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The impact of the Covid-19 pandemic on new Forensic Psychiatry facilities in Italy

L'impatto della pandemia Covid-19 sulle nuove strutture psichiatrico-forensi in Italia

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Abstract
After the closure of Psychiatric Hospitals (OPs), in 2012 the Italian Government decided to close the High Security Psychiatric Hospitals (OPGs). Law 81/2014 established that each region would provide smaller forensic psychiatry facilities, the REMS (Residence for the Execution of the Security Measures), to accommodate socially dangerous NGRI (Not Guilty by Reason of Insanity) offenders. The main characteristic of a REMS is that it is purely therapeutic and rehabilitative in nature while remaining a custodial safety measure. The COVID-19 pandemic undoubtedly tested the organization of these new Italian forensic psychiatry facilities whose practices were not yet fully established, forcing them to ensure patient safety during lockdown amidst the epidemic. The Chapter V Constitutional reform which assigned each region exclusive competence for health policies in its own territory, once the prerogative of the central government, was also put to the test. To assess the impact of the pandemic on the new forensic care system in Italy, we conducted a semi-structured interview with REMS health professionals from various regions with differing levels of contagion: the Poli REMS di Castiglione delle Stiviere; the REMS of Volterra; the REMS of Carovigno and the REMS of Pisticci. The interview assessed how the rehabilitation objectives had been met notwithstanding the serious operational limitations consequent to COVID-19 related decisions by the authorities.

Key words: COVID-19, lockdown, REMS, forensic psychiatry, risk assessment

Riassunto
Dopo la chiusura degli Ospedali Psichiatrici (OP), nel 2012 il Governo Italiano ha deciso di chiudere gli Ospedali Psichiatrici Giudiziari, gli OPG. La legge 81/2014 stabiliva che ogni regione avrebbe dovuto prevedere l'istituzione di strutture psichiatrico-forensi più piccole, le REMS (Residenze per la Esecuzione delle Misure di Sicurezza), per accogliere gli autori di reato non imputabili, socialmente pericolosi. La caratteristica principale delle REMS è quella di avere una natura prettamente terapeutica e riabilitativa pur rimanendo una misura di sicurezza detentiva. Non c'è dubbio che la pandemia COVID-19 abbia messo alla prova l'organizzazione delle nuove strutture psichiatrico-forensi italiane, con prassi ancora non del tutto consolidate, costringendo le REMS durante il lock-down ad adoperarsi per gestire l'epidemia, garantendo al tempo stesso la sicurezza dei pazienti. In questo contesto è stata messa alla prova anche la riforma del Capitolo V della Costituzione, che assegnava a ciascuna Regione la competenza esclusiva per le politiche sanitarie del proprio territorio, un tempo prerogativa del governo centrale. Alla luce di ciò, per valutare l'impatto della pandemia sul nuovo sistema di assistenza forense in Italia, abbiamo condotto un'intervista strutturata con gli operatori sanitari delle REMS di diverse regioni con diversi livelli di diffusione della malattia: la Poli REMS di Castiglione delle Stiviere; la REMS di Volterra; la REMS di Carovigno e la REMS di Pisticci. L'intervista ha valutato come gli obiettivi riabilitativi fossero stati garantiti nonostante i gravi limiti operativi conseguenti alle decisioni delle autorità determinate dal COVID-19.

Parole chiave: COVID-19, lockdown, REMS, psichiatria forense, valutazione del rischio

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Introduction

The Italian forensic psychiatric treatment system has recently undergone a profound change. After the closure of Psychiatric Hospitals 40 years ago, in 2012 the Italian Government decided to legislate the closure of High Security Psychiatric Hospitals (OPGs). The closing of OPGs completed the long transition from a containment approach towards offenders with mental disorders to a psychiatric model oriented towards recovery and rehabilitation (Carabellese & Felthous, 2016; Scarpa, Castelletti, Lega, 2017). In 2015, the six OPGs were definitively closed and Law 81/2014 established that each region should provide for the establishment of smaller forensic psychiatry facilities, the REMS, each with twenty beds that would accommodate offenders who were not criminally responsible at the time of their crime due to the presence of severe mental illness, but who were dangerous to society.

