

vitos:

Klinik für forensische
Psychiatrie Haina



Anna Buhl (social worker)
Rainer Herd (deputy ward nurse)
Jessica Jamrowski (psychologist)
**Vitos Haina Forensic Psychiatric
Hospital**
D – 35114 Haina / Hessen, Germany

Ein Unternehmen
des LWV Hessen



ABC Meeting Zeeland

Outline



**Part 1: Brief description of German law
(penal code)**

Part 2: Clinical structure

Part 3: Longstay concepts - What works

Part 4: Conclusions

1. Law Issues

No special law in Germany that applies to longstay patients

Assessment of criminal responsibility of mentally disordered offenders, admission and discharge from hospital order institutions

→ *penal code = federal law*

Legal foundations of treatment during hospital order sentence

→ *state laws*

That means: 16 federal states = 16 laws



1. Law Issues

1. Step: Pre-Trial Commitment

...if there is any evidence for a mental disorder that affects the criminal responsibility, the court can order an interim hospitalization in a psychiatric hospital to assure the public safety



1. Law Issues

2. Step: The court assigns an expert witness to assess the accused in order to the questions

- if there is a mental disorder
- if the offender is not or only partially responsible
- if there is still public danger

→ Recommendation to the court for further treatment



1. Law Issues



3. Step: Trial (penal law = federal law)

If all mentioned aspects are implement, the expert assessment is reliable and comprehensible for the court...

→ Hospital Order Treatment

1. Law Issues

Judicial review (federal law)



Annual re-assessments are required by court

- to report clinical development and change of criminal factors
- to verify further risk of violent crimes
- to make a recommendation

→ to deliver valid information for the court to decide about further treatment

1. Law Issues

A tightrope walk - Law & Longstay reality



Article 1 of German Basic Law:

„The human dignity is inviolable“

Within the discussion about jurisdiction considering longstay the Federal Constitutional Court decided in 2004
(*due to the German Basic Law*):

“...the state has the obligation to develop concepts for longstay patients to give them the constant chance to regain their freedom...”

1. Law Issues

*According to this the Law of Hospital
Order Treatment (State of Hessen)
demands:*

Improvement on the one and

Security on the other hand



1. Law Issues

Consequences



Positive: Due to the decision of the Federal Constitutional Court, different levels of security are possible in longstay treatment, which allow slow learners to be discharged

Negative: There are still patients with a poor legal prognosis; but no longstay specific concepts, which consider the existence of some untreatable patients with no chance to be discharged

2. Clinical Structure

Specialized general treatment wards

Three types of specialization

- Specialization by **level of structural security** (high, medium, low, open)
- Specialization by **patients' needs** (homogeneous patient population)
- Specialization by **procedures** (long stay vs. fast track)



2. Clinical Structure

Specialized longstay wards



Medium-secured: For patients who

- have a highscore risk assessment (PCL, HCR-20)
- are partially compliant
- are good to handle in a high structured environment
- are not constantly dangerous

...because many longstay patients can be kept under quite open conditions...

2. Clinical Structure

Specialized longstay wards



High-secured: For patients who

- have a highscore risk assessment (PCL, HCR-20)
- constantly refuse therapy
- are constantly dangerous
- are untreatable (especially psychopaths)

3. What works in Longstay?



What works - what does that mean?

To be able to assess and evaluate what works, the **term “success”** needs to be **well-defined** (depending on the provisions of the different national laws and the resulting possibilities).

First of all it seems to be necessary to specify and **operationalize possible criteria.**

3. What works in Longstay?



Possible variables which support success

Staff:

- Close multi-professional teamwork
- Team- and case-counseling for employees
- Job-rotation for the staff to prevent burn-out

3. What works in Longstay?



Possible variables which support success

Patients:

- **Environmental approaches** (e.g. attempt to create a homelike atmosphere, 1-bed-rooms etc.)
- **Socio-therapeutic approaches** (e.g. structured reliable daily routine, weekly ward meetings, cooking & game groups, shopping trainings, visits of relatives & friends)

3. What works in Longstay?

Possible criteria of success – Patients



Hard Criteria:

- Range of Security level
- Number of rule breaking
- Number of assaults against staff or patients
- Number of stays in seclusion
- Number of attempts or successful escapes
- Rate of suicide

Soft Criteria:

- High Quality of Life

3. What works in Longstay?

Possible criteria of success – Staff

Hard Criteria:

- Employee turnover
- Status of employee's health

Soft Criteria:

- High job satisfaction



4. Conclusions

There is a need for **international research** in order to

- find an internationally **consistent definition** of the term “success” in longstay
- collect hard data, such as number of assaults etc.
- select or adapt **valid and reliable** instruments, which measure soft criteria, such as patients quality of life and staff job satisfaction. They should be also **specific** according to psychiatric and at best even longstay settings
- find an international agreement to use the same **instruments** to achieve comparability



4. Conclusions



Problems:

There are quite a few measuring instruments to assess job satisfaction or quality of life. **BUT:** A lot of them are either not evaluated adequately, too general and/or only little sensitive to change

4. Conclusions

Some suggestions

Available measuring instruments from Germany:

FAPP (Milch, W. et al., 1999): Questionnaire to assess job satisfaction and stress specifically for psychiatric care employees

QLiS (Franz, M. et al., 2002): Quality of Life in Schizophrenia



4. Conclusions



- select cross-international the best evaluated instruments, with satisfying psychometric properties
- translate them if necessary into English and then into the required national language and re-evaluate
- do research and collect soft and hard data to be able to provide an adequate base for longstay concepts in order to give the patients

→ *a safe and human place to stay*

→ *stop frustrating them by having them watch other patients proceeding through the system*

Thanks for your attention



Vitos Haina Forensic Psychiatric Hospital

Clinical Director: Dr. med. Ruediger Mueller-Isberner



Website (English)

http://www.psych-Haina.de/kffp_engl/index.html

Contact Address:

Vitos Forensic Psychiatric Hospital - ZSP Haina gGmbH,
Landgraf-Philipp-Platz 3, 35114 Haina (Kloster), Germany

Phone: +49-06456-91-0

Longstay Presentation by:

Anna.Buhl@vitos-haina.de

SationG73@vitos-haina.de (to Rainer Herd)

Jessica.Jamrowski@vitos-haina.de