

Mental health in the Netherlands

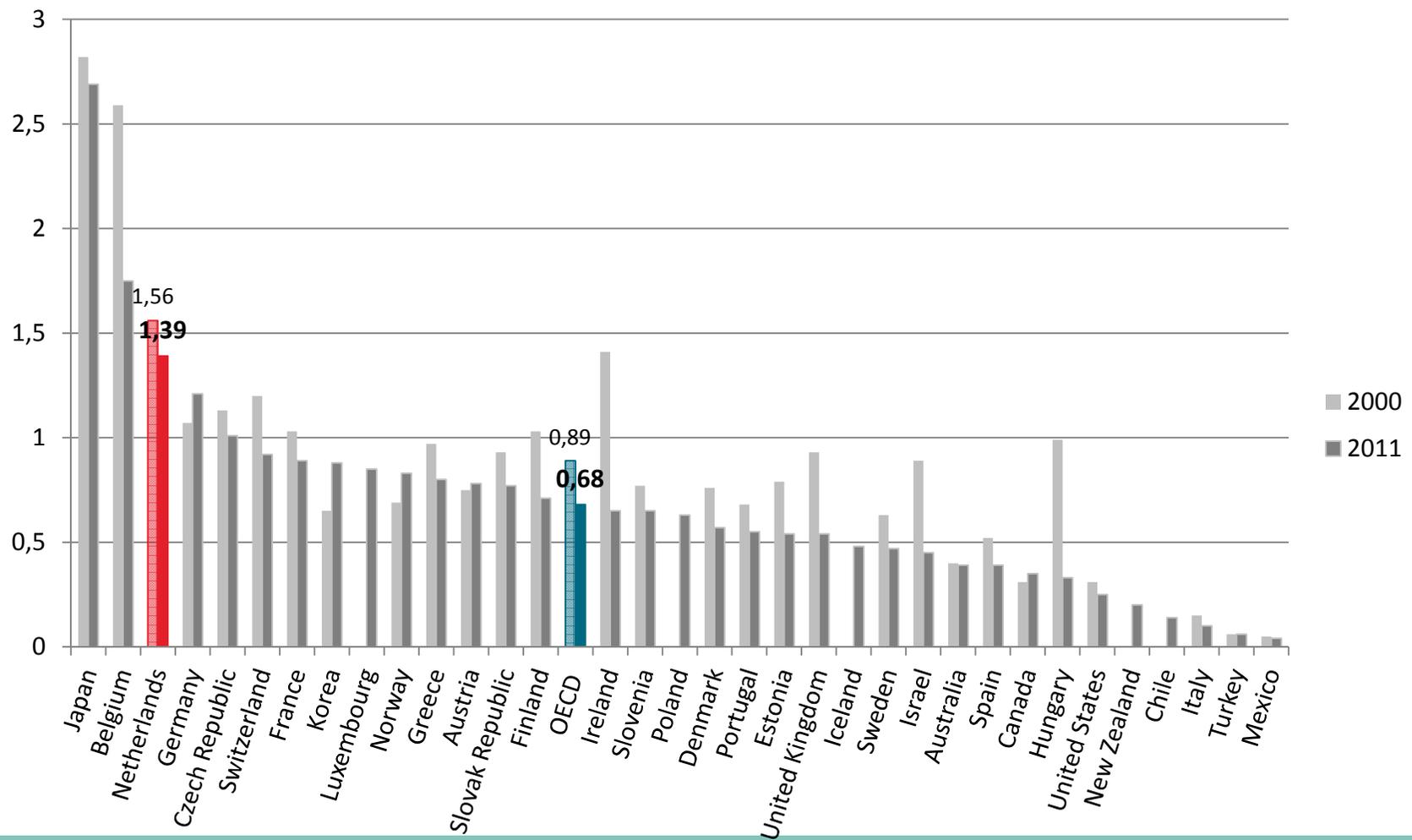
How far are we in the reform ?



Jan Berndsen, CEO Lister – member of the board MHE

- Community Mental Health Services, Utrecht
- Services for sheltered living (700 places incl housing services)
- Supported home care (700 clients)
- Recovery college and 7 peer centers
- 650 employees

The average number of psychiatric beds decreased significantly in the past decade ...



