

# Difficult to engage persons, confused, bewildered persons

December 2, 2025

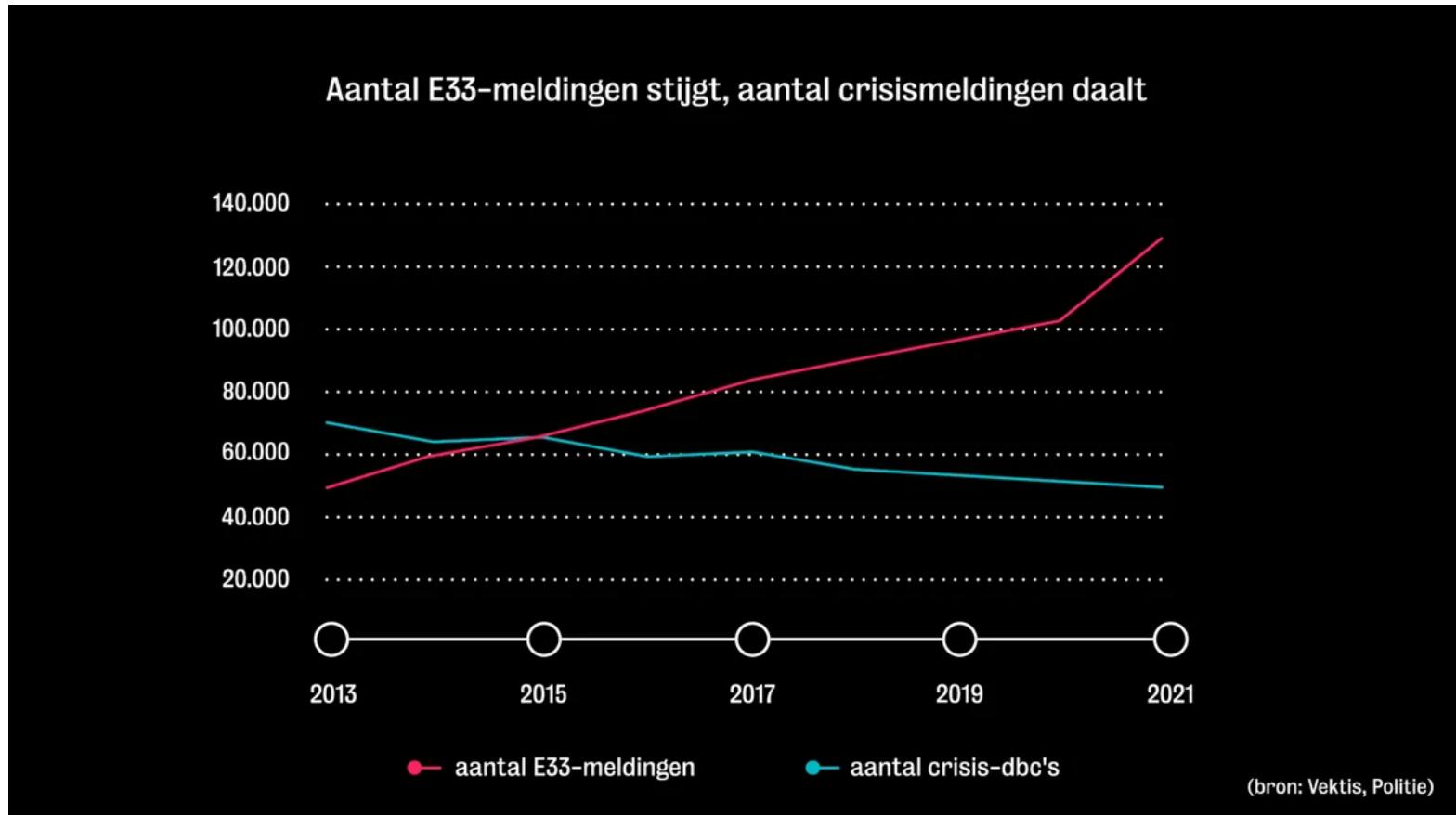
