

Working to results

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1 Dear audience, I wish to introduce briefly. Since 1985, I work in Forensic Psychiatric Hospital Oldenkotte. Meanwhile I managed several treatment wards, as well as the information unit. Now I am working for several years as a policy advisor. I started studying mechanical engineering, made a switch to the welfare and studied public administration. In addition to the treatment of our patients my passion is to optimize the structure of the treatment. I have the honor as PhD. student to be supervised by Dr. Karel Oei.

2 After a disproportional increase until 2003/2004 there is a more than disproportional decrease till now, much larger than in prison. The effect of the treatment in a forensic psychiatric hospital is proven. The risk is citizens will become unnecessary victims

3 The decrease of the total population of patients has been started after reaching the top at 2000 patients. The forecast of the decrease is based on the number of convicts last years, a little decrease of the population longstay, the assumption of duration of the treatment of 9 years and the assumption of a normal distribution. The policy is to bring back the duration of the treatment to 8 years. If this will succeed, the population will decrease to less than 1000 patients, including longstay. Three hospitals will be closed, including FPC Oldenkotte, more will follow.

4 The duration of the treatment is the greatest problem. The patients started treatment last years could expect duration of treatment of more than 9 years, exclusiv the time staying in prison and trial leave. A punishment of 15 years standard is ended after 10 years, and beside there is a risk of getting longstay. In relation to the usual stay in prison it is not proportional. This is the most important reason potential patients often do refuse to cooperate with an investigation into the personality disorders, important for the judge to sentence to treatment. A few sheets later we will see judges and professionals do look for a workaround. Despite media and political pressure et cetera, and the fear of failure the duration of the treatment has to drop.

5 Effect of the dilemma for the judge and the professional. In FPC Oldenkotte the number of completed treatment programs is fallen sharply. At the moment of termination in the years 2002 to 2005 30% of the patients still live in a ward of the hospital. The years 2009 to 2011 it has been gone up to 50%.

6 The 9 risk factors of Dr. Hildebrand are related to withdrawals and recidivism. Most terminations from a intramural situation have a high score.

7, 8 – , 9 The focus on results and the interventions have been build in a route card. The route card is valued by the inspection as best-practice. For patients, professionals, judge, lawyer, ministry, et cetera progress and perspective are clear.

10 - , 11 The average duration of treatment in the sector has increased. Despite the contraction in the sector, the treatment duration in Oldenkotte remained constant.

12 The results fluctuate over the years. However the trend is clear. The objective of reducing to 8 years of the duration of treatment is already well met, in FPC Oldenkotte.