

The need for police-health partnerships in dealing with mental health issues : the Dutch approach

Law Enforcement and Public Health

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2016 October 3

Severe Incident

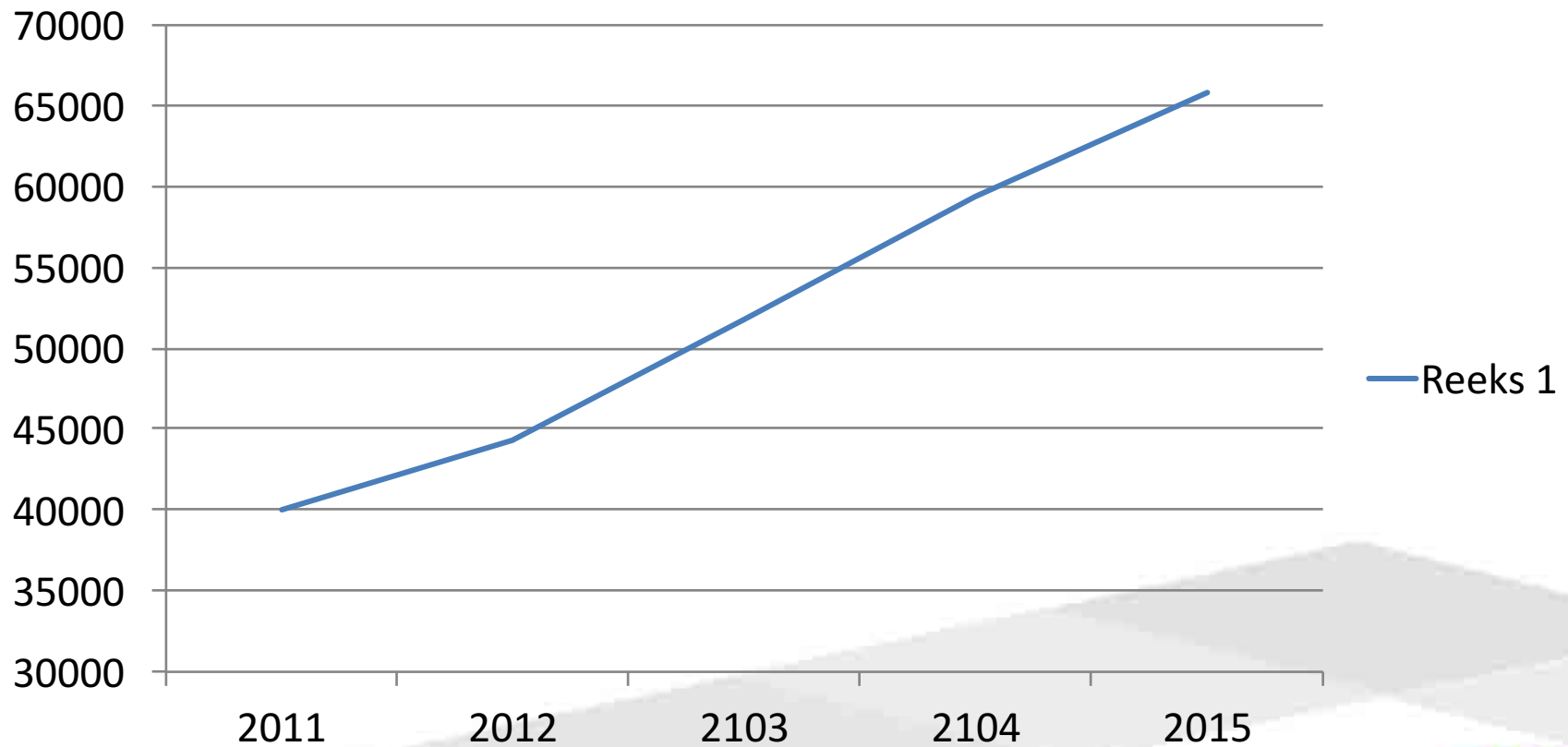


- Man kills his wife
- Puts her in a carpet on the street
- Walks to train station and commits suicide
- The man is known to the mental health system: involuntary admission 3 months earlier