Prof. Dr. C.L. Mulder

# What are “bewildered persons”?

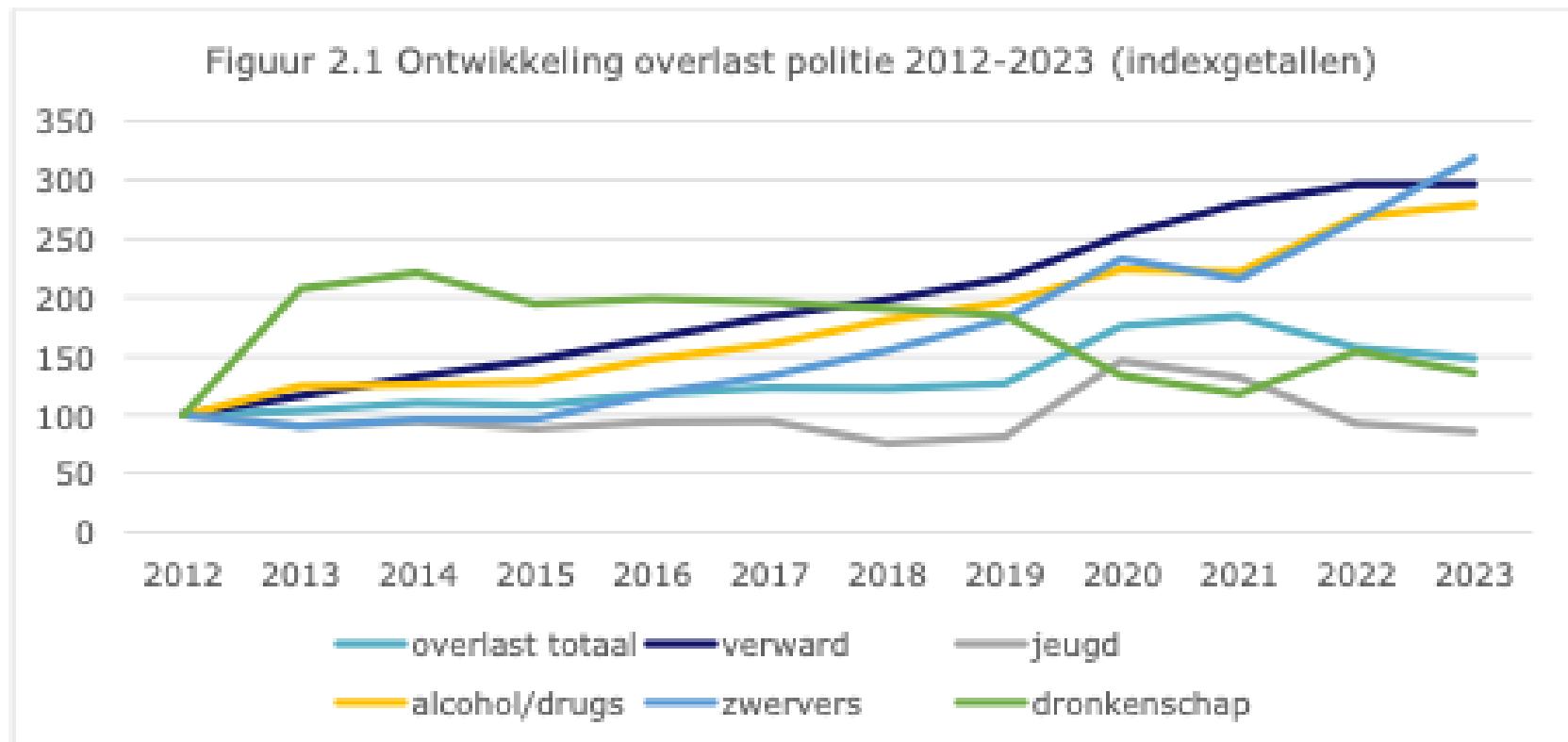
# Stereotype.....



