

Mental health and probation in the Netherlands

Presentation by Ilonka Verkade

General Information

- Three private probation services
- Core tasks:
 - **Assessment/ probation reports** (Early intervention, Probation recommendation)
 - **Supervision** (Probation supervision, Behavioral training)
 - **Community service**
- Mission statement; Reduce re-offending, sanctioning alone not effective: Rehabilitative needs need to be addressed, Focus on behavioral change & risk management, A safer society
- SVG statement: **Probation with (forensic) care**
- Under probation supervision in 2017: 33.149 persons

Policy & research

- **2007; a new system in the Netherlands.** Forensic care is defined as mental health care, drug rehabilitation and care for the intellectually disabled provided within the criminal justice system.
- **2019; The Forensic Care Act.** (Prevention of reoffending by offenders with mental health disorders.)
- **Responsibility for the entire forensic care system:** the Ministry of Justice and Security (including finances)
- **60%** mental health issues, **60%** substance abuse, **30%** intellectually disabled

State of play

- The Netherlands, population; 17, 5 million
- Forensic care in 2020; 1400 treatment under hospital order, 1.000 clinical, 2.000 sheltered accommodation, 12.000 out-patient
- 91% men, 9 % woman
- Most common disorder/ treatment; 33% substance abuse, 18% personality disorder, 12 % schizophrenia and other psychotic disorders, 6% impulse control disorders, 2% sexual disorders, 11% other
 - Growth treatment under hospital order
 - Growth in sheltered accommodation (1100 in 2015, 2000 in 2020)
 - Issues: waitinglists; shortage of knowledgeable staff, housing shortage in general, growth in multiproblem persons

Reoffending during forensic care trajectories in the Netherlands, 2013-2017, Dutch Research and Documentation Centre (WODC) (2021)

** reoffending during the first two years of a FZ-trajectories, i.e., 33% for general crimes and 3% for serious crimes*

** 70% of the crimes that were committed during FC-trajectories are property crimes without violence, destruction, mild aggression, crimes against public order, or other comparatively minor crimes.*

- Many FC-trajectories contain periods during which no FC is delivered . These periods without FC have the highest density of crime, especially in the first three months.
- When FC takes place, both the density of crime and the percentage of reoffenders are highest during outpatient FC. The risk of reoffending during outpatient FC is the highest in the first three months.
- Downscaling of FC is important in the process of rehabilitation. In almost half of the trajectories with inpatient FC, downscaling took place. However, in many cases, it was followed by upscaling of FC or imprisonment.

Main challenges & plans for the future

- **Continuity of care** (transfer to regular healthcare)
 - “Chain standard lifespan and secured beds”
 - Program Persons with confused behaviour
- **Improved flow- through** (more in-patient treatment facilities, more sheltered accommodations, more specialised care)
- **Less bureaucracy**
 - Many organisations involved referring to care
 - A lot of registration
- **Long term paths**