

Difficult to engage persons, confused, bewildered persons

December 2, 2025

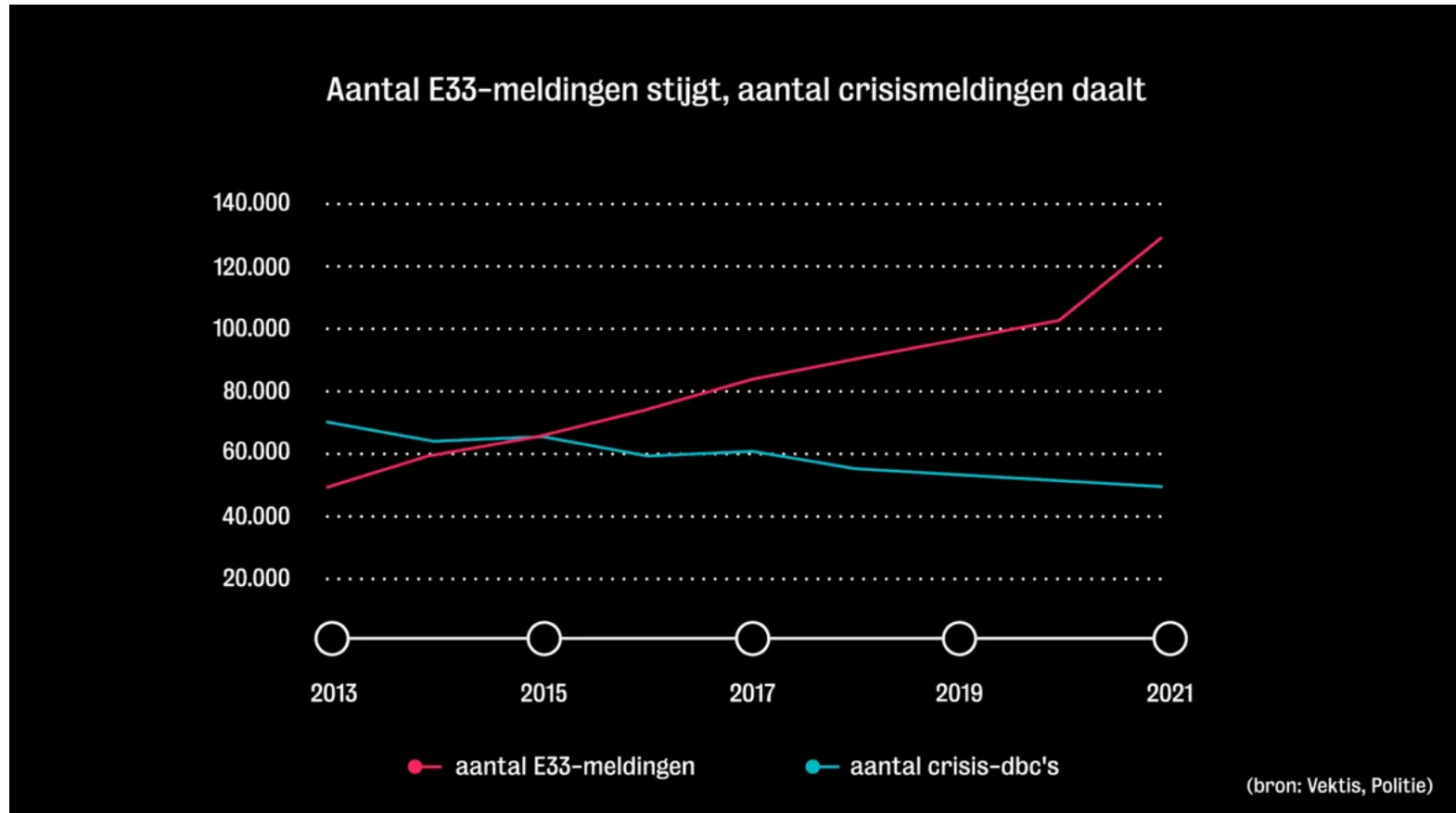
Prof. Dr. C.L. Mulder

What are “bewildered
persons”?

