Forensic psychiatric care centers in Belgium

Peter Neuteleers
Psychiatrist

Dublin 7-12

FPC
ANTWERPEN
GENT

FPC Antwerp & FPC Ghent

Mission and vision

FPC Antwerp & FPC Ghent: an answer to a societal demand

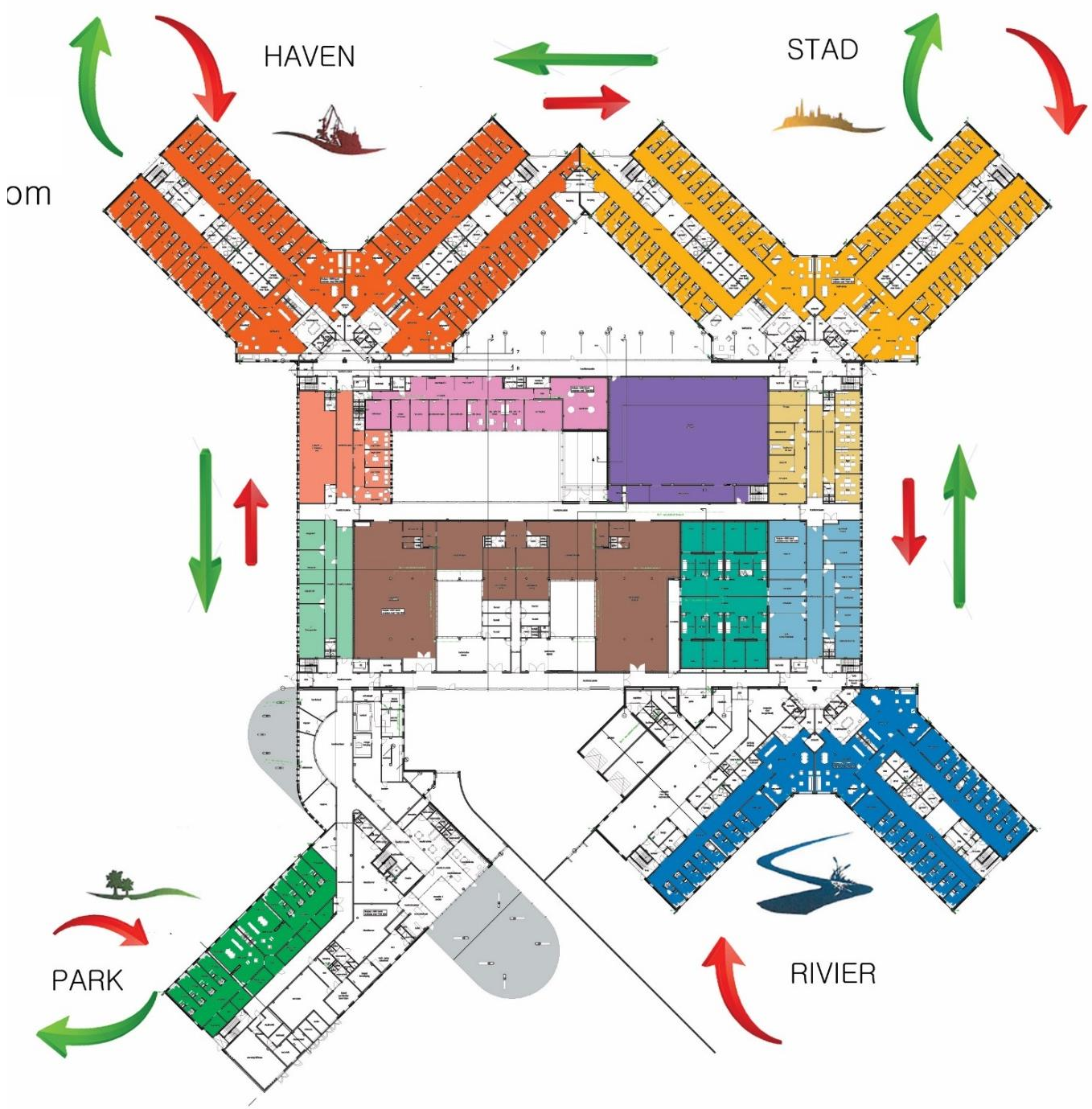
Both FPC Antwerp & FPC Ghent provide **protection of society** by **treating forensic psychiatric patients** in a scientifically evidence based manner.