# Police and crisis-services registrations



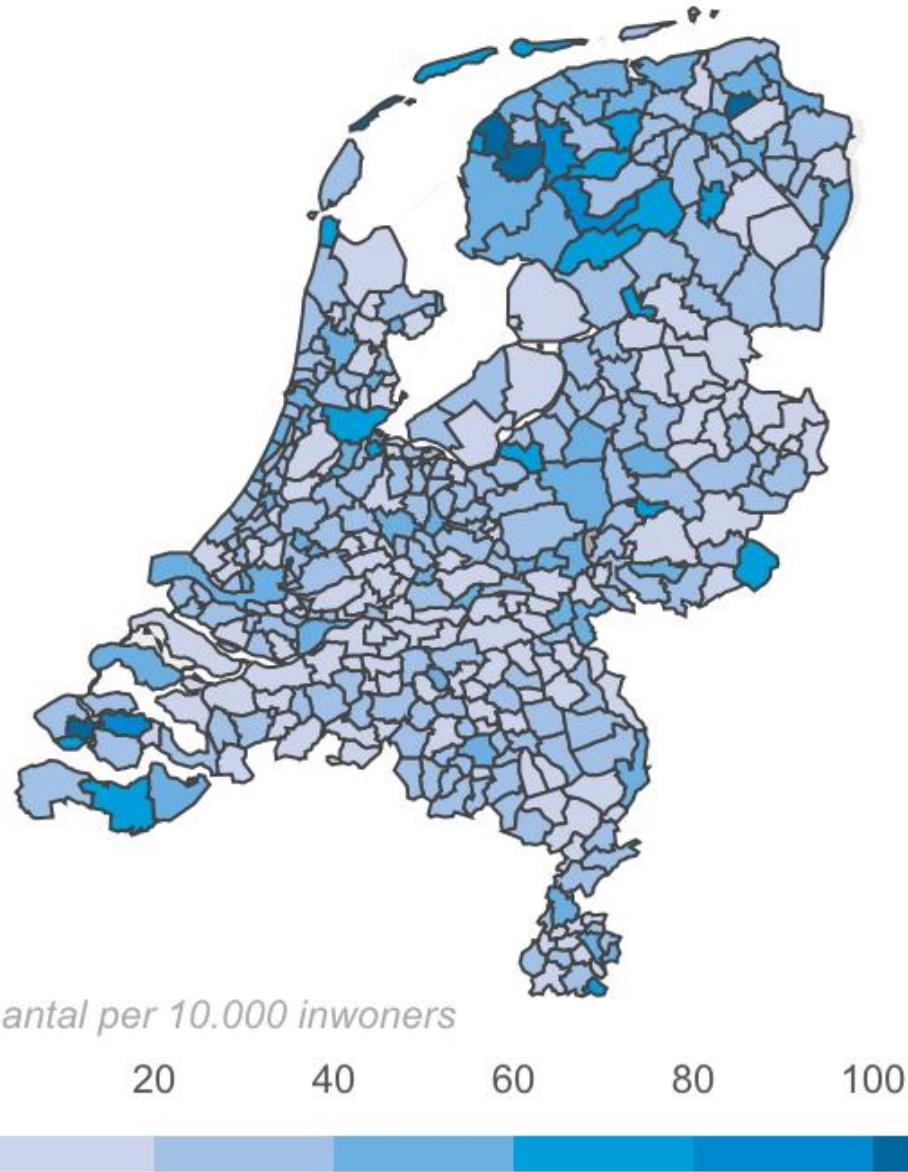
# Numbers of confused/bewildered person, registered by the police



Met dank aan J.  
Zoeteman, Arkin

# E33 meldingen

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 m <sup>2</sup> | Negative<br>(very small)         |
| Number of cafes/bars           | Positive                         |
| Tourism                        | Positive                         |