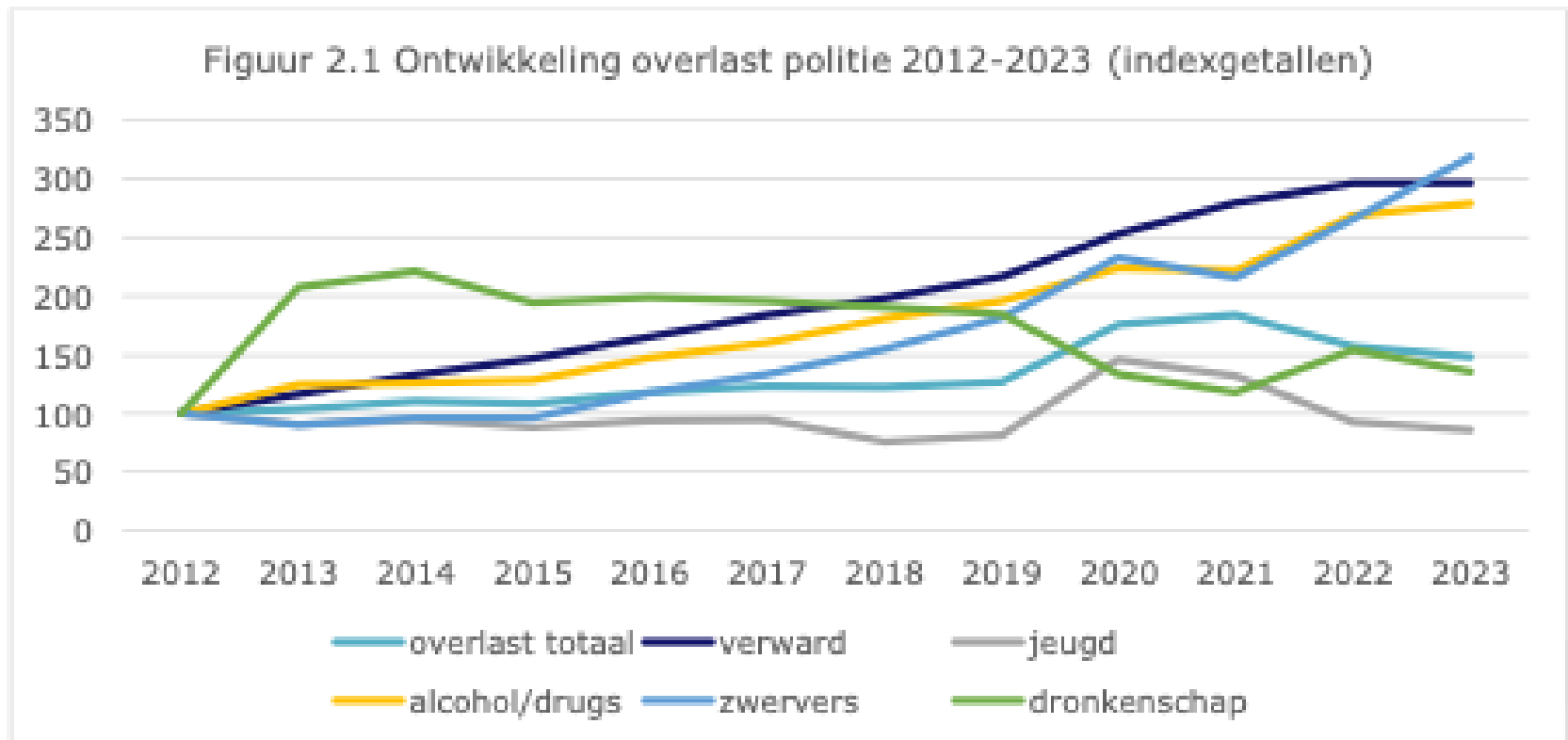
Stereotype.....