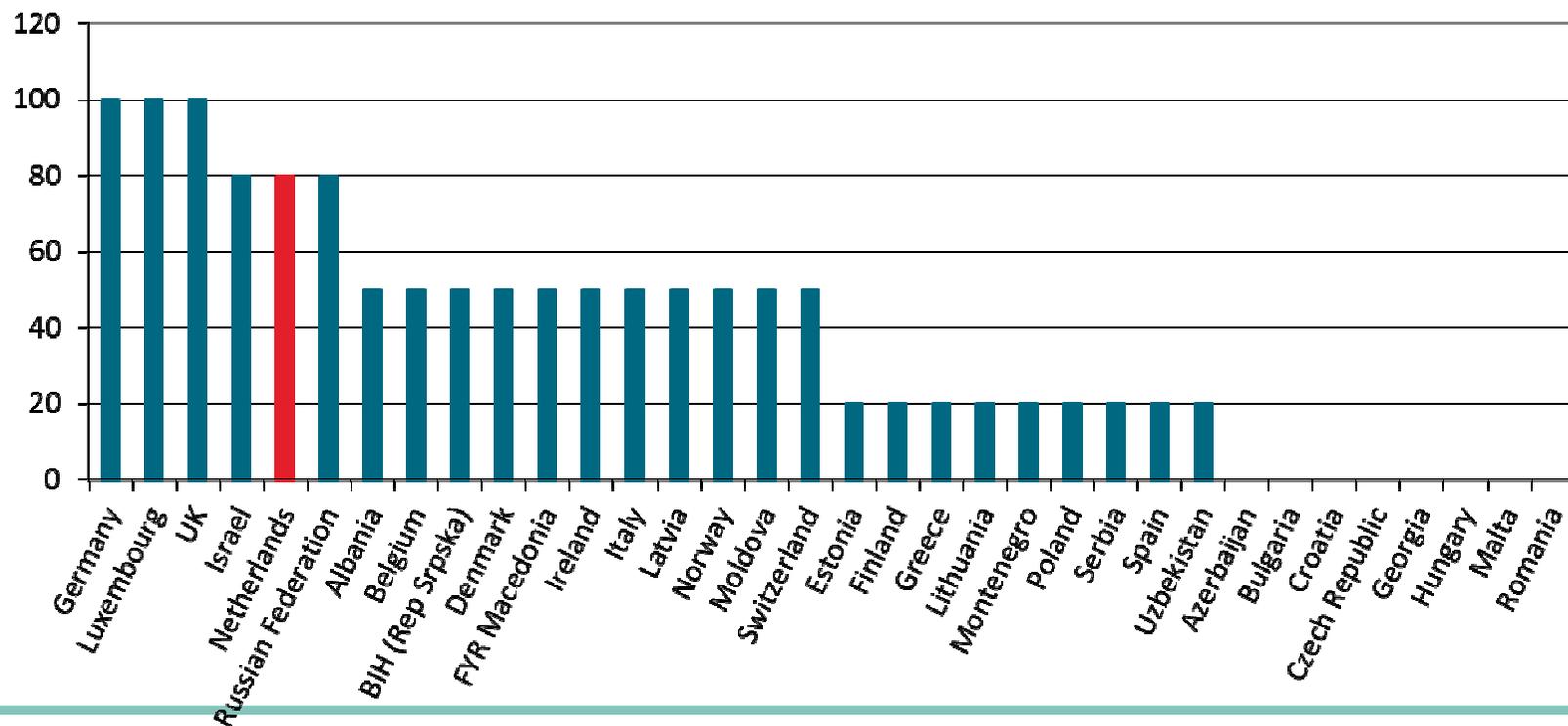
Source: OECD health database. [Online] Available <http://dotstat.oecd.org/Index.aspx>. Accessed 05 October 2013.



On the other hand, the Netherlands does have a high percentage of ambulatory treatment ...

Despite the high number of places in inpatient settings, data on the utilisation of mental health specialist services show that **92%** of people in contact with specialist services in 2010 receive care in outpatient settings.

