



EU-PROMENS

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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

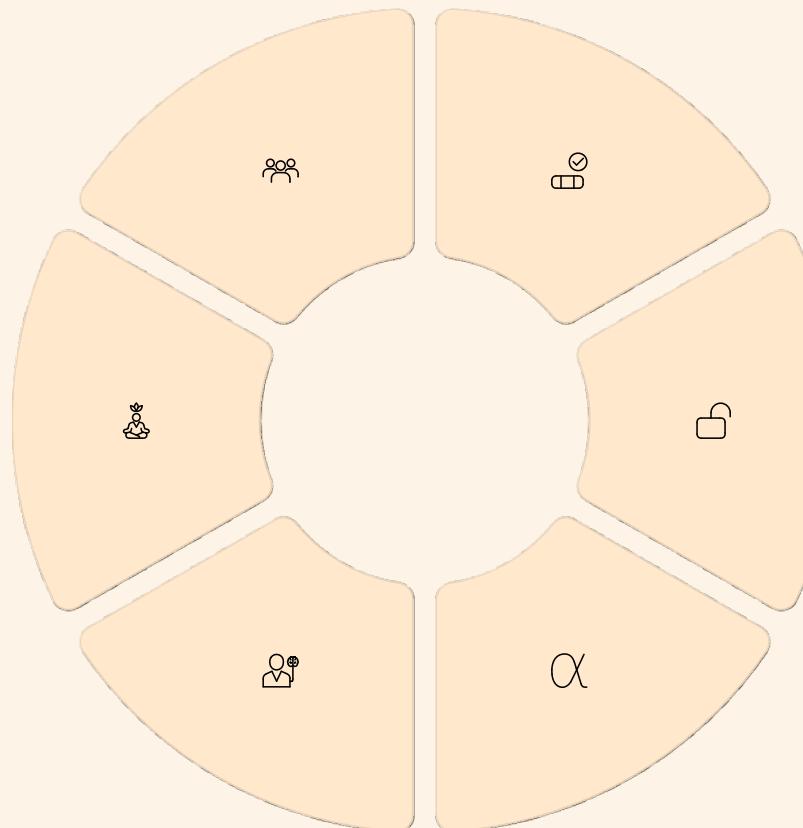
Providing comprehensive, multidisciplinary care focused on social inclusion for individuals with long-term, intensive needs.