Police and crisis-services registrations



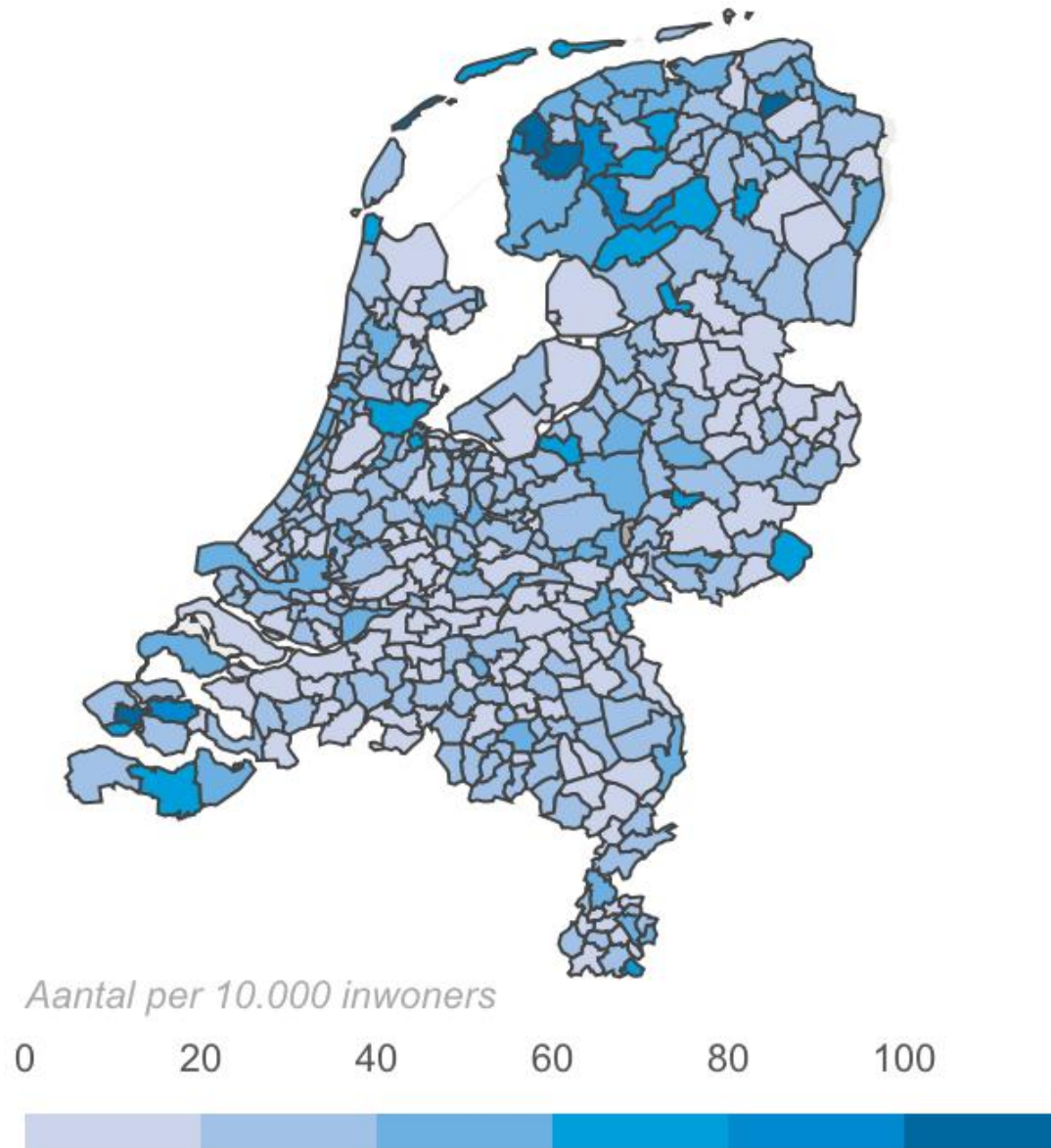
Numbers of confused/bewildered person, registered by the police



E33 meldingen

Met dank aan J.
Zoeteman, Arkin

2014



Associations between E33 registrations by the police and:

Variabele	Verband
House prices	Negative
% Social housing	Positive
Low income	Positive
Education level	Not significant
Percentage elderly	Not significant
Inhabitants per m2	Negative (very small)
Number of cafes/bars	Positive
Tourism	Positive
Persons per household	Negative (strong association)

Thanks to J.
Zoeteman, Arkin

Characteristics of E33 incidents reported by the police

- We don't know exactly
- Estimated: 40%– 90% psychiatric patients

The media

The most severe cases, exceptions,
are in the media

Severe Incidents



- 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



What could be the causes of more E33 registrations by the police?

A combination of:

Does the police see more red cars?



Reasons for increase?