| Persons per household          | Negative<br>(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?



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# Reasons for increase?

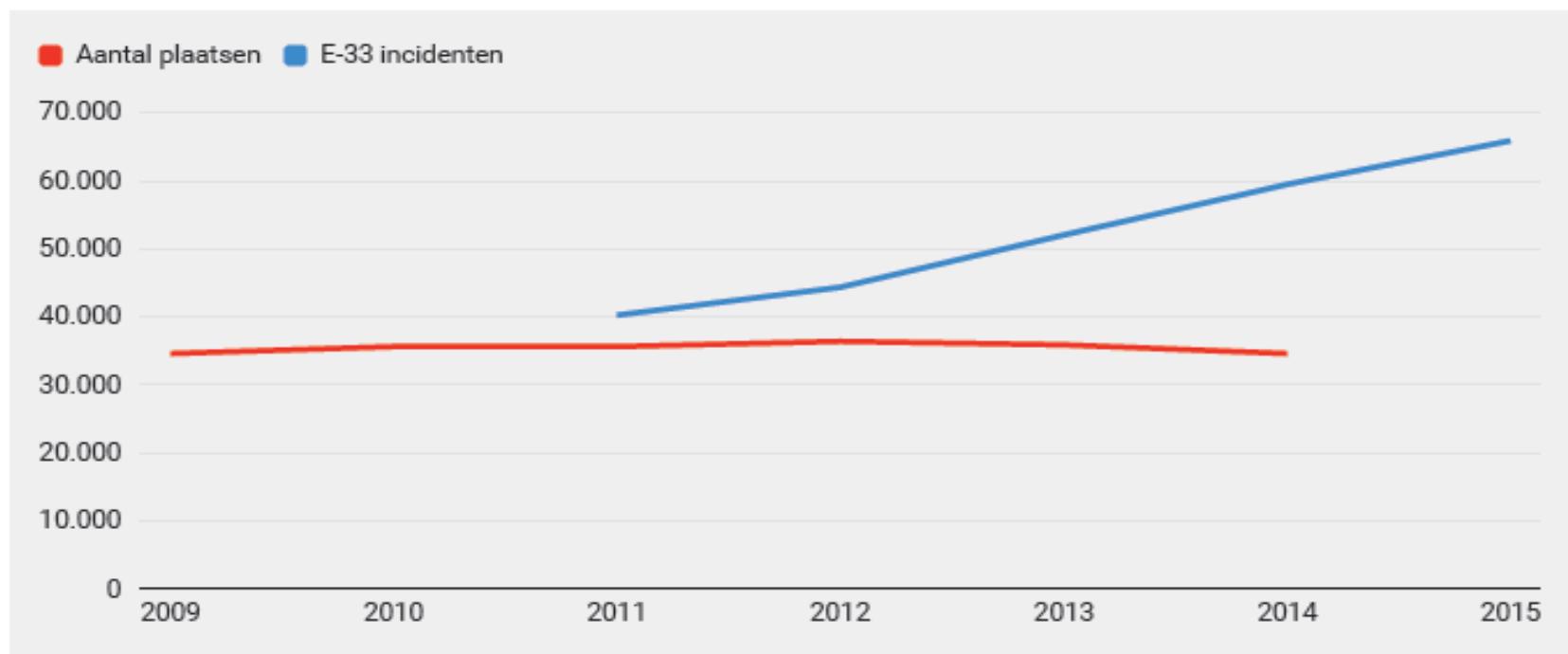
- More readiness for registering E33
- More individualisation
- Less (acces to) social services: housing, day care, services for financial problems
- High caseload of municipal public mental health teams
- Less outreach by mental health services