Numbers of 'bewildered persons' registered by the police

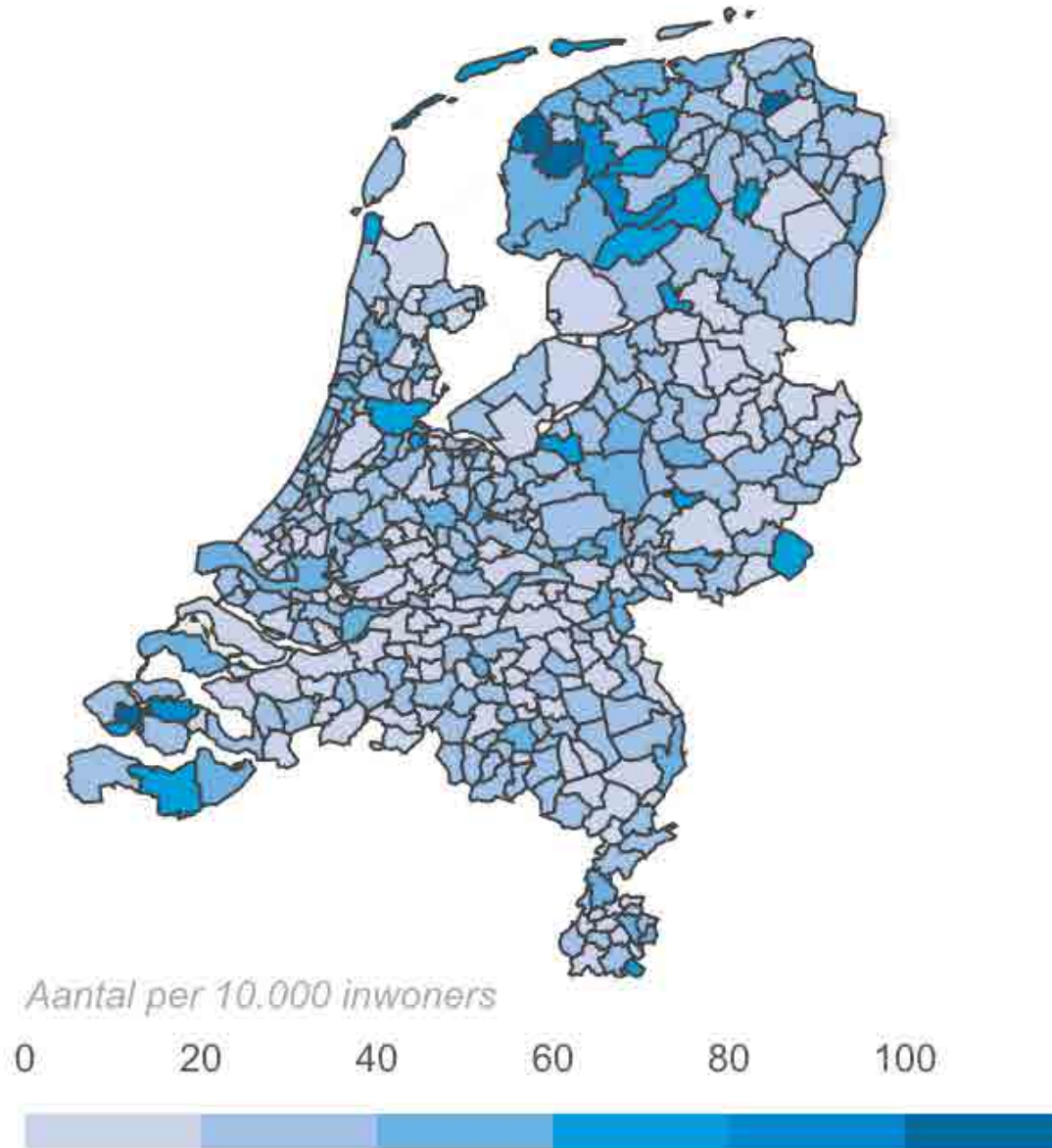
Reeks 1



E33 registrations

Thanks to J.
Zoeteman, Arkin

2014



Does the police see more red cars?



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Root Cause Analysis: analyse every incident and learn..



