



## The closing of forensic psychiatric hospitals in Italy: Determinants, current status and future perspectives. A scoping review<sup>☆</sup>



Claudio Di Lorito<sup>a,\*</sup>, Luca Castelletti<sup>b</sup>, Ilaria Lega<sup>c</sup>, Barbara Gualco<sup>d</sup>, Franco Scarpa<sup>e</sup>, Birgit Völlm<sup>a</sup>

<sup>a</sup> Division of Psychiatry and Applied Psychology, School of Medicine, University of Nottingham, Nottingham NG7 2TU, United Kingdom

<sup>b</sup> REMS Nogarà (VR), Aulss 9, Veneto Region 37054, Italy

<sup>c</sup> Italian National Institute of Health, Viale Regina Elena 299 – 00161, Rome, Italy

<sup>d</sup> Department of Health Sciences, University of Firenze, Largo Brambilla 3, 50134 Firenze, Italy

<sup>e</sup> Local Health Unit Centre of Toscana, Viale della Piazzuola 56, 50133 Firenze, Italy

### ARTICLE INFO

#### Article history:

Received 20 February 2017

Received in revised form 14 July 2017

Accepted 10 October 2017

Available online 5 November 2017

#### Keywords:

Italy

Forensic psychiatry

Residenze per l'Esecuzione delle Misure di

Sicurezza (REMS)

Ospedali Psichiatrici Giudiziari (OPG)

Mentally-ill offenders

Review

### ABSTRACT

**Introduction:** Italy is the only country in the world to have closed forensic psychiatric hospitals and converted to fully-residential services. The international interest around this reform has not been matched by research. This scoping review aims to report the determinants of the reform, the most updated information on how the system operates, its benefits and its challenges. We further aim to discuss the implications for policy, research and practice.

**Methods:** 1. Selection of relevant sources through electronic search on four databases, Google, relevant printed materials and personal communication with practitioners currently working in REMS. 2. Study quality monitoring. 3. Data extraction onto NVivo 4. Data synthesis through content analysis.

**Results:** 43 papers were selected for inclusion in our review. Two main themes were identified: 1. Historical chronology of the closure of forensic psychiatric hospitals; 2. The current model of residential forensic psychiatric care.

**Conclusions:** The closing down of Italian forensic psychiatric hospitals represented a fundamental step for human rights. Further work is required to improve the current service, including potential reforming of the penal code, improved referral/admission processes and consistent monitoring to reduce service inequality across regions. Further research is crucial to test the effectiveness of the Italian model of care against traditional ones.

© 2017 Elsevier Ltd. All rights reserved.

### Contents

1.	Introduction . . . . .	55
2.	Methods . . . . .	55
2.1.	Search strategy . . . . .	55
2.2.	Study selection and appraisal . . . . .	55
2.3.	Data extraction and analysis . . . . .	56
3.	Results . . . . .	56
3.1.	Historical chronology of the closure of forensic psychiatric hospitals . . . . .	57
3.1.1.	Biological positivism and the Italian school of anthropological criminology . . . . .	57
3.1.2.	The Zanardelli code and the birth of asylums . . . . .	57
3.1.3.	Fascism and the Rocco penal code . . . . .	57
3.1.4.	Republican years and the de-institutionalisation movement . . . . .	58
3.1.5.	Toward the closure of forensic psychiatric hospitals . . . . .	58

<sup>☆</sup> Conflicts of Interest: None to declare. Source of Funding: Claudio Di Lorito is funded by the Collaboration for Leadership in Applied Health Research and Care (CLAHRC) East Midlands. Disclaimer: The research was funded by the National Institute for Health Research (NIHR) Collaboration for Leadership in Applied Health Research and Care East Midlands (CLAHRC EM). The views expressed are those of the authors and not necessarily those of the NHS, the NIHR or the Department of Health.

\* Corresponding author at: Room A10, Institute of Mental Health, Innovation Park, University of Nottingham, Triumph Road, Nottingham NG7 2TU, United Kingdom.

E-mail address: [claudio.dilorito@nottingham.ac.uk](mailto:claudio.dilorito@nottingham.ac.uk) (C. Di Lorito).

3.2.	The current model of residential forensic psychiatric care . . . . .	59
3.2.1.	Development of REMS following law 9 . . . . .	59
3.2.2.	Updated information on the system of REMS . . . . .	59
3.2.3.	Innovations and benefits of the system of REMS . . . . .	59
3.2.4.	Critical issues of the system of REMS . . . . .	60
4.	Discussion . . . . .	61
	References . . . . .	62

**1. Introduction**

The total closure of forensic psychiatric hospitals (OPG) in Italy and the conversion to a residential model of care based on secure residential units in the community (Residenze per l'Esecuzione delle Misure di Sicurezza - REMS) was a long and tortuous journey. The origins of the reform can be traced back to the early 1970s (Margara, 2011), but the process of conversion was only brought to full completion in January 2017, with the closure of the last OPG, lasting more than 40 years.