# Reduction of beds?



# Police registrations and psychiatric beds

Figuur 1. Geschat aantal plaatsen Intramurale GGz-capaciteit<sup>7</sup> (Inclusief Beschermd Wonen), aantal geregistreerde E-33 Incidenten<sup>1</sup>



# 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?

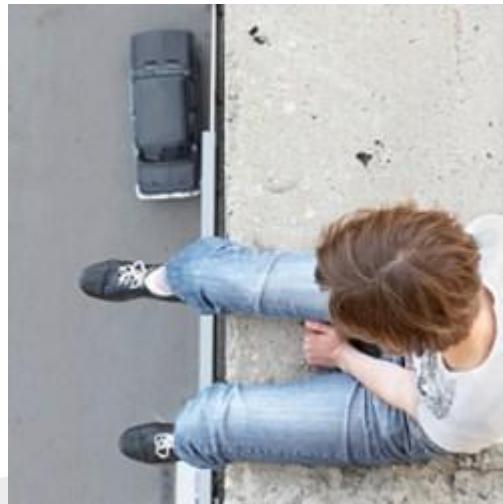
- More requirements/higher thresholds for receiving mental health care:
  - ID
  - Referral by GP
  - No intellectual disability
  - No addiction
  - No insurance

Etc.

# Shared characteristic

Motivation paradox

# Motivation Paradox

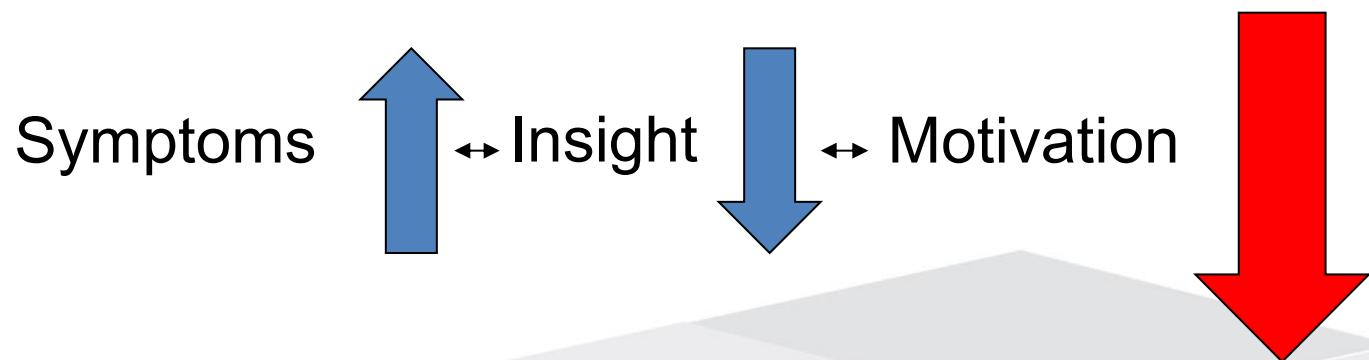


# Motivation Paradox

Classic  
Assumption



Motivation  
Paradox  
in SMI



# We need assertive outreach to deal with the motivation paradox



# Organisation of outreach

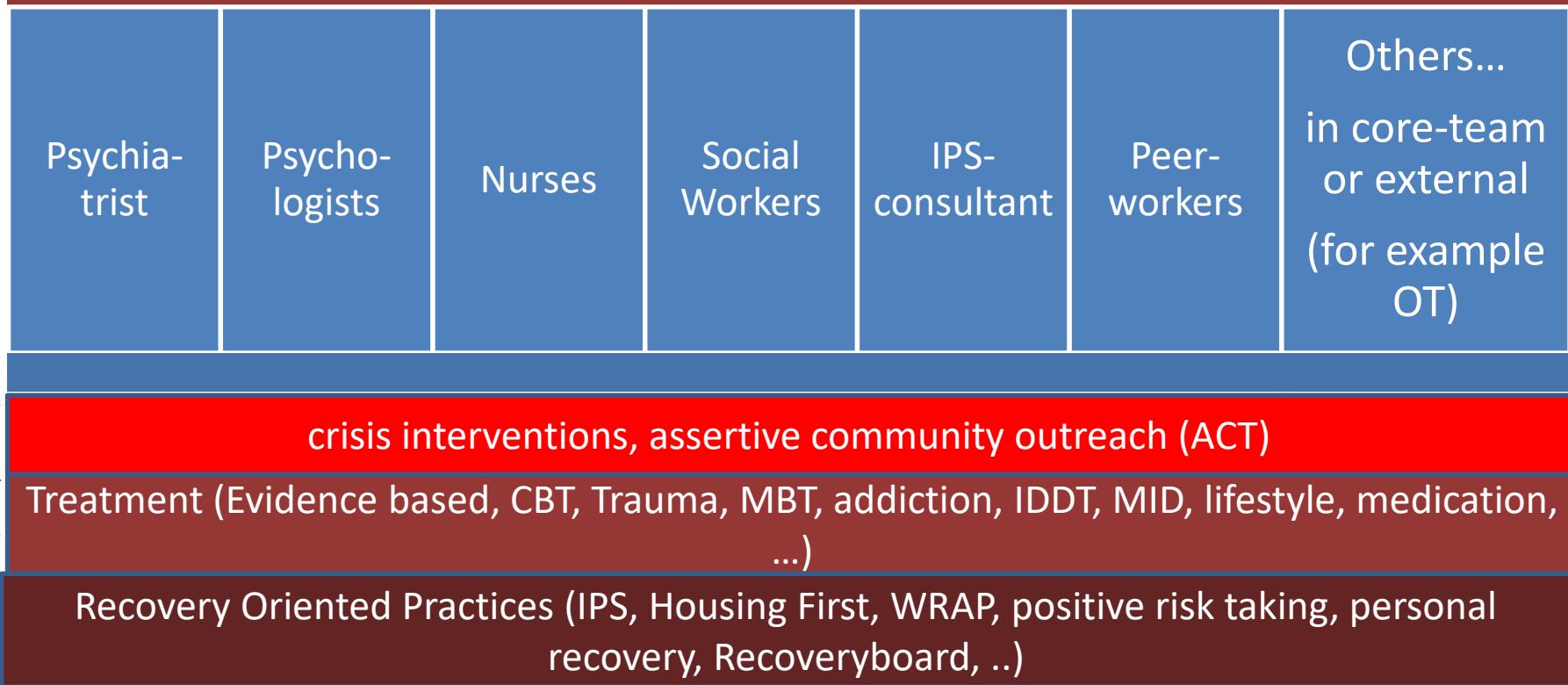
- Mainly by outreach teams funded by the municipalities
- Sometimes mixed teams: mental health + municipality teams
- Availability of psychiatric expertise in these teams varies

