

Advice on 'Developments and bottlenecks at forensic psychiatric clinics and units' from the Council for the Administration of Criminal Justice and Protection of Juveniles

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This advice has been drawn up following signals that the Advisory Division of the Council for the Administration of Criminal Justice and Protection of Juveniles (hereinafter: the Advisory Division) received in the past few years from forensic psychiatric clinics (FPKs) and forensic psychiatric units (FPAs) about the increased gravity of the problems of forensic psychiatric patients staying in these institutions. These institutions are concerned about the difficulties that the increased gravity of the problems of the target group have created for the treatment and control of patients. They are also concerned about the adverse effects on work pressure and safety.

This advice focuses on the implementation of funding bases for forensic care in FPKs and FPAs. It relates to inpatient care, i.e. clinical care provided to a patient admitted to a treatment centre. This advice will focus on the question which developments have occurred at FPKs and FPAs as well as to what extent these developments have resulted in bottlenecks.

The Advisory Division has observed that the change in forensic care system which has gradually taken shape since 2008, in combination with other legislation and regulations such as the Conditional Penalties (Mutual Recognition and Enforcement) Act, has resulted in far more offenders with psychiatric problems finding their way to forensic care. Offenders being placed in care much more frequently than previously can be viewed as a major success. The substantive guidance and direction (sometimes up to patient level) has resulted in a much stronger forensic orientation for therapists than was formerly the case.

These changes to the forensic care provided have had and continue to have consequences for FPKs and FPAs. The Advisory Division concludes that there are problems in implementing funding bases in these institutions which are placing pressure on the treatment of individuals. On the one hand, these problems are related to the institutions not having fully adapted to a changing target group. This issue is where the forensic care field needs to step up. On the other hand, the bottlenecks are caused by external obstacles, i.e. obstacles that are beyond the competence of the care professionals. As the party ultimately responsible for the system, the Ministry of Justice and Security must address this issue.

The target group currently being admitted to FPKs and FPAs with funding bases for forensic care is much more diverse than in the recent past. These individuals have a greater variety of funding bases for care and other – often multiple – psychiatric and psychological disorders. In particular, co-morbid personality problems, addiction and problems involving mild mental disabilities are difficult to influence given the relatively short periods of admission, often limited motivation of the patients and limited possibilities for care professionals to exert pressure. The presence of various target groups (in terms of problems and funding bases/legal positions) makes fostering an unambiguous treatment climate for all patients a challenging task.

FPKs and FPAs face the professional challenge of offering adequate and effective care to the changing target group. Given the often short and light funding bases, the Advisory Division recommends organising integrated rather than purely clinical treatments. Furthermore, specific short treatment programmes are required in the clinical phase. Investment is needed in high-quality personnel and labour market policy with sufficient scope for training and peer supervision. Intensive cooperation with external parties (such as the probation service and detention officers) involved in determining treatment programmes is essential. Investment in regional quality networks can serve to improve the complex forensic system further. Finally, the Advisory Division recommends that the forensic care field sets up regional forensic High Intensive Care (HIC) units for the most complex patients and for crisis relief.

A substantial portion of the problems are beyond the competence of the professionals and the capabilities of the care providers. Both the care needs assessment and the placement procedure offer FPKs and FPAs too little scope to prepare and select difficult patients effectively. The Advisory Division recommends that the Ministry of Justice and Security improves the intake procedure in order to facilitate an amicable transfer, information provision, motivation and clear agreements during the intake and commencement of the clinical treatment. Furthermore, it is recommended that regulations are to be amended so that clinics can more easily foster an unambiguous treatment and management climate. The outflow to especially regular follow-up care (financed by

the municipality or under the Healthcare Insurance Act) is often problematic, resulting in unmotivated (and/or non-funded) patients who are forced to stay longer in the FPK or FPA and who adversely affect the treatment climate in the unit. The Advisory Division appeals to the Ministry of Justice and Security to bring, and continue to bring, these problems to the attention of the responsible parties (such as the Ministry of Health, Welfare and Sport and the health insurers). In addition, the Advisory Division recommends that the Ministry examines the rates for forensic care treatments and concerns for the new tendering model (which does not reserve places but does enforce admissions). Reductions, staff shortages (especially in the essential care disciplines), high workload and regulatory pressure threaten the quality of care and, consequently, require sustained attention. A well-functioning system will need to address these obstacles as well. The party holding ultimate responsibility, the Ministry of Justice and Security, needs to step up in this regard.

Finally, the Advisory Division concludes that it does not expect the new laws on forensic and mandatory care – which have been enacted but not yet introduced – to offer an adequate solution to the problems outlined above. Consequently, the Advisory Division believes that the problems reported (separate from the implementation of this law) will require specific attention.

You can view the advice on the RSJ website, www.rsj.nl, under Advisory.