From 2014 to 2017, a new forensic treatment model based solely on community treatment under the responsibility of public mental health departments was built and implemented by regional health authorities. Each Italian region was to have at least one REMS, but the actual number of REMS per region and number of beds per REMS depends on a region's population and decisions. In December 2018, in 30 of the 33 REMSs existing today, there were a total of 730 inmate patients, of which 80 were women (Catanesi et al, 2019). REMSs allow every inpatient to remain in their own territory, also after discharge. Internment in a REMS is a custodial security measure that by law should be an "extreme and exceptional ratio". Socially dangerous NGRI offenders are interned in REMSs at the discretion of the court for the shortest time necessary.

The main characteristic of a REMS is that it has a purely therapeutic and rehabilitative nature, in line with the general psychiatric model. At the same time, REMS forensic treatment objectives include that of neutralizing, if possible, or at least containing the risk (Felthous & Carabellese, 2018) of the inpatient committing new crimes and/or other violent acts (Vitacco, Green, Felthous, 2014) once discharged. Healthcare professionals encourage inpatients to participate in recovery-oriented rehabilitation in order to return them to community health services as soon as possible (Zanalda et al., 2020) and also to reduce the risk of criminal recidivism (Völlm et al, 2018).

After the closing of OPs, Italian psychiatrists acquired specialized skills and so it is hoped that the usual attention paid to protective factors (interventions by the family and social environment), so important in rehabilitation work (Carabellese et al, 2015), can also be ensured for socially dangerous mentally ill offenders. This should contribute to reducing the risk of future criminal behavior and promote the social reintegration of these persons into their home environments, even though the risk of violent acts is sometimes underestimated by non-specialized public health psychiatrists (Carabellese et al, 2014). There is evidence in the literature (Fazel, Fiminska, Cocks & Coid, 2016; Fazel, Smith, Chang, & Geddes 2018) suggesting that some psycho-social factors exert a protective effect which can sometimes be effectively strengthened while in other cases, intervention is more complex and less effective. An assessment of this kind, however, implies not only in-depth knowledge of a patient's profile, but also the identification of all those variables (family, social, context-related) that can influence a patient's behavioral choices (Carabellese et al, 2015). From this point of view, an offender with a mental illness poses specific treatment problems (Carabellese, 2017; Carabellese, Urbano, Coluccia, Gualtieri, 2017; Carabellese, Urbano, Coluccia, Mandarelli, 2018) which cannot be ignored (Grann, Danesh & Fazel, 2008; Green et al, 2014). On the other hand, REMSs impose significant restrictions on inmate patients including the external rehabilitation activities that strengthen some protective factors. During internment in a REMS, healthcare professionals must ensure the safety of staff and inpatients as well as an adequate quality of life for inpatients (Kennedy, 2002). At the same time, forensic psychiatric treatment must guarantee an effective outcome for patients and their reintegration into the outside community by massively reducing the risk of recidivism (Kennedy et al, 2019).

Italian forensic psychiatrists should also adhere to professional processes of organization and efficiency to approach the standards of excellence of forensic psychiatrists in other countries (Kennedy, Simpson, Haque, 2019). Excellence is a process of research and development that is the only means of achieving constant improvements in outcomes (Kennedy, Simpson, Haque, 2019). Comparison with other treatment models regarding the effectiveness of our system's outcomes and research activities would be useful. However, international comparisons between a single model and others are problematic because of the variations in many essential specifics such as settings, laws, population descriptions, outcome measures, and follow up periods (Di Lorito, Castelletti, & Lega, 2017; Mandarelli et al, 2019).