This revolutionary reform was inspired by the protest movement of the late 1960s and laid out by the representatives of the anti-asylum movement led by psychiatrist Franco Basaglia, who received the initial support of those sectors of Italian society which were more sensitive to human rights considerations, such as university law professors. However, the reform would have seen no light without the shared vision and commitment to change of political leaders and common citizens (Crepet & De Plato, 1983).

The conversion to REMS has made Italy the first and only country in the world to have followed through the principles of the de-institutionalisation movement to such extent as to abandon a hospital-based model of forensic psychiatric care in favour of residential units, which only employ clinical personnel (Carabellese & Felthous, 2016).

However, given that the process has just very recently been completed, we were unable to retrieve any literature review synthesising the existing evidence around the reform and reporting the most up-to-date information on the status of the Italian forensic psychiatric system.

Given the interest that this reform has gained at the national and international level, and the relevance that it may have to inform and promote debate, policy and practice, within and well beyond Italian borders, we deemed it timely to bridge this gap in research.

This scoping review therefore aims to:

- (i) Illustrate through a historical chronology, the socio-cultural, political and legislative determinants of the total closure of forensic psychiatric hospitals in Italy and the conversion to REMS;
- (ii) Describe how REMS currently operate and highlight some of the benefits and challenges that the system is experiencing at this initial stage of implementation.

We also discuss ideas on further reform of the system and the implications for policy and practice at the national and international level.

**2. Methods**

*2.1. Search strategy*

Our search strategy was based on the PICO (Patient, Intervention, Comparison, Outcome) framework, which is widely used to define search strategies for literature reviews (Sackett, Richardson, Rosenberg, & Haynes, 1997).

We carried out literature searches on four electronic databases from different disciplines relevant to our review: Embase (for medicine and psychiatry), Psycinfo (for psychology and mental health), the

International Bibliography of Social Sciences (for social sciences) and Web of Science (inter-disciplinary).

Given our aim to report on the current status of REMS, we ran two consecutive searches, in September 2016 and again in February 2017, to ensure we captured the most up-to-date information. The references of all relevant sources we retrieved through the searches were hand-screened to identify further literature for our review.

The search strategy consisted in combining terms from the following two domains:

- The “country” domain, with terms such as ‘Italy’ and ‘Italian’.
- The “institution” domain, with terms such as ‘Forensic’, ‘psychiatr\*’, ‘REMS’, ‘OPG’, ‘Ospedali Psicatrici Giudiziari’, ‘Residenze per l'Esecuzione delle Misure di Sicurezza’, ‘psychiatric hospital\*’, ‘asylum\*’, ‘Mental health service\*’, ‘Mental Hospital\*’, ‘Community mental health’, ‘institution\*’, ‘de-institutionalisation’.

Word truncation, marked by the asterisk (\*), allowed to search for any variations in the suffix of terms, thus maximising sources retrieval. The search strategy was kept as consistent as possible across different databases, although minor variations were made to respond to the different characteristics of databases.

Owing to the inevitable delays caused by the peer-review process in the publication process, the sources we retrieved through the databases did not necessarily report the most up-to-date information about the reform. Therefore, in addition to the database searches, we ran a Google search to retrieve updated information, by inspecting the first 100 hits. This strategy ensured we also captured grey literature, relevant policy documents from governmental bodies (e.g. the latest half-yearly report by the special commissioner for the closing down of OPG), as well as sources from charity/third sector/lobbying organisations such as StopOPG, which played a crucial role in the reforming process.

In addition, to gather enriched historical data and supplement data from the electronic sources, we consulted the library catalogue of the University of Nottingham and hand searched relevant documents and textbooks.

Finally, we engaged in email communication with Italian practitioners currently working in the system of REMS, which enabled us to capture detailed data, such as the percentage of patients who benefit from temporary leaves, which would have been otherwise missed.

*2.2. Study selection and appraisal*

The sources retrieved through the electronic and Google searches were screened by the first author (CDL), who dismissed those not relevant to the scope of the review. The remaining sources were checked for eligibility against the inclusion criteria by two authors (CDL and LC).

Inclusion criteria:

- Study is on Italian forensic psychiatry;
- It addresses one (or more) of the following:
  - Historical, legal, cultural, political and/or social determinants of the total closure of forensic psychiatric hospitals in Italy.
  - How REMS operate.
  - The benefits of REMS.

Download English Version:

<https://daneshyari.com/en/article/6554564>

Download Persian Version:

<https://daneshyari.com/article/6554564>

[Daneshyari.com](https://daneshyari.com)