



Pim Candel

Challenges & Innovations in Dutch Mental Health Care

A practical lens for understanding the Dutch landscape

EU Promens Programme – November 2025

Pim Candel – Co-Owner, EHdK

About Me

Pim Candel – Co-Owner, EHdK

Working to make mental health care more integrated, practical and human.



Dutch Mental Health Care Is Under Pressure

Demand rises → bottleneck → system fragmentation

1

More people experience psychological problems

Prevalence increased from 17% → 26%

2

Strong growth in primary care mental health (POH-GGZ)

Specialist care remains stable, GP's are overwhelmed

3

80,000 people on waiting lists

More than half wait beyond the national norm. Workforce shortages rising.

4

Systemic factors reinforce pressure

Fragmentation since 2015, loss of prevention and early detection, blocked outflow.

People don't experience care as a coordinated system. They experience islands of support that don't communicate effectively.

Professionals face it too, spending valuable time trying to coordinate across organisational silos rather than focusing on care delivery.

GP / primary care	POH-GGZ	Basic Mental Health Care
Specialist Mental Health Care	Crisis services	Addiction care
Somatic healthcare	Municipal teams & support	Social workers
Protected living	Housing & homeless support	Work & income services
Debt-management services	Police	Forensic mental health care
Probation services	Community services	Peer support / lived experience workers

A Practical Lens

Six Building Blocks for Integrated Mental Health Care

Hans Kroon and his colleagues have developed a valuable framework that identifies six essential building blocks (solutions) needed to move out of the problematic situation we currently face in Dutch mental health care. Over the next two weeks, you'll encounter various innovations in Dutch mental health care. Rather than viewing them as isolated programmes, this framework reveals their shared principles. These six building blocks appear across different models, adapted to different populations and contexts.

Integrated care and support for people with SMI

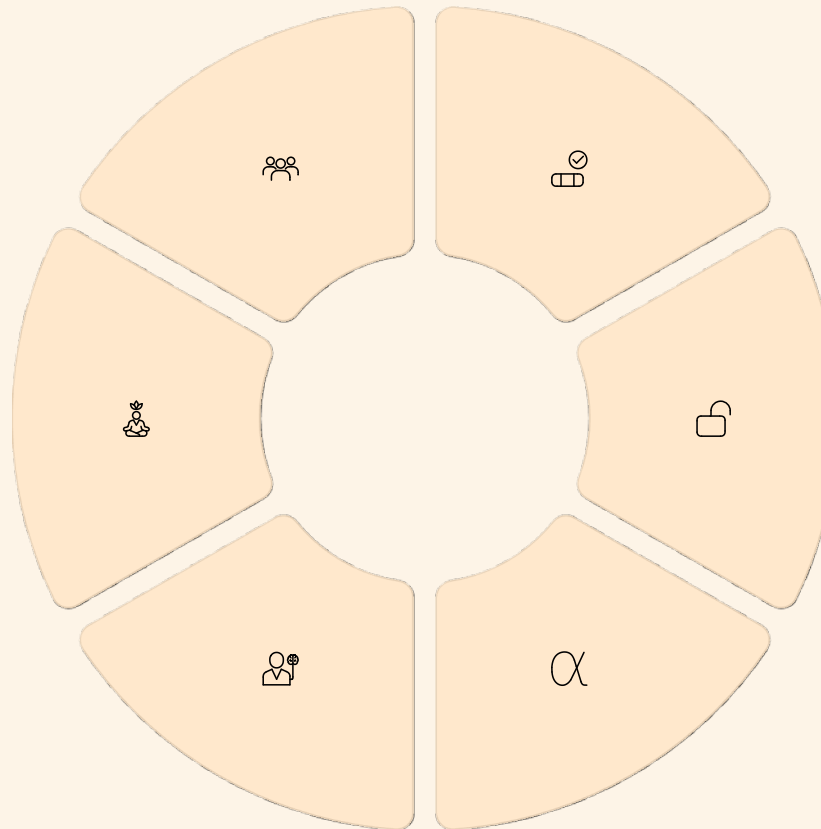
Providing comprehensive, multidisciplinary care focused on social inclusion for individuals with long-term, intensive needs.

From standard treatment to supporting recovery and peer support

Shifting focus from passive assistance to empowering individuals to develop self-management skills and support networks, valuing lived experience and recovery-oriented approaches.

Comprehensive assessment and collaboration when entering mental health care

Ensuring a holistic assessment of client needs at the entry point of mental healthcare, avoiding unnecessary specialist referrals, and directing those with severe problems directly to appropriate care.



Promotion and prevention throughout the life course

Implementing programs to foster mental well-being and resilience across all life stages and environments, reducing stigma and addressing inequalities.

Low-threshold psychological help for emerging problems, without a diagnosis

Providing easily accessible support for emerging issues without requiring formal diagnoses, offering peer and professional advice without immediate entry into treatment pathways.

Comprehensive assessment and collaboration in primary care

Embedding general practitioners and mental health assistants more deeply within the community to holistically address mental health needs and collaborate with specialized care and social services.