### 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

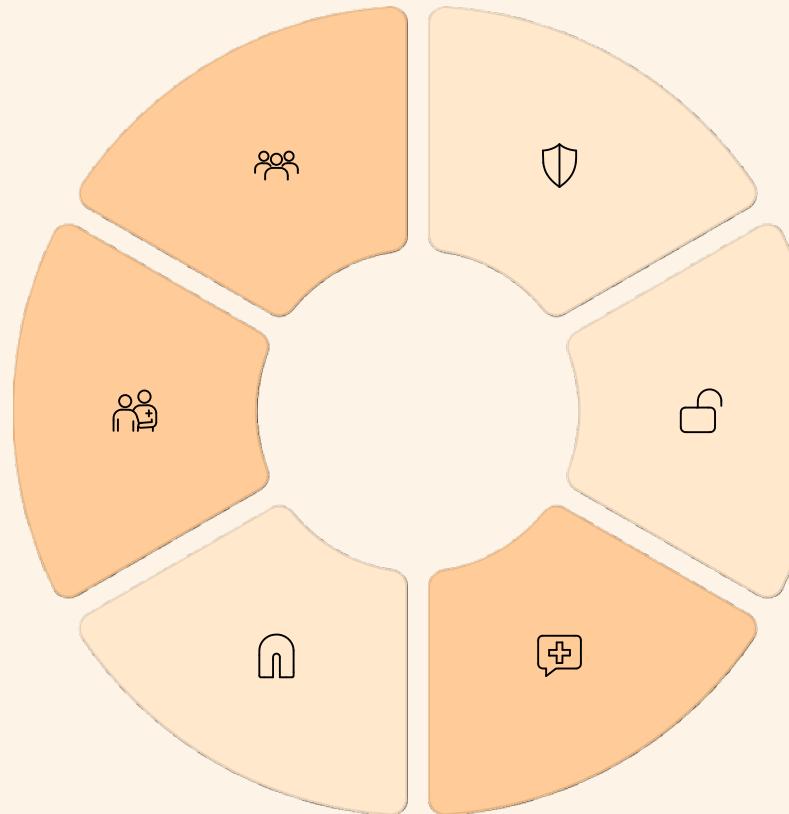
- *Welkracht*
- *Optimaal Leven*

## 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.

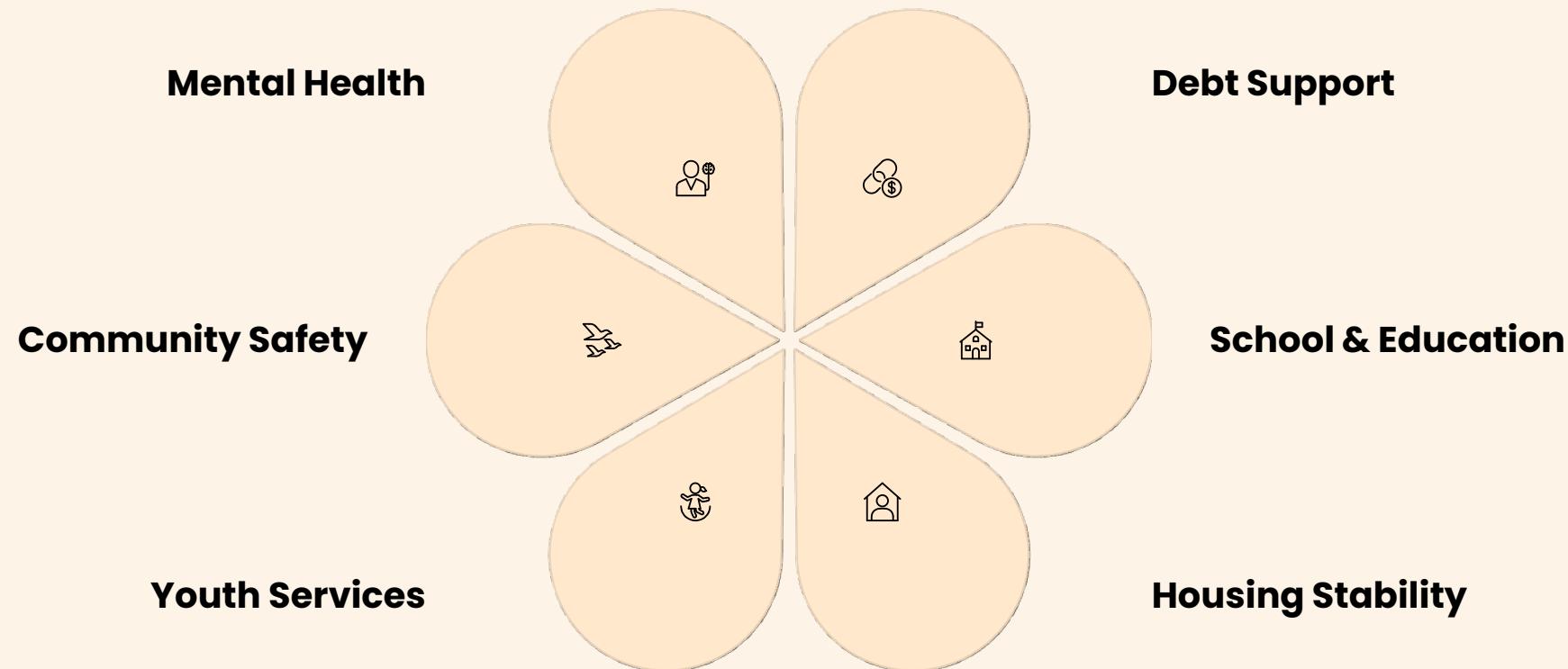
- **Real Impact:** A man in his 50s with depression and alcohol use experienced repeated crises and admissions. In FACT+, his support workers literally sat together weekly, solving housing, daily structure, and treatment simultaneously. Within months: fewer crises, fewer admissions, more stability. Not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



