EU-PROMENS

to the Multidisciplinary EU-PROMENS Mental Health Exchange Programme

Many sparks make a fire

- Population 18,473,800
- Density 520/km

- **Amsterdam (Capital):** 938.000
- **Rotterdam:** 672.000
- **Den Haag (seat of Dutch government and Royal family):** 568.000
- **Utrecht:** 376.000

Goals

EU-PROMENS

- Respect & Learn from diverse expertise
- Discuss the potential of community mental health
- Embrace country-specific insights (familiar and new)
- To build collective knowledge for enhanced healthcare and mental health support across Europe

Background Information

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- EU Commission's Comprehensive Approach to Mental Health
- Holistic framework based on:
  - Effective prevention
  - Access to high-quality, affordable care
  - Reintegration into society during recovery
- EU-PROMENS is a flagship initiative under this approach
- EU-PROMENS is funded by the European Commission and implemented by GFA, Trimbos, and Mental Health Europe
- Support from 6 EU-PROMENS Hubs:
  Austria, Croatia, Czech Republic, Finland, Netherlands, and Spain.

Matrix for Quality Criteria

EU-PROMENS

Transversal requirement

Multidisciplinary Approach

Psychosocial Approach

Interaction with Service Users

Theme focused on System

Innovative Mental Health Treatment Approaches

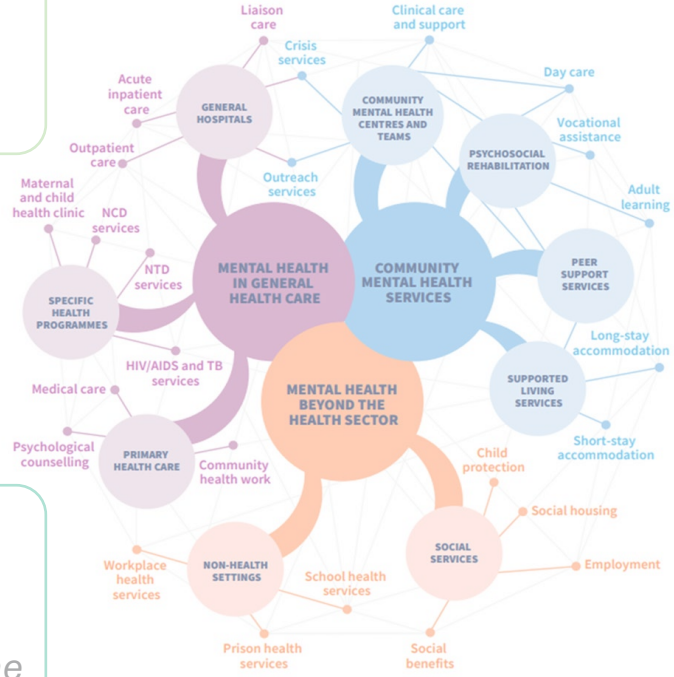
All Priorities covered by the programme

Promotion of good mental health at both population and individual level

Early detection and screening of mental health issues in community settings, such as schools, prisons, migrant centers, and elderly care facilities.

Evidence-based innovations to enhance mental health treatment, care access, and support for patients, families, and caregivers.

Enhancing the quality of life for mental health patients by supporting their return to school and work, breaking stigma, and safeguarding their rights



Organisational infos

Procedures and useful information

Essential Procedures

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Signatures

- **Daily Attendance:** Sign in each day for reimbursement and certification.
- **Consent:** Please sign photo and confidentiality consent forms.

Confidentiality

- **Privacy:** No photos or videos of service users or staff without consent.
- **Client Confidentiality:** Do not share client information outside the clinical setting.

Professional Conduct

- **Behaviour:** Follow the code of conduct and use respectful language.
- **Supervision:** Remain under the guidance of your hub expert, mentor, or supervisor.

Communication in the Netherlands

- **LinkedIn**
  - Use #EUPROMENS when posting from personal accounts.
  - Respect service-user confidentiality and confirm signed photo consent where applicable.
  - See draft posts for inspiration.
  - GFA has created closed events — your requests have been or will be accepted.
  - Group Discussions: Unmoderated, open for exchange.
- **Mental Health Ambassador**
  - Promote respectful, inclusive dialogue on mental health.