The Six Building Blocks: Examples Across the Netherlands

Integrated care and support for people with SMI

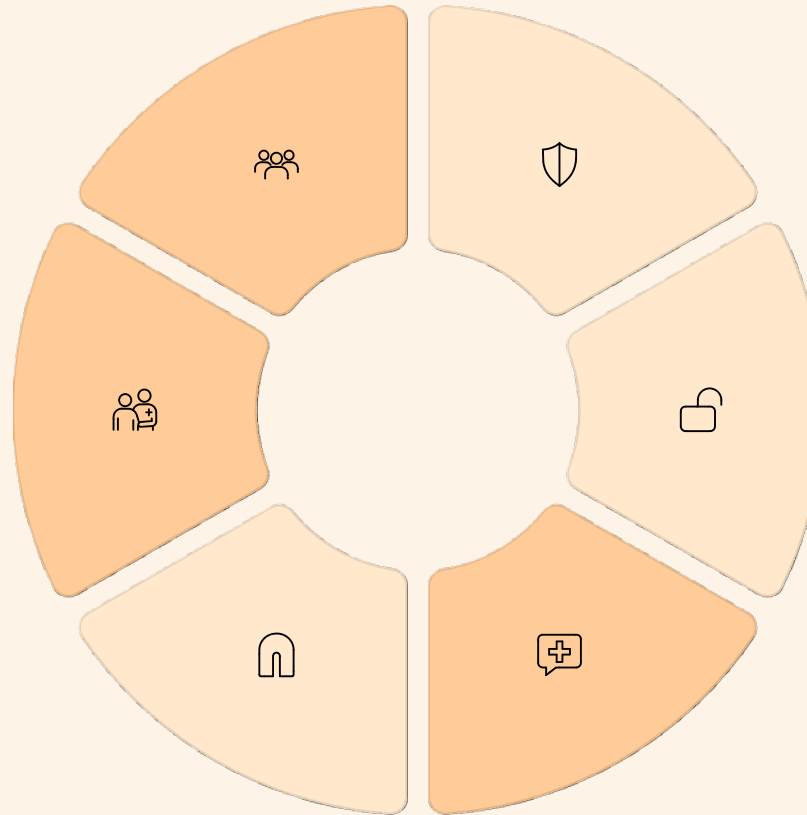
- *Welkracht*
- *Optimaal Leven*

From standard treatment to supporting recovery and peer support

- *Enik Recovery college*
- *Peer supported open dialogue*
- *Resource groups*

Comprehensive assessment and collaboration when entering mental health care

- *Mental health centers*
- *Network intake*



Promotion and prevention throughout the life course

- *MIND Young Academy*
- *Thrive Amsterdam*

Low-threshold psychological help for emerging problems, without a diagnosis

- *@Ease*
- *113 suicide prevention*

Comprehensive assessment and collaboration in primary care

- *Strong base care*
- *Testing ground Ruwaard*

Source: Report 'GGZ uit de knel' by Hans Kroon and others

Innovation 1: FACT+

Integrated Support for People with Severe Mental Illness

Flexible Assertive Community Treatment Plus (FACT+) represents a fundamental reimagining of how we support people with severe mental illness. Rather than separate teams handling healthcare, social support, and municipal services, FACT+ creates one integrated team with shared responsibility.

The model serves people who have traditionally experienced revolving-door patterns of crisis admissions, police involvement, and social instability. By bringing together professionals from different disciplines into one cohesive unit, FACT+ addresses the full spectrum of someone's needs simultaneously.



Key Facts: FACT+

- Three types of organizations integrated their teams : mental health care, addiction care, and municipal care
- Started with two teams, currently ten teams
- Another 10 teams will be added in the next two years

FACT+: Why It Works

Earlier. Closer. Together.



Shared Caseload

Every team member knows their clients. No more "that's not my patient" or waiting for the right professional to return a call. Continuity is built into the team structure itself.



One Integrated Team

Psychiatrists, social workers, nurses, and municipal workers literally sit in the same room every day. They make decisions together, share information instantly, and coordinate actions in real time.



10% Cost Reduction, Fewer Crises

By preventing crises rather than repeatedly responding to them, FACT+ reduces expensive admissions whilst improving quality of life. Early intervention becomes possible because the whole team sees warning signs.



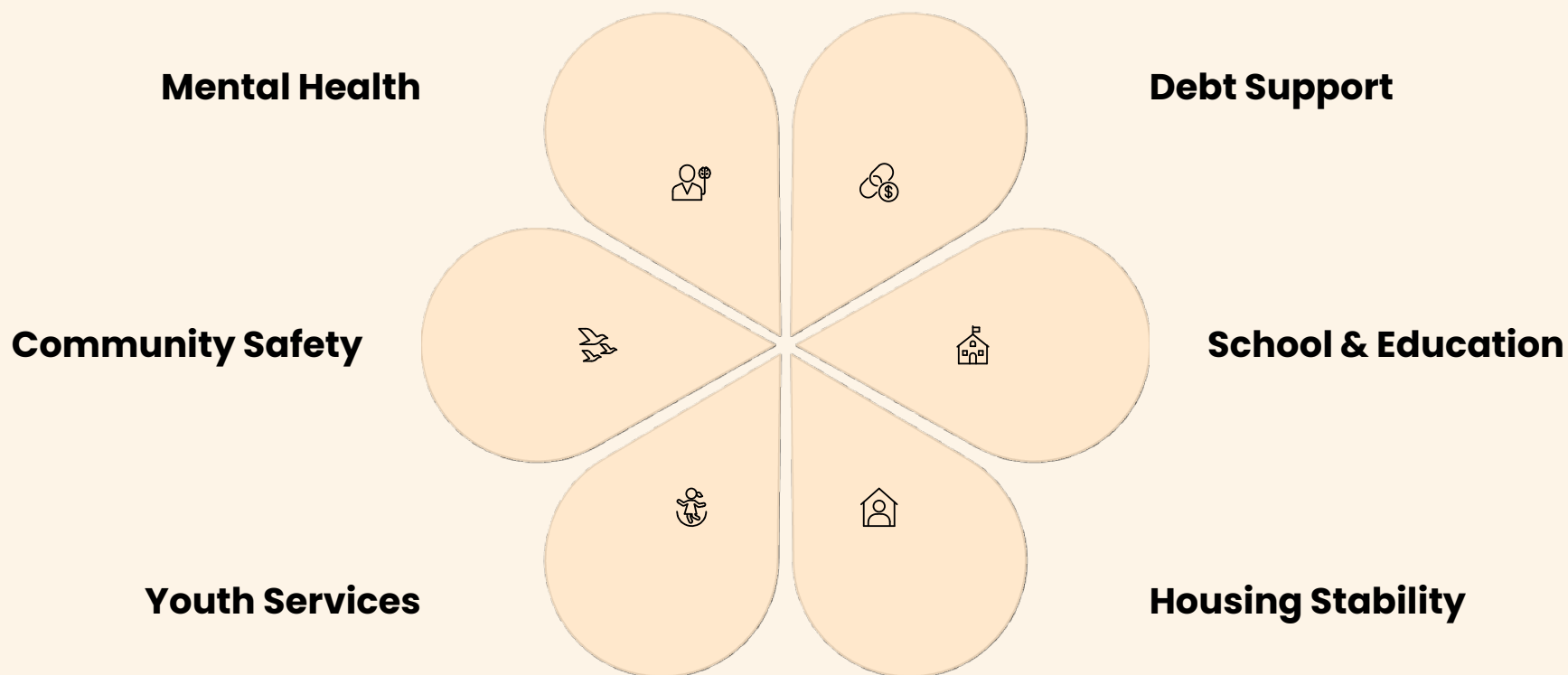
Real Impact: A man in his 50s with depression and alcohol use experienced repeated crises and admissions. In FACT+, his support workers literally sat together weekly, solving housing, daily structure, and treatment simultaneously. Within months: fewer crises, fewer admissions, more stability. Not because treatment intensified, but because coordination improved.