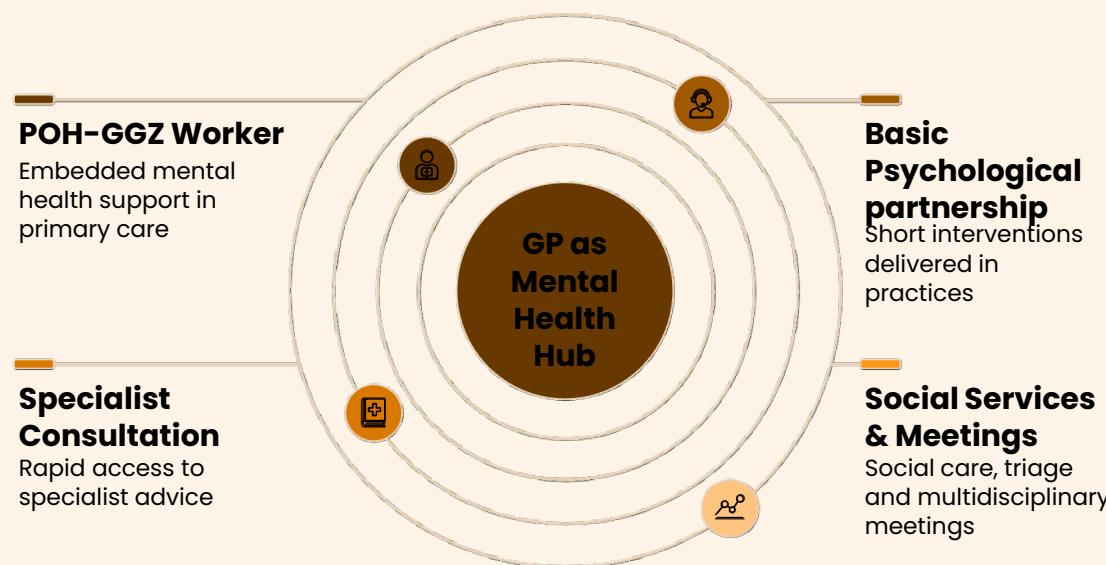
## Innovation 3: Zorroo group

### 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. Zorro 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.

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.

### The Integration

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

- **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](mailto:pim@ehdk.nl) +31 6 16 72 47 02 [www.linkedin.com/in/pimcandel](http://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?





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# Rene Keet

# 2003-2024 QQZ 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](mailto:r.keet@ggz-nhn.nl)



SEPTEMBER 2019

# 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

GGZ NHN in



*op weg naar een op herstel  
gerichte praktijk*

Jos Brinkmann, Lucrezia d'Fonseca,  
Jaap van der Stol (redactie)





