daniel Mac Naughton attempted to assassinate Prime Minister (killed his secretary instead) - delusional
  - Rules for insanity defence
- 1871 German Penal Code: insanity
- Increased importance of psychiatric expertise on mental state of offenders

A brief history of forensic psychiatry

- Earlier: offenders lived in their families
- The workhouses, (psychiatric) hospitals
- Establishment of forensic-psychiatric hospitals
  - Broadmoor Hospital 1863 (UK)
  - Netherlands TBS system 1928
  - Germany double-track system 1933
    - Criminally responsible - > punishment in prison
    - Not or diminished responsible - > „Besserung und Sicherung“ (improvement and security) – forensic-psychiatric hospital

Salize et al. studies

General psychiatry 2002
Forensic psychiatry 2005
Prisons (EUPRIS) 2007

Austria
Belgium
Denmark
Finland
France
Germany
Greece
Ireland
Italy
Luxembourg
Netherlands
Portugal
Spain
Sweden
United Kingdom

Criminal Behaviour and Mental Health
22: 293–296 (2012)
Published online in Wiley Online Library
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Mapping offender-patient pathways in the different jurisdictions of the European Union

BRADLEY HILLIER[1], CHRISTOPHER LAMBOURNE[2] AND TINA GRAM LARSEN[3], [1]Institute of Psychiatry, King's College London,

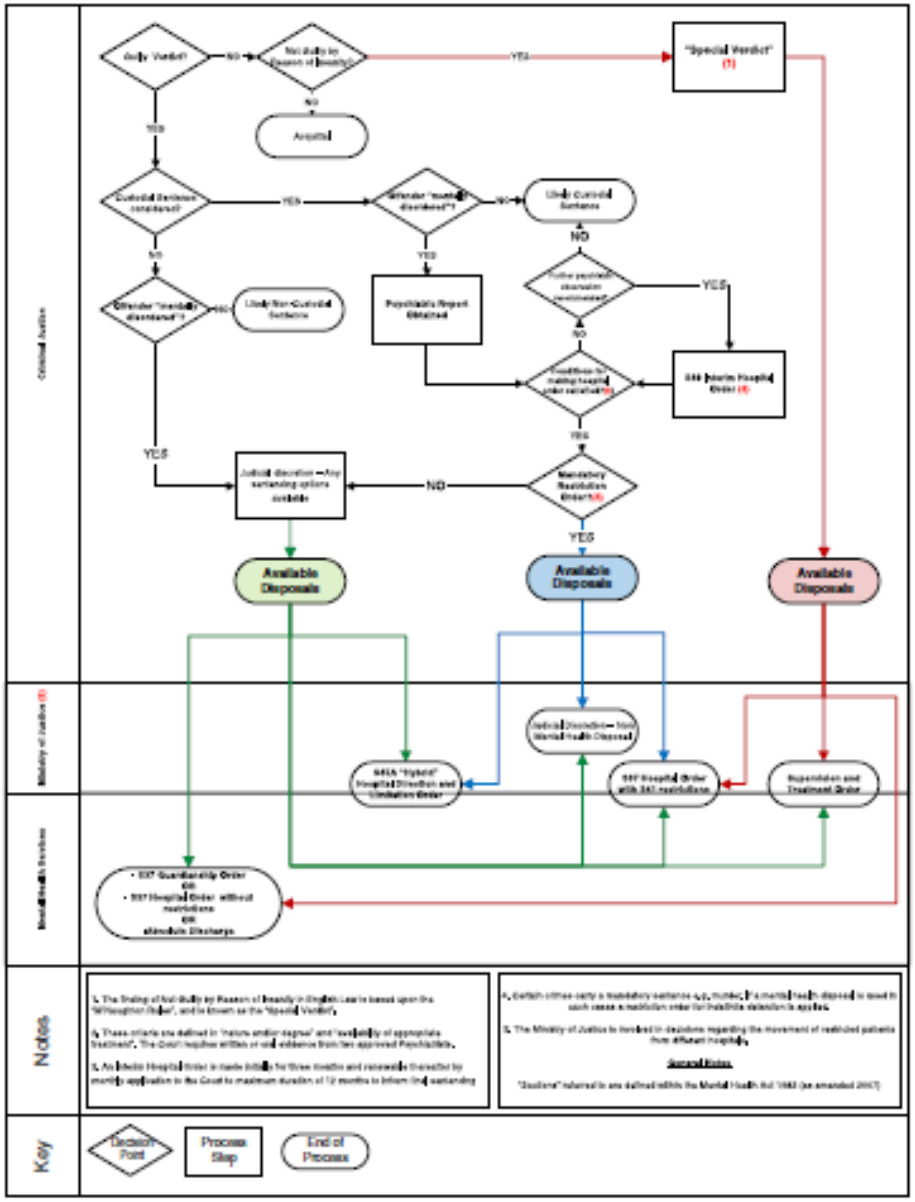
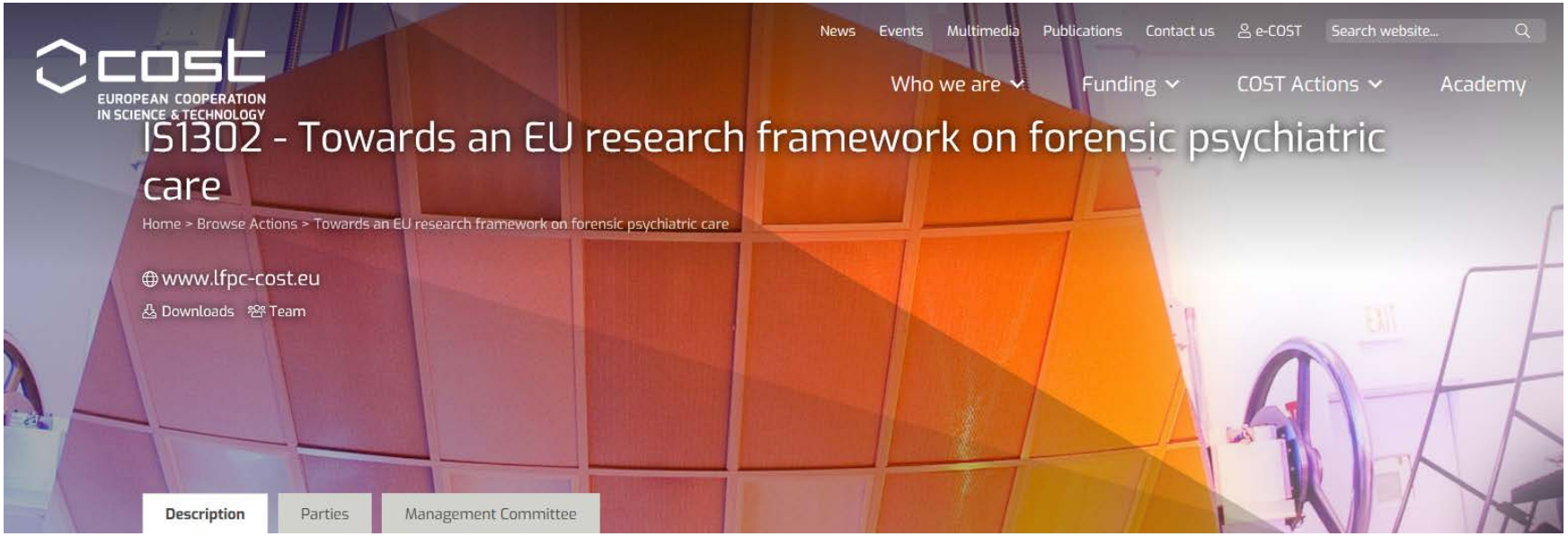