Law 24 passed on 8th March 2017 states that specific procedures should be put in place to avoid incurring professional responsibility charges since inpatients held in REMS are often at risk of self-harm (Catanesi & Carabellese, 2011) or of violent acts towards the forensic psychiatric staff (Carabellese et al., 2017; Coluccia et al, 2017; Gualtieri et al, 2020_a; Mandarelli et al, 2019). Also from this point of view, restrictions imposed by the pandemic might

have had negative implications on REMS good-care practice priorities and rehabilitation objectives. So the COVID-19 pandemic has undoubtedly tested the new Italian forensic psychiatry facilities from every point of view: their organization, model, effectiveness, and their ability to elicit response to treatment, to interact with all the other numerous institutions with which they usually collaborate, and to predict, possibly prevent, and effectively treat violent conduct while ensuring well-being and adequate quality of life for inmate patients. The COVID-19 pandemic has led to rapid changes in working practices in forensic psychiatry facilities, most of which still did not have consolidated practices, as REMSs during lockdown were striving to safely manage the COVID-19 epidemic in addition to their main objectives.

One other aspect of the last twenty years of Italian social life is worthy of note. It concerns Law no.3 of 18 October 2001 that reformed Chapter V, which regulates the regions, of the Constitution by conferring fully autonomous, exclusive competence to the regions for health policies in their territories. Therefore, during the pandemic each region made its own decisions, coordinated by the Ministry of Health, regarding the safety measures to be adopted, which consequently also regarded all the REMS in its region. In this context, the reform of Chapter V of the Constitution was also put to the test.

COVID-19 pandemic in Italy

Italy was the first European country to be severely hit by the COVID-19 pandemic and the first country to put its whole national territory into lockdown. However, the spread of the pandemic also differed from region to region; Lombardy paid a very high price (Grasselli et al., 2020) as almost 50% of the entire country's deaths occurred there; other regions had very few cases.

The COVID-19 outbreak in Italy also had a strong impact on the forensic psychiatry system and led to rapid changes in working practices including increased hygiene, disinfection, and physical distancing; the suspension of admission, visitor access and patient leave; the need to isolate and teleconference. Some of these practices are an essential part of rehabilitation activities and are aimed precisely at the recovery of the mentally ill offender. It has been a severely stressful event with a potentially negative impact on inpatients and health professionals.

Our research

For this reason we decided to carry out a semi-structured interview with REMS health professionals working in different regions with varying levels of contagion: the Poli REMS of Castiglione delle Stiviere in Lombardy with the highest levels of contagion; the REMS of Volterra in Tuscany and the REMS of Carovigno in Puglia, regions with low-medium levels of the disease; the REMS of Pisticci in Basilicata, one of the smallest region in Italy, with a very low COVID-19 level.

The main objectives of this survey were to evaluate the impact of the pandemic on the new forensic treatment system in Italy, the REMS reaction to it, and the way rehabilitation objectives and safety had been guaranteed under the severe operational limitations deriving from the decisions by the authorities due to COVID-19. In sum, how the new forensic treatment model continued to fulfill its objectives.

Results

As common measures throughout the country during the lockdown, public offices remained closed, including the courts; court hearings were postponed or, if urgent, held by teleconference for prisoners with expiring prison terms. Hospitals guaranteed only urgent care; all outpatient activities were suspended. During the initial phase of lockdown, there was difficulty in procuring personal protective devices (e.g. masks and gloves, detergents, also swab tests) to contain the spread of the infection.

In the REMSs, admissions and discharges were suspended, as were visits from relatives and family members. Any outside rehabilitative activity was stopped. All this represented a serious limitation on the usual treatment and rehabilitation practices of REMSs, perhaps not without consequence for outcomes which have yet to be evaluated.

Forensic psychiatry services therefore had to provide care and treatment to vulnerable, high-risk patients who were mentally disordered offenders with a history of serious violence combined with severe mental illness and many comorbidities, often highly treatment resistant, but without the availability of the customary treatment practices. At the same time, the inmates are people deprived of their liberty for whom intrusive and restrictive practices should be made the least burdensome possible.

The first questions posed to the REMS health professionals were related to the intervention and prevention plans adopted during lockdown and any critical issues that emerged following the measures taken.

