

# FACT FOR MINORS. Fostering Alternative Care for Troubled minors”

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## THE ITALIAN CONTEXT

- Some Statistics
- Legal framework
- Treatments and approaches
- Needs and weaknesses
- Priority topics

## THE ITALIAN CONTEXT - SOME STATISTICS

Dealing with mental illness in juvenile justice settings is a major issue in Italy.

In the management of the approximately 1000 minors labelled as “difficult”, the problematic areas lied in:

- Outer-aggression and psychomotor agitation (about 55%),
- Substance abuse (about 45%),
- Psychological disorders (about 42%),
- Difficult to manage in group settings within IPM (Juvenile penal institutions) and alternative care communities (around 41%).

\* IPRS - research conducted at a national level among juvenile justice professionals

## THE ITALIAN CONTEXT - SOME STATISTICS 2

- At 15th October 2016, in Italy, alternative care communities were hosting 903 minors with penal measures.
- No updated data are available on the estimate number of minors with psychological, psychiatric or personality disorders in the juvenile justice system despite the evidence of a growing number of such cases (Mastropasqua & Brauzzi, 2000)
- From 2000 research pointed at a prevalence of conduct disorder among minors with mental distress, posing relevant challenges to juvenile justice professionals.

## THE ITALIAN CONTEXT - LEGAL FRAMEWORK

The Juvenile Justice System and the National Health care system collaborate to ensure the general wellbeing of minors in virtue of the changes made to the legislation by the DPCM of the 1st April 2008, which in fact, transferred the care of minors to the National Health care system

**Nevertheless the transfer of the care of minors with penal measures to the National Health care system poses increasing problems in the area of services coordination in Italy.**

## SPECIFIC OBJECTIVES IN ANTISOCIALITY THERAPY (KRAMPEN, 2009)

- Enhancement of socio-emotional skills,
- Reduction of psycho-physiological reactions in order to improve the control of impulses through ad hoc relaxation therapies,
- Develop of a different self image
- Reconstruction of attachment conditions,
- Reduction of peers negative influence,
- Enhancement of specific social skills.

# TREATMENTS AND APPROACHES - REACTION'S LEVELS

**Reaction to behaviour:** penal procedure in its basic functioning (deterrence, sentence, punishment threat).iatrogenic effect.

**Intervention on risk factors:** Implement a therapeutical project able to support the adolescent to integrate skills and abilities.

**Intervention on the needs leading to disfunctional behaviours,** providing alternatives solutions and strategies.

## KEY ELEMENTS AMONG THE MOST COMMON ADOPTED APPROACHES

- To define the individual sense of the behaviour through mentalisation and symbolisation activities;
- To open the treatment to the context, first of all to parents;
- To consider the treatment not only in terms of enhancement of awareness but as well of the same behaviour giving particular attention to the acting subject;
- To integrate different intervention and different professional figures according to an inter-professional and multi-modal approach.



## KEY ELEMENTS AMONG THE MOST COMMON ADOPTED APPROACHES 2

Treatment programs must be:

- Multisystemic: minor and context;
- Integrated: psychological, social, educational approach;
- Tailored: connection among behaviour and needs or individual purposes (values and cognitive/emotional meaning);
- Well timed: early diagnosis; particular attention to developmental timing;
- Planned: in order to respond to the minors' evolutionary needs;
- Symbolic: careful to individual meanings (also the unaware ones);
- Enhance the sense of responsibility: the adolescent must feel he/she is an active actor of the treatment pathway, the key actor, developing this way an active self image reducing the risk of antisocial behaviours
- Territorial: in order to avoid to distance the minor from his/her context of origin.

# THE ITALIAN CONTEXT - NEEDS AND WEAKNESSES

Main criticism observed by operators working in the juvenile services in the taking in charge Youths entering in the JJS are the following:

- **Management of psychological disorders;**
  - **The lack of adequate support by competent services;**
  - **The inclusion in educational, training and working activities.**
- The first point is particularly spotted in foreign minors due to the traumatic experiences lived during the migration to Italy (management of perpetrated and suffered violence) and the difficulties in the relation with families remained in the Country of origin and not easily reachable. Another important point with such minors is the language and the difficult to communicate and enter in relation due to the fact that they can't speak Italian. This of course makes difficult to draft an ad hoc tailored educational pathway . Fundamental is in this case the close cooperation with territorial services in order to facilitate the creation of new meaningful relations able to support the youth during the pathway. The involvement of parents and families is however a precious source to involve especially in case of reunification and with second generation minors in terms of supporting the same in building a new relation able to facilitate and harmonise the culture of origin and the new european life style adopted by the children.
  - As for the Italian minors, during the years even more problematics emerged as bearer of multiple disorders. In the majority of cases they are linked to psychiatric disorders and the abuse of alcohol and drugs. Different psychopatologies have been observed i.e. behavioural disorders or antisocial personality disorder (DSM-V)

## THE ITALIAN CONTEXT - NEEDS AND WEAKNESSES 2

- The second and third points are closely interconnected due to the heterogeneity of the Italian context and the different regional regulations in force governing the processes making difficult for the juvenile services to define common approaches and intervention strategies. Such heterogeneity and the uniqueness of each case give origin to a fragmented intervention framework
- The provision of ad hoc educational and training activities aiming to promote the autonomy of youths inserted in the juvenile justice system (including those affected by psychological/psychiatric disorder when possible) covers the lack of formal cooperation with the territory through ad hoc cooperation with the organisation and association of the social private working in the field.

## THE ITALIAN CONTEXT - PRIORITY TOPICS 1

- Criminal system vs. health care system?
- Accurate assessment of the youth;
- Therapeutical approaches (what works/what doesn't work approach);
- Programs addressed to chronic and not chronic patients;
- Involvement of families and programmes supporting families;
- Multi-disciplinary training of stakeholders and professionals;

## THE ITALIAN CONTEXT - PRIORITY TOPICS 2

- Are young offenders with mental health problems criminally responsible?
- How to face with the need to work in group and the need to provide tailored intervention based on an holistic approach able to face as well with the mental disorder?
- After care and continuity of the intervention.

## THE ITALIAN CONTEXT - PRIORITY TOPICS 3

- How to harmonise and facilitate hospitalisation and drug therapy with the educational/rehabilitative pathway?
- Participation to educational and training pathways external to the control system;
- Enhance coherence among different involved systems, levels and professional figures.



THANKS FOR YOUR ATTENTION

[alepadovani@tiscali.it](mailto:alepadovani@tiscali.it)

[alessandra.minesso@doncalabria.it](mailto:alessandra.minesso@doncalabria.it)