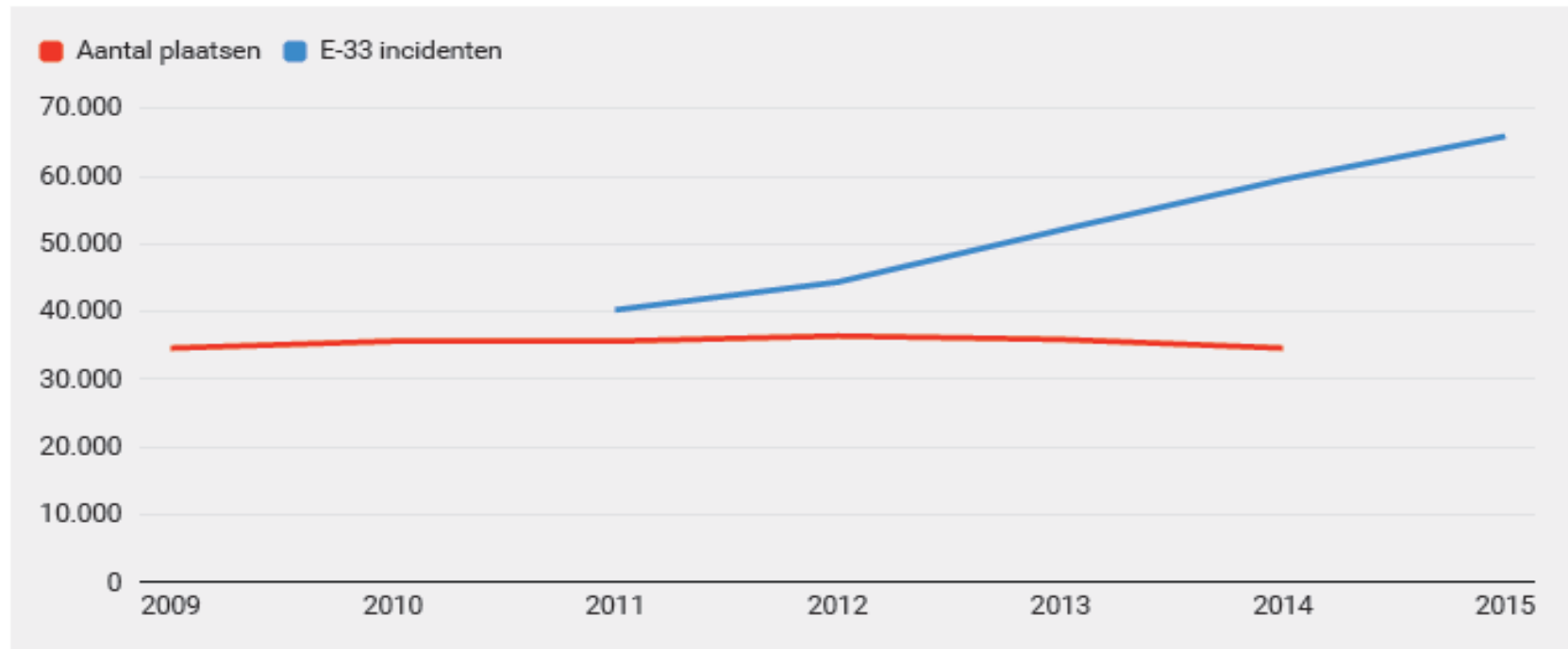
- More readiness for registering E33
- More individualisation
- Less (access to) social services: housing, day care, services for financial problems
- High caseload of municipal public mental health teams
- Less outreach by mental health services

Reduction of beds?



Police registrations and psychiatric beds

Figuur 1. Geschat aantal plaatsen Intramurale GGz-capaciteit⁷ (Inclusief Beschermd Wonen), aantal geregistreerde E-33 Incidenten¹



Reasons for increase?

- No association with reduction of psychiatric beds
- Budget problems
 - Amount of money for mental health services unchanged, more complexity?
 - Longer waiting lists for mental health services, especially for severe mental ill patients

Reasons for increase?

- More requirements/higher thresholds for receiving mental health care:
 - ID
 - Referral by GP
 - No intellectual disability
 - No addiction
 - No insurance
- Etc.