All took the following steps: body temperature measurement and protective devices were provided for all professionals and inpatients. The structures also provided hand and surface hygiene products. All rooms were sanitized. A swab test was provided and carried out on all operators and patients. A space was established to isolate any suspect inpatients or positive swab results. In-person check-ups with inpatients were limited to emergencies only. In-person staff meetings as well as teleconferences were reduced to the strictly necessary.

In the REMS of Castiglione delle Stiviere in Lombardy alone, about 20% of health professionals tested positive for COVID-19 and were removed from REMS; some inpatients who had entered before lockdown also tested positive. They were isolated but none needed hospitalization. The need for health professionals to work in the isolation section reduced the number of REMS staff available to assist all the other inpatients, creating considerable difficulties.

As a consequence, it became necessary to bring in health professionals from the Castiglione Psychiatric Department to the Castiglione REMS. A REMS director also tested positive for COVID-19 and was dismissed.

Subsequent questions were meant to ascertain how REMS inpatients had reacted and any problems that emerged. All inpatients reacted satisfactorily despite the severe limitations and despite the fact that the number of staff clinical checks, staff at work, and in-person psychological interviews had been considerably reduced or virtually suspended to ensure spacing. There were no psychopathological decompensations in this period: no psychotic breakdowns nor hospitalizations. This is a very interesting generalized data that we are verifying at the Universities of Bari and Siena as part of a multicentered research project. The number of psychiatric hospitalizations during the lockdown months was far lower than in preceding months and the same period in 2019.

The same absence of acute episodes and decompensation in forensic psychiatry facilities during the pandemic has been described in other European countries as well as in the USA, Canada and Australia (COVID-19 in the Forensic Psychiatry Webinar Series).

This might be an effect of the generalized feeling of fear that people experienced in the months of March, April, and May. REMS inpatients often spoke to their family members on the phone during the week and some interviewees reported this as a probable protective factor.

Once again, the reactions reported in Lombardy were a little bit different. In the early days of lockdown, after hearing about the riots that had broken out in prisons, inpatients manifested behaviors of intolerance and protest which, however, were contained by the team without leading to violent behavior. Later, inpatients experienced anxious-depressive reactions with frequent requests for on-demand therapy. The staff reported that they noticed potentially more aggressive inpatient reactions to the restrictions imposed, especially in inpatients with cluster B personality disorder, which required more staff engagement and longer work shifts.

Subsequent questions were meant to ascertain how the staff had reacted. After an initial phase of staff difficulties, staff conduct at all the REMS involved was substantially satisfactory from a psychological point of view. Protective devices were provided for all health professionals. A REMS director also tested positive for COVID-19 which, the interviewed health professionals reported, initially caused concern. It should be remembered that in the REMS of Castiglione delle Stiviere in Lombardy, about 20% of health professionals tested positive for COVID-19 and were removed from the REMS. This is a critical point as the Castiglione REMS implemented an in-person psychological staff support group for this reason.

Subsequent questions were aimed at ascertaining how the staff managed the recovery process and relations with other social agencies in the area during the lockdown. In this regard, everyone reported the complete suspension of external rehabilitation activities, relations with external social agencies, conditional releases, and health check-ups. All the interviewees agreed in reporting the effects of these inevitable decisions as being negative for the recovery process and discharge from REMS. However, they were unable to report specific indicators of such adverse effects.

We then asked what they thought were the positive lessons to be learnt for the future. All the interviewees said that they found the increased care of themselves and their personal hygiene to be positive.

Telemedicine was used little or not at all but this was not reported as a limit or a missed opportunity as the interviewees considered personal relationships with patients to be indispensable. On the contrary, the use of conference calls during court hearings and meetings with external colleagues was considered positive and something to be used and even increased in the future.

Concluding remarks

All in all, it seems that the current forensic psychiatry model held up quite well to the violent impact of the pandemic and the interviewees affirmed that, on the whole, they had not suffered unduly from its effects and that they had been able to cope with all or almost all the problems resulting from the measures induced by COVID-19.