Figure 1: Forensic mental health disposals within England and Wales

COST Action 2013 - 2017



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

Social Psychiatry and Psychiatric Epidemiology
https://doi.org/10.1007/s00127-020-01909-6

ORIGINAL PAPER

Forensic mental health in Europe: some key figures

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

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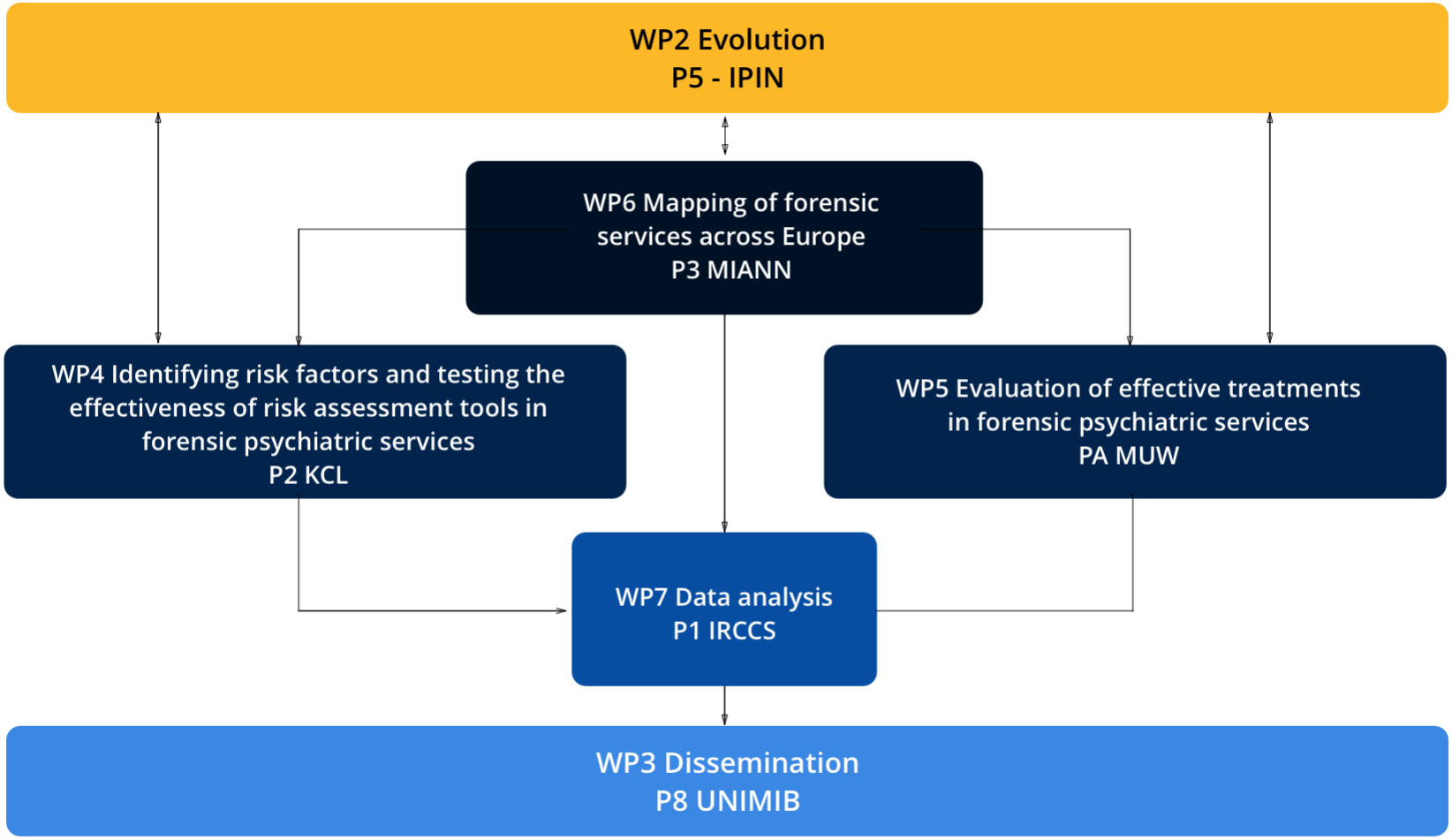
EU VIORMED


