

The role of REMS of Caltagirone in the path of the offender psychiatric patient: a retrospective analysis

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SUMMARY

Objectives

Our study focused on the follow-up of patients admitted in Caltagirone's REMS once the security measure ends, in order to detect critical issues and strengths in the transition from OPGs to REMS in Sicily.

Methods

An analysis of the given data regarding the Caltagirone REMS/Catania DSM (Mental Health Department) system has been carried out. The time-frame covers two intervals: one that goes from the opening on April 2015 to October 31, 2020, regarding male patients who were discharged, and another that goes from the opening on March 2018 to October 31, 2020, concerning the same situation for female patients.

Results

Collected data on the pathway toward recovery and independence of Caltagirone's REMS population confirm the need to scientifically monitor the local psychiatric services and the REMS' system in order to improve the Italian forensic psychiatric health service management. However, the therapeutic model adopted by Caltagirone's REMS, seems quite effective. We found encouraging results about duration of residency in REMS: less than one year for the female sample and less than two years for the male one. Many of ex-guests still live in CTA: this aspect reflects the problem of the "isolated asylum" of forensic psychiatric patients and their difficult full reintegration into the Italian society due to lack of ambulatory services once REMS security measure ends. Finally, we found that a few former male patients are waiting for a new admission into REMS for other crimes: further studies are required to define which diagnostic, social and environmental factors could influence therapeutic and rehabilitative REMS' programs outcome.

Conclusions

The multidisciplinary model adopted by Caltagirone's REMS is successful, although additional improvements are needed in order to enhance psychiatric ambulatory services and to monitor information about forensic psychiatric patients once the security measure ends.

Key words: REMS, deinstitutionalization, forensic psychiatric, discharge, OPGs

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Conflict of interest

The Authors declare no conflict of interest

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Introduction

The legislative context

After the "Basaglia Revolution" in 1978, the process that led to the reform of the Italian Forensic Psychiatric system was very slow. In April 2008, a ministerial decree ¹ established a major innovation: the responsibilities and care management of people who have committed criminal offense is transferred from the Ministry of Justice to the Ministry of Health ¹. In 2011, the investigation of Judicial Psychiatric Hospitals (*Ospedali Psi-*

chiatrici Giudiziari, OPG), conducted by the Italian government, showed that living conditions for people detained in the OPG were deplorable: there were not actual therapeutic programs for their hospitalization and there was a very serious hygiene problem, so a change was absolutely required². For these reasons, the Italian government established that each Regional Health Service must manage the healthcare function of OPG very carefully³. From that moment on, in each region, the local psychiatric service, called *Dipartimento di Salute Mentale* (DSM), took care of people detained in OPG, in order to guarantee the man acceptable quality of life and the management of their clinical assistance⁴. Lastly, the Italian Public Law 81/2014⁵ allowed the closure of OPG, in order to start the process for the deinstitutionalisation of psychiatric patients who have committed criminal offense. In this historical context, the REMS (*Residenze per l'Esecuzione delle Misure di Sicurezza*), "Residences for the Implementation of Security Measures" were born: the creation of these new structures represented a significant step towards a better management of the forensic psychiatric system. The closure of all six *Ospedali Psichiatrici Giudiziari* – located in Barcellona Pozzo di Gotto, Castiglione delle Stiviere, Montelupo Fiorentino, Aversa, Napoli, and Reggio Emilia – was very difficult; currently, they are replaced with about 30 REMS, which are scattered all over the Italian territory, with a total of 604 beds for forensic psychiatric patients⁶. The 81/2014 law defined a maximum number of 20 patients for each REMS, in order to give particular emphasis to community treatment and to avoid recreating the logic of OPG: REMS should be chosen as a measure of *extrema ratio*, when no other alternative is possible. Notwithstanding, the reduction of the number of beds in the transition from OPG to REMS led to the problem of waiting lists⁷. Another critical difference from older OPG is the absence of police officers in REMS. Nonetheless, in 2019, a preliminary investigation of 24 Italian REMS showed the total presence of 75 vigilantes (8,9%) and 71 psychiatrists (8,4%); therefore there are plenty of vigilantes in REMS, with some differences among structures, although the presence of these figures to help controlling the patients was not clearly elucidated in the Degree of October 1,2012^{8,9}. This aspect underlines, even today, the strong primacy of the custodial purpose of the REMS. However, the duration of hospitalization in REMS is limited in order to remove the risk of *ergastoli bianchi* (when offenders are still kept in detention because they are considered dangerous, even if they already served their sentence): this aspect can lead to the loss of the dualism "responsibility-penalty" and "social dangerousness-security measure", disregarding the diagnostic and prognostic perspective⁴. In 2015, the Conferenza Unificata (Ac-

