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 ...
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

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).

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

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

- Nelson Mandela
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 and what the Germans say: Bildung