# 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



(PROCEDURES)  
WVGZ

## Social domain and mental health services collaborate

### VERPLICHTE ZORG

- DWINGEN
- OVERNEMEN

### ASSERTIEVE ZORG

- ONDER DRUK ZETTEN
- BEMOEIEN
- OVERHALEN

### VRIJWILLIGE ZORG

- ONDERHANDELLEN
- ADVISEREN
- INFORMEREN



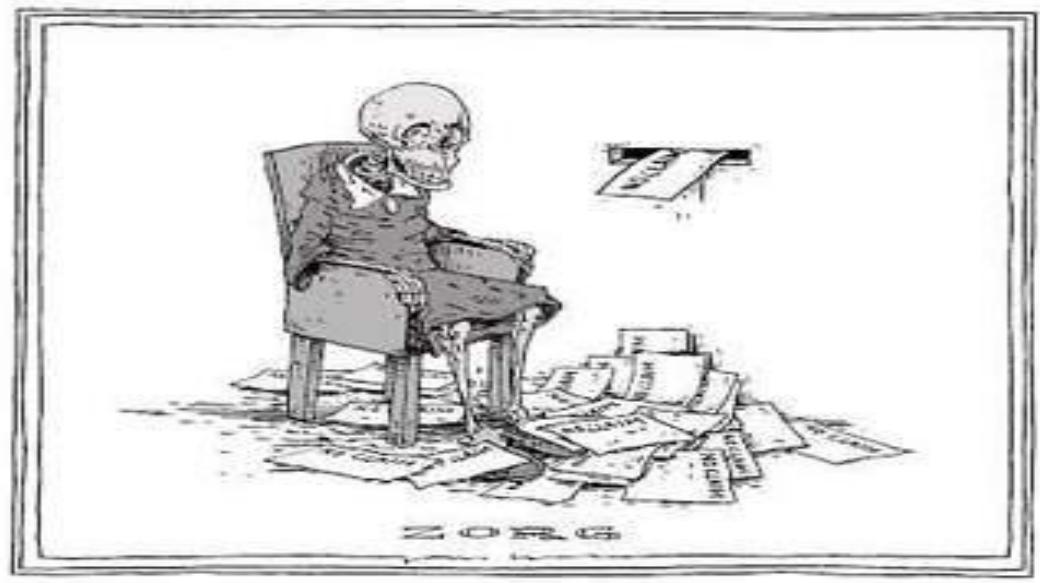
# Assertieve outreach

=

# 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





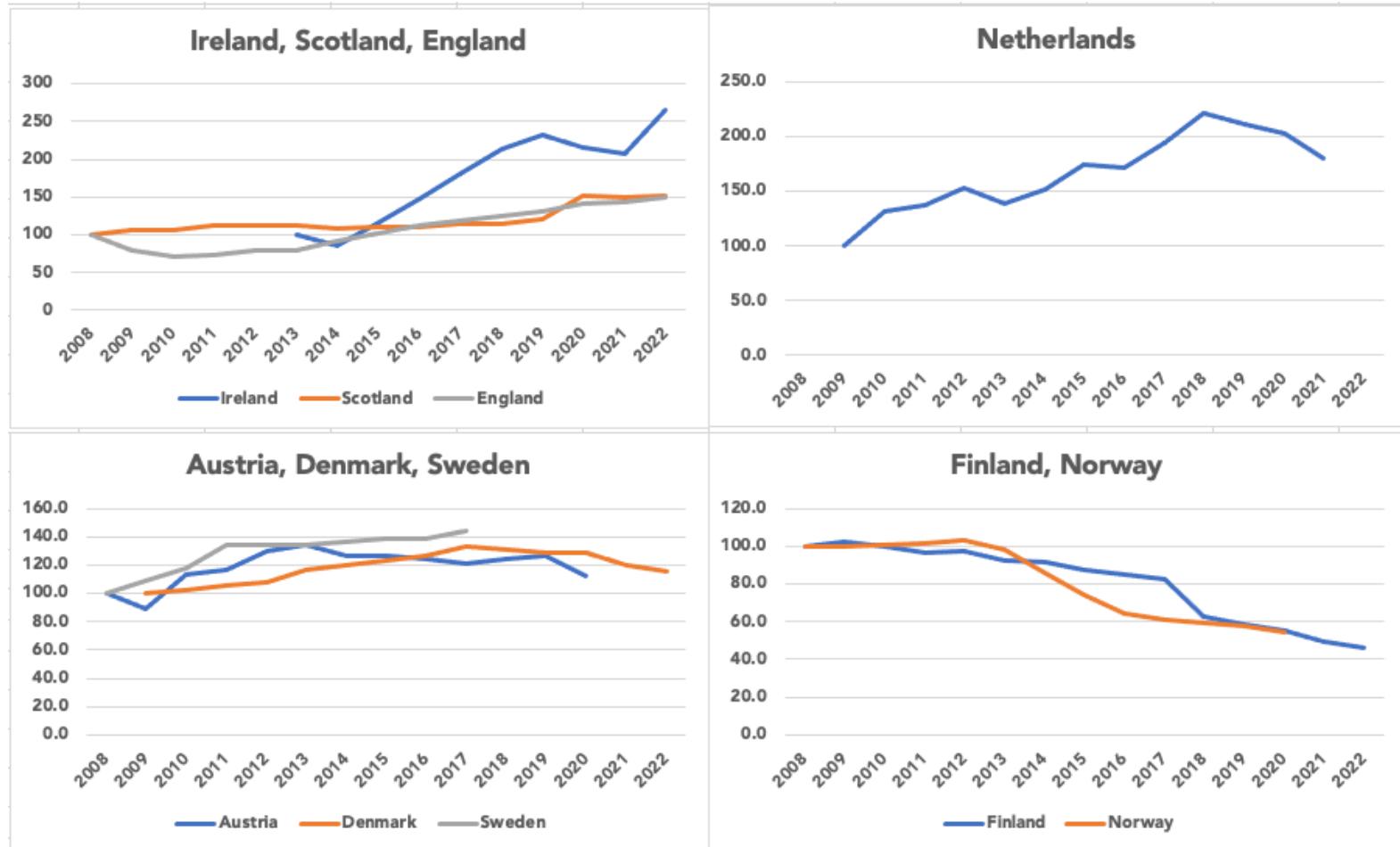
# Multiple financial systems -> silos cause problems