cordo Stato-Regioni, an agreement between the state and the regions)¹⁰ established more explicit rules about the assessment of REMS and the placing of patients, based on the "principle of territoriality", on the "principle of safety" and on communication between UEPE (*Uffici locali per l'Esecuzione Penale Esterna*, local offices for the execution of non-custodial sentences) and Magistracy. The principle of territoriality is often not respected for women for lack of suitable structures intended for them: in fact, women are often placed in REMS far from their home region. Despite the fact that in different regions the SMOP (*Sistema informativo per il Monitoraggio del superamento degli OPG*, informative system for monitoring the superseding of OPG) is active in order to monitor information about each patient admitted in REMS⁵, there are substantial differences between Italian regions in the therapeutic program's monitoring of these patients, with a consequential loss of information, especially when the principle of territoriality is not respected. Moreover, the management of socially dangerous patients is difficult for a lack of cooperation with the local services, which often find it very difficult to accommodate these people at the end of the REMS security measure⁴. For these reasons, further studies and investigation are required in order to define critical issues in the transition from OPG to REMS. The success of the REMS will be possible only thanks to a strong collaboration with the local services, in order to create a pathway towards recovery and increasing independence¹¹.

Sicily Region: the process of superseding OPG

Council's decrees nos. 318/13 of 18/2/13 and 576/13 of 25/3/13¹² identify in Sicily those structures intended to accommodate people who have undergone security measures for hospitalization in OPG: two REMS for Catania ASP (Azienda Sanitaria Provinciale – Provincial Health Services Authority); one REMS for Caltanissetta ASP; one REMS for Messina ASP. However, there are only two active REMS in the territory: Naso, in the area of Messina, with 20 beds, and Caltagirone, with 40 beds divided into two sections: men and women. The fundamental healthcare plan that targets mental health in Sicily envisions that the Integrated and Community DSM (mental health department) take responsibility for the final passage of the OPG. They wish to establish PTIs (Individual Therapy Plan) with alternative penitentiary programs aimed at those who commit misdemeanours, but who also suffer from psychiatric pathologies (Sicily Health Council, 2012¹³). In particular, the discharge of the patients from the new REMS is decided by the Magistracy, in agreement with the local DSM. Discharges are established on the patient's rehabilitation and therapeutic path, choosing the best destination based on several factors: a good psychopathological balance, a

sufficient restoration of illness awareness, improvement of therapy's compliance, and the prospect of going back to the family or of being assigned to community structures.

The REMS of Caltagirone

The REMS of Caltagirone is one of the two REMS on the Sicilian territory that for years has been hosting offenders suffering from psychiatric pathology, people who, in the past, would have been assigned to OPG. Based in the small hamlet of San Pietro, 15 km away from the centre of Caltagirone, this REMS was founded in April 2015, with the opening of the male module, located in a pre-existent building adapted to the purpose. The female one, built from scratch, was activated three years later, in March 2018. The structure has a staff consisting of psychiatric doctors, psychiatric rehabilitation technicians, nurses and a nursing coordinator, social workers and healthcare assistants. At the entrance of each module there is an unarmed security guard, trained for the surveillance of the REMS's perimeter space. In the model proposed by REMS of Caltagirone, the path is oriented not only towards the pharmacological treatment and management of psychopathological conditions, but also towards the promotion of the patient's autonomy and the restoration, as well as the enhancement, of the subject's residual resources. The planned activities include cognitive-behavioural training, groups aimed at emotional regulation and recreation activities workshops; these moments are part of a personalized and strategic therapeutic plan, aimed at building a path that also crosses the user's territory.

