

# THE AROUSAL OF A PROJECT FOR MENTALLY DISORDERED OFFENDERS IN A PORTUGUESE FORENSIC PSYCHIATRIC UNIT (HOSPITAL SENHORA DA OLIVEIRA – GUIMARÃES)



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## Background and Aims:

Forensic psychiatry is the branch of psychiatry that deals with issues arising in the interface between psychiatry and the law, and with the flow of mentally disordered offenders (MDOs) along the continuum of the law system. These MDOs are often cared for in secure psychiatric environments or prisons. One of the problems is that these inmate patients may be discharged at the end of their security measure if the Judicial System so considers or, in advance, assume a figure of freedom for evidence. It is known that some of these patients will never leave the judicial system becoming true social cases and others, who are discharged, may become dilute and out of the medical system with the risk of recidivism of the criminal behavior if not treated.

## Methods:

Our Forensic Psychiatry Unit, within the framework of the National Health Service, aims fundamentally to guarantee a program for treatment and rehabilitation of citizens considered insane, according to their needs, individual aptitudes and risk assessment, aiming their clinical stabilization and social reinsertion.

## Results:

We created a program that articulates the three corners of the triangle Health (at the level of Primary Health and Hospital Care), Justice (Prison Services and Judicial Court) and Reinsertion (Social Services) so that we can identify, characterize, monitor and rehabilitate these patients.

We have established a protocol with **primary health care** in order to have a quick reference to our psychiatric consultation or contact by the institutional email of the unit of patients in which they are aware that they are in compliance with sentence. We have established a contact between the clinical services of the **psychiatric prisons** in order to exchange of clinical information and the rapid scheduling of hospital consultations upon discharge. We also have a unique way of communicating with the Social Services of the **Ministry of Justice** and **Judicial Court** by email with a policy of proximity.

This allowed us to identify and closely monitor 53 patients who would otherwise be lost in the outpatient clinic or out of the health system.

As far as patients are concerned, 24% are women and 76% are males. 32% are criminals acting without criminal intent e 68% criminals acting with criminal intent.

The diagnoses of mentally disordered offenders acting without criminal intent are presented in the following table:

Diagnostic	%
Oligophrenia	23%
Schizophrenia	23%
Schizoaffective Disorder	12%
Personality Disorder	12%
Dementia	12%
Alcoholism	12%
Delusional Disorder	6%

The diagnoses of mentally disordered offenders acting with criminal intent are presented in the following table:

Diagnostic	%
Personality Disorder	43%
Alcoholism	22%
Oligophrenia	21%
Psychosis	7%
Anxiety Disorder	7%

This program is an organizational model based on the exchange of inter-institutional information and allows:

- Direct and rapid referral of patients to the hospital visit;
- Early identification;
- Knowledge of the judicial measure;
- Direct access to judicial elements;
- Validation of patient and family information;
- Characterize the population;
- Optimize and differentiate the provided care.

## Conclusions:

Our project aims to provide our Forensic Psychiatry Unit with a specialized structure with a multidisciplinary approach for MDOs and this attitude constitutes a policy of respect for the human dignity.