- 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

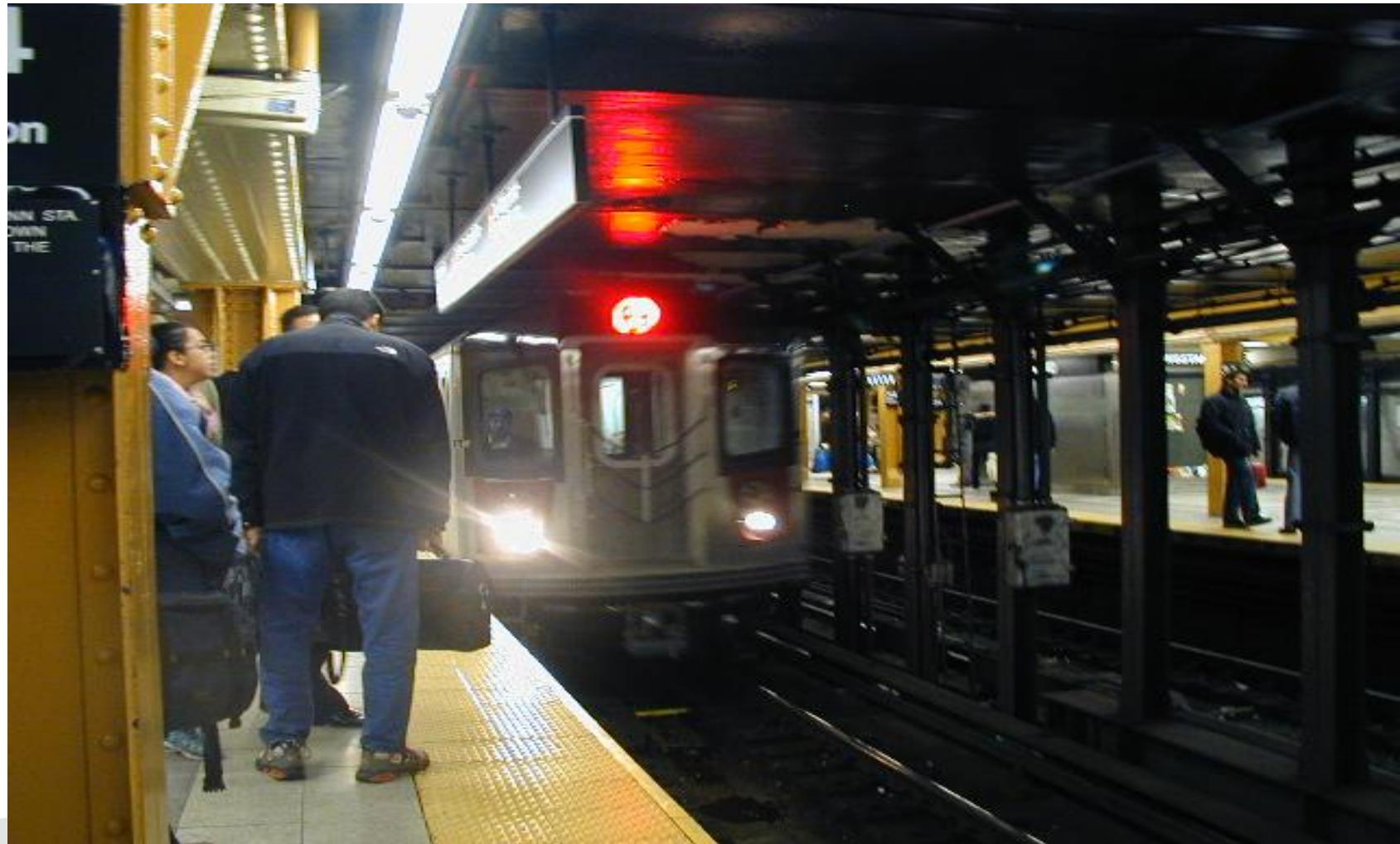
# New Mental Health Law Netherlands 2020

- 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)