EU-PROMENS Programme Website


Utrecht Centraal


In-/uitchecken
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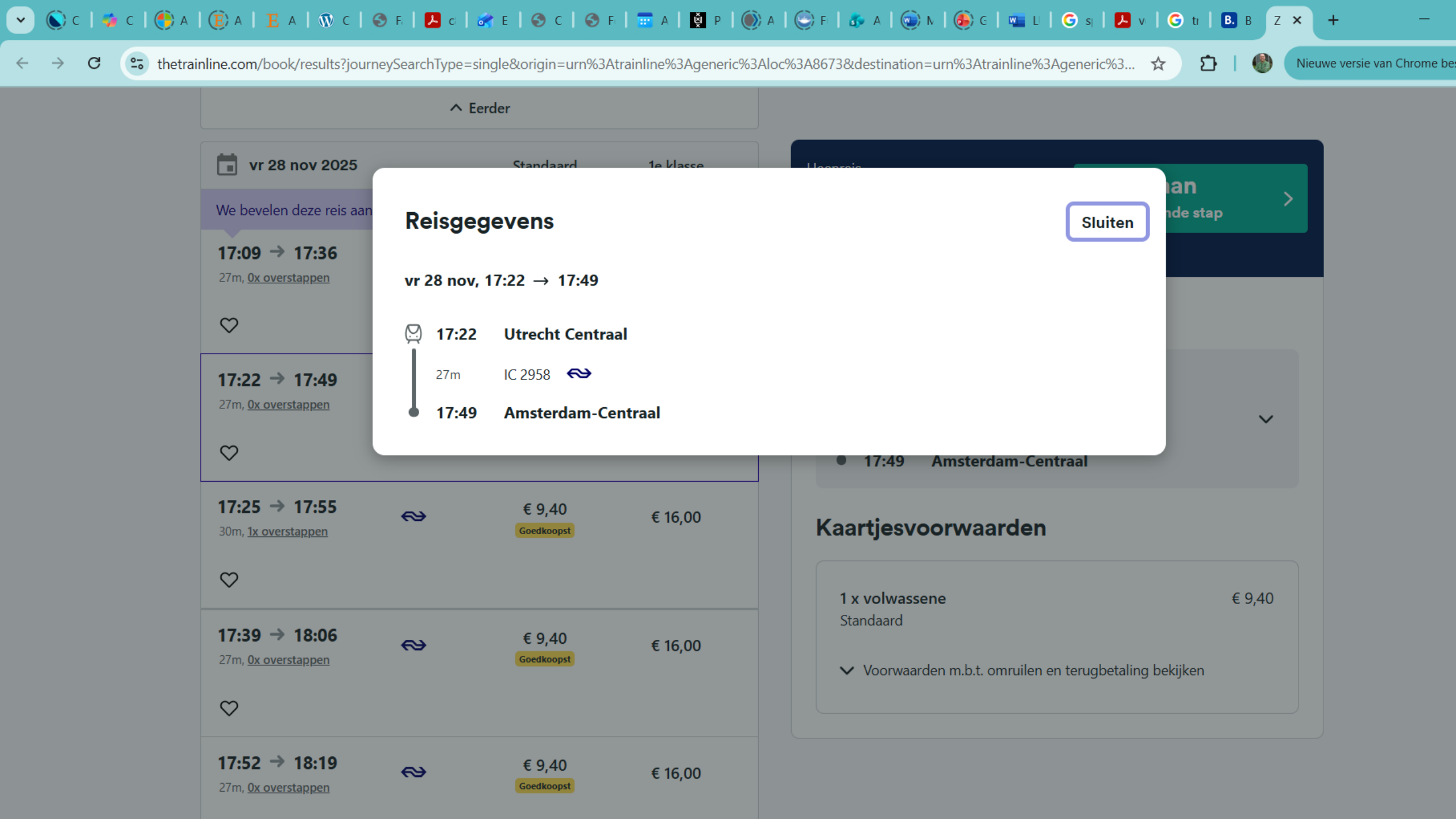
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Nieuwe versie van Chrome bes
Eerder
vr 28 nov 2025
Standaard
1e klasse
We bevelen deze reis aan
17:09 → 17:36
27m, 0x overstappen
17:22 → 17:49
27m, 0x overstappen
17:25 → 17:55
30m, 1x overstappen
€ 9,40
Goedkoopst
€ 16,00
17:39 → 18:06
27m, 0x overstappen
€ 9,40
Goedkoopst
€ 16,00
17:52 → 18:19
27m, 0x overstappen
€ 9,40
Goedkoopst
€ 16,00
Reisgegevens
Sluiten
vr 28 nov, 17:22 → 17:49
17:22 Utrecht Centraal
27m IC 2958
17:49 Amsterdam-Centraal
17:49 Amsterdam-Centraal
Kaartjesvoorwaarden
1 x volwassene
Standaard
€ 9,40
Voorwaarden m.b.t. omruilen en terugbetaling bekijken


Hotel
Rembrandt Square
CAFE
COFFEESHOP
BAR
SMOKEY
POOLTABLES - JUICEBAR
CHILLER Dommelsch Bier
OPEN
TONIGHT
PARTY
FREE
ENTRANCE


SEX PALACE
PAY IN CABIN
WEES LOYAAL KOOP LOKAAL
PEEP SHOW
SPECIAL:
VIDEO CABINES €2
PRIVATE CABINES €2
ONDITIONED
LIVE SEX SHOW
& GIRL & GIRL
PEEPSHOW


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Inchecken

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Have a wonderful Exchange!

