

Feature

REMS, a new chapter in Italian psychiatry

On May 11, the last patient left the *ospedale psichiatrico giudiziario* (Judicial Psychiatric Hospital) in Barcellona Pozzo di Gotto, in Sicily, Italy. That day marked the official closure of all six *ospedali psichiatrici giudiziari* in Italy. As explained by Maria Teresa Collica, researcher in Law at the University of Messina, Messina, Italy, and former mayor of Barcellona Pozzo di Gotto, “the disposition for the closure of all *ospedali psichiatrici giudiziari* became law on February 14, 2012. The original plan was that these structures should have been closed by March 31, 2013 but further modifications to the law and changes to the security measures in general have delayed the completion of the closure of the *ospedali psichiatrici giudiziari*”. But why does this measure represent an important step in changing the management of individuals with mental health problems who have committed a crime in Italy?

The *ospedali psichiatrici giudiziari* were hospitals managed by the Ministry of Justice for the detention of people who had committed a crime and were judged unfit to plead. In 2011, an investigation by Senator Ignazio Marino showed that living conditions for people detained in the *ospedali psichiatrici giudiziari* were appalling. In these hospitals, no real therapy or programme for recovery existed, hygiene was poor, and people who had no family to look after them could be detained for decades, even when they had only committed minor crimes. The shocking results of the inquest contributed to the decision to close the *ospedali psichiatrici giudiziari* and create new structures in which tailored recovery programmes would be implemented for people with mental illness and a criminal conviction: such structures are the *residenze per l'esecuzione delle misure di sicurezza* (Residences for the Execution of Security Measures; REMS), and now 30 REMS are scattered all over Italian territory. For people with a definitive diagnosis of mental illness who have committed a crime, their stay in the REMS should be both part of a risk management strategy and a specific phase of individual therapy and recovery lasting no longer than the duration of their criminal sentence. The creation of these new structures represents a major step forward towards better management of individuals with mental illness who have committed crimes.

Dr Collica explained that “the law n. 81/2014 defined some requirements for the REMS, such as the maximum number of patients, which is 20, the principle that all patients should come from the same region where the REMS is based, and the criteria for the living space within the individual structures. The management of the REMS should be a responsibility of healthcare personnel, with specifications about the number of doctors, other professionals (educators, psychologists, and social and health workers), and minimum number of workers during the night. Moreover, the organization of the

work must be based on the principles of clinical-assistential governance”.

It might seem quite early to comment on how the new REMS are performing, although some residences have been operating for at least 2 years. However, some concerns have already been expressed by both psychiatrists and advocacy groups for patients' rights. Preliminary surveys of existing REMS have shown that the number of places available is currently insufficient for the population they should serve. The inadequate capacity of these REMS means that some people with mental illness who have committed a crime are either detained in places where they do not receive any mental health care or they are kept in insecure settings. The most recent report confirmed that 290 people who were convicted of criminal offences and sentenced to time in the secure REMS were instead sent home, or to settings with lower security, because no space was available. The possibility that people who have committed a crime and have been diagnosed with mental illness might not be in secure settings is a sensitive issue with regards to the impact on the relationship between local communities and psychiatric services. Moreover, the fact that 38% of people who were assigned to the REMS were awaiting trial is currently fuelling a debate within the Italian psychiatric services about limiting access to the REMS to patients who have already been sentenced to avoid clogging the system.

Within REMS, the local *prefettura* (prefecture) has the responsibility of providing all measures and staff to guarantee security, whereas the organisation of the personnel and work with the patients is the responsibility of the Ministry of Health. Yet, with the establishment of REMS all over Italian territory, the actual responsibility for their



management has been passed to the regional authorities that so far have implemented the creation of REMS with different standards and efficiency. This variability and its effect on the service provided to people with mental illness and a criminal conviction is even more concerning considering that the management of some REMS might be subcontracted to private health agencies. Many health-care workers and families have expressed that it is essential that the undeniable benefits of allocating patients to facilities in the territory where they have family, contacts, and reference points, are not lost as a result of a profit-based view of psychiatric services.

When discussing his views about the new structures, Dr Francesco Stoppa, a psychologist working for the Local Health Agency of Pordenone, highlighted the absence of clarity in the current definition of the role of psychiatrists in the REMS. Because the responsibility for the management of patients in these facilities has passed from the judicial system to the health system, psychiatrists might progressively become less focused on serving the patient and working together to create a path towards recovery and progressive independence, and instead be shifted towards a role of controller and security officer. Although mechanical restraint is not used in REMS, with the exception of Castiglione delle Stiviere, the largest former *ospedale psichiatrico giudiziario* that is currently undergoing conversion, the potential extensive use of drugs to facilitate such control has fuelled concerns expressed by advocacy groups for patients' rights that psychiatric services are becoming largely based on dispensing drugs, without alternative non-pharmacological methods.

On a positive note, since April 1, 2015, 905 people have passed through the REMS and 415 people moved to less restrictive residences, towards reintegration into mainstream civil society. The REMS were created to activate the recovery process in secure conditions up to the end of a criminal sentence but it is essential that they are seen as part of the pathway towards recovery and increasing independence. Thus these numbers might be indicative of a positive shift away from the *ospedali psichiatrici giudiziari*, where in many cases patients were detained for life.

But what happens to patients with mental illness once their sentence ends and they can leave the REMS? Dr Daniele Barone, a psychiatrist and clinical manager for rehabilitation in the residential area within the local health

agency of Biella, Italy, provided a very helpful insight into the services which receive and continue the work with those leaving the REMS. On arrival at the local Mental Health Unit, patients undergo two different sets of psychiatric tests and are then normally assigned to a community where an individual recovery plan is started, or continued in the case of patients coming from a REMS, with monitoring 24 h a day. When possible, based on the clinical profile and the opinion of the psychiatric services, some patients can then move to so-called controlled apartments, where their therapy is complemented with the use of diurnal centres, and then to so-called autonomous apartments where they will be able to enjoy progressive independence while maintaining an essential link with the psychiatric services. Dr Barone stressed the importance of the collaboration between psychiatric services and social services: they need to work together to cater to all the needs of individuals with mental health problems and facilitate the progress towards increasing independence. He was also very keen on a potential role for expert users—patients with mental health problems who have progressed towards recovery—in supporting the path of other individuals who are working with the psychiatric services towards reintegration into the local community.

This idea of moving psychiatric services for people with mental illness and a criminal conviction from isolated asylums to facilities within psychiatric services that also serve the community can be seen as the second step in the revision of Italian psychiatry, prompted by the landmark Basaglia law in 1978, which made Italy the first country in the world to close all asylums. At the time, the psychiatrist Franco Basaglia changed the way mental illness was seen in Italy by promoting the integration of people with mental health problems—traditionally confined within the walls of the asylums—into civil society. Now, the establishment of the REMS and the closure of the *ospedali psichiatrici giudiziari* are overdue measures that will continue to guarantee support for patients with mental illness and their place in Italian society. Yet, the success of the REMS will be possible only by a combination of provision of funding and infrastructures from the institutions and the commitment of psychiatrists and health-care personnel in the field.

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Exhibition

Are you a Goodie or a Baddie?

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There's a palpable thrill as you step into the dark of the *Star Wars Identities* exhibition at the O2, London, UK. The familiar music quickens your pulse. A friendly young woman hands you a wristband, explaining that you'll need it to build your

character. Other visitors grin at you while they test their own wristbands against a panel on the wall. You're not strangers anymore; you're united by the adventure you're about to share, and by what *Star Wars* means to you anyway...