Blue versus white

Complex triade: mentally ill, dangerous and not cooperative

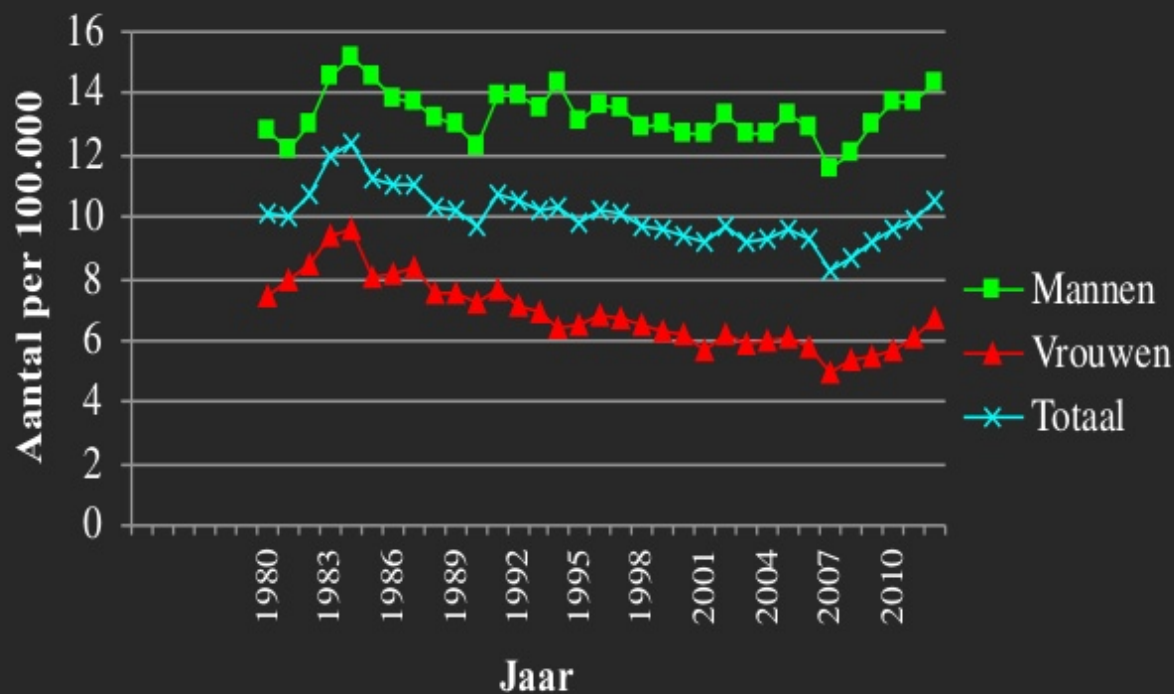
Police: "He is a patient and needs care"

Mental Health Care: "He is too dangerous and cannot be taken care of"