Shared characteristic

Motivation paradox

Motivation Paradox

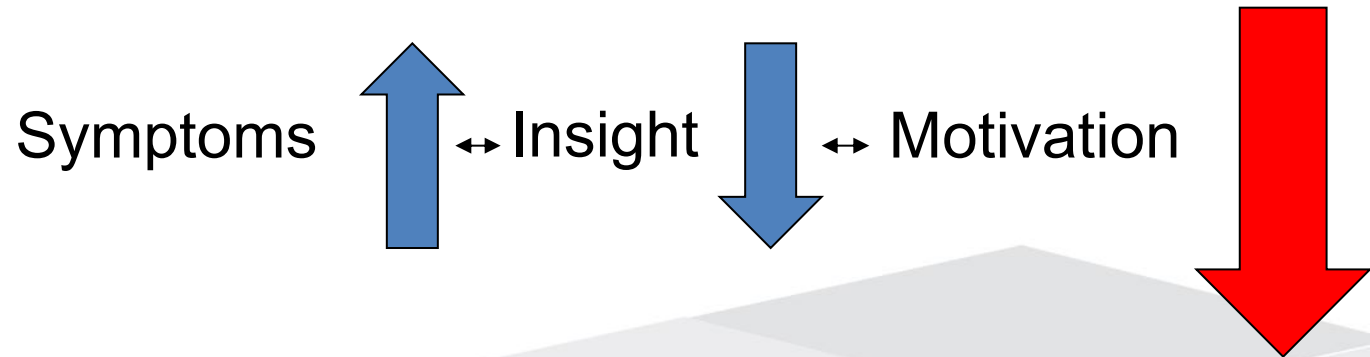


Motivation Paradox

Classic
Assumption



Motivation
Paradox
in SMI



We need assertive outreach to deal with the motivation paradox



Organisation of outreach

- Mainly by outreach teams funded by the municipalities
- Sometimes mixed teams: mental health + municipality teams
- Availability of psychiatric expertise in these teams varies

Assertive outreach in practice

- Going on the streets!
- Try to find common ground: something a person does want
- Practical support first, diagnosis and treatment parallel
- Skills needed: assertiveness, patience, creativity, seduction, persistent

Flexible Assertive Community Treatment als 'service-delivery model': all services flexibly available for all!

FACT-Team

Psychia-
trist

Psycho-
logists

Nurses

Social
Workers

IPS-
consultant

Peer-
workers

Others...
in core-team
or external
(for example
OT)

crisis interventions, assertive community outreach (ACT)

Treatment (Evidence based, CBT, Trauma, MBT, addiction, IDDT, MID, lifestyle, medication, ...)

Recovery Oriented Practices (IPS, Housing First, WRAP, positive risk taking, personal recovery, Recoveryboard, ..)

(PROCEDURES)
WVGGZ

Social domain and mental health services
collaborate

VERPLICHTE ZORG

- DWINGEN
- OVERNEMEN

ASSERTIEVE ZORG

- ONDER DRUK ZETTEN
- BEMOEIEN
- OVERHALEN

VRIJWILLIGE ZORG

- ONDERHANDELEN
- ADVISEREN
- INFORMEREN



Assertieve
outreach

=

Mental Health
Services+
Municipality



Teams too busy,
no time for outreach



Blue versus white

Complex triade: mentally ill, dangerous and not coöperative

Police: "He is a patient and needs care"