Goals

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- Respect & Learn from diverse expertise
- Discuss the potential of community mental health
- Embrace country-specific insights (familiar and new)
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Peer support: a dialogue

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Peer support worker	Professional	Professional with lived experience
• Lived experience • Experiental knowlede • Experiental expertise • Job description	• Is it ok to use lived experience? • Is it ok to be open about having lived experience? • How to implement in daily practice?	• Do we need a professional standard for professionals with lived experience? • or • Does clinical reasoning based on EBP provide enough guidance?

Assisted dying/euthanasia on grounds of mental suffering: a dialogue

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Dutch Law

Where a patient is experiencing unbearable suffering with no prospect of improvement and the attending physician fulfils the statutory due care criteria.

Ethical tension:

- Balancing autonomy and protection of vulnerable individuals
- Requires strict safeguards, multidisciplinary review, and exploration of all treatment options before considering euthanasia.

Pros

Autonomy & Equal Treatment

- Psychological suffering can be as unbearable and hopeless as physical suffering; patients deserve equal rights to choose their end-of-life.

Fair Access

- When further treatment offers no perspective, euthanasia should be a legitimate last resort.

Relief & Peace of Mind

- Knowing euthanasia is an option often brings comfort and reduces anxiety, even if not chosen.

Open Dialogue

- Discussing death wishes can improve therapeutic relationships and sometimes reduce distress.

Dignity & Humane Care

- Offers a dignified end when suffering remains unbearable despite years of care.

Cons

Irreversibility & Uncertainty

- Mental illness can fluctuate; hopelessness may not be permanent. Euthanasia ends all future possibilities for recovery.

Assessment Challenges

- Determining “unbearable and hopeless” suffering in psychiatry is highly subjective and complex.

Risk of Premature Decisions

- Patients may request euthanasia during a crisis or under treatable conditions.

Impact on Suicide Prevention

- Allowing euthanasia could undermine efforts to prevent suicide and send conflicting societal messages.

Pressure & Vulnerability

- Fear that vulnerable individuals might feel pressured or see euthanasia as an “expected” solution.

Professional & Ethical Concerns

- Some clinicians feel it conflicts with their duty to preserve life and promote recovery.

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Have a break!

10:45-11:00

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Hans Kroon

Trimbos instituut

Netherlands Institute of Mental Health and Addiction

Dutch Mental Health System at a glance

Hans Kroon

EU-Promens, 6-1-25

Trimbos-instituut

The Netherlands:

- 18 million inhabitants
- densely populated (434/km2)
- 342 municipalities
- 12 provinces
- 32 health care regions

Zorgkantoorregio's

1. Zorgkantoor Groningen
2. Zorgkantoor Friesland
3. Zorgkantoor Drenthe
4. Zorgkantoor Noord-Holland Noord
5. Zorgkantoor Flevoland
6. Zorgkantoor Zwolle
7. Zorgkantoor Zaanstreek / Waterland
8. Zorgkantoor Kennemerland
9. Zorgkantoor Amsterdam
10. Zorgkantoor 't Gooi
11. Zorgkantoor Twente
12. Zorgkantoor Midden-IJssel
13. Zorgkantoor Amstelland en De Meerlanden
14. Zorgkantoor Apeldoorn / Zutphen
15. Zorgkantoor Zuid-Holland Noord
16. Zorgkantoor Utrecht
17. Zorgkantoor Haaglanden
18. Zorgkantoor Arnhem
19. Zorgkantoor Westland
20. Zorgkantoor Midden-Holland
21. Zorgkantoor Rotterdam Schieland Delfland
22. Zorgkantoor Nieuwe Waterweg Noord
23. Zorgkantoor Waardenland
24. Zorgkantoor Nijmegen
25. Zorgkantoor Zuid-Hollandse Eilanden
26. Zorgkantoor Noord-Oost Brabant
27. Zorgkantoor Midden-Brabant
28. Zorgkantoor West-Brabant
29. Zorgkantoor Zeeland
30. Zorgkantoor Zuid-Oost Brabant
31. Zorgkantoor Noord- en Midden-Limburg
32. Zorgkantoor Zuid-Limburg