Suicides in Netherlands

Suicide in Nederland: 1980- 2012 per 100.000 van de bevolking alle leeftijden



Bron: Centraal Bureau voor de Statistiek / A.J.F.M. Kerkhof

Police and mental health

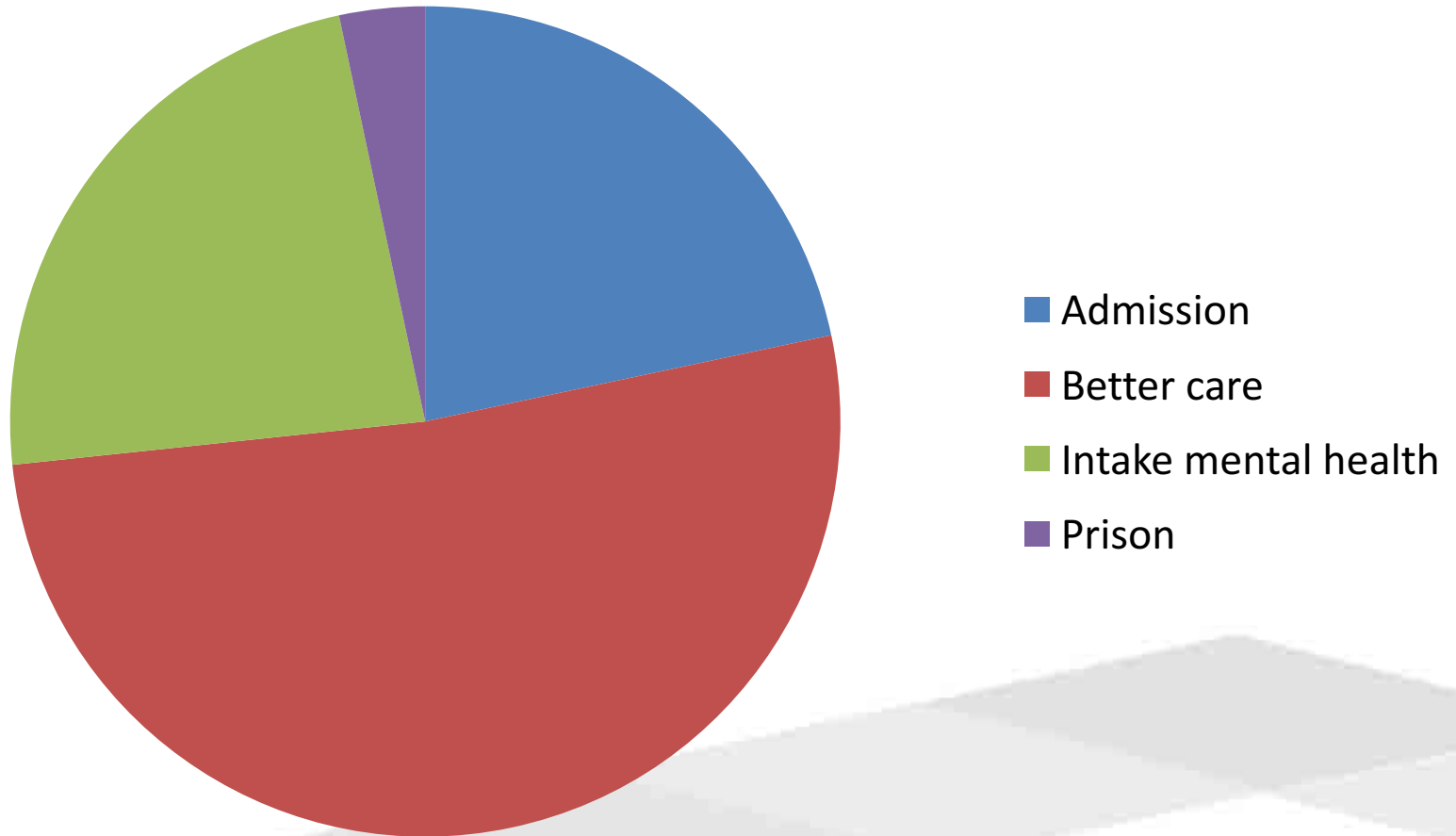
Police – Mental Health

1. National agreements between police and mental health: shared responsibilities
2. Psychiatric nurse on the police station
3. Police and psychiatric nurse do homevisits together
4. Police brings patients to psychiatric hospital
5. Crisis services
6. Psycholance

1. National agreements between police and mental health

- National agreements
 - Prevention
 - Triage and crisis services
 - Transport
- Regional implementation
- Also activities of municipalities required
 - Financial
 - Social teams in every district