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



Police and psychiatric nurse together do homevisits



NPACER

Northern Police Ambulance Clinician Emergency Response



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





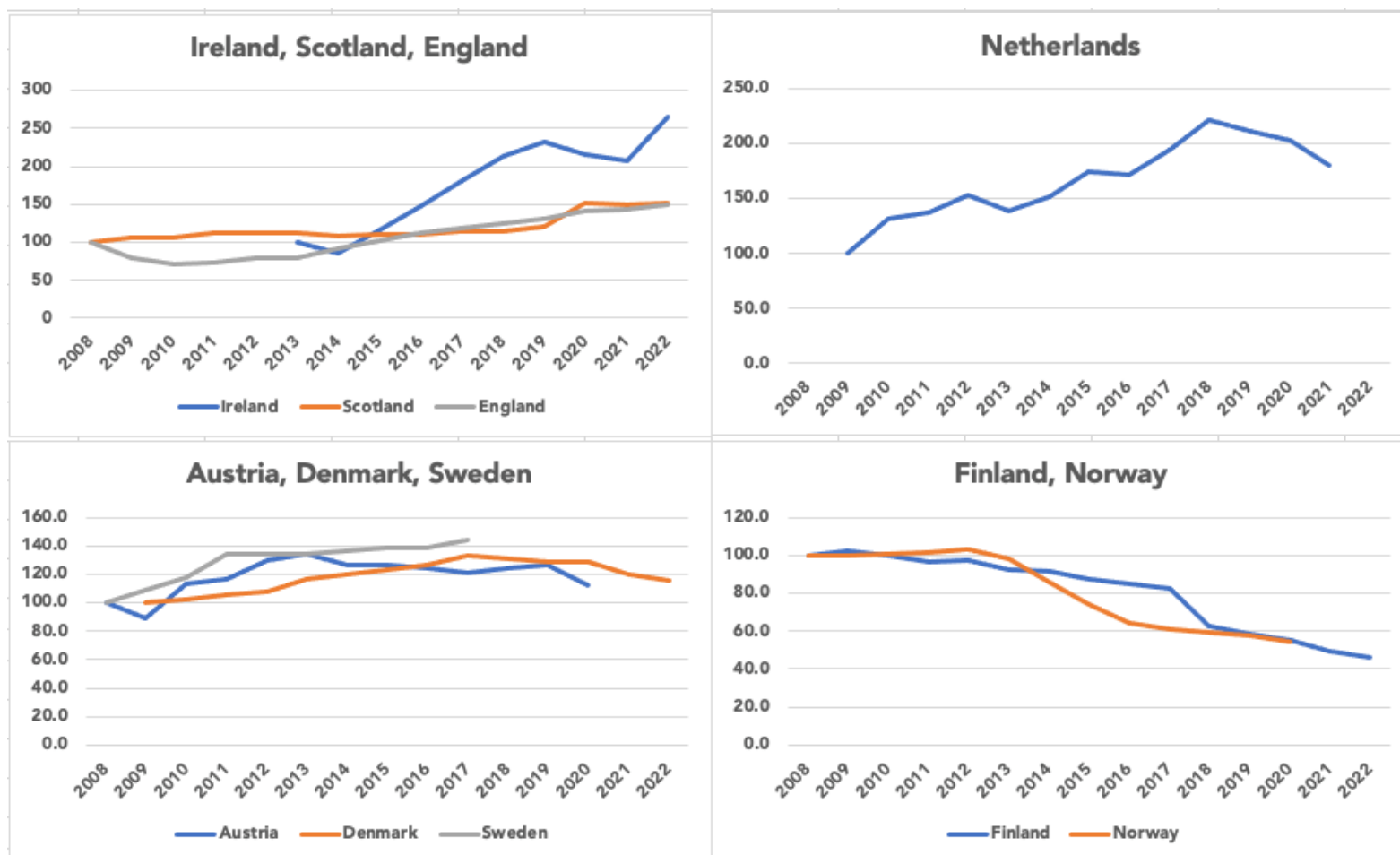
Multiple financial systems -> silos cause problems

- Funding by municipality (WMO)
- Funding by insurance companies (ZVW)
- Long term care funding (WLZ)
- Forensic funding (WFZ)
- Youth funding

Anno 2025

- Municipal reporting points: tel. 0800 – 1205
- Social team carries out first assessment
- Availability assertive outreach varies
- Municipality can ask investigation for involuntary care
- In practice: collaboration between municipal social teams and mental health (FACT) teams varies

What about homelessness?



Housing First (some cities)



New project: Life Course Approach

- Integrated, person centered approach
- Complex patients
- Health and safety (forensic) domain
- Max 1500 patients in the Netherlands
- Now 650 patients in this approach
- Successful

New Mental Health Law Netherlands 2020

- Criteria (unchanged): psychiatric disorder causing danger, no other options available
- Making it possible to use outpatient involuntary treatment in the patients' home

Reasons for involuntary admission

Dangerousness criteria

Danger to others



Danger to self (tel. 113 online)



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ONLINE
113
SUICIDE?
TALK ABOUT IT.

Social Breakdown



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Addiction: Sometimes a Reason for Involuntary Admission





Compulsory treatment in the community, what do stakeholders think?