During treatment, the risk of committing further offenses is reduced and root causes are eliminated or controlled, so that a (renewed) residence in society is possible. FPC Antwerp & FPC Ghent do this in close **collaboration** with the patient and his or her environment and with partners in care.

The **offense** and **the psychiatric diagnosis** form the basis for treatment.

The patient flow

Patient flow



The patients

Our patients

- Admission decision taken by the KBM/SURB
- High security environment
- In need of specialised treatment
- 428 male and 18 female forensic psychiatric patients judged not responsible for their acts
  - Supportive environment (mental health disorders and mentally retarded)
  - Social therapeutic environment (personality disorders)

Capacity

- FPC Ghent
  - 264 male patients
  - 24 beds for very intensive care
  - 64 beds for mentally retarded patients
  - 88 beds for patients with mental health disorders
  - 88 beds for patients with personality disorders
- FPC Antwerp
  - 164 male patients and 18 female patients
  - 10 beds for very intensive care
  - 54 beds for mentally retarded patients
  - 54 beds for patients with mental health disorders
  - 64 beds for patients with personality disorders

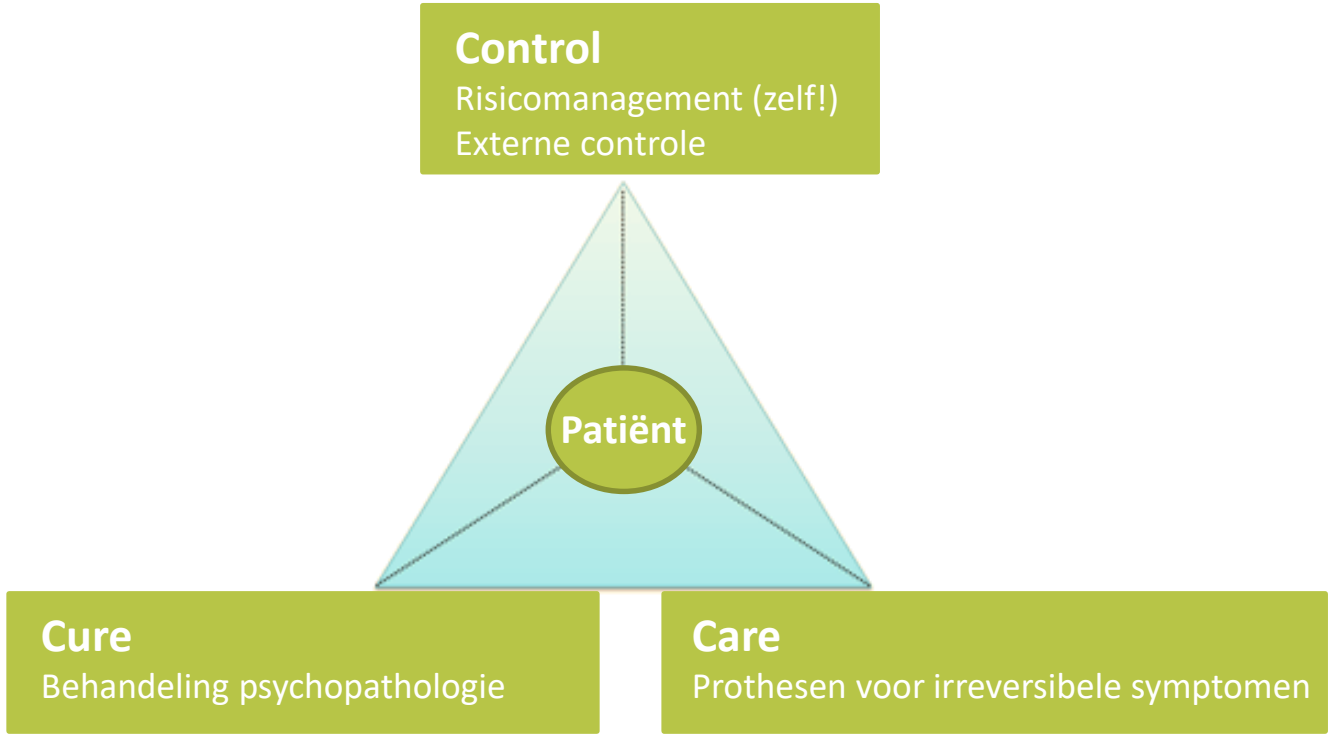
The care concept & treatment

Care concept

- Treatment and security hand in hand
  - Comprehensive security policy in order to ensure patient and personnel safety and a secure society, b
    - Prevention and protection;
    - Risk management and treatment;
    - Scientific research;
    - Training.
  - Passive security (the building, the security systems,...)
  - Dynamic security (the interaction between patients and healthcare staff)
  - Procedural security (internal regulations, procedures, ...)
- Internal rules in accordance with the (inter)national legislation
  - Focus on quality, responsibility, respect and clarity
  - Right to freely profess their beliefs and practice their faith
  - Patient participation