2. Patients seen inside the police station by psychiatric nurse in 2013



3. Police and psychiatric nurse together do homevisits



4. Police brings patients directly to emergency department of psychiatric hospital, and not to police station

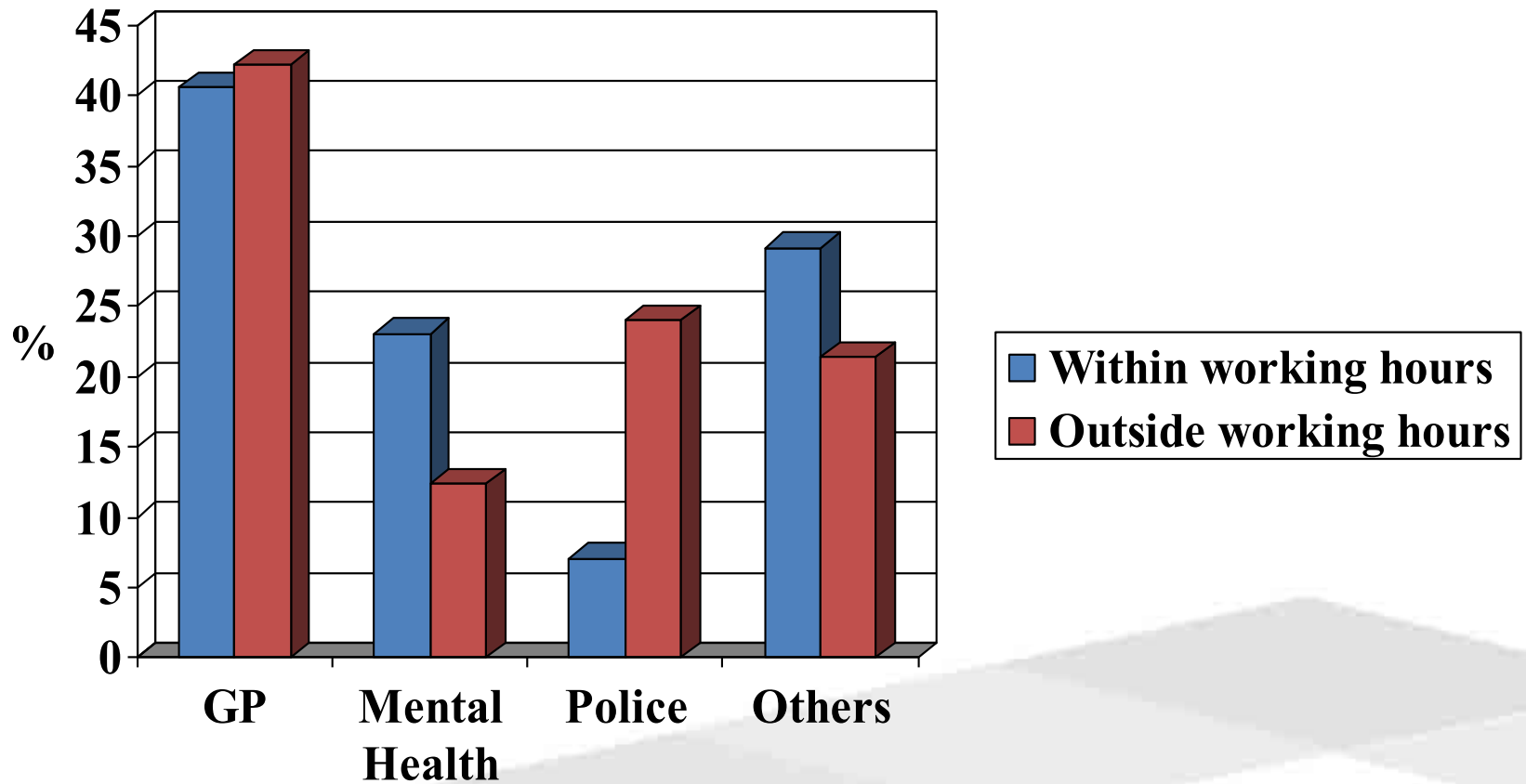


5. Emergency Psychiatry and the Police

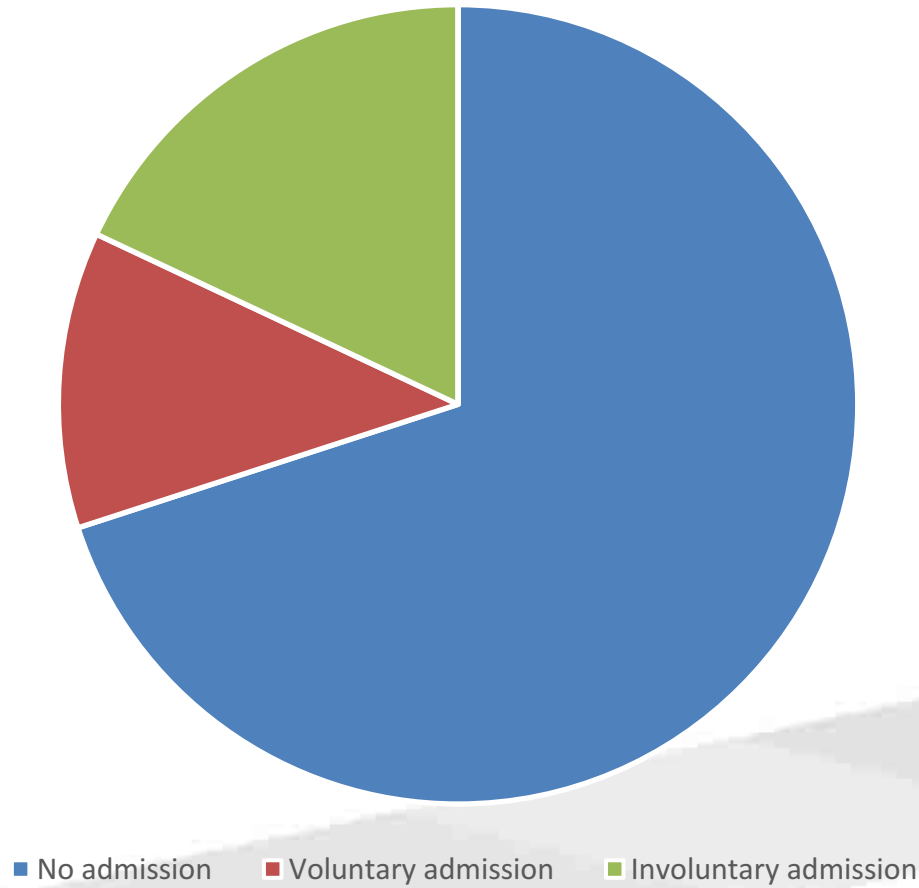
The Dutch Emergency Psychiatry Model

- **Outreach crisis services 24/7**
 - Triage by MD and/or nurse
 - Usually on request of:
 - Primary care physician
 - Mental health professionals
 - Emergency room specialist in a general hospital
 - Police
- Few patients are seen in the
 - Emergency room in a general hospital
 - Emergency room in a psychiatric hospital

Referral to mobile emergency services in Rijnmond Region (1.2 million)