WP2 Evolution
P5 - IPIN
WP6 Mapping of forensic services across Europe
P3 MIANN
WP4 Identifying risk factors and testing the effectiveness of risk assessment tools in forensic psychiatric services
P2 KCL
WP5 Evaluation of effective treatments in forensic psychiatric services
PA MUW
WP7 Data analysis
P1 IRCCS
WP3 Dissemination
P8 UNIMIB

Different law traditions

- Roman law (= civil law)
  - Laws developed through legislative process
  - Prescriptive
  - Trials „inquisitorial“
  - Judge plays important role
  - Slow to change
- Common law (= case law)
  - Law developed by judges through decisions of courts
  - Precedent binds future decisions if case sufficiently similar
  - Trial “adversarial”
  - More flexible

Law systems

Common law
- Ireland
- E & W

Mixed
- Denmark
- Finland
- Sweden

Civil (Roman) law
- Austria
- Belgium
- France
- Germany
- Greece
- Italy
- Luxembourg
- Netherlands
- Portugal
- Spain

Age of criminal responsibility

10
England & Wales

12
Andorra
Belgium
Hungary
Ireland
Netherlands

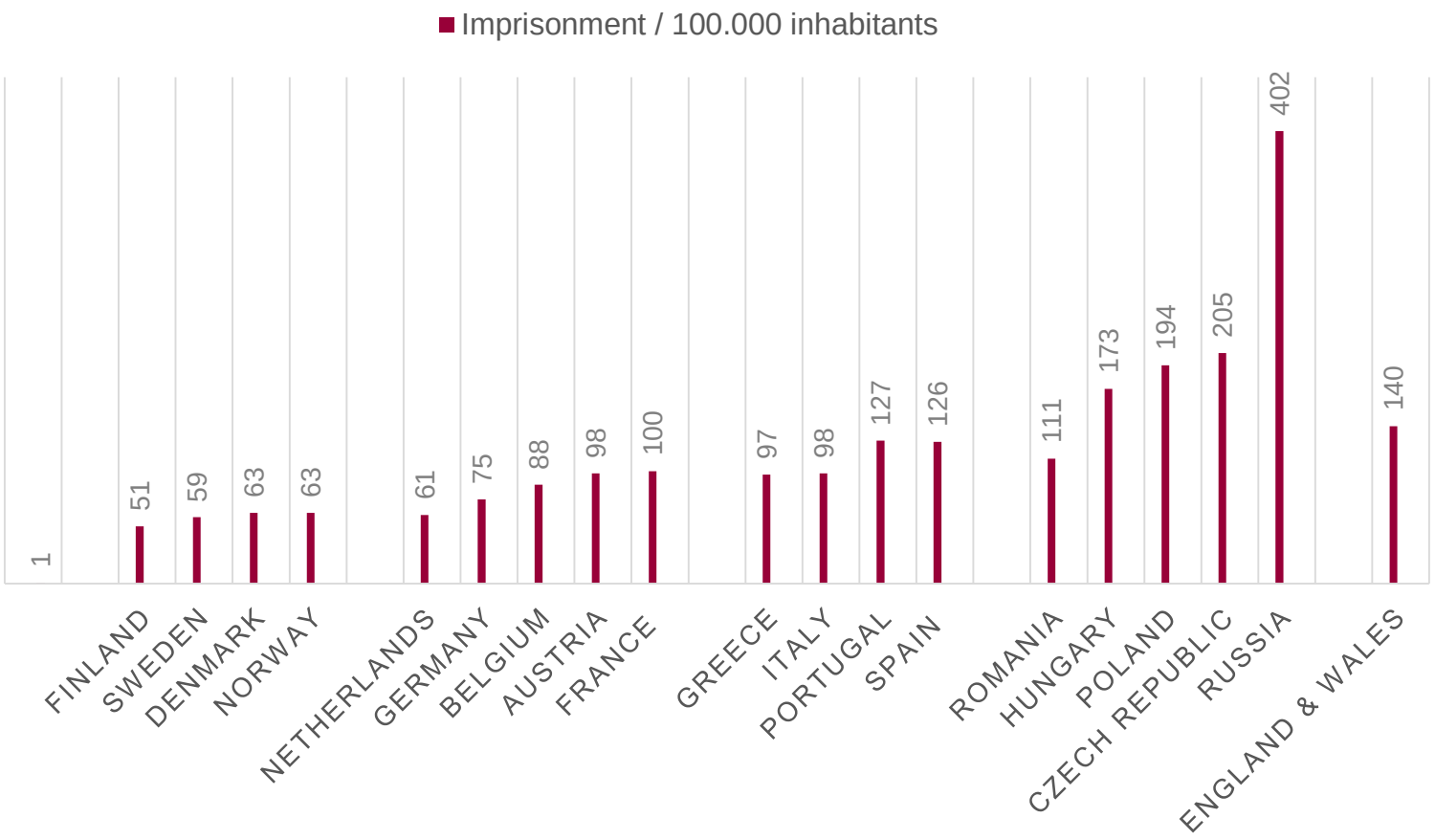
14
Albania
Austria
Bulgaria
Croatia
Cyprus
Estonia
Germany
Italy
Latvia
Malta
Romania
Spain
Slovakia
Slovenia