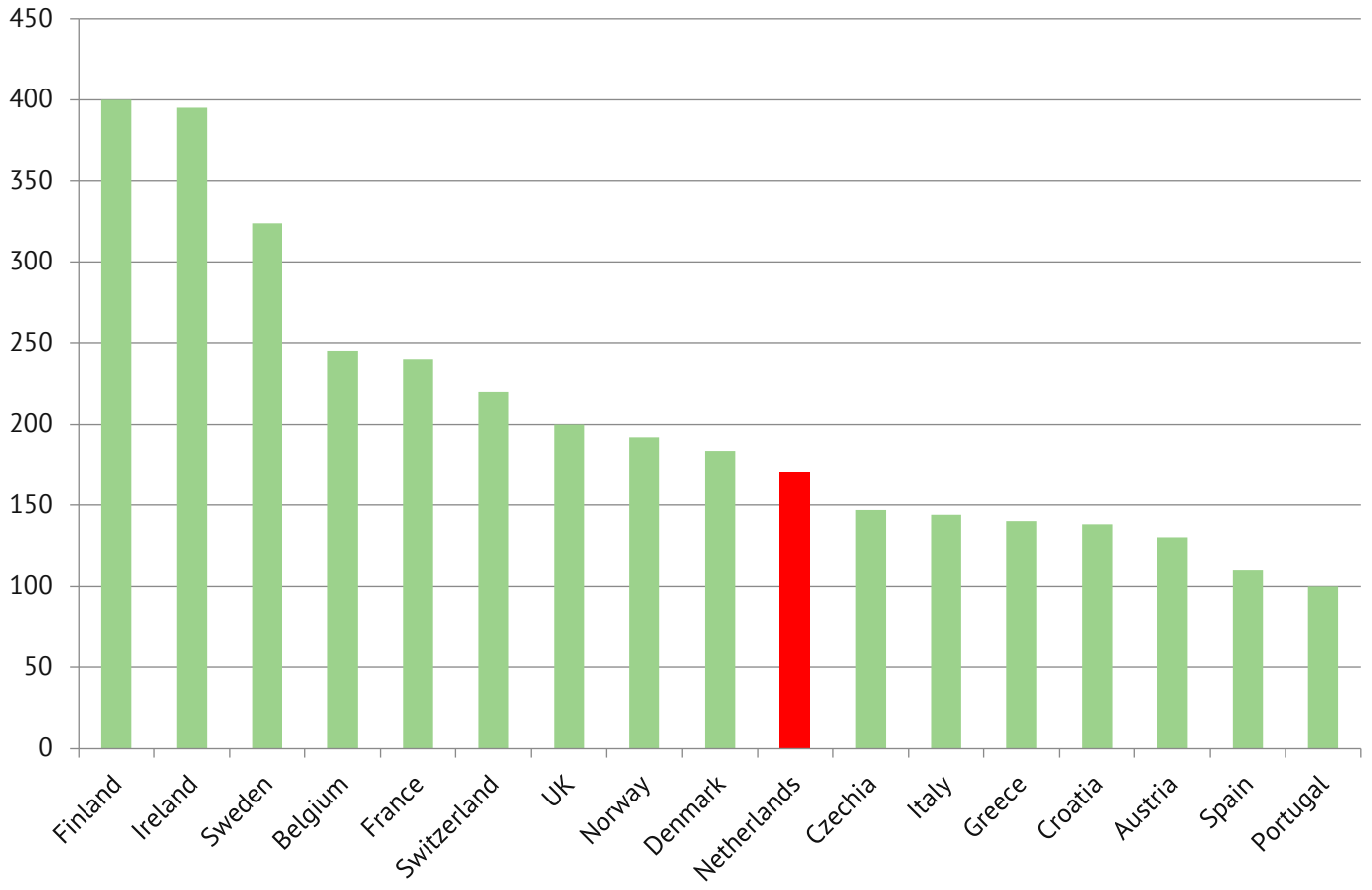
Deze kaart is afkomstig van www.regioatlas.nl

Features of Dutch MH System

- GP (1 fte 2100 patients) is gate keeper
- Almost all GPs have a mental health assistant
- >= 75% of MH treatment provided by 25 large MH institutions (such as Reinier van Arkel, Altrecht)
- Flexbile Asertive Community Treatment is standard care for severely mentally ill (SMI)