Jan. K. Mokkenstorm M.D.,  
psychiatrist  
Director 113 Online  
[j.mokkenstorm@113online.nl](mailto:j.mokkenstorm@113online.nl)  
[mokkenstorm@gmail.com](mailto:mokkenstorm@gmail.com)  
[info@113online.nl](mailto:info@113online.nl)

[www.113online.nl](http://www.113online.nl)



# 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

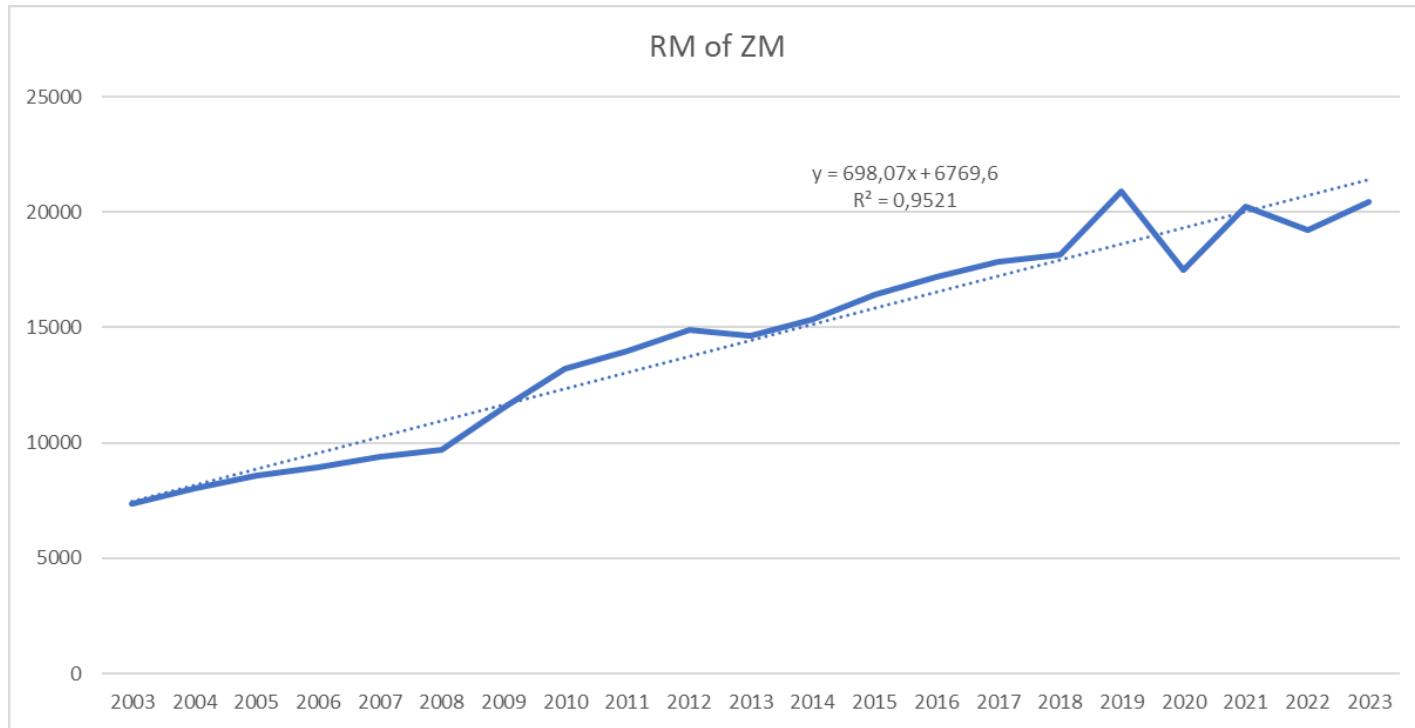
# Advantages of CCT

| <b>Advantages</b>   |
|---|
| <b>Patients</b>   |
| <ul style="list-style-type: none"><li>- CCT facilitated access to care</li><li>- Patients experienced increased support</li><li>- CCT could improve mental health</li><li>- CCT provided more freedom than involuntary admission</li><li>- CCT provided a safety net and a sense of security</li></ul>  |
| <b>Significant others</b>   |
| <ul style="list-style-type: none"><li>- CCT facilitated access to care</li><li>- CCT facilitated earlier admission</li><li>- CCT could provide more safety for the patient</li><li>- CCT could take some of the burden away from family members</li><li>- CCT could lead to greater carer involvement</li></ul>   |
| <b>Mental health workers</b>  |
| <ul style="list-style-type: none"><li>- CCT provided an opportunity to stay in touch and to monitor the patient's mental health</li><li>- CCT could enhance compliance to treatment</li><li>- CCT could provide a safety net</li><li>- Provided more freedom than involuntary admission</li><li>- CCT could improve mental health and avoid involuntary admission</li></ul> |

# 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