



Portuguese
Forensic Psychiatry Section

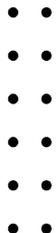
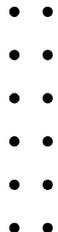
The end of Life-time Security Measures:

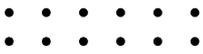
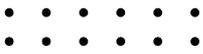
A new Era for Dangerous Mentally Ill Offenders in Portugal

6th March 2025



Dr. Fernando Vieira (speaker)
Dr^a. Camila Pereira





KEY POINTS

1

The Portuguese legislation regarding criminally irresponsibility due to mental illness.

2

The reality in the national context and the difficulties we face in Probation on Not Criminally Responsible (NCR) offenders.

3

The opportunity and challenges posed by the Portuguese Resilience and Recovery Plan

4

Transition Units for mentally NCR patients considered dangerous



The Portuguese Criminal Code

Article 20

Criminally Irresponsibility due to Mental Disorders

1 - Any person who, due to a *mental disorder*, is incapable, at the moment of committing the act, of evaluating its illicit nature or making up their own mind according to that evaluation, shall be considered not criminally responsible due to mental disorder.

NON-OFFICIAL TRANSLATION

The Portuguese Criminal Code

Internment of persons with lack of capacity to be criminally responsible

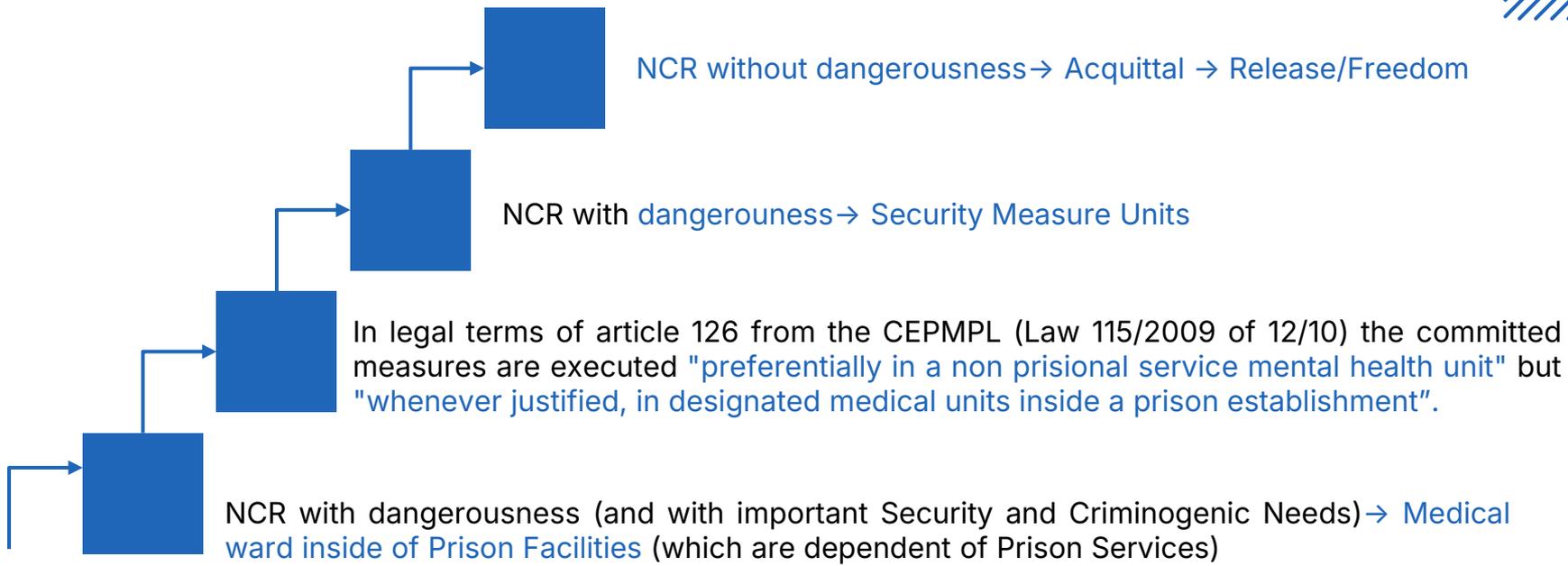
Article 91

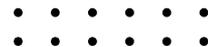
Assumptions and Minimum Length

1 – Any person who has committed a typical illegal act and is deprived of capacity to be criminally responsible in terms of the article 20, shall be ordered by the court to be committed to a care, treatment or security establishment, whenever, due to mental disorder and the seriousness of the act committed, there is a reasonable fear that they will commit other acts of the same kind.

NON-OFFICIAL TRANSLATION

Summarizing...





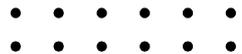
The Portuguese Criminal Code

Article 92

Termination and extension of hospitalization

1 - Without prejudice to the provisions of paragraph 2 of the previous article, the criminal commitment hospitalization [with deprivation of freedom] ends when the court verifies that the state of criminal dangerousness that originated it has ceased.

2 - The commitment as an inpatient may not exceed the maximum limit of the punishment corresponding to the type of crime committed by the criminally irresponsible inpatient.



HOW TO GET THIS PROBLEM SOLVED?

Without a “place to live” or social family support to ensure or supervise future adherence to outpatient treatment, **even if there is clinical stabilization**, the **court will easily conclude that the dangerousness remains** and extend the security measure for another year.

- • During the security measure, even if there is **clinical stabilization** and an institutional placement in the community or if a residential place is found for the inpatient, **immediate release is not possible, because multiple prior expert evaluations and judicial hearings are legal required**. As a result, there is the risk that, when the release order arrives, the community placement is no longer available.
- 

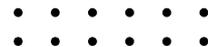
HOW TO GET THE PROBLEM SOLVED?

