

**Recommendation from the Council for the Administration of Criminal Justice and Protection of
Juveniles
Summary for publication**

title : *Care and treatment for detainees with a severe mental illness or drug-dependency: recommendations*
submitted to : *The State Secretary for Justice*
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Council for the Administration of Criminal Justice and Protection of Juveniles concludes that the care and treatment provided to detainees with severe mental illness and/or drug dependency can and must be improved. Because such health conditions are criminogenic factors for many offenders, the provision of care is important, not only on humanitarian grounds but also in the interests of public safety. Effective treatment and care can reduce the risk of re-offending.

The number of detainees in the Netherlands with severe mental illnesses or drug dependency is increasing. Some 6% of detainees are known to have some type of psychotic disorder, and an even larger percentage have other mental disorders such as depression or personality disorders. About half of all detainees are drug-dependent, and many suffer from a combination of disorders.

During monitoring visits made from 2004 to 2006¹, the Council noted that care and treatment were inadequate in both the qualitative and the quantitative sense.

Deficiencies included insufficient expertise within the custodial facilities, a lack of routine diagnostic assessment of detainees, and in most cases a failure to transfer a detainee's medical history information. Little use was made of the existing statutory options for the treatment of detainees and ex-detainees in external mental health or addiction facilities. As a result of such shortfalls, many detainees with psychiatric disorders were returning to the community without receiving effective treatment.

Subsequent to its monitoring visits, the Council collected and collated information from public prosecution services, forensic treatment centres and the probation service. Promising initiatives emerged that were aimed at motivating detainees to seek treatment, and at providing treatment to detainees, including those on probation orders. However, such initiatives as yet lack any scale.

Although the special units in Dutch prisons have populations that correspond with those in psychiatric hospitals, the quality of care is far lower. The level of staff expertise and the availability of psychiatrists leaves much to be desired. The admission capacity of facilities such as the forensic observation and supervision unit (FOBA) and the forensic transition units (FSUs) is insufficient. Addiction care units do not function satisfactorily: there are empty beds and the addiction-related care basically consists of motivating detainees to take part in external programmes of treatment. There is no routine diagnostic assessment based on current standards, and no routine or well-considered referral to forensic psychiatric or addiction facilities. The medical histories of detainees are often patchy or totally unknown.

The Council also recommends that more use be made of the statutory options for treatment outside custodial facilities. For offenders in pre-trial detention, the probation service could play an important role in screening for mental health problems, but in order to do so its staff would need more psychiatric expertise. Moreover, to provide interventions aimed at preventing re-offending, the probation service now requires an order from the justice authorities. Transfer of detainees to mental healthcare facilities on the grounds of statutory provisions is more the exception than the rule. Discharge from custody all too often takes place without arrangements being made for the necessary mental and physical after-care; little or no use is made of existing possibilities to impose orders under civil law.

With regard to the proposals of the Houtman Commission², the Council makes some supplementary

¹ Until 1 October 2006, the Council was charged with supervision and monitoring in addition to the advisory and adjudication tasks it still performs.

² The Interdepartmental Working Group on the Management and Funding of Care in a Criminal Justice Context, 2005.

recommendations, including the establishment of a central coordination point for needs assessment and placement and increased funding for forensic services to ex-detainees.

Finally, the Council comments on the care and treatment issues involved in two recent schemes to revamp the Dutch prison system, which are known as *De Nieuwe Inrichting* (The New Custodial Facility) and *Detentie en Behandeling op Maat* (Customising Custody and Treatment). These plans offer no solution for the bottlenecks that are manifest in the present situation (inadequate quality and capacity). Although some types of special provisions have been announced, both within individual prisons and on a regional basis, their capacity continues to fall short of the size of the target group. As far as can be seen, the plans also fail to address the need for extra investments in diagnosis and expertise which the Council considers essential.

Key recommendations

1. Improve care for detainees with severe mental illness or drug dependency to a level equivalent to that provided in the general community.
2. Whenever possible, conduct expert screening of detainees immediately after their arrival, to identify any mental illness or drug dependency issues.
3. Improve the quality and the quantity of care- and treatment-related expertise in custodial institutions, and ensure the permanent availability of mental healthcare within those institutions.
4. Establish a treatment programme specifically for drug-dependent offenders, based on a drug-free environment and employing only evidence-based interventions that have been shown to reduce re-offending.
5. Improve the transition from custodial institutions to mental healthcare and addiction facilities. Security levels in the mental healthcare and addiction facilities must be adapted to deal with this client group.
6. Improve the continuity of care and the possibilities for community-based after-care; encourage more effective use of existing options (in civil and criminal law); identify obstacles in existing legislation and regulations that impede the transition of current and former detainees to mental healthcare services.
7. Establish a central body, consisting of experts from the Ministries involved, that would independently administer and be responsible for the placement of current and former detainees in residential or community treatment facilities, which would be under a legal obligation to accept them.
8. Investigate whether the screening for mental illness or drug dependency, during pre-trial detention, can be improved by bolstering the expertise and independence of the probation service.