Innovation 2: Family Support Teams

One Team, One Plan, One System

Family Support Teams (Gezinshulp) address a critical gap in traditional services: families experiencing multiple complex problems often encounter multiple separate systems, each requiring separate intake, assessment, and planning processes.

This innovation places one integrated team around the family, capable of addressing mental health, youth support, debt problems, housing issues, and school challenges simultaneously.



Family Support: Impact

Stability. Predictability. Better Outcomes.



Early Integrated Diagnostics

Rather than referring families to multiple assessment services with months-long waiting lists, Family Support Team professionals conduct comprehensive assessments directly in the home environment. Families receive clarity about what's happening and what will happen next within days, not months. This immediate understanding alone reduces household tension significantly.



Breaks Intergenerational Problems

When parents receive mental health support whilst children get educational support and the household receives debt counselling simultaneously, families can break cycles of disadvantage that might otherwise persist across generations. Coordinated intervention addresses root causes, not just symptoms.



ROI Under 1 Year

Business case analysis from Friesland demonstrates that Family Support Teams generate positive return on investment in less than twelve months. Prevented crises, reduced specialist referrals, and shorter intervention periods create significant cost savings whilst improving outcomes.

Currently operating with one dedicated team, the Family Support Team model is being proven so effective that plans are in place to expand to over 20 teams within the next two years, significantly increasing its reach and impact across communities.



Real Story: A mother told us she had 23 professionals in 18 months. Each focusing on one issue. Debt counselling came on Monday. Youth services on Tuesday. Housing problems on Wednesday. But no one ever looked at the whole picture. The Family Support Team was the first to sit at her kitchen table and ask: 'What do you need right now?' Within weeks, stress went down because someone finally held the whole situation.



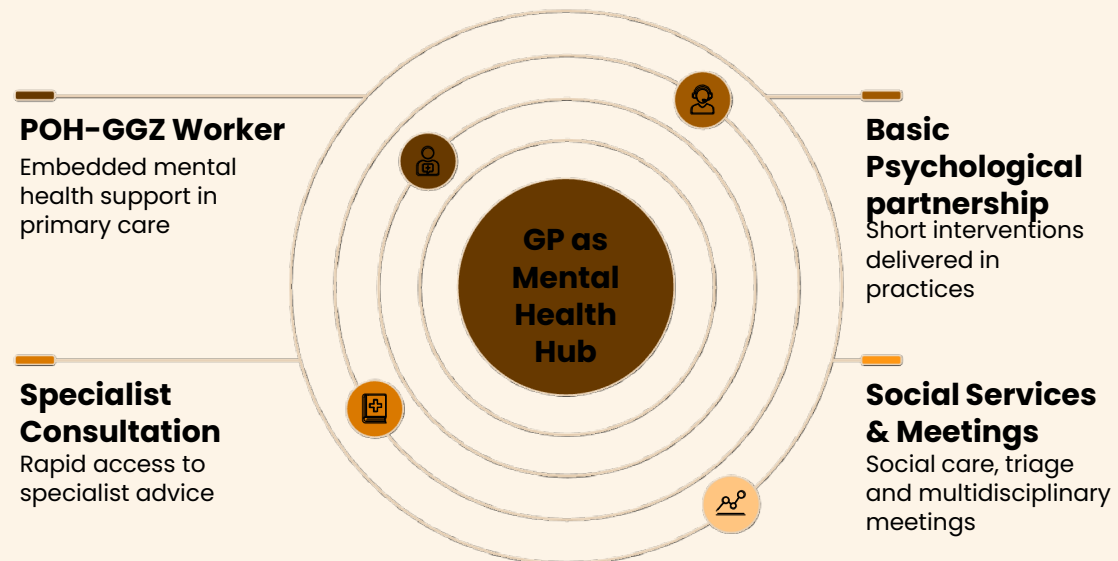
Innovation 3: Zorroo group

Optimal GP Model

When Primary Care Becomes the Centre of Mental Health Coordination

The Zorroo Optimal Model addresses a fundamental challenge: general practitioners often feel isolated when managing mental health cases, leading to excessive specialist referrals and underutilisation of community resources.