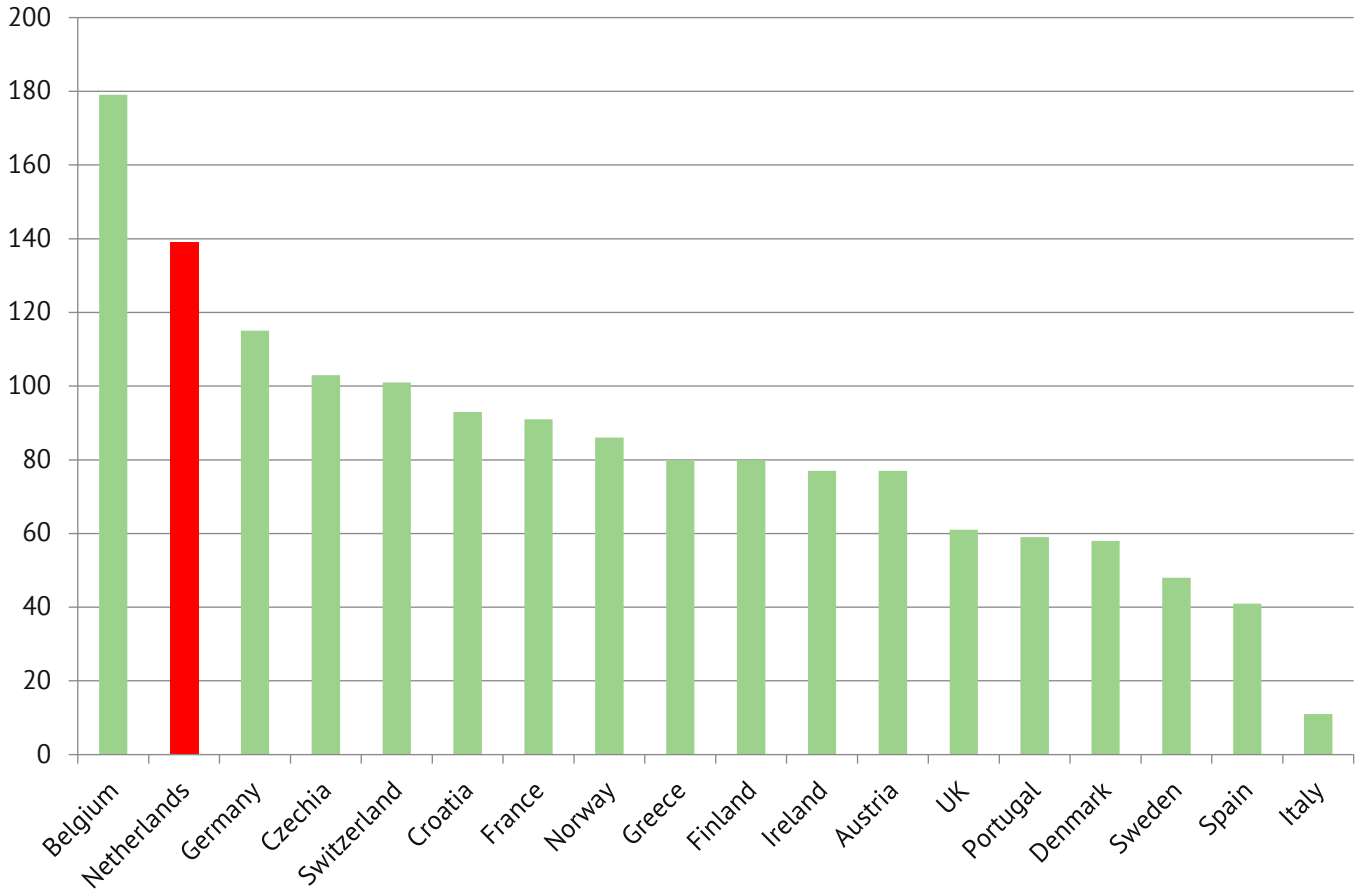
Psychiatric hospital beds in Europe per 100.000 inhabitants