15
Czech Republic
Denmark
Finland
Norway
Sweden

16
Portugal

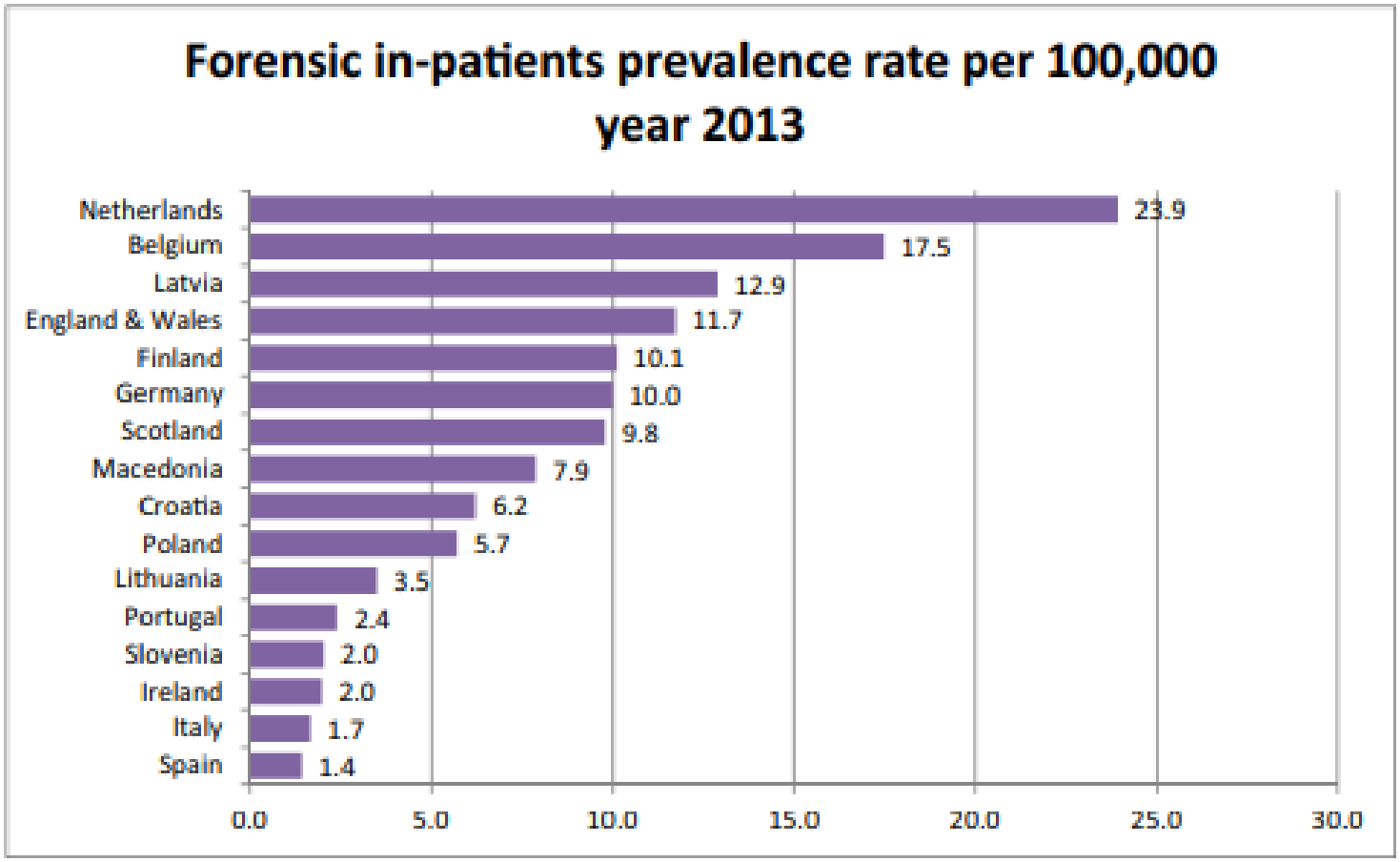
Variable
France
Greece
Lithuania
Luxembourg
Poland

Imprisonment



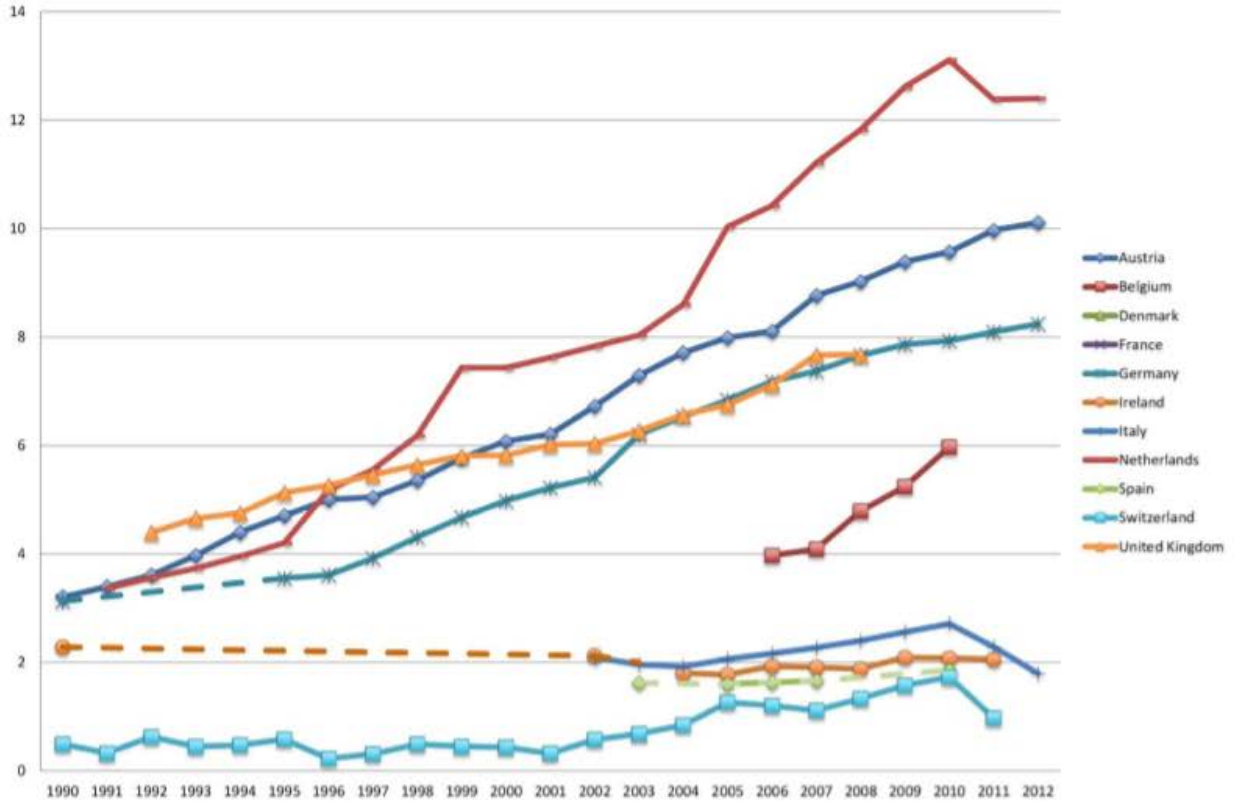
Source: World Prison Brief

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
0.0
5.0
10.0
15.0
20.0
25.0
30.0