This model transforms primary care into a robust mental health hub by surrounding GPs with integrated support: practice-based mental health workers (POH-GGZ), direct consultation lines to specialists, multidisciplinary team meetings, and strong connections to social domain services.



Zorroo: Results

Better Access, Lower Pressure

20.6%

Fewer Specialist Referrals

Reduction in referrals to specialist mental health services

10%

Total Cost Reduction

Overall decrease in mental health care expenditure

168

FTE Capacity Gained

Full-time equivalent specialist capacity freed for complex cases

📌 The Zorroo model is currently implemented in 40 practices and is expanding to over 200 practices, showcasing its significant growth and reach.

These results emerge not from rationing care, but from strengthening the frontline. When GPs have robust support networks, they make better clinical decisions. They know exactly where to direct patients and feel confident managing cases that previously would have required specialist referral.

"I can make better decisions because I am no longer alone. I know exactly where to go."

— General Practitioner, Zorroo Network

The 20.6% reduction in specialist referrals occurred because primary care became genuinely capable of handling a broader range of mental health presentations. The freed specialist capacity can now focus on people with the most complex needs.



What These Innovations Share

Different Target Groups. Same Principles.

FACT+ serves people with severe mental illness. Family Support Teams work with families experiencing multiple problems. Zorroo strengthens primary care. Despite serving different populations, these innovations share fundamental principles that make integration possible.

One Shared Team

Professionals from different disciplines work as one unit with shared responsibility, shared caseloads, and shared decision-making. No more passing people between services.

Early Action

Intervention happens before crisis. Prevention becomes possible because integrated teams see warning signs earlier and can coordinate rapid responses across multiple domains simultaneously.

Collaboration Across Domains

Health, social services, housing, education, and community support work as one system. Problems are addressed holistically rather than through separate sectoral responses.

These principles adapt to different contexts and populations, but the core logic remains constant: integrate services around people's needs, act early, and work together across traditional boundaries.

How to Use This During Your Visit

Watch for Building Blocks. Watch for Collaboration. Watch for Handovers.

As you visit various services over the next two weeks, use this framework to guide your observations. Rather than simply cataloguing what you see, look for the deeper patterns that enable integration.

Look for Collaboration

- How do professionals from different organisations actually work together?
- Do they share information systems or maintain separate records?
- Where do they physically meet, and how often?
- Who holds ultimate responsibility when things go wrong?

Look for Prevention

- How does the system identify problems before they become crises?
- What early intervention capabilities exist at the frontline?
- Can professionals act on warning signs without referrals and waiting lists?

Look for Continuity

- What happens during transitions between services or life stages?
- How are handovers managed? Who ensures nothing falls through gaps?
- Do people have consistent relationships with professionals over time?

These observations will help you understand not just what the Dutch system does, but how it achieves integration in practice. The mechanisms matter as much as the models.

The Dutch Paradox

Complex System → Powerful Integration

The Complexity

The Netherlands has multiple funding streams, numerous organisational forms, complex governance arrangements, and extensive stakeholder involvement. On paper, this appears impossibly complicated.

The Integration

Yet somehow, this complexity enables integration. Multiple actors create multiple connection points. Diverse funding enables flexible responses. Complex governance allows local adaptation.

This paradox holds an important lesson for other countries. Integration doesn't require simplifying everything first. In fact, the Dutch experience suggests that accepting complexity whilst building strong coordination mechanisms may be more effective than attempting to rationalise systems before improving them.

📌 **Key Insight:** If integration works in a system as complex as the Dutch one, it can work anywhere. The principles are transferable even when structures differ. What matters is the commitment to person-centred coordination across organisational boundaries.

Invitation

Let's Stay Connected

The innovations you'll observe during these two weeks emerged through years of experimentation, learning from failures, and persistent commitment to person-centred care. They continue to evolve as practitioners refine what works and abandon what doesn't.

Your observations and questions will be valuable. International comparison helps us see our own systems more clearly and identify principles that transcend national contexts.

pim@ehdk.nl +31 6 16 72 47 02 www.linkedin.com/in/pimcandel

Share Your Observations

What resonates with challenges in your own context? What seems transferable?

Stay in Dialogue

I would love to hear about challenges and innovations in your country and continue these conversations about integrated care

Learn Together

No system has all the answers. We learn from each other's innovations and challenges.

Get in Touch

Questions & Reflections

Thank you for your attention. I'm keen to hear your initial thoughts, questions, and reflections on what we've discussed. How do these innovations relate to challenges in your own countries? What aspects would you like to explore further during your visit?

What similarities do you see with your own mental health system?

Which of these innovations interests you most, and why?

What barriers might prevent similar integration in your context?





Rene Keet

2003-2024 GGZ NOORD-HOLLAND-NOORD

Our ongoing journey to integration and recovery

Flexible Assertive Community Treatment

Specialists together in the community



Rene Keet | r.keet@ggz-nhn.nl

A BRIEF HISTORY OF THE DEVELOPMENT OF COMMUNITY MENTAL HEALTH AT GGZ NOORD- HOLLAND-NOORD 2003-2019

FROM ADMISSION TO THE WARD TO ADMISSION TO THE BOARD





Innovation in Community Mental Health in Rural and Remote Areas

Recovery
for All



**14-15 MAY
2026**



**ZAMORA
SPAIN**

A EUCOMS Network seminar in collaboration with Salamanca University and Portuguese National Mental Health Coordination