Aim of the study

This study aims to describe the process of superseding OPG in Sicily, with particular reference to the model of REMS of Caltagirone, in the experience of the provincial health service authority of Catania, highlighting, specifically, the legislative context and the results obtained at the moment of patients discharge, in terms of primary and last destinations, and therefore, the current clinical, legal, social and employment situation of

the former guests. We want, therefore, to discuss the strengths and/or any critical issues of this kind of model, in order to suggest possible and further improvement of the Forensic Psychiatry health service management in Sicily.

Materials and methods

An analysis of the given data regarding the Caltagirone REMS/Catania DSM (mental health department) system has been carried out. The time-frame covers two intervals: one that goes from the opening on April 2015 to October 31, 2020, regarding male patients who were discharged, and another that goes from the opening on March 2018 to October 31, 2020, concerning the same situation for female patients. In particular, we focused on: patients' placement before REMS admission; admission diagnosis; re-admissions to REMS; imprisonments and/or other security measures/detentions; assimilation into CTAs (Assisted Therapeutic Community) or Living Facilities (*Comunità Alloggio*); hospitalization (voluntary ones and/or TSO – Involuntary Treatment); job and/or other information about the social status of the former-guests.

Results

Male module

Data analysis of 46 male patients discharged from the Caltagirone REMS from the opening in April 2015 to October 31, 2020: the average age of the patients who were part of the sample taken into analysis is of 42.86 years; the average stay in the REMS is about 18.26 months, less than two years (Tab. I).

Ten discharges have taken place in 2015, six in 2016, eleven in 2017, nine in 2018, eight in 2019, and two from the 1st of January to the 31st of October 2020.

The collected data of the subjects' placement before REMS admission show the following distribution: 23.91% came from a status of freedom, 21.74% from CTA, 19.57% from OPG, 15.22% from prison, 8.70% from housing facilities, 6.52% from other REMS, 2.17% from SPDC (Fig. 1).

TABLE I. Socio-demographic characteristics of the sample of 62 patients discharged from the Caltagirone REMS from the opening to October 31, 2020.

	Males	Females
Sex	46 (74.19%)	16 (25.81%)
Mean age, years	42.86 years	43.31 years
Age, range	28-71 years	21-71 years
Length of stay in REMS	Less than 2 years (18.26 months)	Less than 1 year (11.25 months)

MALES PLACEMENT BEFORE REMS

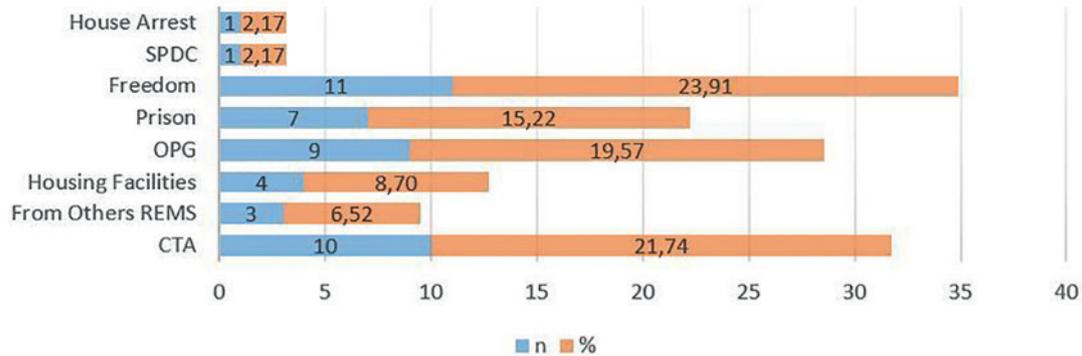


FIGURE 1. Placement before REMS admissions of n = 46 male patients discharged from Caltagirone REMS.

Two (4.34% of the sample) out of the 46 patients discharged from the male module came from places situated outside the Sicilian region (Lecce and Rome).

The most frequently encountered diagnoses have been, in order: Schizophrenic Spectrum Disorder (39.13%), Bipolar Disorder (15.22%), Unspecified Personality Disorder (15.22%), Paranoid Personality Disorder (10.87%), Borderline Personality Disorder (6.52%), Schizoaffective Disorder (6.52%), Neurodevelopmental Disorder (2.17%), Antisocial Personality Disorder (2.17%) Conduct Disorder (2.17%) (Tab. II).

