Responding to crises

Reflections from a Dutch perspective

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Dutch Context 1

- Deinstitutionalization is back on the agenda since 2012:
- Administrative agreement:
- a reduction of the beds of one third in 2020 in comparison to 2008. Substitution with outpatient, community care.
Main results of the Dutch monitor of deinstitutionalization - Capacity

Development of the capacity of psychiatric beds and sheltered housing

- Number of psychiatric beds
- Number of sheltered housing beds

Dutch Context 2

• How to do this in practice?
• Freedom first
• Developments:
  • Further development of community mental healthcare teams / FACT
  • Open Dialogue
  • Resource groups
  • Peer initiatives / recovery colleges
  • IHT
  • Etc...
Comparative research Trieste - Utrecht

• But: in practice a crisis often means hospitalization. How can we change this?

• Ethnographic research that looks into daily practice of care with a focus on the moment of the ‘onset’ of a crisis.

• Focus on practice & ideas/ values embedded in care practices.

• More on Wednesday!
Some reflections
1. Autonomy

- Idea of autonomy: when do you interfere & intervene?
- Relational autonomy versus individual autonomy
- Example: backache
2. Working on and with relations

• Care professional – service user

• Care collective: broader network of family, community, work, school etc

• Task of MH professional is to create or sustain the network.
3. Low threshold & continuity of care

• Importance of low threshold with referral but also for a short admission (respite beds) like CMHC in Trieste.

• Continuity of care: what does it mean in practice? How can we make sure that specialization doesn't mean fragmentation?

• The absence of beds asks for creativity
4. Society

- Role of mental healthcare. Is control / public order also the task of mental healthcare?

- Finance system
Wrap-up

• Deinstitutionalization is more than just reduction of beds, it is about developing alternatives. Alternative ways of dealing with (the onset of) a crisis is an important element in this.

• Recovery & human rights

• We can learn from each other by looking at the organization of care, but also by studying daily care practices

• Contrasting practices can help! It gives a new perspective