# Innovation in Community Mental Health in Rural and Remote Areas

 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



UNIVERSIDAD  
DE SALAMANCA

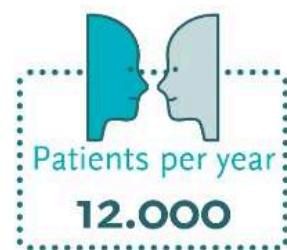


Junta de  
Castilla y León



# 2019

## Key figures GGZ Noord-Holland-Noord



# QGZ Noord-Holland-Noord 2019

**620K**

**Population Served**

Catchment area in North Western  
Netherlands

**18**

**Certified FACT Teams**

**12**

**Disorder specific teams**

**3**

**PSYCHIATRIC 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

## Youth & Family

Child, adolescent and family support



## Acute & Forensic

Emergency response and forensic services

## Stay & Development

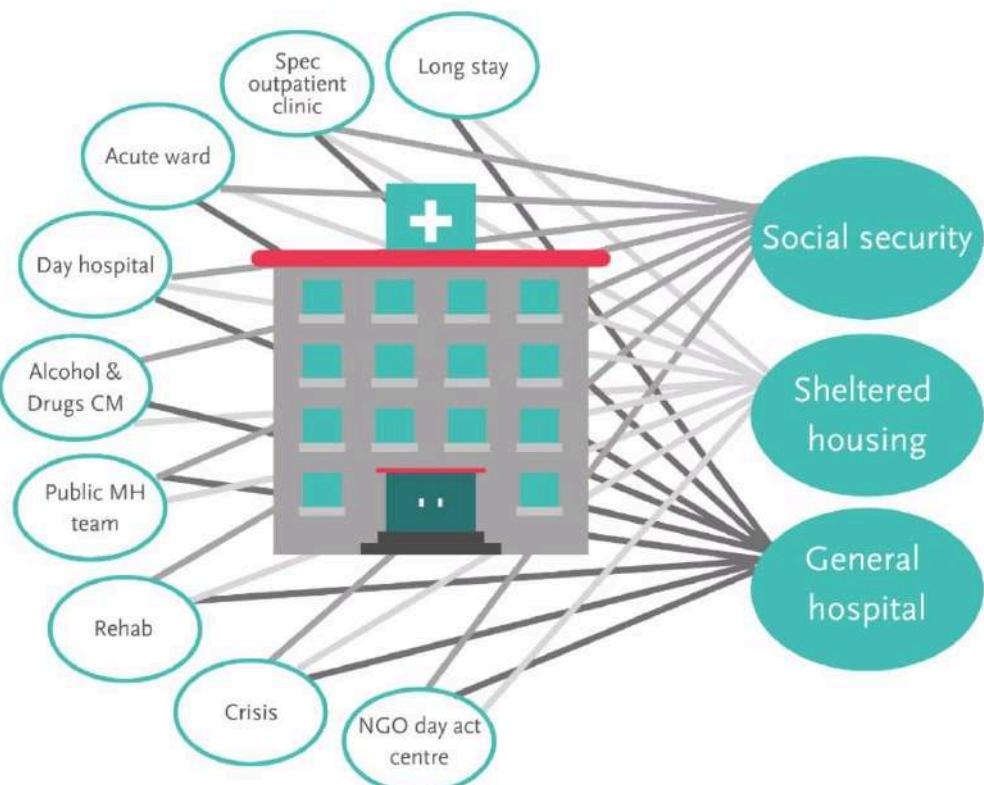
Inpatient care and rehabilitation

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

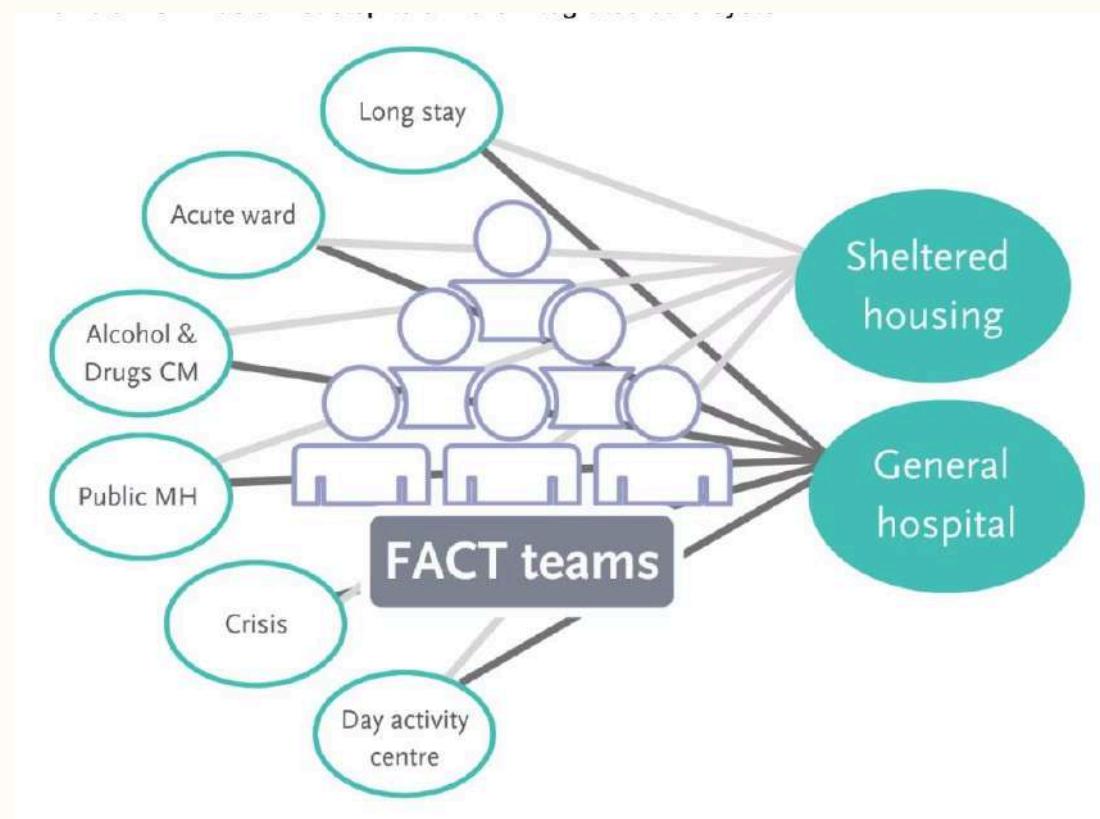


- Care is fragmented
- Evidence not available
- Little connection in organisation
- No evaluation