Theoretical framework

- Biopsychosocial model Engel
- Risk Needs Responsivity model (Andrews & Bonta, 2006)
- Good lives model (Ward et al, 2003)
- Control - Cure - Care



Risk management in treatment

- Core of therapy
- Transparency about the offence
- Treatment is focused on risk factors based on offense and risk assessment:
  - The capacity to:
    - learn to understand own behaviour;
    - accept and recognise limitations;
    - anticipate criminal behaviour.
- Methodology: risk management discussions, early warning signals, week evaluation, treatment evaluation, prolonged stay advice

Risk management in treatment

Treatment of disorder
- pharmaceutical treatment
- system approach
- psychotherapy
- non-verbal therapy

Treatment of criminal behaviour
- anger management
- sexuality
- addiction

Risk assessments
- risk assessment tools
- evaluation of treatment plans, risk plans

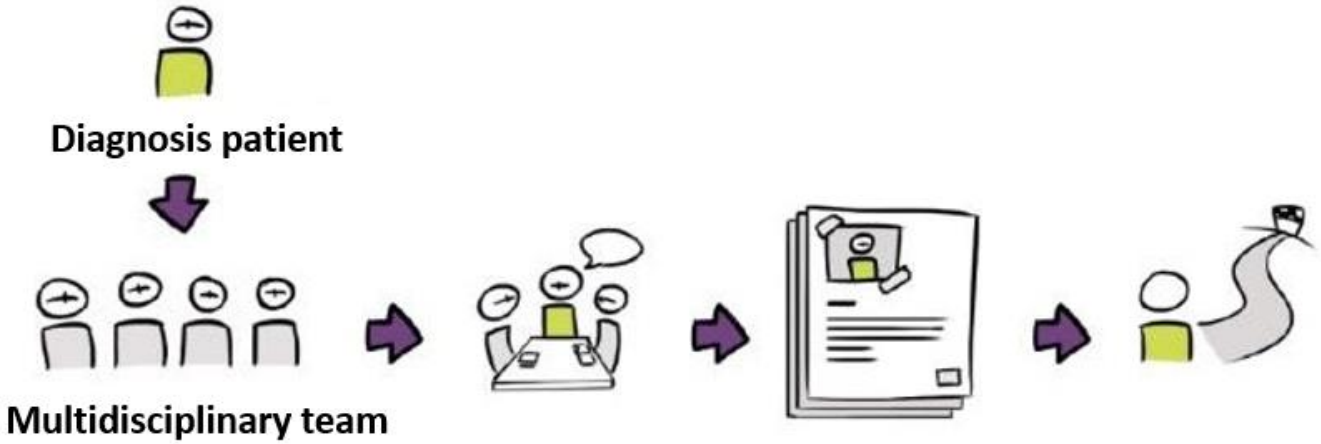
External control
- inpatients
- security measures

Resocialisation
- work and education
- competence-analysis and training
- early warning signals
- contra-indications
- vocational work geared towards paid work and education
- document: final roadmap
- social work
- finances according to financial plan

Individual treatment plan (ITP)

- Problem description and diagnosis
- Staff and patient: joint effort
  - Agreement with the treatment plan goals
  - Patient accountability
- Patient empowerment and participation
- Evaluation
- Fixed deadlines for drafting and evaluating the ITP
- Risk management (offence analysis - offence risk)

Therapy range according to patient profile



7 patient profiles

1. Psychotic patient with multiple issues
2. Typical psychotic patient
3. Antisocial patient
4. Patient with addiction issues
5. Patient with sexual issues and offense
6. Patient with autism or ADHD
7. Mentally restricted patient

Evidence-based care pathways

Supportive

- Mentally restricted
- Psychotic vulnarability
- Multiple sexual disorders

Social therapeutic

- Addiction
- Anger management
- Sexual offences

Additional therapy (tailored to individual patient)

- Psychomotor therapy; Art therapy; Music therapy; Drama therapy
- Motivational modules / ‘pre-therapeutic’ modules
- Individual therapy

Thank you for your attention!

Questions?