1980



Psychiatric hospital beds in Europe per 100.000 inhabitants

2009

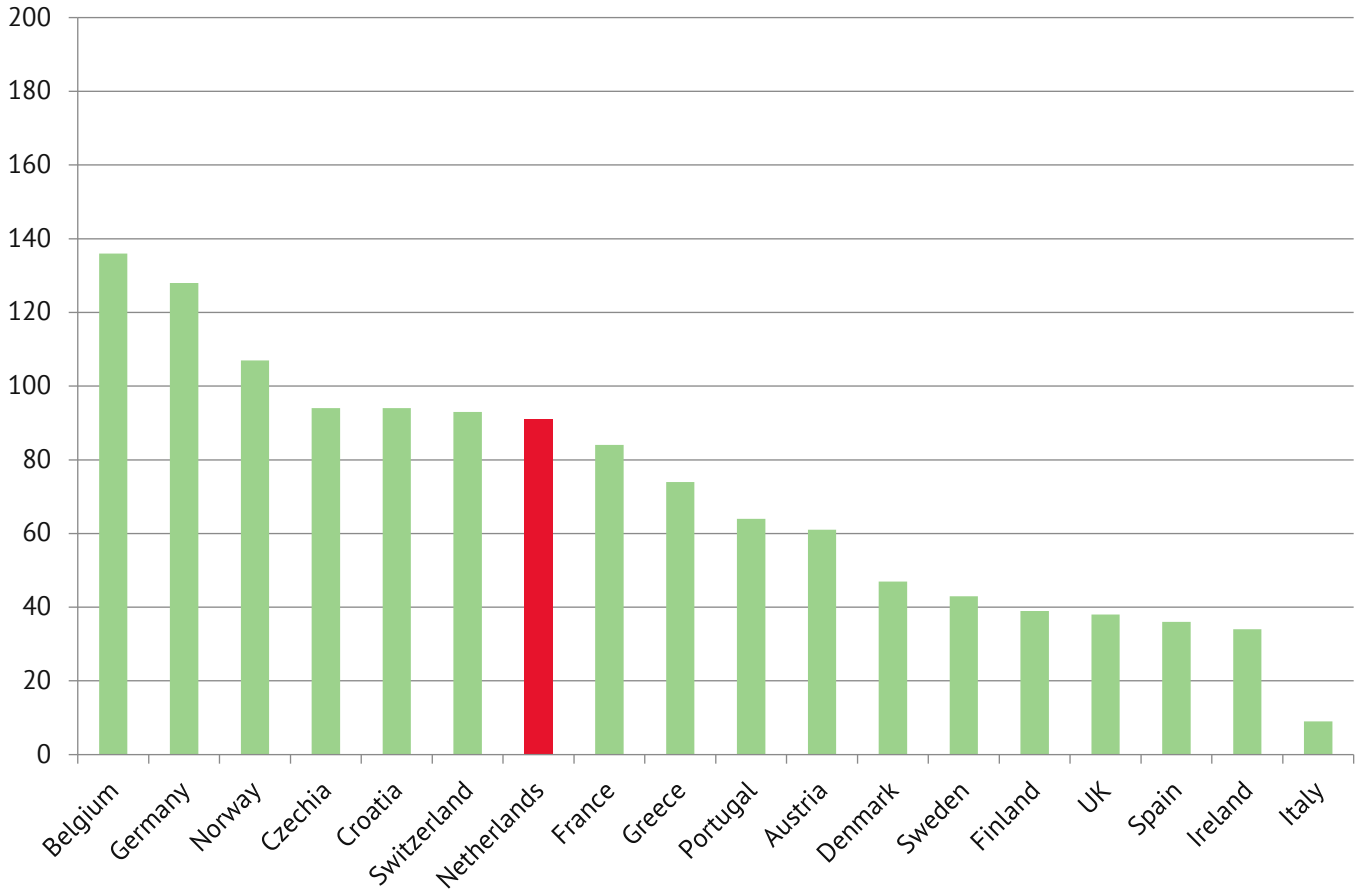


Source: Eurostat

Psychiatric hospital beds in Europe per 100.000 inhabitants

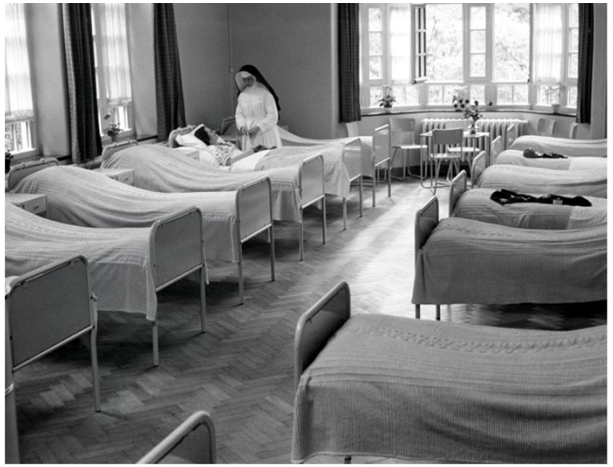
2017

EU28 = -10% since 2009)
Netherlands = -34%

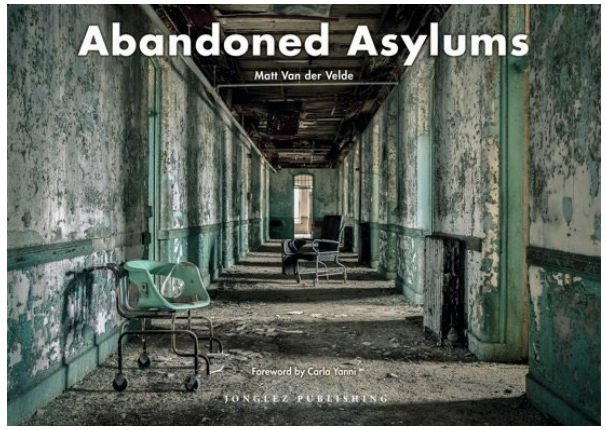


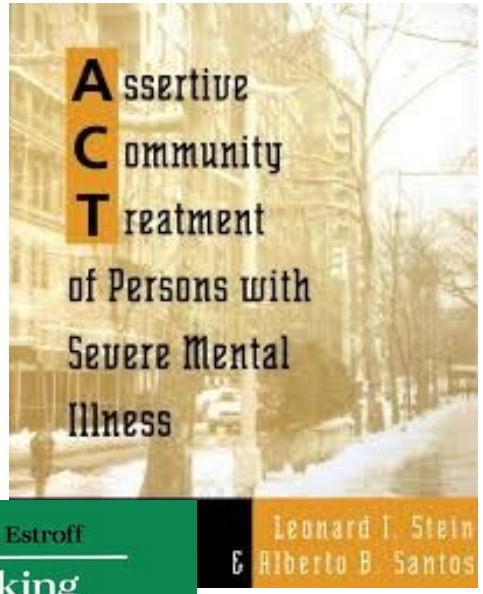
Source: Eurostat

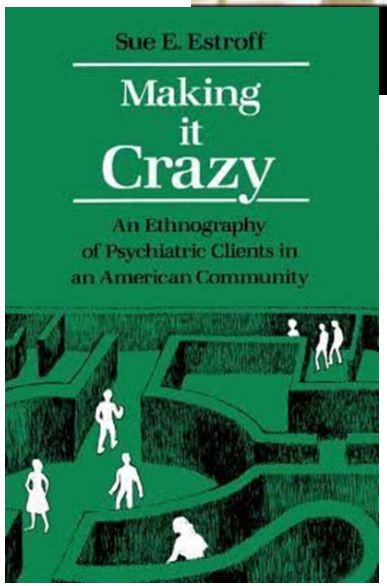
Dutch Inpatient Care innovation

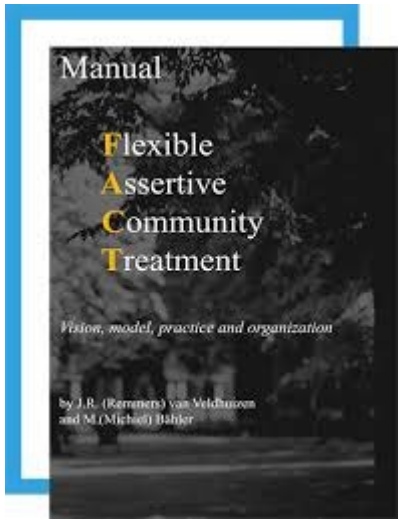


Deinstitutionalization: challenge of inclusion









Search for a balance between:

All-in one specialised team (like assertive community treatment):

- Clear model, good evidence base
- Fragmentation on a community level (many specialized teams)
- Community participation tends to be low, risk of stigma

All-in-one community (care and welfare) team:

- Small catchment areas → less specialisation, close community connections
- Risk of focusing on “those who ask” instead of “those who need”
- No “mature” evidence-based models, local resource-based solutions

Changes in intensive outpatient care (>= 1 hour / week) in times of bed reduction

	2012 – 2017 (change %)
Schizophrenia, psychotic disorders	1
Bipolar disorder	30
Depression	21
Anxiety	57
Personality disorder	30