# 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





6 principles  
of F-ACT



4. In

## 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



## Evidence-Based

Medication management, CBT, family interventions, dual diagnosis expertise



## Defined Region

Presence in client's environment enables stakeholder collaboration



## Comprehensive Plans

Shared integrated treatment plans across all stakeholders



# Global Adaptation of F- FACT

## 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](http://fact-facts.nl)

## of community-based mental health services



# 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

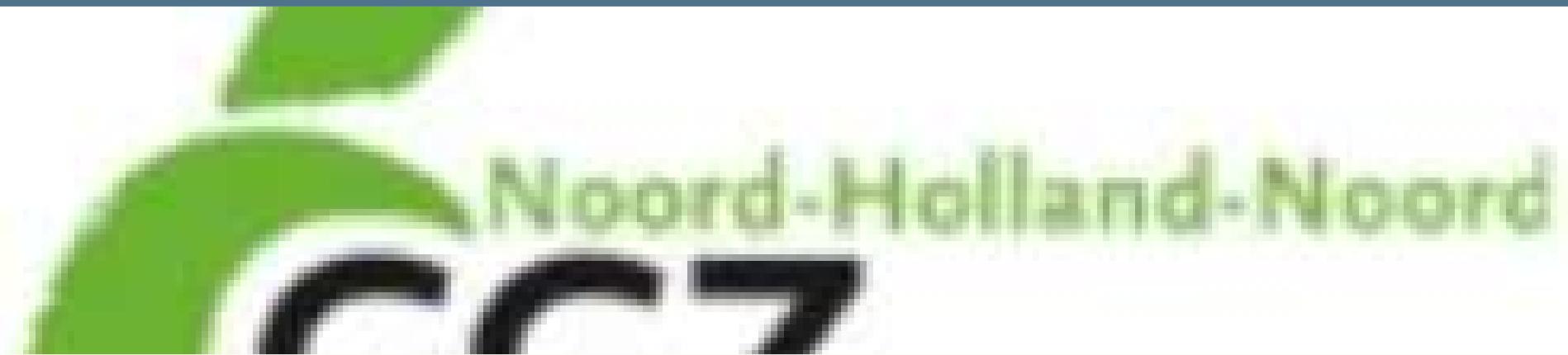


## E-Health

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

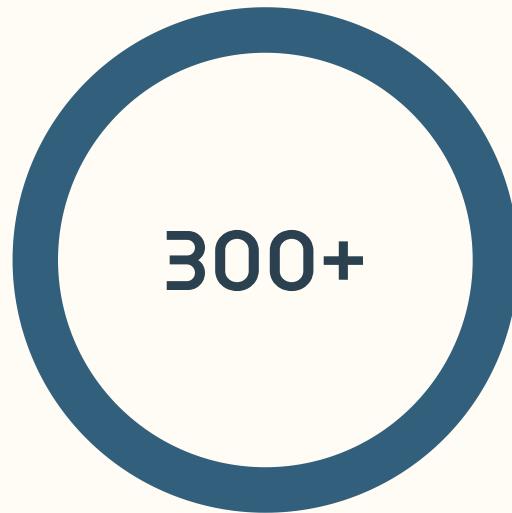


## International Exchange

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

- Connectedness
- Hope and optimism
- Identity
- Meaning in life
- Empowerment

### 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

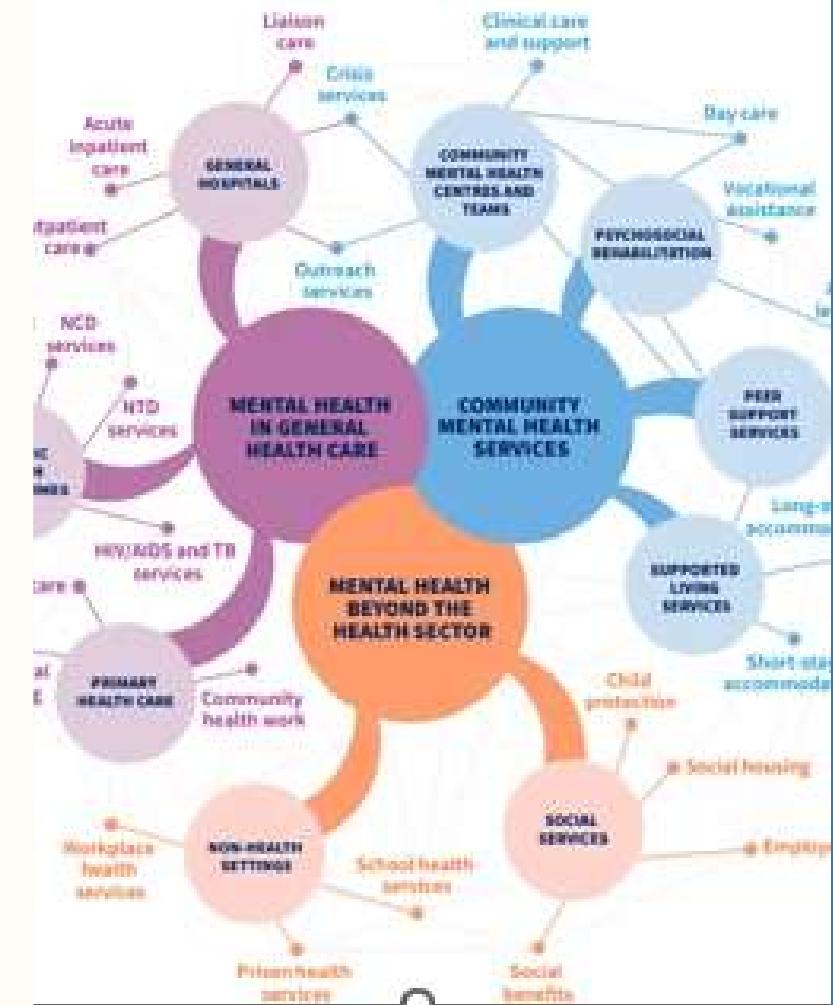
Multidisciplinary specialists serving ~35,000 residents per region