Drug abuse is the main disorder in comorbidity between the patients discharged from the REMS. The amount of unspecified personality disorder diagnosis is particularly evident and often due to the presence of mixed personality traits or to the co-presence of a double diagnosis of drug abuse. In our sample the coexistence of drug abuse was 23.91% in males and 12.5% in females.

Once discharged from the REMS (from the opening on April 2015 to the 31st of October 2020) 29 patients (63.04%) have been sent to different CTAs located on the Sicilian territory. Of these 29, as things stand, 18 are still in CTA, 2 are waiting to be readmitted into REMS (1 of these is in a CTA, the other is on probation), one has gone back to prison, four have been sent to a housing facility, two are on probation without other security measures, two are free.

Six of the 46 male guests (13.04%) have been sent, at the moment of discharge from REMS, to prisons. Currently, one has been re-admitted to the Caltagirone REMS and five are still in prison (three of whom are waiting to be readmitted into a REMS).

Three (6.52%) guests have been discharged and moved into Housing Facilities located in Sicily. At present, two are still in these facilities, while one subject is free. Two (4.35%) patients have been discharged on

TABLE II. DSM-5 diagnosis of the n = 46 male patients discharged from the Caltagirone REMS from the opening, in April 2015, to October 31, 2020.

Diagnosis male patients	N.	%
Schizophrenia Spectrum and other psychotic disorders	18	39.13%
Bipolar Disorder	7	15.22%
Unspecified Personality Disorder	7	15.22%
Schizoaffective Disorder	3	6.52%
Neurodevelopmental Disorders	1	2.17%
Borderline Personality Disorder	3	6.52%
Paranoid Personality Disorder	5	10.87%
Antisocial Personality Disorder	1	2.17%
Conduct Disorder	1	2.17%

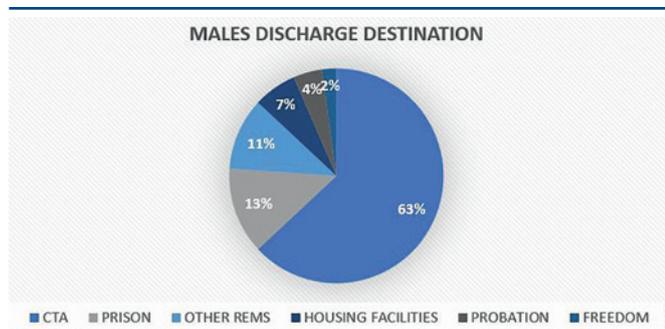


FIGURE 2. Discharge destination of n = 46 male patients.

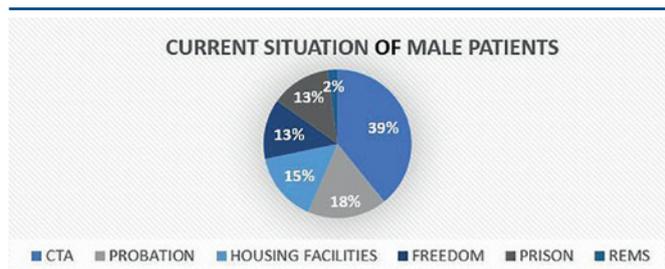


FIGURE 3. Current situation of n = 46 male patients discharged from the Caltagirone REMS. e organizational model of the “Mental Health Department 4.0”.

probation and now one of them still is in such a condition, while the other is free.

Over the years, five patients (10.87%) have been discharged from Caltagirone to be transferred into other REMS: at present, one of them is in a housing facility, one is free, and three are on probation. Only one patient has been discharged to be free and he still is today (Fig. 2).

In general, we can establish that of the 46 male guests discharged from the Caltagirone REMS from the opening in April 2015 to October 31, 2020, eighteen (39.13%)

are still nowadays situated in CTA, eight are on probation (17.39%), seven are in housing facilities (15.22%), six are in prison (13.04%), six are free (13.04%), one has been readmitted to the Caltagirone REMS (Fig. 3). Five subjects (10.87%) are waiting to be readmitted into REMS: of these, one is a guest in a CTA, one is on probation, and three are in prison.