Dieuwertje de Waardt

Advantages of CCT

Advantages

Patients

- CCT facilitated access to care
- Patients experienced increased support
- CCT could improve mental health
- CCT provided more freedom than involuntary admission
- CCT provided a safety net and a sense of security

Significant others

- CCT facilitated access to care
- CCT facilitated earlier admission
- CCT could provide more safety for the patient
- CCT could take some of the burden away from family members
- CCT could lead to greater carer involvement

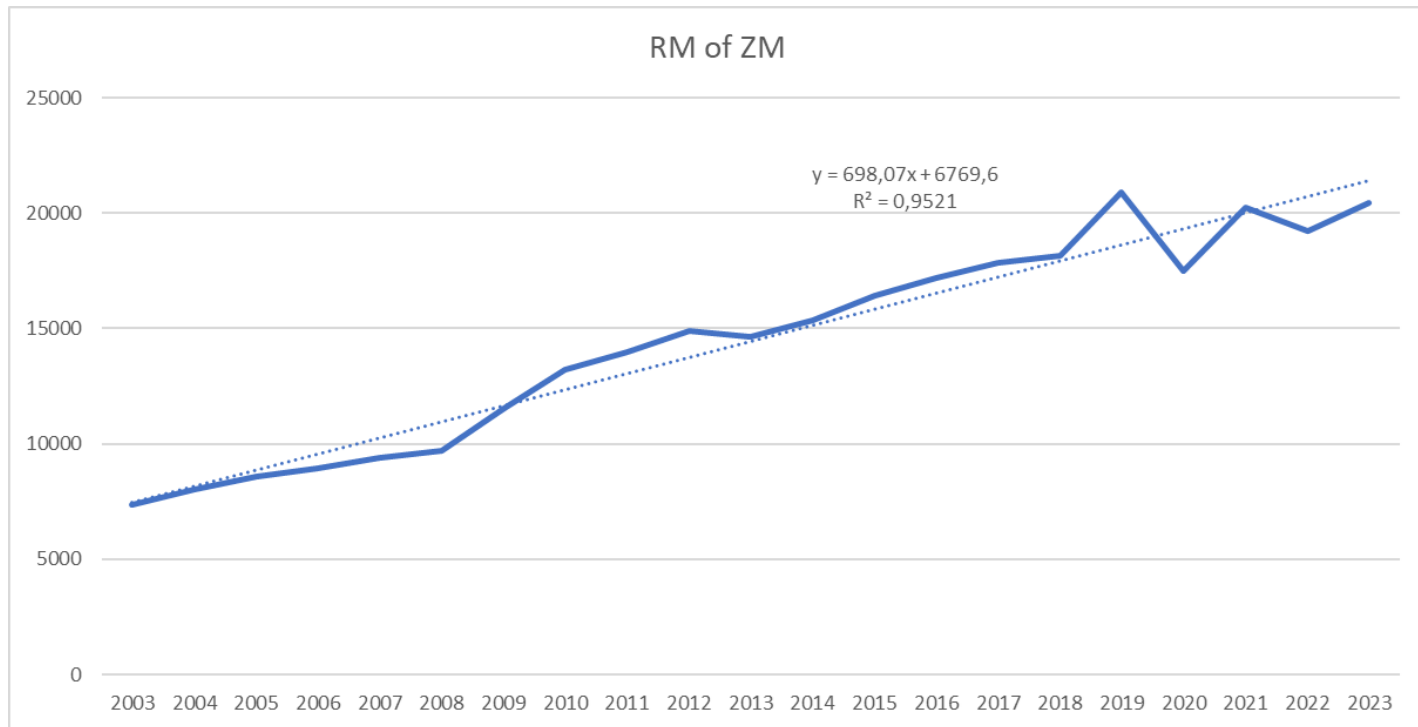
Mental health workers

- CCT provided an opportunity to stay in touch and to monitor the patient's mental health
- CCT could enhance compliance to treatment
- CCT could provide a safety net
- Provided more freedom than involuntary admission
- CCT could improve mental health and avoid involuntary admission

CT at home: conclusions

- A large part of the stakeholders seems to prefer CTH over admission to hospital.
- Even though the evidence so far does not support it, stakeholders believe CTH (or CCT) will prevent admission to hospital and increase medication adherence.
- For many stakeholders CCT and CTH are seen as ways to improve access to care.

Number of Court Orders



And for some patients:



Conclusions

- Number of difficult to engage persons reported by the police is rising: several potential reasons, wicked problem
- Outreach by municipality and mental health under pressure
- Complex financial system
- Use of involuntary care to the max

Way to go

- Increasing possibilities for life course approach
- Care in networks: police/municipality/social services and mental health collaborate on the level of the patient
- Changing the financial system/incentives