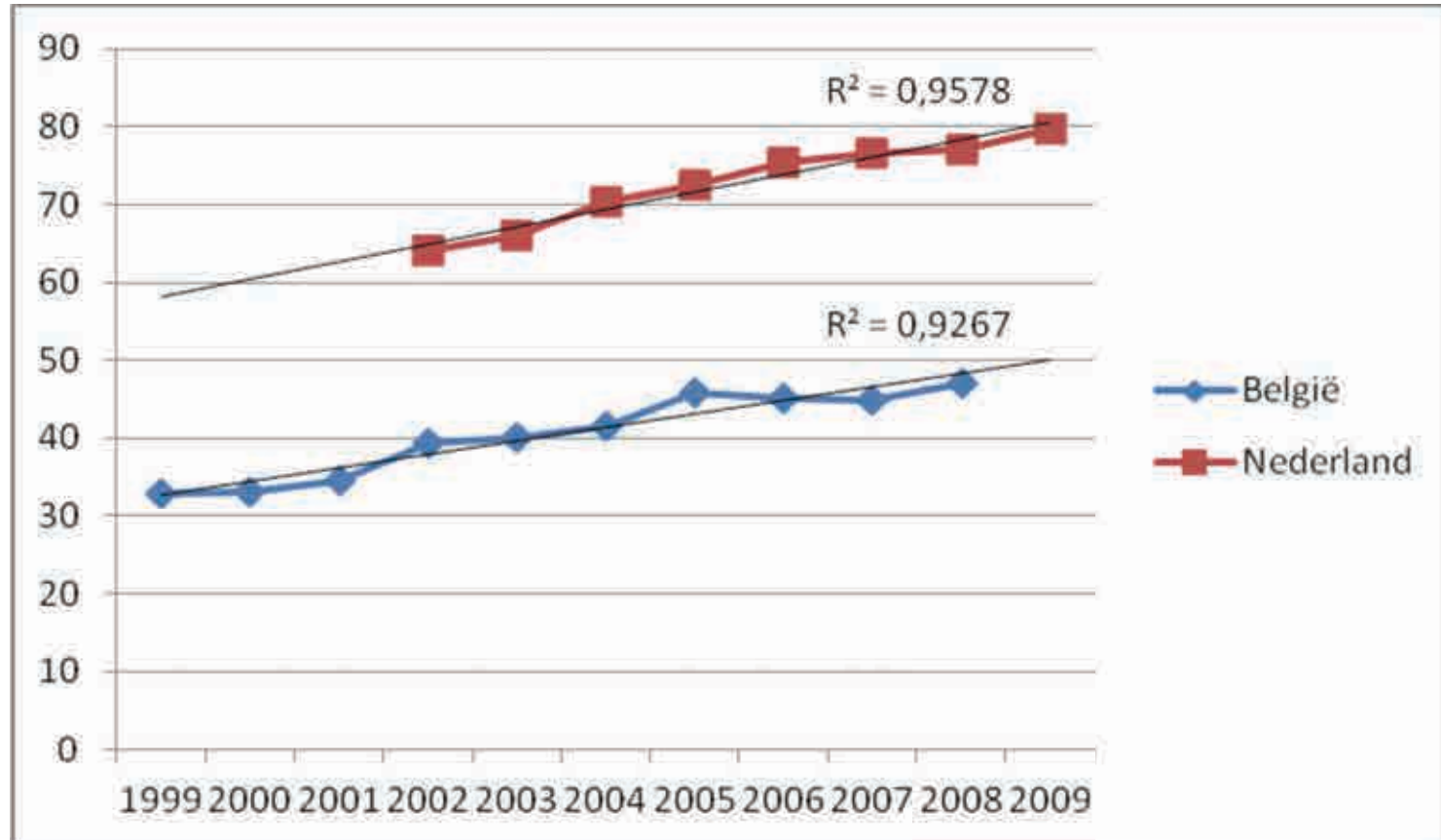


What happens after referral from the police to crisis services

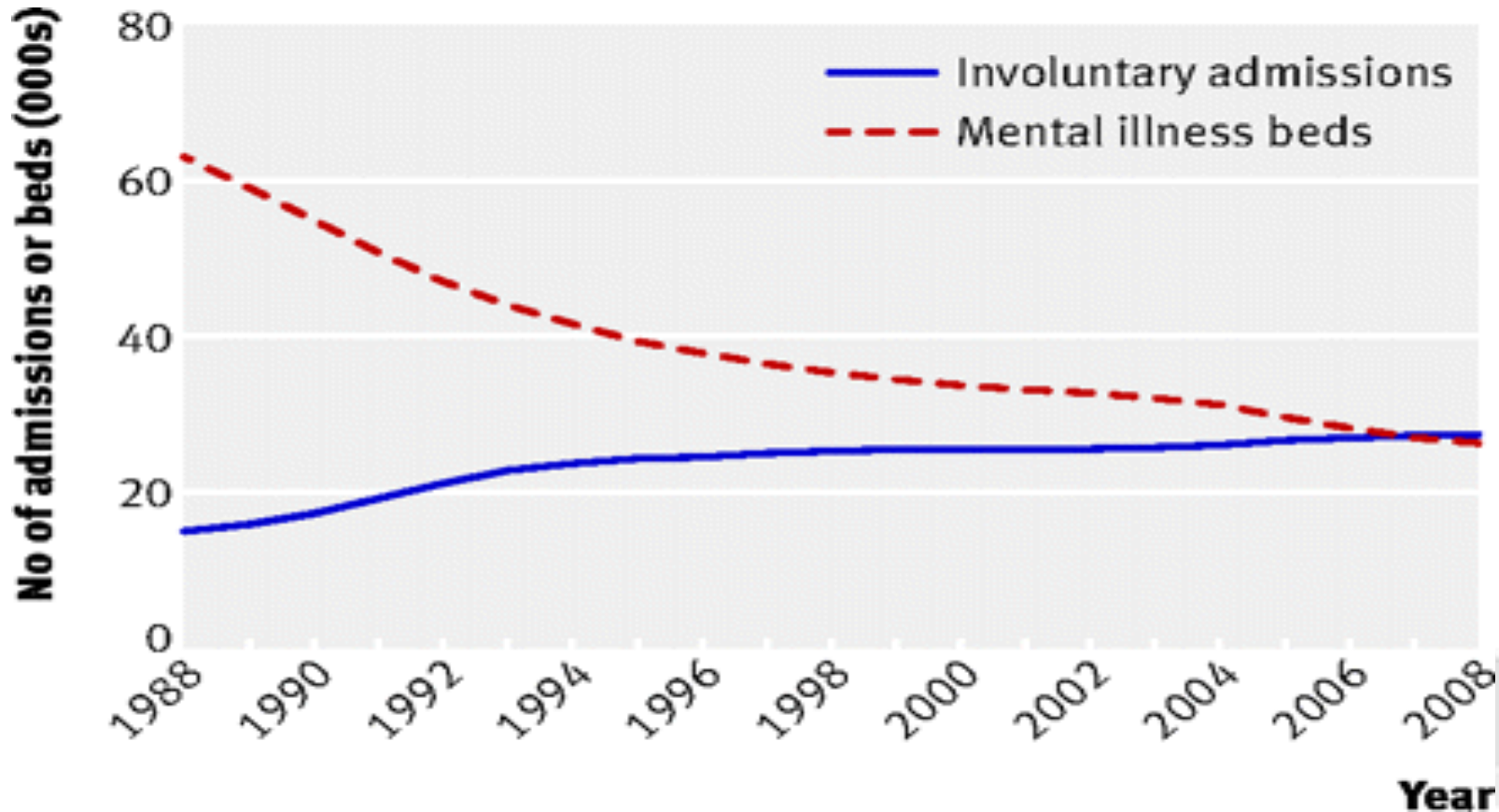


New Involuntary Admissions in the Netherlands and Belgium

(Schoevaerts, Mulder e.a. TvP 2012)



Reduction of beds paralel to increase of involuntary admissions in UK

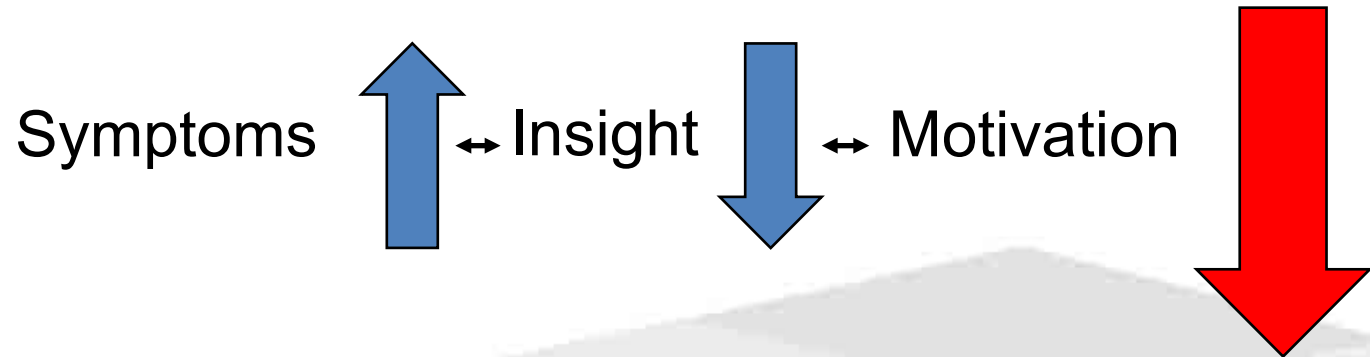


Motivation Paradox

Classic Assumption



Motivation Paradox in SMI



Reasons for involuntary admission

Dangerousness criteria

Danger to others



Danger to self (tel. 113 online)



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Social Breakdown



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Addiction: Sometimes a Reason for Involuntary Admission



Changes in Dangerousness Criteria for EIA 1997-2005 in patients with psychotic disorders > 18 years (Mulder et al. IJLP 2008)

| | 1997 | 2005 | Increase |
|--|------|------|-------------|
| Suicide risk | 44% | 42% | -2% |
| Violence to others | 52% | 52% | 0% |
| Severe social breakdown | 27% | 42% | 15%* |
| Severe self neglect | 36% | 45% | 9%* |
| Arousing aggression | 41% | 54% | 13%* |
| Danger to psychic well being of others | 20% | 30% | 10%* |
| General danger to safety of persons or materials | 39% | 43% | 4% |
| Neglect of entrusted person | 3% | 6% | 3% |

*: p<0.01

Compulsory admission in Europe

- Portugal:
6/100.000
- Finland:
218/100.000
- Decision
psychiatrist +
judge + advocate
- Decision by
medical doctor
only

6. Psycholance

A new way of transporting psychiatric patients:
no more incidents!



SIGMUND PETER DE WIT



Conclusions

- The numbers of 'bewildered patients' seem to be on the rise in the Netherlands
- Police and mental health need each other
- Agreements on a national as well as a local level are needed
- Mental health professionals needs to work in the frontline
- Keep psychiatric patients out of the hands of the police