Alcohol	32
Other substances	20
Autism, pervasive developmental disorder	73
All disorders (including not mentioned above)	32

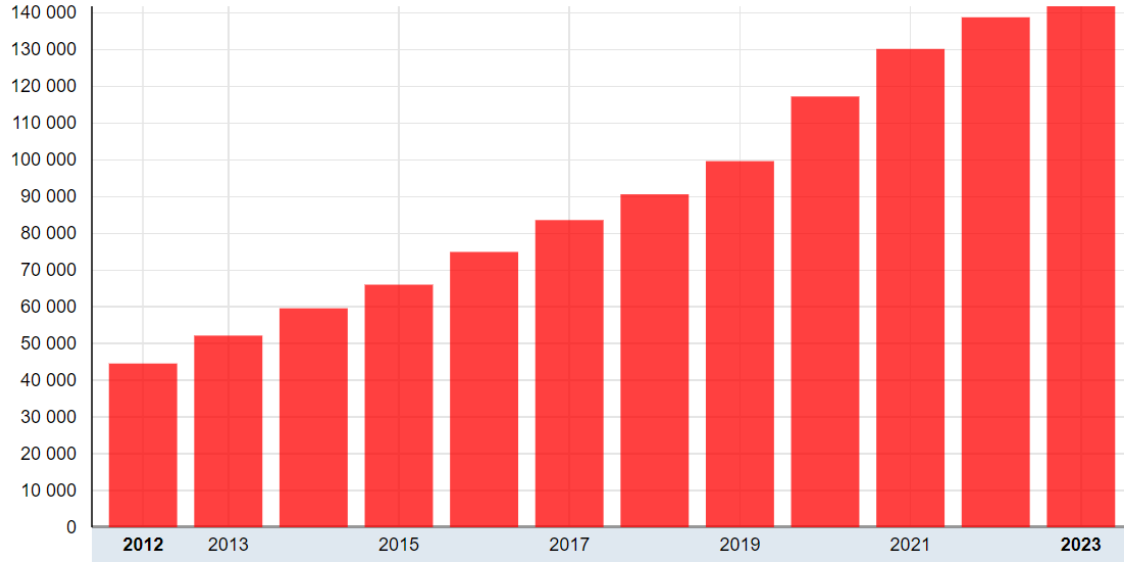
Many (recently introduced) laws resulted in a fragmented system of care

- Health Care Act (National Health Insurers): treatment
- Forensic Care Act (Ministry of Justice)
- Youth Care Act (Municipalities)
- Community Support Act (Municipalities): care and support (including sheltered living)
- Long term Care Act (Regional Care Commissioners)

→ Initiatives for ‘Network Care’

Trends in the last decade:

- Deinstitutionalization *and* institutionalization (higher than expected use of ‘long term care act’ since change in 2021)
- Waiting lists remain long (despite action plans)
- Increase in police registrations of ‘disturbed/confused behavior’:



Complex system and fragmentation: the case of assertive outreach

If someone clearly needs help, but doesn't ask for help:

- Without a diagnosis, initial phase: Community Support Act (usually: a dedicated team)
- Diagnosis and agreement on treatment: Health Care Act (usually: FACT)
- When terms for involuntary care are met: Compulsory Mental Healthcare Act
- Need for treatment, client doesn't accept help, not meeting the terms for compulsory mental healthcare: ??