Bed numbers over time

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

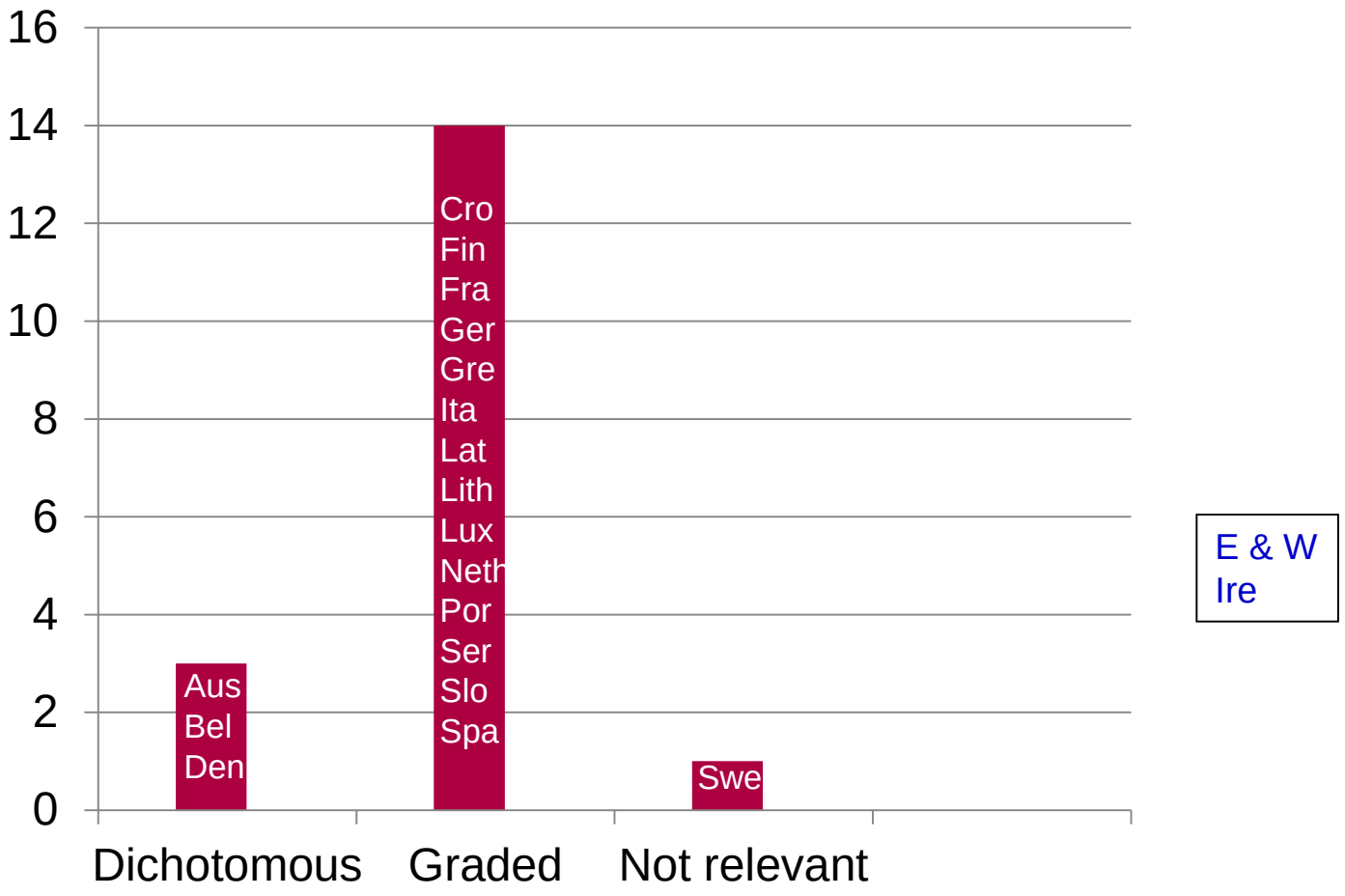


Chow & Priebe, 2016

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)