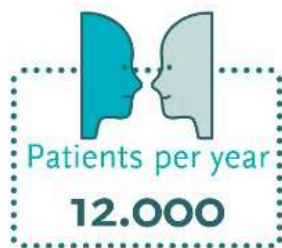


**SCAN TO
PRE-REGISTER**



2019

Key figures GGZ Noord-Holland-Noord



QqZ Noord-Holland-Noord 2019

620K

Population Served

Catchment area in North Western
Netherlands

18

Certified FACT Teams

12

Disorder specific teams

3

PSYCHATRIC HOSPITALS

Shelter

Sheltered Living Units, long
stay wards, sheltered work

Providing support, housing and work

Recovery

3 Recovery Colleges
30 peer experts

Forensic

3

3

Forensic psychiatric hospitals
and ambulatory team

Intensive Home Treatment
team

Online teams

COMMUNITY MENTAL HEALTH

The client journey



Organizational Structure: Our Divisions

GGZ Noord-Holland-Noord is structured around four core divisions, each specialized to serve specific client needs and aspects of mental health care. This organogram illustrates how our services are organized to provide comprehensive and integrated support.

Community & Specialist

Outpatient care and specialist clinics

Acute & Forensic

Emergency response and forensic services

Youth & Family

Child, adolescent and family support

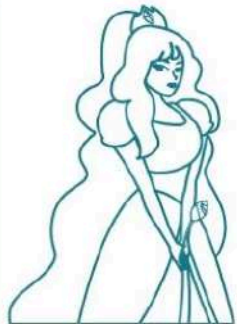
Stay & Development

Inpatient care and rehabilitation

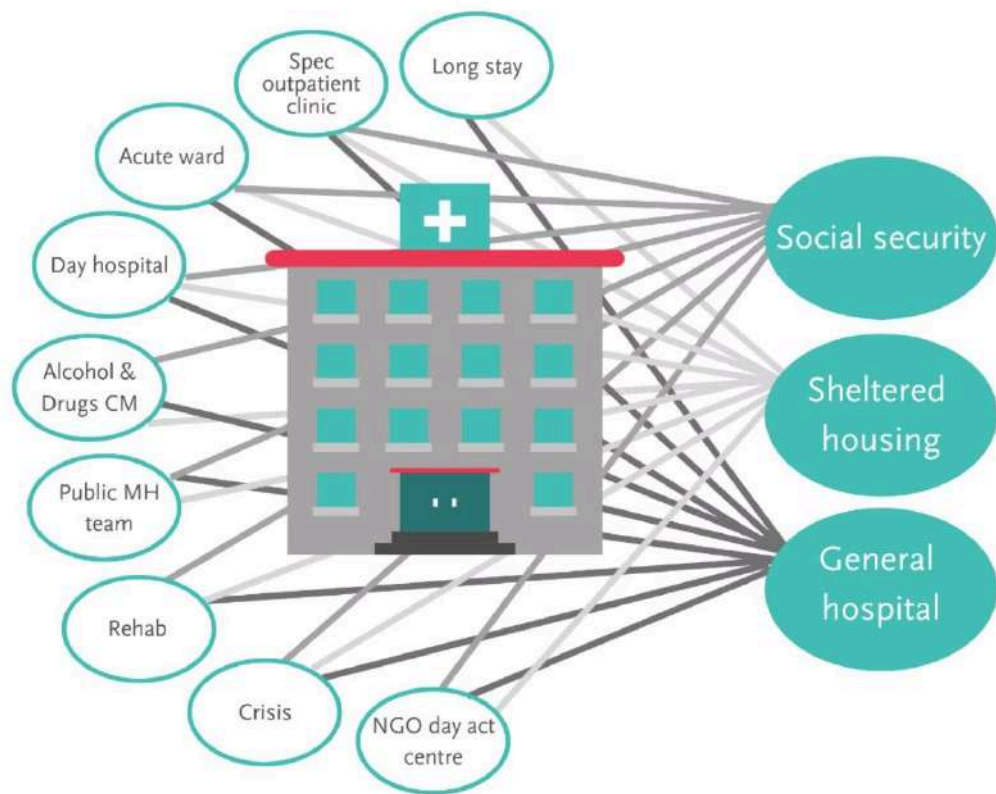


This structure ensures that we deliver focused, expert care across the entire spectrum of mental health services, from community-based support to specialized acute interventions, and from family-centered care to long-term recovery and development programs.

