

RINO Noord-Holland

Nascholing en Opleiding GGZ

Situation in the Netherlands

Starting Conference PsychoREScue, 12 January 2006

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LEONARDO DA VINCI Programme II PHASE 2000-2006

Il progetto è stato finanziato con il sostegno della Comunità Europea.
Il contenuto del presente progetto non riflette necessariamente
la posizione della Comunità Europea o dell' Agenzia Nazionale
e non impegna in alcun modo la loro responsabilità.

- **Ambulatory services**
 - General practitioners
 - Private practices (psychologists, psychiatrists,
 - Health centers
 - Regional Institutes for Outpatient Mental Health Care (RIAGGS) and polyclinics
 - Intensive psychiatric home care
- **Semiresidential care**
 - Day treatment
 - Sheltered accommodation (independent organizations)
 - Socio- living facilities (connected with mental hospitals)
- **Residential / in-patient care**
 - Psychiatric hospitals
 - Psychiatric departments of general hospitals

- All services are Non Governmental Organizations (NGO's), there is no governmental steering (except by legislation)
- Care is paid for by:
 - Private insurances (all treatment shorter than 1 year)
 - Collective insurance (long time clinical treatment)
 - The **government of the cities** (WMO, a new law that came into place on 1 January 2006, concerning e.g. sheltered housing, day activity centres etc)
- Legislation / acts
 - Individual Health Care Professions act (BIG)
 - Medical treatment contracts act (WBGO)
 - Psychiatric hospitals (compulsory admissions) act (BOPZ)
 - Clients right of complaints act

working in mental health care

- Psychiatrists (2.000)
- Non-specialized physicians (700)
- Psychotherapists (2.500)
- Psychologists (4.500)
- **Psychiatric nurses** (15.000)
- **Social workers** (6.000)
- Psychomotor therapists (900)
- Creative therapists (1.200)
- Ergotherapist (400)

As a result of the Dutch 'polder model' where patients, patient-organizations, professionals, policy makers and the general public all **agreed** on the principles of good mental health care, new developments started both **inside** and **outside** the hospitals and showed a very **gradual change** towards more community based care.

- The process of de-institutionalization has **NOT** lead to a large reduction of hospital beds.
 - In 1990 the percentage of clinical care (beds) was 68%
 - In 1998 the percentage of clinical care (beds) was 54%
- but
- In the meantime the total amount of mental health care grew with 18%.
- Actually the number of hospital beds **only decreased by 6%!!**

Care is **continuous**

- Stepped care (ambulatory care if possible, clinical care when needed)
- Casemangement, Assertive community treatment
- Central role: intake team

Care is easily **accessible**

- for everyone, everywhere
- 1 'entrance'
- as close as possible to where the client lives and works
- new tools: crisis card, intensive home treatment, 'a recipe for a bed'

Care is **demand** driven

- tailor made
- flexible
- rehabilitation oriented
- example of new tool: individual care budget

- Evidence based medicine
 - Multidisciplinary guidelines (but in the schizofrenia guideline there is no mentioning of sheltered housing)
- Best Practice
 - The expertise centre **Rehabilitation** collects and disseminates best practices
- DBC's
 - Diagnosis-Treatment Combinations is a new tool for planning and budget control

for psychiatric nurses and social workers

Independency

Creativity

Knowledge of the 'social map'

Communicative skills

Negotiation skills

Networking skills

Teamwork

Risk analysis

Rehabilitation skills

Planning skills

Orientation towards results

Reflection

- All workers in mental health care start with a **professional training** at a university or college.
 - Social workers: 4 years
 - Psychiatric nurses: 3 years
- Various institutes provide **continuous education**, for example the RINO Noord-Holland, the colleges and specialized institutes like Rehab 92.
- The necessary **new skills** are part of the professional training programs and the continuous education

- Professionals are well trained and carefully selected
- Many are members of unions and professional associations
- Professionals are paid according to national agreements

but

- **Working in mental health care is not in high esteem**
- **Continuous education is not always provided**

We think that within the broad spectrum of mental health care professionals in the Netherlands there is definitely room for a 'new' profession:

The psychiatric community worker

With a well defined **training curriculum** and **lifelong education**

We hope that our cooperation in this project, PsychoREScue, will be beneficial to community mental health care in all of our countries

- Lisa Ruiter
- Marieke van Dam