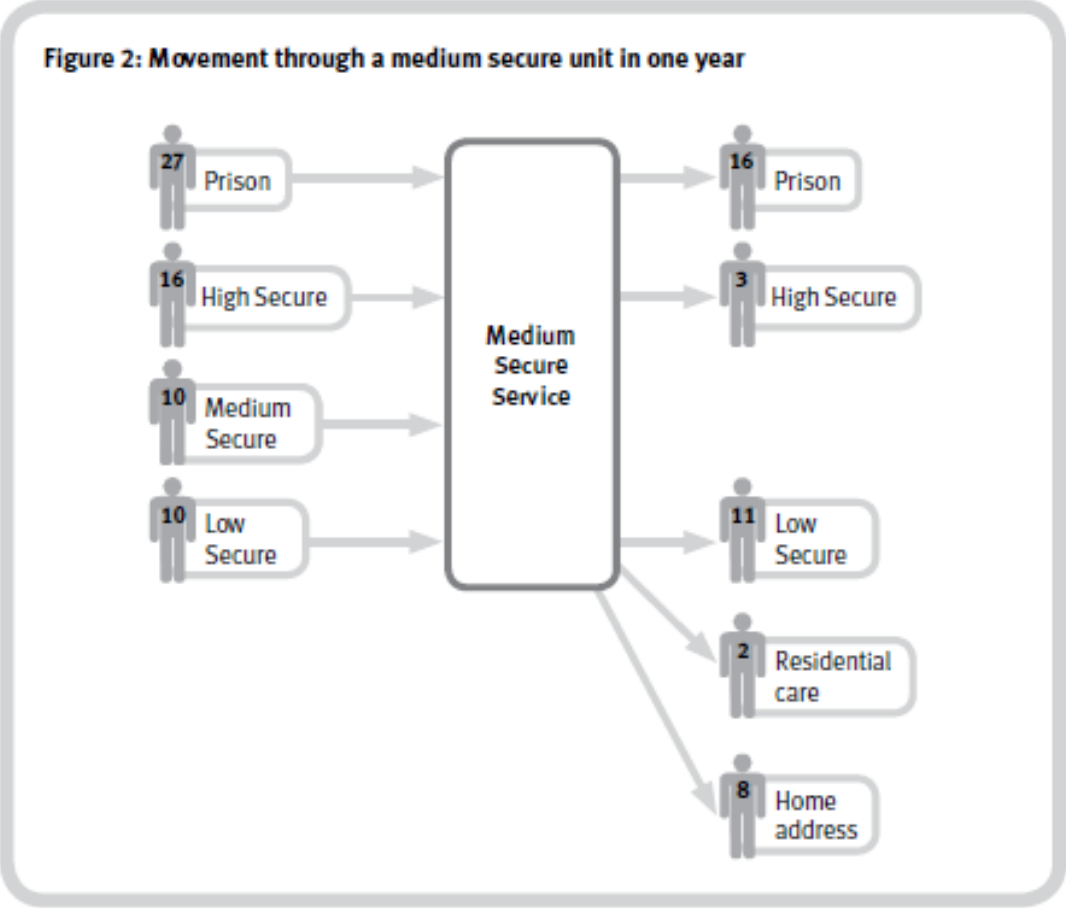
Not required

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

Pathways

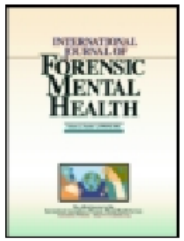
- Exclusion of certain groups, i. e. those with substance use disorders only (e.g. UK)
- Special services/regulations for substance abuse disorders:
  - Austria, Belgium (out patients), Germany, Netherlands, Serbia
- Separate units for different levels of security (low, medium, high) unusual – usually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

Pathways



(Sainsbury Centre, 2012)

Long-stay in forensic services



International Journal of Forensic Mental Health

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

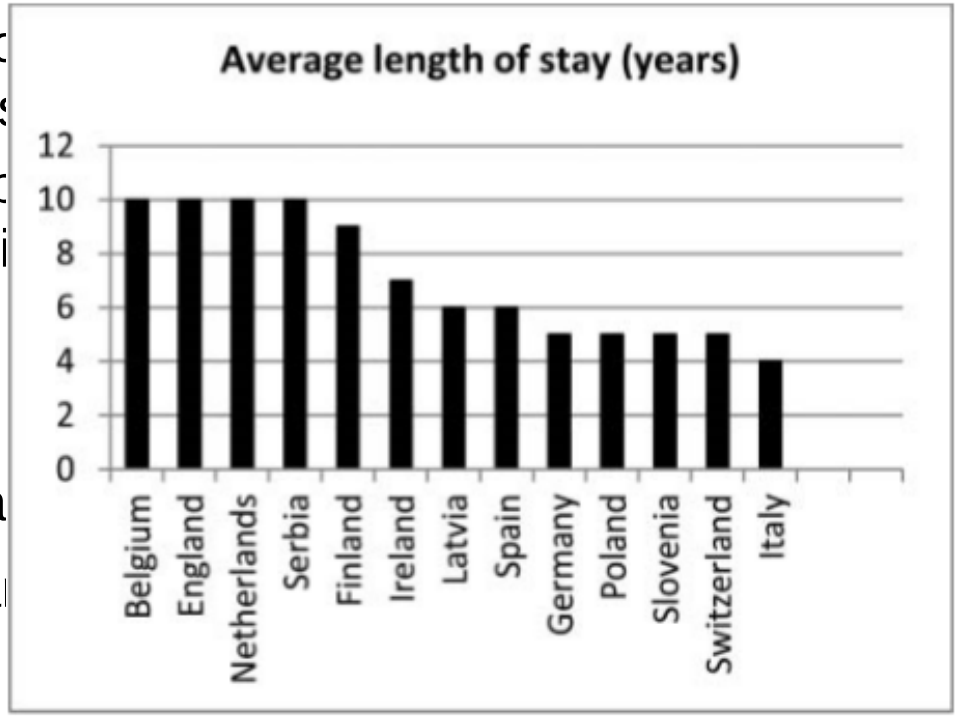
View supplementary material

Published online: 11 Nov 2016.

Submit your article to this journal

Long-stay

- Only one co … years, The Netherlands
- LoS in hosp … ce would have been i
  - Croatia
  - Italy
  - Portuga
  - (Germa



UK: Care Quality Commission

- Independent regulator of health and social care services
  - Register
  - Monitor, inspect and rate
- Set standards
- Inspections
  - Comprehensive
  - Focused (possibly unannounced)
- Patients can raise concerns directly
- Comprehensive inspections
  - Gather information (statistics, policies)
  - Speak to staff and patients
  - Observe care
  - Review notes
  - Includes “Experts by Experience”