Trends in the last decade: innovations

- More user involvement, less “doctors know best” (shared decision making, recovery oriented care, peer support)
- Resource groups (informal/formal collaboration)
- Addressing treatment gaps (trauma treatment, life style interventions, supported employment, etc.)
- E-mental health
- Bridging barriers (in the community, between sectors, within institutions, transdiagnostic work)

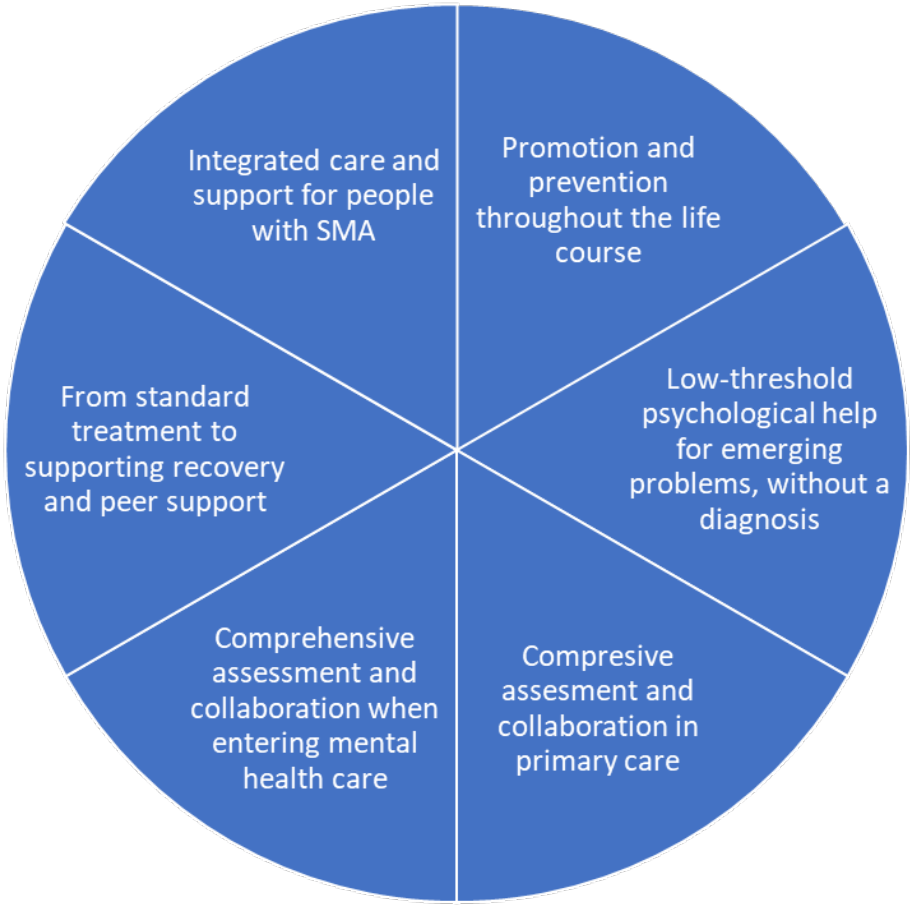
Popular themes in policy / agreements: problems

- Increasing prevalence of mental disorders
- Vicious cycle of unemployment and (lower) mental welbeing
- General notion: if we go on like this … (too many professionals are needed)
- Waiting lists
- Those with complex mental health needs are underserved

Popular themes in policy / agreements: solutions

- Improved prevention/promotion: “Mental health in all policies” (housing, schools, poverty, etc)
- “Appropriate care”
- Reducing waiting lists by:
    - improved gatekeeping
    - support during waiting
    - e-mental health
    - alternatives to mental health care: low threshold / peer support
- Shortening treatment length (guidelines etc), but also: ‘pilot light support’
- And possibly: system reform

Trimbos report: New directions for mental health



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Some notes on language

Glossary developed by Mental Health Europe

GFA CONSULTING GROUP
Trimbos instituut
Netherlands Institute of Mental Health and Addiction
Mental Health Europe
Funded by the European Union

Click here for the glossary

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Library / Policy Documents / Mental Health Europe releases 'Mental Health: The Power of Language' – A glossary of terms and words

26 April 2023

Mental Health Europe releases 'Mental Health: The Power of Language' – A glossary of terms and words

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Trimbos instituut Netherlands Institute of Mental Health and Addiction

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