



# *Long Term Forensic Psychiatric Care in the Netherlands*

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“The Longstay concept in the Netherlands  
and recent developments in Europe”

*Longterm Forensic Psychiatric Care  
(LFPC) in Europe*

*A Perspective*

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# Content:

- 1. History, development of Dutch System
- 2. Main Goals of Dutch System
- 3. Longterm Forensic Psychiatric Care (LFPC)
- 4. Theoretical Concepts used in LFPC
- 5. European collaboration regarding LFPC

# 1. History of development of Dutch system

- 1920's: law to admit dangerous mentally ill offenders into special hospitals
- after WW II: humane penal system
- balance between interests of society and of mentally ill offenders
- only for severe offences (4 years)/mental illness/ high risk of reoffending
- TBS is a treatment not a punishment
- Depends on the accountability

# 1. Remarks and figures

- Under the 1986 TBS Act a judge may order a serious offender deemed to have 'defective development' or a 'psychological disturbance of his mental faculties' to TBS.
- A prison sentence may also be imposed as well as the TBS order.
- TBS orders are now mainly imposed for violent offences (91% of the total); 27% of the patients have psychosis, and over 50% are deemed to have a personality disorder.
- The average TBS patient stays 7 years in TBS.
- About 10% stay longer than 15 years

## 2. Main aims in Forensic Psychiatry

- The central goal of TBS is safety for society, that is, to prevent new or repeated offences being committed both in the short and the long term.
- To achieve long-term safety, patients are helped to develop a way of life in which there is no room for new offences. Successful treatment requires a safe environment, one in which patients are given sufficient time and space to develop what it is necessary to live an offence free life and also
- Safety for our employees; this safe environment is a prerequisite

# Main aims of the TBS- and TBS-LFPC (Longterm Forensic Psychiatric Care) order

## TBS

- Security for society
- Treatment to reduce risk of re-offending
- Resocialization to a autonomous situation

## TBS-LFPC

- Security for society
- Stabilizing psychiatric and clinical situation
- Optimizing Quality of Life and slow preparation for further possibilities



# Safety is a multi conceptual word; what exactly is safety?

- Successful treatment requires a **safe** environment, one in which patients are given sufficient time and space to develop what it is necessary to live an offence free life.
- For our employees too this safe environment is a prerequisite: they need it in order to carry out their work properly. **Safety** and treatment interlock in many ways.