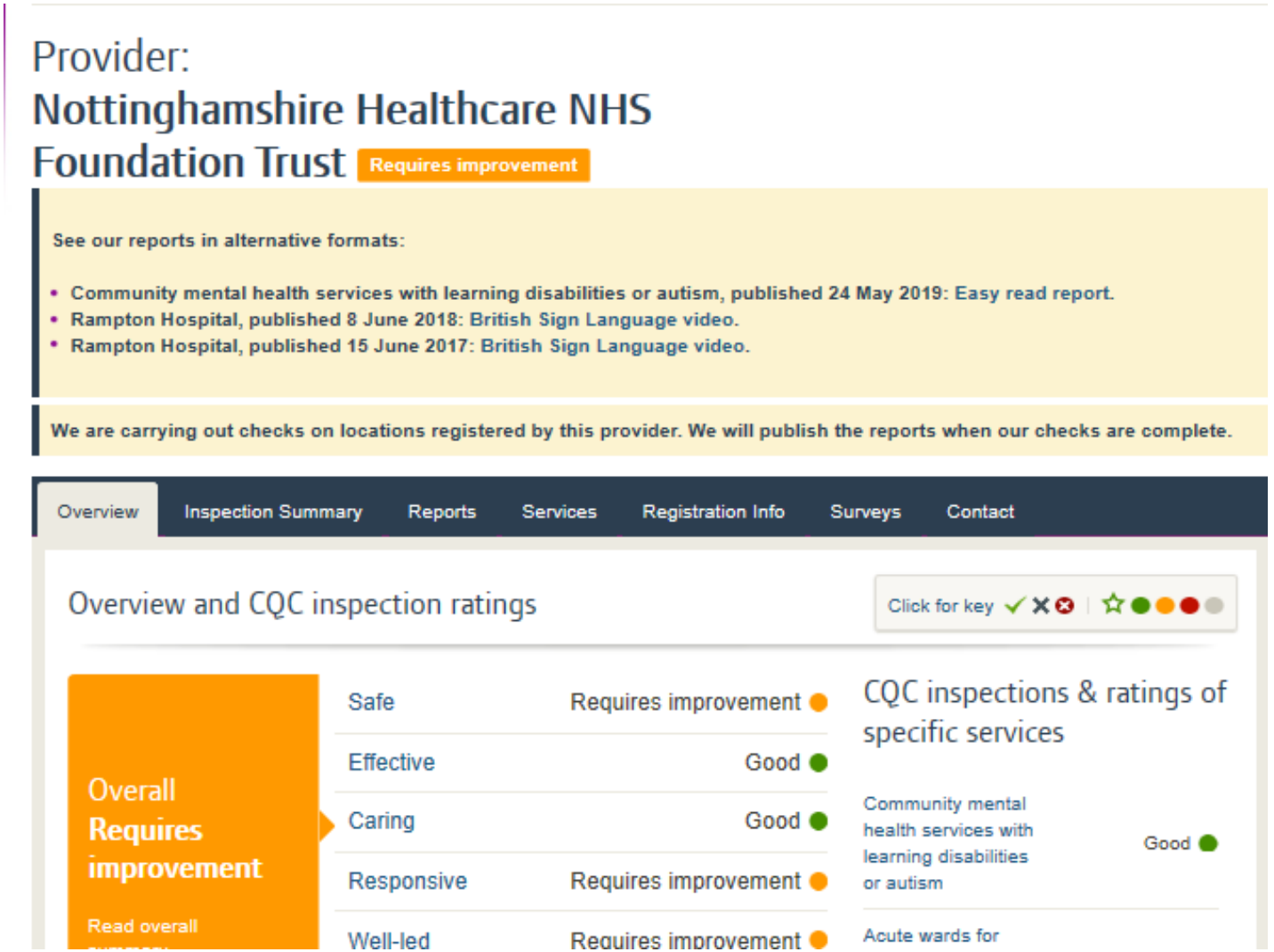
Care Quality Commission, ctd.

- Reports: Publicly available
- Ratings
  - Outstanding
  - Good
  - Requires improvement
  - Inadequate
- Ratings must be displayed by provider
- Consequences of inspections
  - Action plan
  - Further visits
  - Warning notices, special measures, fines, prosecution, closure of service

Standards

- Person centred care
  - Tailored to individual need
- Dignity and respect
  - Privacy
  - Equal treatment
- Consent
- Safety
  - Competent staff
  - Suicide risk
- Safeguarding from abuse
  - Restrictive practise
- Food and drink
- Premises and equipment
- Complaints
- Good governance
  - Effective systems to check quality and safety
- Staffing
  - Enough competent staff
- Fit and proper staff
  - Recruitment procedures
  - Background checks
- Duty of candour
  - Open and transparent when things go wrong

Reports


Provider:
Nottinghamshire Healthcare NHS Foundation Trust
Requires improvement
See our reports in alternative formats:
Community mental health services with learning disabilities or autism, published 24 May 2019: Easy read report.
Rampton Hospital, published 8 June 2018: British Sign Language video.
Rampton Hospital, published 15 June 2017: British Sign Language video.
We are carrying out checks on locations registered by this provider. We will publish the reports when our checks are complete.
Overview
Inspection Summary
Reports
Services
Registration Info
Surveys
Contact
Overview and CQC inspection ratings
Click for key
Overall Requires improvement
Read overall
Safe
Requires improvement
Effective
Good
Caring
Good
Responsive
Requires improvement
Well-led
Requires improvement
CQC inspections & ratings of specific services
Community mental health services with learning disabilities or autism
Good
Acute wards for

Comprehensiveness of inspection

Our inspection team

The team that inspected this core service consisted of; two CQC inspection managers; four Mental Health Act Reviewers; 12 CQC inspectors; one CQC assistant inspector; the CQC National Professional Advisor for forensic mental health services; 19 specialist advisors occupational therapists, psychologists and advisors with specific knowledge around safeguarding and information governance; two CQC analysts; and three experts by experience (an expert by experience is someone who has personal knowledge of using or supporting someone

How we carried out this inspection

We inspect and regulate healthcare service providers in England. To get to the heart of patients' experiences of care and treatment, we ask the same five questions of all services: are they safe, effective, caring, responsive to people's needs and well led?

Where we have a legal duty to do so, we rate the quality of services against each key question as outstanding, good, requires improvement or inadequate.

Where necessary, we take action against registered service providers and registered managers who fail to comply with legal requirements, and help them to improve their services.

The inspection was announced to ensure that everyone we needed to speak to was available.