2003 From Cinderella Care to Integrated Community Model

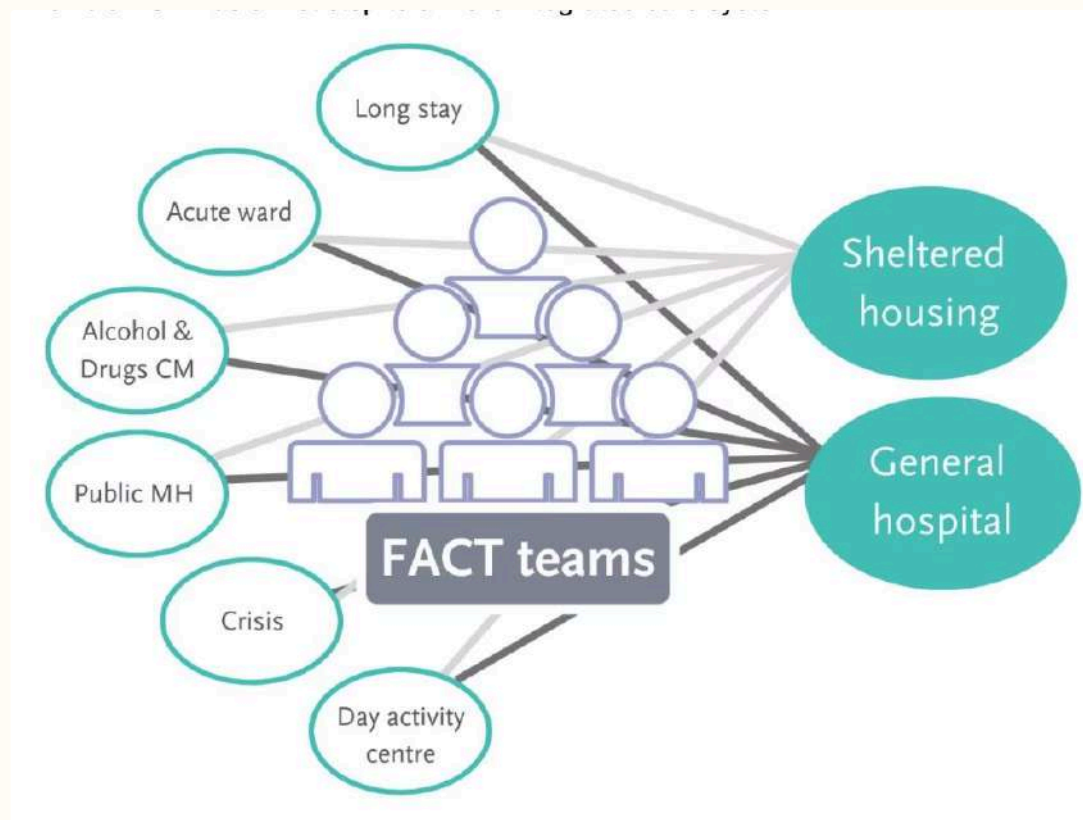


- ➔ Care is fragmented
- ➔ Evidence not available
- ➔ Little connection in organisation
- ➔ No evaluation



The Transformation

2003: F-ACT model designed to address fragmented care for persons with Severe Mental Illness



Inspiration from USA, UK, Italy, Australia

The Flexible ACT Model

Core Features

- Two levels of care with flexible switching
- Daily team meetings with digital board
- Integrated community and hospital care
- No transfer when clients stabilize

Team Composition

10-11 FTE multidisciplinary team:

- Psychiatrist, nurses, psychologist
- Employment specialist (IPS)
- Addiction specialist
- Peer support worker





5 principles
of F-ACT



4 hr

F-ACT Principles

200-220 Clients

Per district team serving 50,000
inhabitants

Shared Caseload

For intensive care cases on
digital board

Individual Case Management

For stable clients in same team

Key Ingredients of F-ACT



Two Levels of Care

Responds to fluctuating needs of chronic, relapsing
conditions



Daily Meetings

Digital board enables whole team approach and
interdisciplinary collaboration



Recovery-Oriented

Co-created with patients, integrating rehabilitation and peer workers



Defined Region

Presence in client's environment enables stakeholder collaboration



Evidence-Based

Medication management, CBT, family interventions, dual diagnosis expertise



Comprehensive Plans

Shared integrated treatment plans across all stakeholders

Global Adaptation of F- ACT

Europe

Belgium, Croatia, Czech Republic, Denmark, England, Ireland, Moldova, Montenegro, Slovenia, Sweden, Switzerland

Beyond Europe

Australia, Canada, Hong Kong

Manual available in 8 languages at fact-facts.nl





Comprehensive Service Network



Hospital Reform

High Intensive Care (HIC) for acute wards

Assertive Recovery Triad (ART) for long-stay



Primary Care

Vicino: Mental health practice assistants

Amici: Monodisciplinary specialized care



E-Health

Digiteam: 24/7 telecare

Online treatment teams

Virtual reality therapy

FIT Academy: Learning Organization



26 Expertise Networks

Specific disorders, recovery, zero suicide



Training Programs

Face-to-face and digital learning



International Exchange

EUCOMS network across 17+ countries

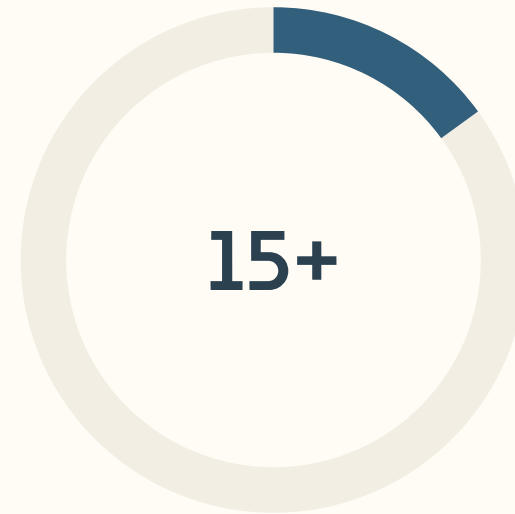
FIT: Flexible, Innovating, Top ambulatory care

FACT / ACT IN THE NETHERLANDS 2019



Certified Teams

Nationwide in Netherlands



Research Studies

Published in peer-reviewed journals





2017 Transition

Moving Towards Integrated Recovery-Oriented, Community-Based Mental Healthcare

2017-2024



The Challenge: integration, recovery focus

Disconnected Teams

Disorder-specific silos, poor knowledge exchange, inconsistent approaches across units