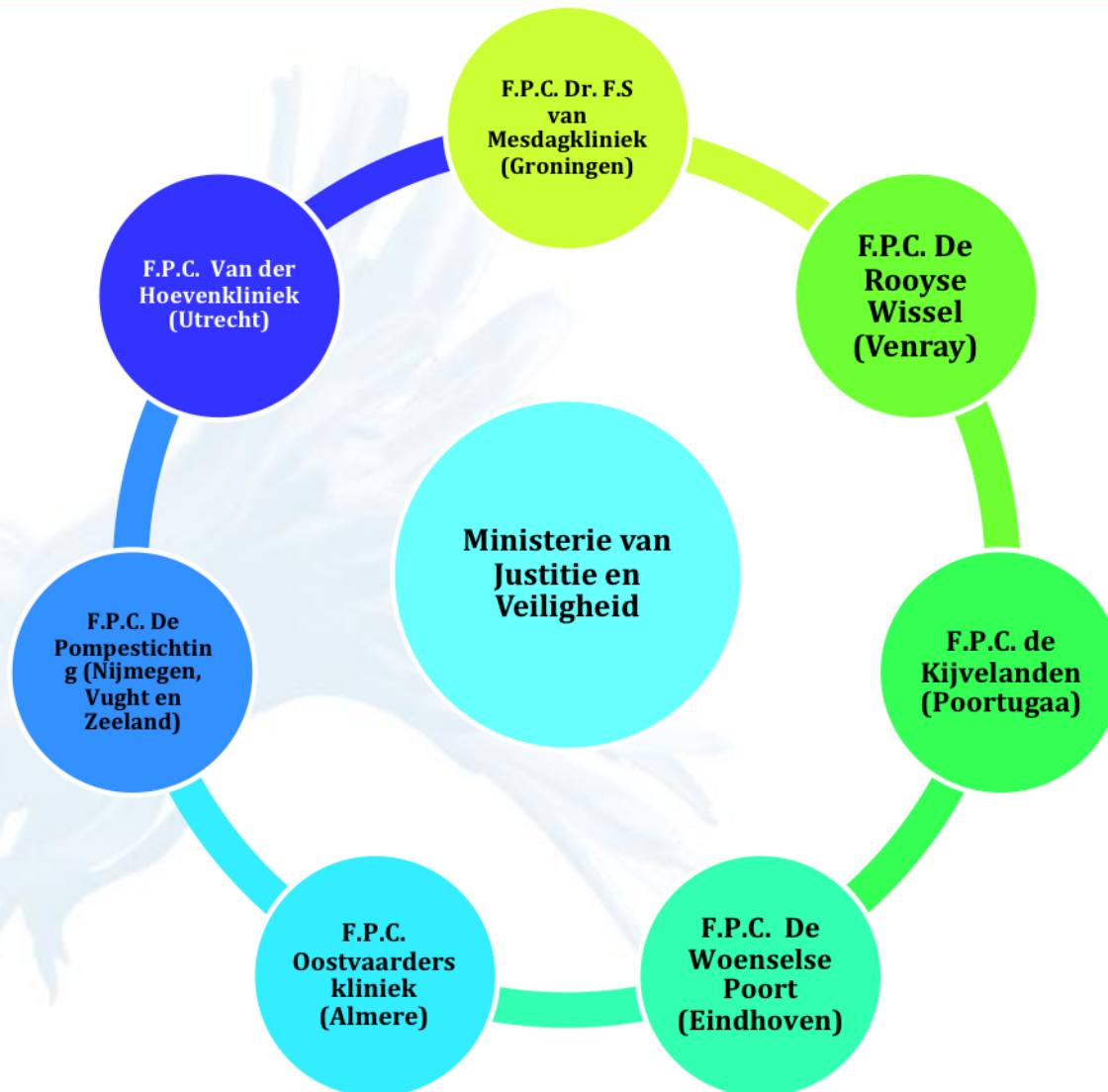
# TBS some characteristics

- Forensic psychiatric treatment can be imposed upon a person by a criminal court when the court considers the perpetrator partly or totally not responsible for the crime
- TBS is described in criminal law
- TBS – term has no fixed expiring date
- TBS can be ordered parallel to detention
- TBS lasts 2 years in first instance



- Patiënten are evaluated after the first two years by the clinic. The Criminal Court (3 judges) passes judgement about the continuation of the measure (one year or two years). After this period the same procedure will be followed
- Every four years (was six) an independent evaluation is made on behalf of the court
- On top of the limitations of the treatment, other limitations are not legally allowed
- Regulations concerning rights and responsibilities are layed down in a law "Beginnselenwet Verpleging TBS-gestelden" (BVT) and in regulations of the Ministry of Justice and Security

# There are seven Forensic Psychiatric Centers



# TBS Capacity in the Netherlands

- There are about 1300 patients with a TBS-measure clinically admitted (2018)
- 7 clinics offer a capacity of about 1350 beds
- Dutch Government is expecting a decline in need of about 120 clinical beds over the next years
- Most clinics have a capacity of 120 – 200 clinical beds, with one exception with 36 beds.
- Of the 1300 clinical patients there are about 110 patients with a Longterm Forensic Psychiatry Care order

# Treatment



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Forensische psychiatrie



# Treatment in TBS clinics

- Pharmacotherapy
- Psychotherapy (mostly Cognitive behavioral)
- Sociotherapy (living in a group)
- Creative therapy
- Behavioral training
- Individual – or Group therapy
- Work-training
- Family/system therapy
- Et cetera

### 3. Long term Forensic Psychiatric Care a special form of the TBS measure

- a patient has had 6 years of treatment without satisfactory succes concerning diminishing risk of re-offending
- a patient has been admitted and treated in at least two different clinics
- no changes are expected
- is considered lasting dangerous
- the evaluation of the clinic points in the direction of unsuccessful treatment
- an independent Committee (LAP) agrees with the lack of perspective
- appeal is possible to the "Council for the Administration of Criminal Justice and Protection" in The Hague (RSJ).