Before the inspection visit, we reviewed information we held about the service and requested information from the trust

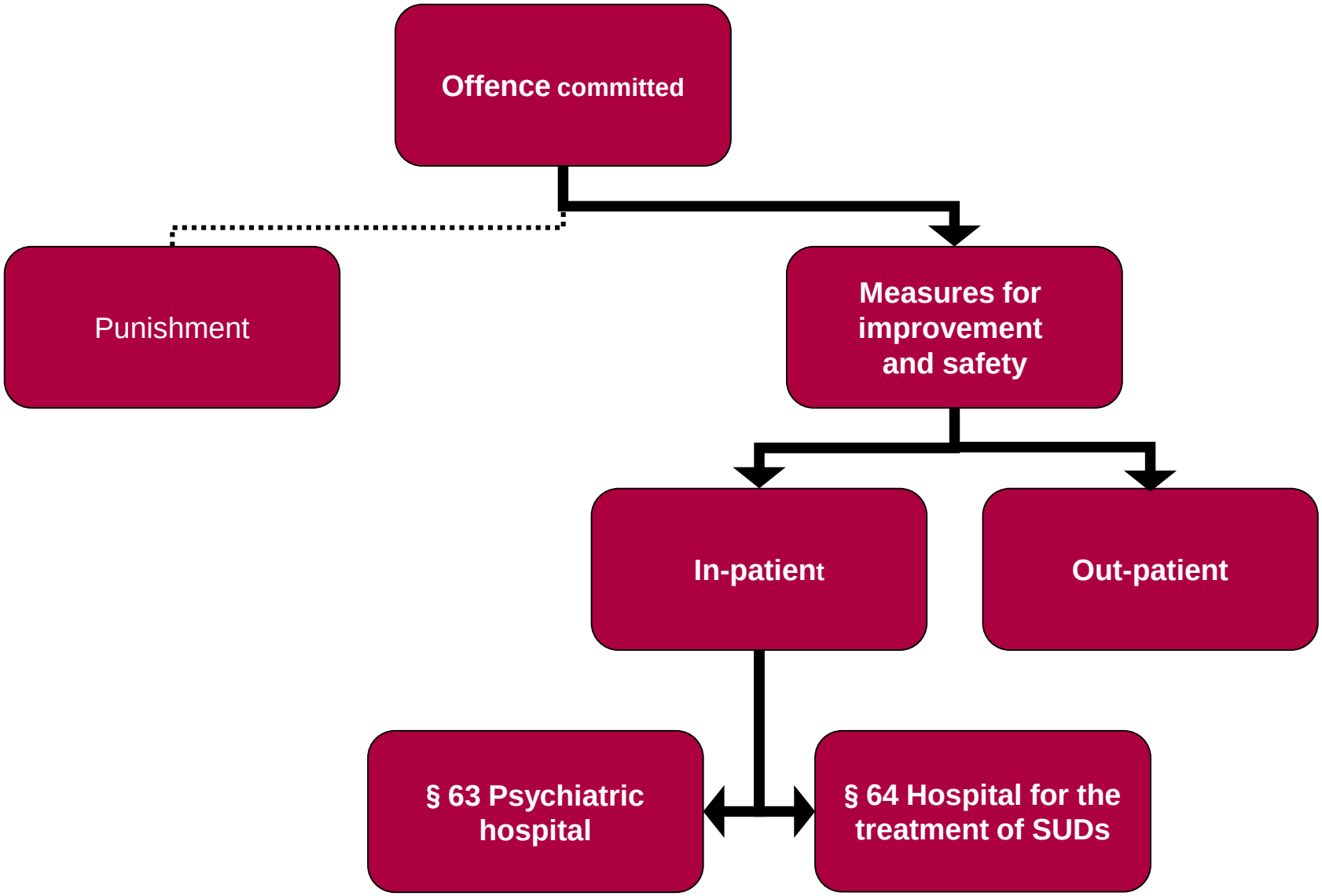
- Spoke with 126 individual staf members, including ward managers, deputy matrons and matrons, members of the security team and senior leadership team, nurses, nursing assistants, psychologists, psychiatrists, social workers and occupational therapists.
- Held 12 focus groups for all groups of staf.
- Spoke with 75 patients.
- Looked at 79 care and treatment records of patients.
- Reviewed medication management, including 106 medication administration charts for patients'.
- Attended and observed five multidisciplinary meetings and eight community meetings.We also observed a football discussion group, advocacy session on Grampian ward and saw the hospital band.

Example of inpatient psychiatric care

Our rating of this service went down. We rated it as **inadequate** because:

- There were issues with bed management and availability of beds.
- Supervision did not always take place and neither did team meetings, therefore there was inconsistent evidence of learning from complaints and incidents.
- Staff did not always monitor patients' physical health adequately.
- Staff did not always carry out checks to see if emergency resuscitation equipment worked properly.
- We reviewed 36 care records. Five of these contained no record of a risk assessment and, in a further seven, the risk assessments were not fully developed or did not contain all the risk information required.
- Wards had restrictions in place. All patients had restricted access to outside space and there were various restrictions in relation to the use of crockery and cutlery that were not always individually risk assessed.
- There were not always sufficient staff numbers on the wards. There were 23% of shifts where staff fill rates fell below 90% between July and September 2018.
- There were some omissions in medication management… staff did not always record the date that they opened patients' medication ...
- Care plans were personalised but did not always demonstrate a holistic approach. In 15 of the 33 care plans we saw this was not the case.
- Patients had limited access to psychological therapies and activities.
- Staff did not always ensure the privacy of patients… We observed a male member of staff carrying out observations without telling female patients he was looking through the blinds. Also, on one ward we could clearly see patient information displayed on the patient information board, staff had not covered this when it was not in use.
- Patient community meetings did not always take place as planned on a weekly basis. Staff did not always record what patients had discussed at meetings or actions from them.
- Staff were not familiar with the trust's vision and values.

Germany


Offence committed
Punishment
Measures for improvement and safety
In-patient
Out-patient
§ 63 Psychiatric hospital
§ 64 Hospital for the treatment of SUDs

Two tier system

§63 – Psychiatric hospital	§64 – SUD 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	• 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

The Netherlands

TBS order

- Offence punishable with 4 years
- 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

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 …