Percentage of home treatment in WHO Europe per 100 000 population

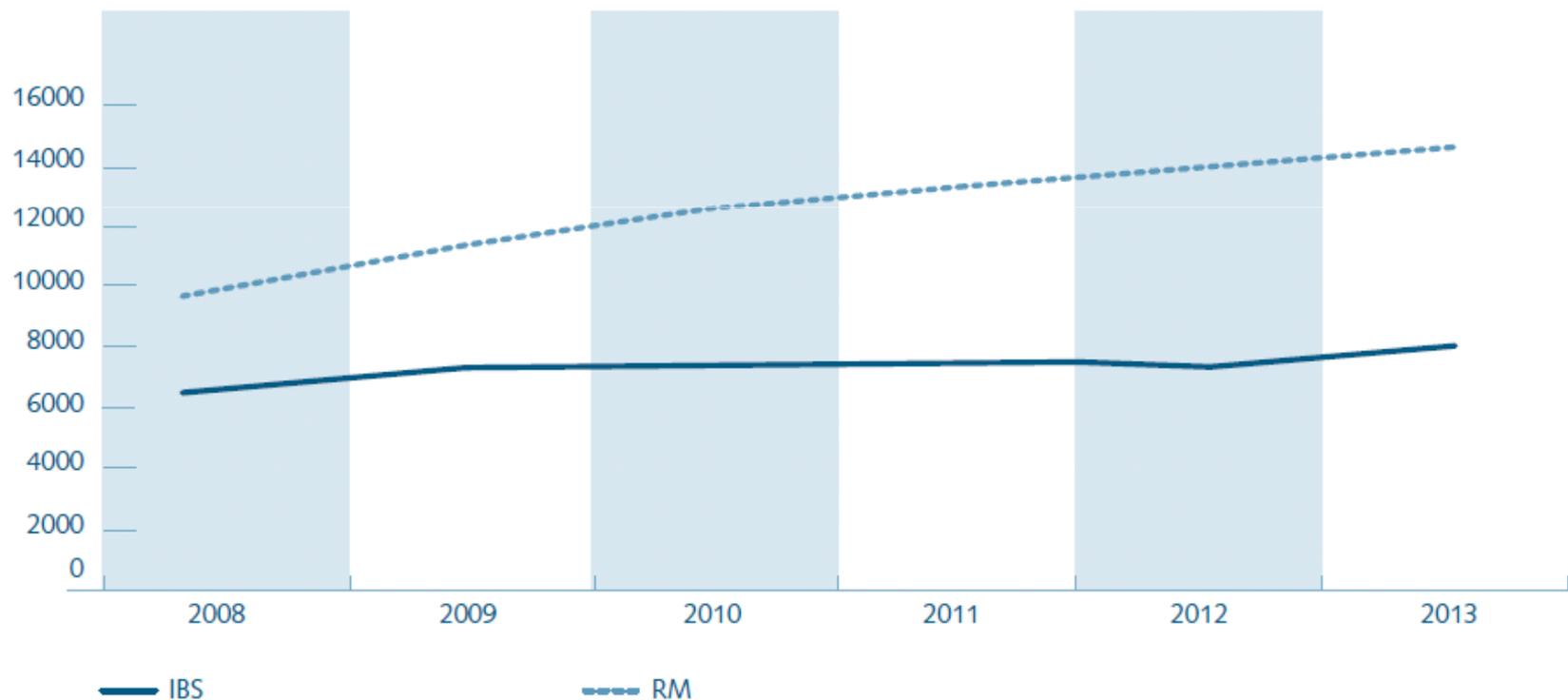


Source: Presentation by WHO Matthijs Muijen at GGZ Kennisdag, February 7th, 2013; GGZ Nederland (2013) GGZ in de Zorgverzekeringswet, tabellen over de jaren 2008-2010. [Mental health care in the Health Insurance Act, tables over the years 2008-2010]



Mental health care is part of a society that demands an answer to existing and new problems.

Between 2002 and 2009, Acute Involuntary Admissions (IBS) have risen by 19,2% and the number of Court Orders (RM) rose with 60,8%. This trend continued between 2008 and 2013 (see graph below).



Source: M. Veerbeek, A. Knispel, J. Nuijen (2015) GGZ in Tabellen 2013 - 2014. Trimbos Instituut 2015; Nuijen, J. (2010), Trendrapportage GGZ 2010 Deel 2 Toegang en zorggebruik [Trendreport mental health care 2010 Part 2, access and use]. Trimbos Instituut 2010.





The Dutch agenda

- Recovery as the new paradigm
- Increase of community mental health
- More attention for the patients network
- Action plan for less coercion and seclusion.
- Recovery colleges and peer centers
- Two new MH laws
- 2016 ratification CRPD (10 years after 2006)
- Increasing use of E (Mental) Health



At the moment recovery is the new paradigm

- We have to change the values of our system
- We have to leave principals of seclusion and coercion as good care
- Recovery is now recognized in the classic mental hospitals, ambitious program
- But when wards are closing we need excellent community mental health care and focus on recovery
- The national plan (2008/2020) 'crossing the bridge'
 - - 30 % hospital beds in 2020 (2012 most low care)
 - + 30 % more recovery in 2020

National movement to increase CMH

- Integrated care at home , recovery based
- Strong collaboration of MH providers (ngo's), health insurance companies and the local government
- MH light at GP (also by MH nurses)
- At the moment double costs, beds and CMH
- A stronger grow of CMH is necessary



More attention for people's network

- Start of the first Peer Open Dialogue practices (4 cities')
 - Trained in London South West Bank University, Russel Razzaque
- In corporation with Open Dialogue Finland (Jaakko Seikkula)
- Start of implementation of R ACT (Resource ACT, swedish model, resource group)



Building up recovery colleges and peer support centers

- At the moment 4 working recovery colleges
- 10 colleges in preparation
- Several initiatives of peer support centers (almost every city)
- Every year more and more professionals with lived experience are working in the mental health care
- Talking about lived experience is more accepted.
- Peer workers are necessary in all positions



The power of education for recovery

“Education is the most powerful weapon which you can use to change the world.”

- Nelson Mandela

Enik Recovery College
Samen werken aan herstel

Action plan for less coercion and seclusion

The Dolhuys Manifest (Dolhuys is museum of the mind)

- Stop using seclusion rooms on closed wards
- Aim: the seclusion rooms in the museum at 2020
- To start with High Intensive Care

New mental health laws

- New law for **involuntary (home) treatment**
 - More attention for legal capacity (CRPD)
 - Aim : less acute admission
- New law for **forensic mental health**
 - More opportunities for `court order` community mental health
 -another story as the new law in Italy



And:

- For all this beautiful but hard work we need excellent staff
- We need to change the attitude of the staff
- So education , education ans what the germans say: Bildung