# Considerations on environmental criteria for longterm forensic psychiatric care



## Considerations:

- Normal behaviour
- Autonomy
- Freedom of choice
- We say " Yes" when it is the responsible answer
- Taking responsibility, for everybody
- Use "normal" language
- Respect individuality
- Recovery supporting care
- "Relational safety"



# Examples of “normal words/language”

## TBS

- Cell -----→
- Patient -----→
- Therapist -----→
- Nursing Staff -----→
- Therapy -----→

## Longstay-TBS

- Room
- Inhabitant
- Employee
- Workers / employee
- Work

# Attitude

- Try to prevent becoming a “Total Institution” (Goffmann)
- Consider the facility not as an “endstation”
- Manage the facility as a village more than a prison, consider the inhabitants as such
- Try to see the inhabitants of the facility as people with a handicap not solely as dangerous people
- Use Risk-Need-Responsivity principles



# “Environmental Management” in the facility

- Behavioural rules for everybody on the facility, inhabitants as well as employees (respect, clean, healthy)
- Rights and responsibilities are clear
- Autonomy (“Yes,..unless”)
- Patient-involvement group
- Family involvement panel
- Contact with society as much as possible
- Perspective (Time, Goals and Purpose)
- Implementing “Good Lives Model” (Tony Ward – New Zealand)
- Normality in expressing yourself

# Perspective of leaving Longstay TBS

- Expectations were: no people to leave the longstaywards anymore
- Reality: since 2010, 10% of the patients in the LFPC facilities of the Pompe Foundation annually can be placed in TBS-treatment clinics or “normal” mental health facilities, sheltered care facilities etc.
- Of all LFPC patients since the start, 48% have left for treatment clinics. 5% deceased. 51% are still in LFPC

# What is the situation in Europe

From 2014 - 2017

EU COST Action IS 1302: "Towards an EU Framework for Forensic Psychiatric Care",

- coordination of European research efforts
- Gathering information about the situation of forensic psychiatry in 19 different countries (where 17 different languages are mother-languages)

# Forensic psychiatry as a concept

## countries with:                      countries without:

Slovenia

Spain

Netherlands

Belgium

UK

Ireland

Lithuania

Norway

Germany

Malta

Croatia

Poland

Portugal

Serbia

Ukraine

Denmark

Estonia

Finland

Austria

Slovakia?

Sweden

Switzerland

Italy ?

Cyprus?

Greece

France ?

Hungary?

Macedonia?!

Bosnia-Herzegovina


Armenia

Bulgaria

Romania

Czech Republic

# Forensic psychiatry visited by the COST Action:



Slovenia  
Spain  
Netherlands  
Belgium  
UK  
Ireland  
Lithuania  
Norway  
Germany  
Malta  
Croatia  
Poland

Italy (facilities now closed)

# Countries with Longterm Forensic Psychiatric Care

Belgium

UK (not called Longterm)

Ireland (not called longterm)

the Netherlands

Germany



# New European research activities:

## EU-VIORMED

The European Study on VIOlence Risk and MEntal Disorders (EU-VIORMED) is a new collaborative research project that aims to improve the quality of forensic psychiatric care in Europe.

See: [EU-VIORMED.EU](http://EU-VIORMED.EU)

Italy, UK, Germany, Austria, Poland

Expected publication from the COST Action IS 1302:

“Long-Term Forensic Psychiatric Care - Clinical, Ethical and Legal Challenges”

Springer Verlag (De), 2018.

# Thank You for Your Attention

*If you want to visit the LFPC of the  
Pompefoundation in the Netherlands, and be part  
of an excursion across the terrains and wards and  
discuss everything you see and experience with  
patients as well as staff,  
please do not hesitate to contact us.*

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