



I14 Differences Between Readmitted and Non-Readmitted Patients Discharged From Italian Psychiatric Security Facilities

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Learning Overview: After attending this presentation, attendees will know the characteristics of a group of psychiatric patients discharged between 2008 and 2018 from a psychiatric security facility in northern Italy.

Impact on the Forensic Science Community: This presentation will impact the forensic science community by increasing awareness of important clinical aspects, especially the differences between patients readmitted and not readmitted after discharge.

There is substantial international literature on the clinical and criminological characteristics of patients discharged from forensic hospitals.¹⁻³ In Italy, unfortunately, there are few studies on this topic.^{4,5} In order to fill this gap, this study gathered the clinical and criminal data of 543 male psychiatric patients discharged from the only secure psychiatric facility in the Lombardy Region of Italy between 2008 and 2018. Among this group of patients, the prevalence of readmission into the forensic facility is 11.6% with an average of 22.7 months after discharge. The prevalence of post-discharge violent offending in this population was 3.5% within an average of 28 months after discharge. This study focused on the differences between the patients discharged and not readmitted (first group) and the patients readmitted at least once (second group). This study found that the median duration of inpatient treatment was longer in the first group than in the second (28.2 vs. 19.6 months). It was then noticed that the average age at the time of discharge was higher in the first group (43.2 vs. 38 years old). Moreover, the prevalence of psychotic spectrum disorders as the primary diagnosis was higher in the not readmitted group (53% vs. 44%) and the prevalence of personality disorders as the primary diagnosis was higher in the readmitted group (30% vs. 44%). In regard to substance abuse, a known major risk factor for violent behavior, having substance abuse as a secondary diagnosis was more frequent in the second group (26% vs. 42%). As far as the type of index crime was concerned, the patients who were not readmitted were more likely to have committed violent crimes (homicide and attempted homicide). In summary, this study found retrospectively that patients discharged and readmitted into an Italian forensic psychiatric facility were younger at the time of the first discharge, had a shorter length of the stay, most likely had a personality disorder as a first diagnosis, and had substance abuse as a secondary diagnosis, compared to patients who were not readmitted during the study period.

Conclusions: Some clinical implications arise from these findings. First, they suggest that we should make a more accurate risk assessment and risk management in young patients with personality disorders and substance abuse, because these are the patients who will most likely be readmitted. Furthermore, in these types of patients, the length of stay should be considered as an important prognostic factor when evaluating the possibility of discharge.

Reference(s):

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Discharge, Readmission, Recidivism