For eight former residents of the Caltagirone REMS, who are at date on probation or totally free, it has been possible to find out their current employment situation: two subjects are waiters, one is a blacksmith, another one is a street artist, another is a cook, a subject is a factory worker, another is a farmer, and lastly, one has now retired.

Of the 46 subjects whose data has been examined, ten of them (21.74%) have undergone at least one TSO after having been discharged from the Caltagirone REMS, across a range that goes from 1 to 7 for each person (with a mean of 2.2 TSO per patient).

Female module

Data analysis of 16 female patients discharged from the Caltagirone REMS from the opening, in March 2018, to the 31st of October 2020: one has been discharged in 2018, twelve in 2019, three from January 1 to October 31, 2020. The average age of the female guests who are part of the sample taken into analysis is of 43.31 years. The average stay has been of 11.25 months, less than one year each (Tab. I).

The collected data of the subjects' placement before REMS admission shows the following distribution: 43.75% were free, 25% came from SPDC, 18.75% from prison, 12.25% from CTA (Fig. 4). Five patients (10.87%) came from places located outside of Sicily (Rome).

The most frequent diagnoses have been, in order: Schizophrenic Spectrum Disorder (43.75%), Schizoaffective Disorder (19%), Unspecified Personality Disorder (18.75%), Borderline Personality Disorder (6.25%), Bipolar Disorder (6.25%), Conduct Disorder (6.25%) (Tab. III). The drug abuse has been present in comor-

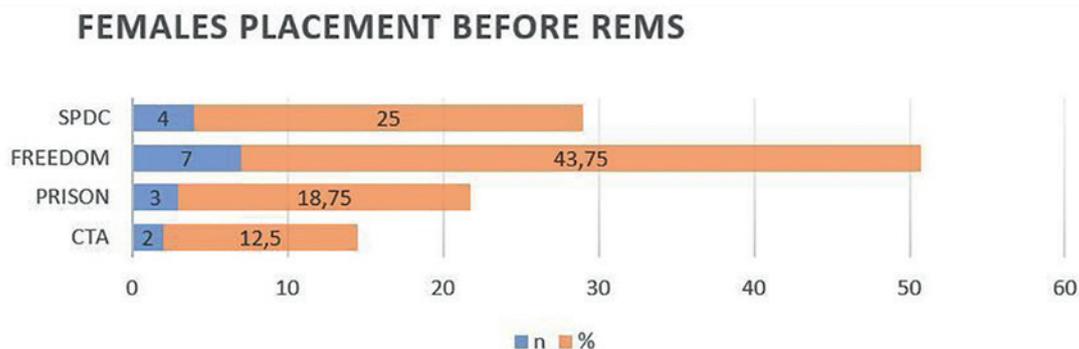


FIGURE 4. Placement before REMS admissions of n = 16 female patients discharged from Caltagirone REMS.

TABLE III. DSM-5 diagnosis of the n = 16 female patients discharged from the Caltagirone REMS between the opening, in March 2018, to 31, October 2020.

Female patients diagnosis	N.	%
Schizophrenia Spectrum and other psychotic disorders	7	43.75%
Unspecified Personality Disorder	3	18.75%
Schizoaffective Disorder	3	19%
Borderline Personality Disorder	1	6.25%
Bipolar Disorder	1	6.25%
Conduct Disorder	1	6.25%

bidity with other disorders only in two patients out of sixteen (12.5% of our female sample).

