

How do we best achieve a joined-up police and mental health response to mental health crisis?

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Dimence Group

- Mental health care organisation
- Over 40.000 patients/clients
- More than 60 locations
- 2350 employees
- Financial budget € 180 million



Division Acute mental health

- 230 FTE (\pm 280 persons)
- Budget € 27 million
- 4 locations
- Clinical (95 beds) and Outdoor treatment (3 Intensive Home Treatment teams including 24x7 crisis resolution)

Important issues

- Reduction clinical beds
- Development & implementation healthcare standards for acute mental health
- Collaboration with police in acute mental health situations
 - Places of safety
 - Transport
 - Police is for safety. Dimence is for mental healthcare

How can we, when a crisis situation occurs, come to a good joined (mental health care and police) and rapid response that preferably takes place on the spot or at least makes sure that mental health care professionals are involved as soon as possible?

Requirements

- Minimizing police involvement to a role in which police only is responsible for safety
- Maximizing client involvement (and involvement client's network)
- Mental Health Care professionals on the spot (preferably at patients home)
- No unnecessary intermediaries, client needs the appropriate care immediately
- Ability to function in rural areas (in terms of response time, cost effectiveness, etc)

Programme

- Smaller groups to come up with ideas and solutions
- Panel-discussion

But first: *Collaboration between Police and mental healthcare in psychiatric crisis-situations*

- Inge Boele: Cliënts perspective
- Elnathan Prinsen: Psychiatrist's perspective
- Paul Jennings: Police perspective