In the national context, one possible solution to overcome this difficulty, is to **create and place the inmates in parole in transitional residences.**

This, we hope, would enable and facilitate a conditional release and, therefore shortening of security measures.

- •
- •
- •
- •
- •
- •
- •





The PRR opportunity

Recovery and Resilience European Plan: Next Generation EU

Financial Investment RE-C01-i03

NON-OFFICIAL TRANSLATION

Mental Health Reform

Closely associated to the National Mental Health Plan, approved by the Resolution of the Council of Ministers n°49/2008 of March 6th, and the implementation of the Dementia Strategy, this reform aims to focus on 5 axes of intervention:

xx) ... deinstitutionalize patients residing in psychiatric hospitals and in religious institutions, who do not benefit from chronic medical care offer [RNCCI], into residential facilities in the community;

(...)

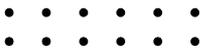
iv) qualify the forensic psychiatry inpatient units (criminal commitment units) and build 3 transitional forensic units to the community for NCR individuals in probation.



Transition Units (I)

“Step-down supported accommodation”

- Forensic Units inside psychiatric hospital services that allow patients to "step down" from secure units, remaining with support and guidance, prior to definitive release and full discharge to the community. These supported residences provide 24-hour support in a probation context.
 - “Open” Forensic Units / Forensic rehabilitation ward
 - Transitional rehabilitation probation housing program
 - Pre-discharge recovery wards
 - Halfway houses
 - Community-based step-down housing
 - Three transitional residences are planned to be opened exclusively for NCR individuals who are in probation, in the three psychiatric hospitals: in the north at *Magalhães Lemos* Hospital, in the center at *Sobral Cid* Hospital, and in the south at *Júlio de Matos* Hospital.
- 
- 

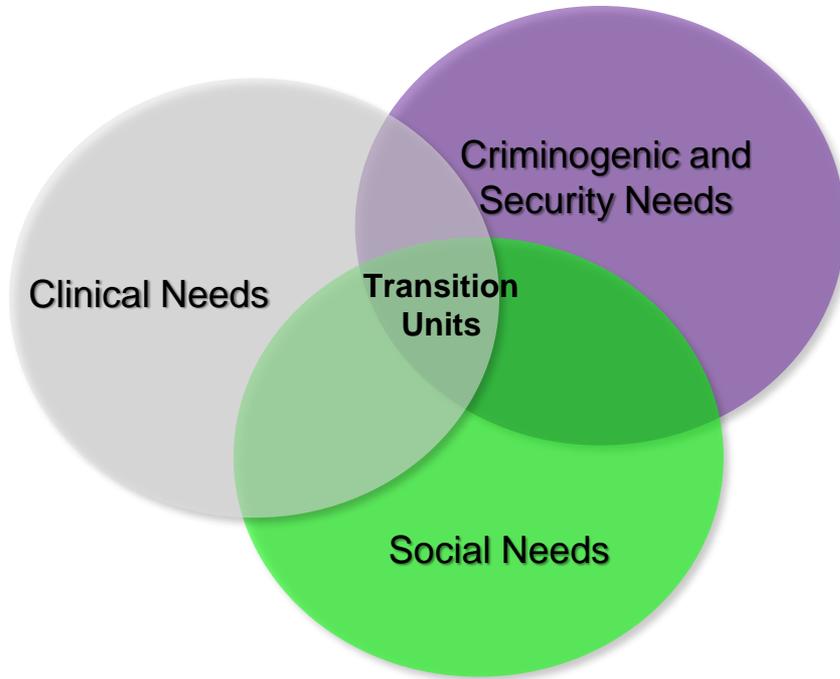


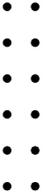
Transition Units (II)

“Step-down supported accommodation”

- Provide community placement for patients in probation. This transition can be gradual from regional forensic services to local community services’ treatment teams.
 - Have the responsibility to continuously and effectively liaise with local mental health care, facilitating the transition of care.
 - In the future, more residences will be built to meet more specific needs, namely elderly NCR individuals, and those with intellectual disabilities and, therefore, more specialized human resources will be needed
- 
- 

Transition Units (III)
“Step-down supported accommodation”





Which Typology?

So far, the residential system foresees only a single typology, intended solely for the placement of NCR inmates in probation, with some autonomy for daily life activities, and therefore not requiring constant supervision by healthcare staff.

Typically, transitional housing units are now planned for psychotic patients, thus excluding residents who need permanent supervision, such as those suffering from **Dementia or Neurodevelopmental Disorders**, particularly with severe intellectual disability.

These latter diagnoses, which have been increasing exponentially are not compatible with the degree of autonomy required to live in a residence that does not have a permanent staff.



Human Resources

The necessary human resources will be provided by the respective Regional Service of Forensic Psychiatry:

01

A **monthly medical** visit for consultation is foreseen.

02

The intervention of an **occupational therapist** should be ensured daily in order to maintain **activities** and reintegration and **criminal prevention programs**.

03

Once a week, a **social service** technician should **actively search** for a shared location where the individual in probation may establish a **permanent residence**, and after, be judicially released.

04

A **nursing shift** (**daily visit** by a nurse) should also be provided to supervise therapy, and taking medication should be the responsibility of the residents themselves.

05

Presence of an **operational assistant or monitor**, who may be a former internee, is considered necessary.

DANGEROUS AND NOT CRIMINALLY RESPONSABLE

From Alfa...

PAST...



To...

PRESENT...



FUTURE...



...Omega



Thank you for your attention:

We look forward to welcoming you to Portugal soon, perhaps in 2026 or later if you so decide..:

fernandomrsvieira@gmail.com