In general, we can establish that of the 46 male guests discharged from the Caltagirone REMS from the opening in April 2015 to October 31, 2020, eighteen (39.13%) are still nowadays situated in CTA, eight are on probation (17.39%), seven are in housing facilities (15.22%), six are in prison (13.04%), six are free (13.04%), one has been readmitted to the Caltagirone REMS (Fig. 3). After being discharged, from the opening in March 2018 to the 31st of October 2020, nine patients have been sent into CTA (56.25%) and are at date in these structures. Four guests (25%) have been discharged from the Caltagirone REMS to be admitted in different REMS situated in their area of origin: three are still in these structures, one of them being transferred to a CTA, while the other one is free. Two patients (12.5%), both free nowadays, had been discharged and located in housing facilities. Only one patient has undergone a displacement in a prison once discharged from the Caltagirone REMS, just to be readmitted into it shortly after (Fig. 5). Nowadays, ten patients (62.5%) live in CTA, three (18.75%) are free, two (12.5%) are still serving their sen-

tences in their respective territory's REMS, one (6.25%) has been readmitted to the Caltagirone REMS (Fig. 6). It has been possible to discover the current employment status of two former guests of the Caltagirone REMS, who are at date: one patient is an office worker, the other one is attending university. It has not been possible to find out the data regarding the TSO that the guests have been subjected to once they have been discharged from the Caltagirone REMS, because of the scattering of information given by the different origins of the subjects.

Discussion

The aim of this study was to analyse socio-demographic, diagnostic profiles, current clinical state and any other information about the reintegration into mainstream civil society of patients with mental disorders who have committed criminal offense and that were admitted to Caltagirone's REMS, from the opening of each compartment to October 31, 2020. Having such information, it would be useful to identify both strengths and weaknesses of the Forensic Psychiatry health service management in

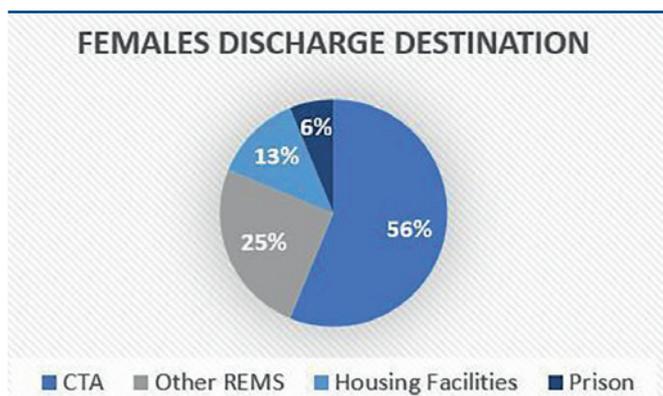


FIGURE 5. Current situation of n = 46 male patients discharged from the Caltagirone REMS.

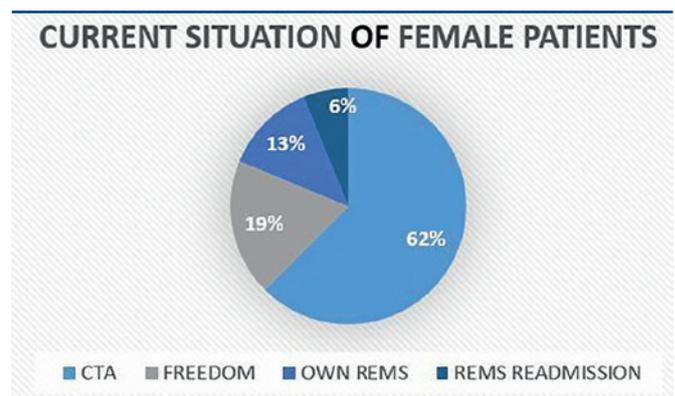


FIGURE 6. Current situation of n = 16 female patients discharged from the Caltagirone REMS, from the opening in March 2018 to October 31, 2020.