Treatment Gaps

Rising demand, workforce shortages, waiting lists, complex comorbidity needs

All ages

Integration with child and youth

0-100 + years

Recovery Philosophy 2003: Only in FACT teams

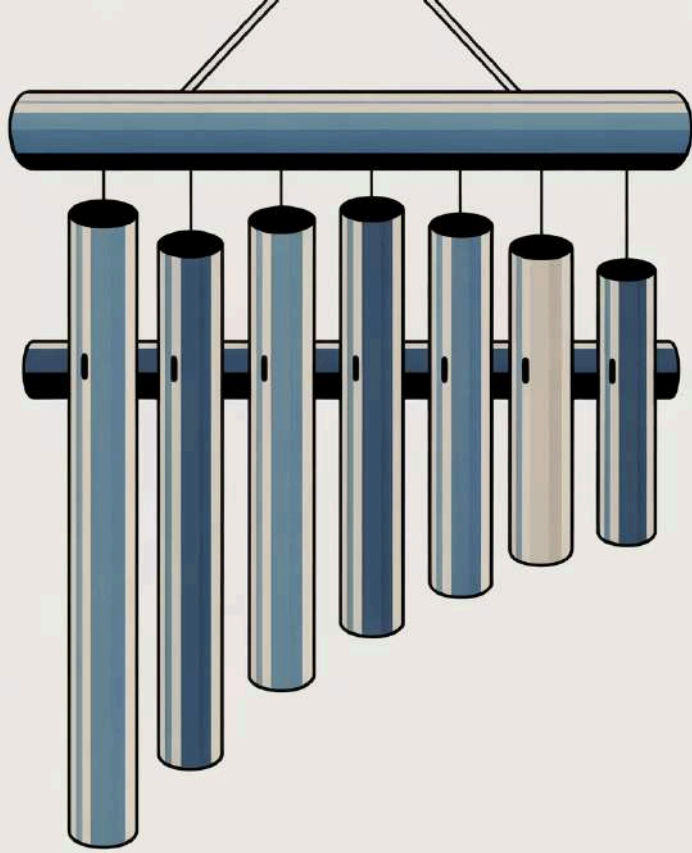
From Biomedical to Shared Expertise

Traditional symptom-focused care → Personal agency, empowerment, lived experience

CHIME Recovery Framework

- **C**onnectedness
- **H**ope and optimism
- **I**dentify
- **M**eaning in life
- **E**mpowerment

Key Innovation



Recovery-Oriented Intake replaces traditional assessment—
centering client stories, strengths, ambitions

STIC: Specialists Together in the Community

Launched 2017 — A comprehensive organizational redesign

18 Integrated Teams

Multidisciplinary specialists serving ~35,000 residents per region

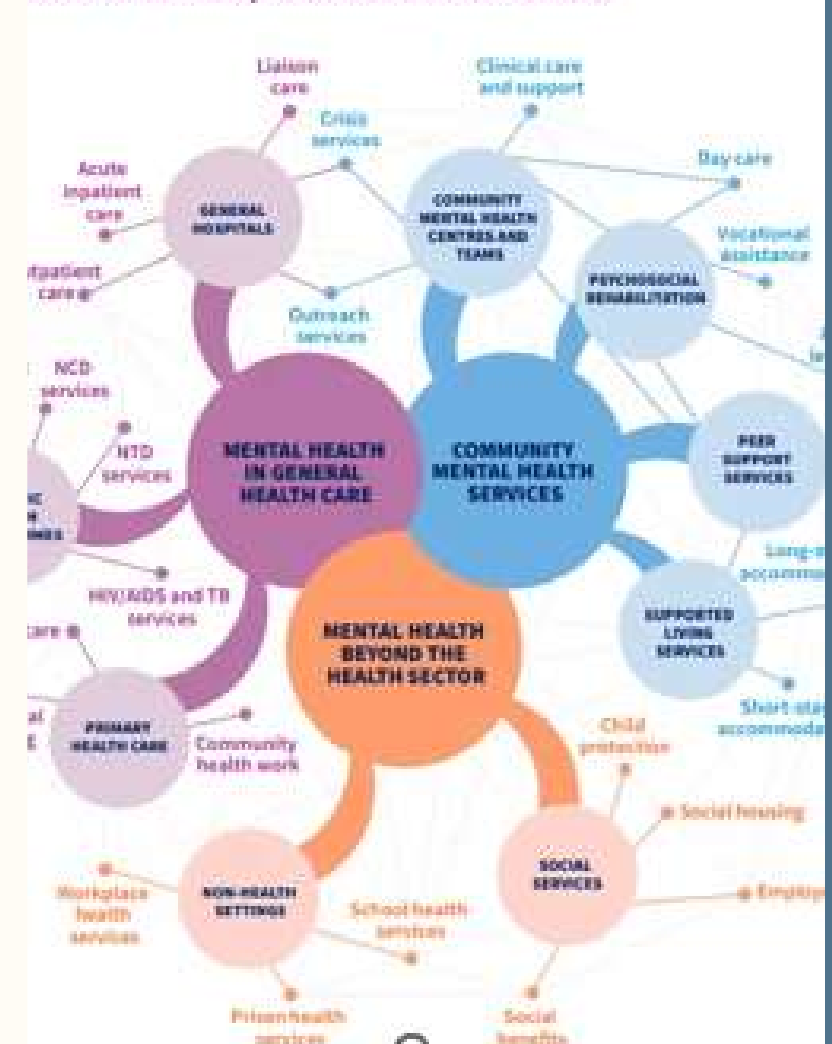
Regional Specialists

Frailty teams (older adults), PEA teams (personality, eating, ADHD)

Expert Networks

Led by "lead experts" to maintain specialized knowledge flow

Work of community-based mental health services



Five Core STIC Principles

Recovery-Oriented Treatment

Aligned with each client's unique capabilities and needs

Goal-Focused Cycles

Efficient treatment planning with clear objectives

Flexible Expertise

Drawing on organizational knowledge across teams

04

Internal Collaboration

Strong coordination between teams and divisions

05

Community Partnerships

Active cooperation with GPs, municipalities, social services

Evidence-Based Implementation

Rigorous Evaluation

Comprehensive monitoring from day one



Fidelity Measurements

Assessing adherence to STIC principles



Recovery Outcome Monitoring:

