

Forensic Psychiatric Supervision

Recommendation to the Dutch State Secretary of Justice, dated 6 September

Placement under a hospital order (in Dutch 'Terbeschikkingstelling' or tbs) is a court-imposed treatment measure for persons having committed a serious offence while suffering from a psychiatric illness or disorder. The aims of tbs are treatment of the disorder and protection of society. Tbs may or may not be imposed in combination with a prison sentence, depending on the person's degree of accountability.

The State Secretary of Justice wishes to improve and tighten the supervision on persons placed under a hospital order provided by the probation and after-care service . Supervision is carried out over an extended period and the forensic psychiatric centres (fpcs) and probation and after-care services will cooperate more closely under the heading of forensic psychiatric supervision. In this recommendation, the Council assesses the improvement plans.

The Council sees the proposed principles and objectives as a sound basis for shaping forensic psychiatric supervision. It is a good idea to better align resocialisation to the needs of the individual placed under a hospital order in terms of care, treatment and supervision. The elaboration of the plans, however, casts doubt on the feasibility of the intended principles and objectives by means of this plan.

What is remarkable is that the policy documents only work out the organisational aspects of forensic psychiatric supervision and not the effects on those placed under a hospital order. Furthermore, the policy documents only propose intensification of *supervision*, while intensification of *treatment* is not discussed. It is the Council's suggestion that the policy documents specifically deal with the effect on those placed under a hospital order of sustained and by different agencies performed supervision . The Council also recommends that the supervision of each individual placed under a hospital order be structured on the basis of 'continuity bars', one for supervision and one for treatment. These continuity bars should describe which elements of supervision or treatment and care are necessary at each stage, and in which proportions. Such a representation will clarify the individual functions of both components. This way the continuity bars may contribute to the shaping of care and supervision.

Customised solutions are important. The Council recommends drawing up care plans geared towards the various target groups. This will provide a framework for shaping supervision. In addition, attention should also be paid to the effects of extended periods of supervision, which can be as long as nine years.

The division of tasks and responsibilities between practitioners and supervisors is not yet clear. The Council therefore suggests drawing up a clear division of tasks and responsibilities before the forensic psychiatric supervision test phase is completed. The continuity bars mentioned above may also be useful at this stage.

Cooperation between judicial partners outside the fpcs and the probation and after-care service has been dealt with summarily. This may impede initiatives that aim to achieve cooperation. Further elaboration is required. Part of this further elaboration should be clarification of the exchange of information: who does what and when? Moreover, this information must be effectively exchangeable and easily accessible. The information

systems should be suitable to this end.

The supervision and the supervisors themselves are not monitored. On account of the longer periods of supervision, the Council believes that additional control mechanisms are required. The Council suggests exploring the possibility of layered supervision, which could be structured as follows:

1. supervision of those placed under a hospital order by their immediate care and treatment providers;
2. supervision 'alongside' the treatment system, for example by a probation and after-care service worker not directly involved in the treatment;
3. supervision of treatment providers, supervisors and the agencies responsible for the implementation of forensic psychiatric supervision.