## Regional Specialists

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

## Expert Networks

Led by "lead experts" to maintain specialized knowledge flow



## 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

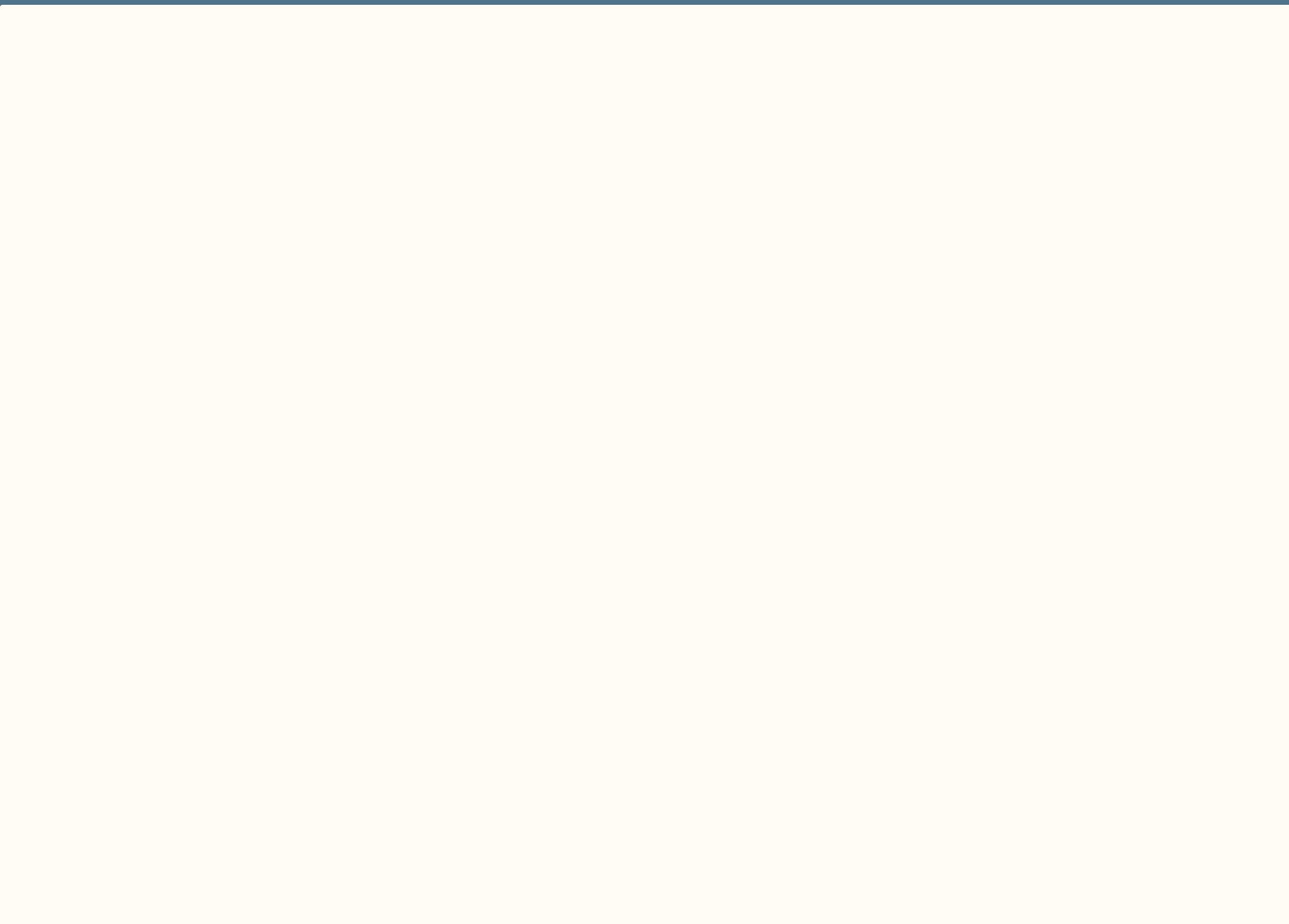
Deepening collaboration across ecosystem partners

## Public Mental Health

Prevention, inclusion, community strengthening

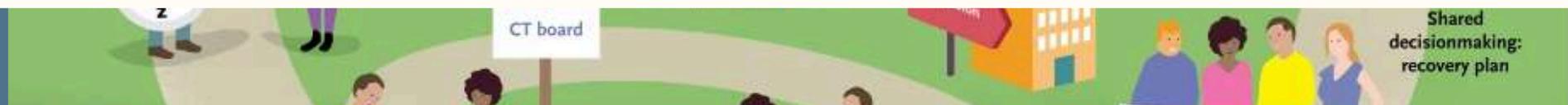
## Participating in the Ecosystem for Mental Health (QEM)

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.



## Online Community Mental Health Care

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



## Residential Care

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



## Resource Groups

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



## Community Mental Health Team

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



## Recovery College

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



## Work: Sheltered Work and IPS

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



## Youth Mental Health Care

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