Treatment effectiveness analysis using ROM data



Stakeholder Engagement

Client panels, family discussions, staff satisfaction surveys



Published Results

Peer-reviewed evaluations in international journals

Transformation Impact



Clients

Improved continuity, easier access, stronger focus on personal recovery and self-management



Staff

New professional identity, enhanced collaboration, knowledge and skills - sharing through expert networks



Partners

Stronger partnerships with GPs, municipalities, police, hospitals, social services



Key Outcome: A learning, integrated, community-based mental healthcare system serving the region effectively



Looking Forward: The Journey Continues



Digital Innovation

Expanding technology-enabled care delivery



Regional Networks

Deepening collaboration across ecosystem partners

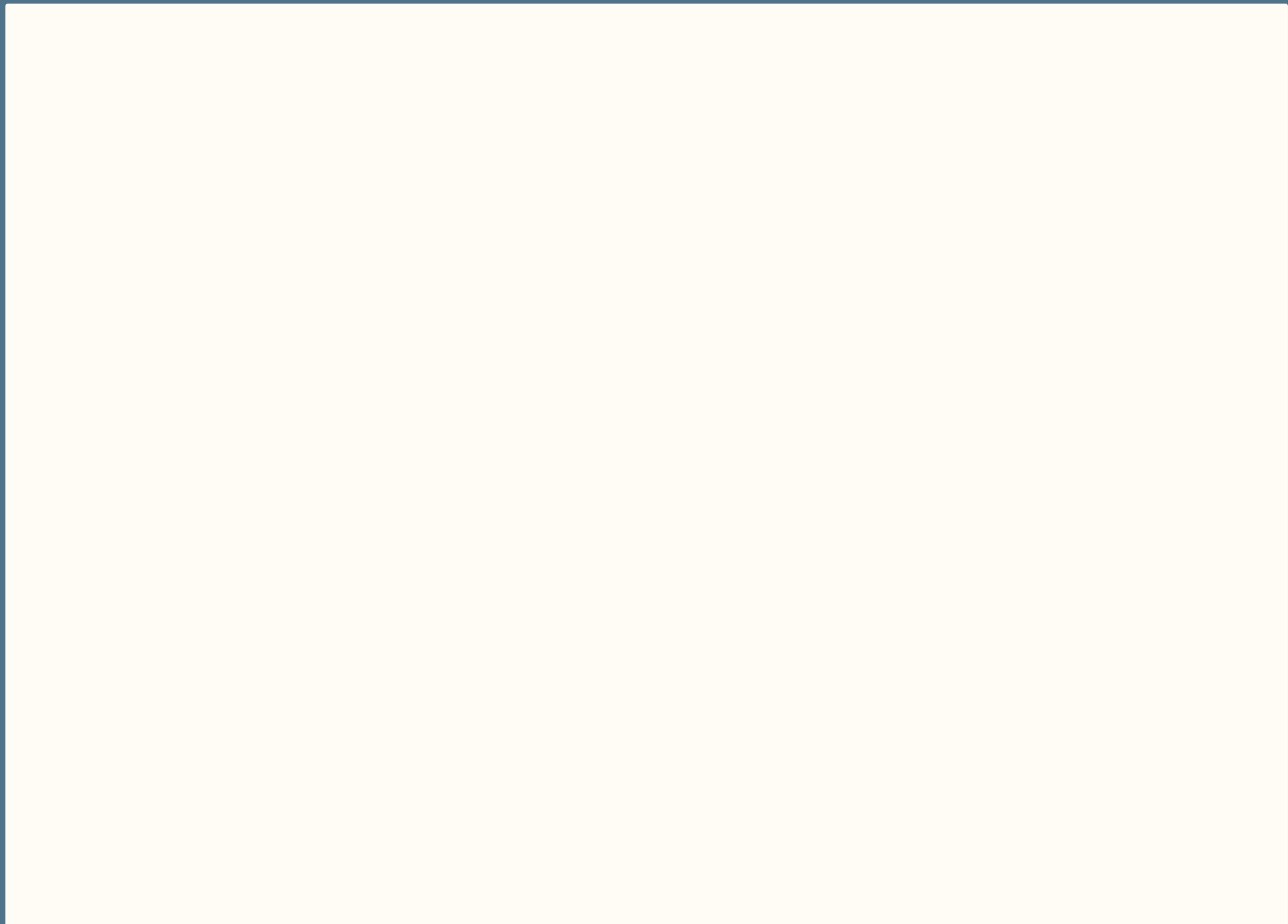


Public Mental Health

Prevention, inclusion, community strengthening

Participating in the Ecosystem for Mental Health (QEM)

Communities as essential environments for recovery — building an inclusive society where everyone can participate fully



COMMUNITY MENTAL HEALTH

The client journey



Site Visits at QQZ Noord-Holland-Noord

Explore key areas of our integrated community mental healthcare model through these focused site visits.



Care and Safety

Review our comprehensive protocols for ensuring patient well-being and a secure environment across all services.



Resource Groups

Observe the impact of peer support and shared experience in fostering recovery and community integration.



Work: Sheltered Work and IPS

Understand our innovative approaches to employment integration, including supported employment and IPS models.



Online Community Mental Health Care

Discover how digital platforms and telecare extend our reach and provide flexible support to clients.



Community Mental Health Team

Witness our multidisciplinary teams in action, delivering assertive outreach and local support directly in the community.



Youth Mental Health Care

Learn about our specialized services tailored to the unique mental health needs of children and adolescents.



Residential Care

Examine our residential programs, offering structured support and therapeutic environments for long-term recovery.



Recovery College

Experience our educational initiatives designed to empower individuals with skills and knowledge for their recovery journey.