The REMSs have now been in operation for almost five years. Although they are now fully functional, many observations can be made based on the experience of the still-ongoing pandemic and the changes that have been forced upon all health professionals. It is very interesting that all health professionals said that inpatients had no acute psychopathological decompensations in the lockdown period: no hospitalizations nor psychotic breakdowns. Observations that have also been confirmed by forensic psychiatrists from other parts of the world. This attests to the fact that, beyond the various treatment models, during lockdown there were other factors that contained the psychopathological decompensation that was thought would occur as a result of the impact with such a traumatic event as the pandemic. It might be that the widespread palpable feelings of fear experienced in that period functioned as both a glue and an element of psychological stability, or perhaps the distancing, the rarefaction of the usual ordinary work in a multidisciplinary team as well as in-person clinical checks, simply made the recognition of the clinical conditions of the inpatients less immediate.

A state of psychopathological compensation, however, does not coincide with a state of well-being, which is a broader and, perhaps, more nuanced, less objective condition. It would be advisable to verify the effects of the COVID-19 pandemic after some time in prospective follow-up research. On the other hand, we must point out that little research has been conducted so far on the length of stay in REMS (Catanesi et al, 2019), on the rehabilitation methods that are practiced there and how effective they are, on episodes of violence against health professionals (Carpiniello, Vita, & Mencacci, 2020; de Girolamo et al, 2016), including after inpatient discharge (Scocco et al,

2019), or on readmission indices of discharged patients. We must remember that it was reported that certain types of inpatients in Castiglione created problems during the early stages of lockdown. So, there is still a lot to do.

At the same time, one cannot help but observe that our forensic treatment model, so different from all the other countries, has not yet been equipped with objective verification tools.

The risk is of course to be self-referential due to the lack of objectively verifiable scientific evidence. All this to the detriment of the strengths of our model and the concealment of its weaknesses, which will certainly be there. And with no possibility of working on either to enhance the former and reduce the latter.

In addition to the adoption of risk assessment and management tools already validated for the general Italian population (Caretti, Manzi, Schimmenti, Seragusa, & 2011; Caretti et al, 2019) and still not systematically used in all the REMS in our country, we believe DUNDRUM, an instrument to support professional judgment regarding therapeutic security levels, mailing lists, treatment completion and recovery, is very useful for our model. Our research group is currently validating it in Italy.

One aspect of the system that has given rise to thought is its excessive fragmentation, from the psychotherapy models adopted to the rehabilitation activities proposed and its organizational methods, as Catanesi and colleagues (2019) highlighted in their research on national REMS. These divisions also emerged, sometimes dramatically, throughout the lockdown period and not only in the psychiatric-forensic context. Excessive fragmentation of the various REMS nationwide risks making it difficult to recognize, to any reasonably certain degree, what really works and what is redundant in REMS treatment activities. And most importantly, it does not permit evidence-oriented research. In this regard, there is a need for universities to urgently and concretely commit to offering standardized, specific training in forensic psychiatry nationwide.

As regards vulnerability to trauma, in our opinion clinical and gender differences (Ferretti et al., 2019_b) and the related physical comorbidities (Ferretti et al., 2019_a). Patients with personality disorders were reported to be the most problematic, difficult to manage and at risk for violent acts. Identifying these risk factors in time and managing them appropriately should simply be another priority of REMS forensic treatment.

Another aspect which seems to be under-recognized is the lack of psychological support for the caregivers of the inpatients since in our context poor attention is given to evidence-based programs aimed at reinforcing their skills in the management of the socially dangerous psychiatric patient after the discharge. To enhance the recovery process, the emergence of psychopathological symptoms should be more carefully assessed in inpatients' caregivers (Gualtieri et al., 2020_b).

To end our reflections, another important aspect to report is the issue of safety for healthcare professionals working in REMS. Although the inpatients interned in REMS are above all mentally ill, there is no doubt that a minority of these subjects present multiple personality disorders and substance abuse to some psychopathological degree. The risk of violent acts should be annulled, and the safeguarding of the health and personal well-being of health professionals should be on par with the priority of treating the patients they care for. Also from this point of view, the adoption of standardized and validated tools common to all REMS treatment and rehabilitation practices would represent a valid support.

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