Sicily. Collected data on the pathway toward recovery and independence of Caltagirone's REMS population confirm the evident need to scientifically monitor the local psychiatric services system's or the REMS's work in order to improve the Italian forensic psychiatric health service management. We found an average middle-aged male population of 42.86 years and an average middle-aged female population of 43.31 years. The male sample was more numerous than the female one: in fact, the female compartment was opened only in 2018, three years after the male one. The most frequent psychiatric diagnosis was Schizophrenia in both the female and male samples: other studies reported Schizophrenia as the most frequent diagnosis in Italian REMS population^{14,15}. We found that the second most frequent diagnosis was personality disorders. In fact, a longitudinal study conducted in 2019 has reported personality disorder as a frequent diagnosis (32.0%) in a sample of 730 patients admitted into Italian REMS between June 2018 and June 2019¹⁰. Unspecified personality disorders diagnosis was rather common and reflected the clinical complexity of our sample. Therefore, we reported scarce information about the real presence of antisocial traits and psychopathy: in our sample, most male patients were affected by bipolar spectrum disorder (15.22%) and only one male patient was affected by antisocial personality disorder. The heterogeneous distribution of different diagnosis in Caltagirone's REMS reflected one of the most problematic aspect in the therapeutic and rehabilitative program management in Italian REMS: in this particular clinical context, personalized care is not completely applicable and this aspect limits the prevention of aggressive behaviour. The mixing of psychotic, bipolar and borderline-antisocial patients, without specific and clear admission criteria, could cause the necessity of an urgent custodial intent, with high risk for the safety of both patients and REMS workers¹⁶⁻¹⁸. However, the therapeutic model adopted by Caltagirone's REMS, which offers pharmacological prescriptions, psychotherapy, rehabilitation, motor and daily life activities, and psycho-educational programs, is quite effective. In fact, from April 2015 to October 31, 2020, after leaving the REMS once having served their sentence, 7 male patients were admitted, and now live, into special communities called *Comunità Alloggio*, 13 are now released or in a condition of supervised release, and 8 are regularly working. From March 2018 to October 31, 2020, after leaving the REMS, 3 female patients are now released: one currently studies at University, and one is regularly working. All these patients were able to enjoy progressive independence while maintaining an essential link with local psychiatric services. These data promote the application of criteria required by the Italian Decree of October 1, 2012, which stresses the importance of doc-

tors, educators, psychologists and social and health workers in REMS. Moreover, the organization of the work must be based on the principles of clinical governance and the presence of these professional figures may help reducing the risk that REMS become essentially "smaller OPG"¹⁹. We found encouraging results about duration of residency in REMS: less than one year for the female sample and less than two years for the male one. Further studies are needed in order to investigate how gender can impact on the duration of treatment in REMS, on the kind of crime committed, on the judgment of social dangerousness and on the kind of security measure established. In fact, there are often gender differences in aggressive behaviour and sociocultural aspects, and biological factors and hormonal differences have been suggested for some specific pathological personality traits^{20,21}. We also found that 18 former male patients and 9 former female patients live in CTA (*Comunità Terapeutiche Assistite* – Assisted Therapeutic Communities) which are residential communities with constant clinical services. This aspect reflects the problem of the "isolated asylum" of forensic psychiatric patients and their difficult full reintegration into the Italian society for lack of ambulatory services once the REMS security measure ends⁴. A combination of different factors, such as legislative aspects (for example, the meaning and the judgement of social dangerousness) and personal history (for example, family relationship, financial status and the presence of drug abuse) influences prognosis and a reasonable reintegration into civil society. However, the local psychiatric service called *Dipartimento di Salute Mentale, Mental Health Department* (DSM) can find rapid solutions for forensic psychiatric patients at the end of REMS security measure: in fact, the link between Caltagirone's REMS and Catania's DSM is important to avoid the "ergastoli bianchi" problem and the extension of the duration of residency in REMS.

Unfortunately, we could find information about TSO, once REMS security measure ends, only for male patients. This can be explained by the problematic aspect of the principle of territoriality for women. There are few suitable structures for women in Italy: for this reason, they are temporarily placed in REMS that are far their region⁶. This is the cause for the loss of follow-up data. Caltagirone's REMS has a separate structure for women and this is a very meaningful aspect of strength: in fact, different gender therapeutic programs are possible by avoiding mixed solutions, which are barely applicable. Finally, we found that five former male patients are waiting for a new admission into a REMS for other crimes and new security measures. Further studies are required to define which diagnostic, social and environmental factors can influence outcome of therapeutic and rehabilitative programs in REMS.

Conclusions

Our study focused on the follow-up of patients admitted in Caltagirone's REMS once the security measure ends, in order to detect critical issues and strengths in the transition from OPG to REMS in Sicily. The multidisciplinary

model adopted by Caltagirone's REMS is successful, although additional improvements are needed in order to enhance psychiatric ambulatory services and to monitor information about forensic psychiatric patients once the security measure ends.

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