# Netherlands

## General Information

Netherlands is a country with an approximate area of 42 thousand sq. km. (UNO, 2001). Its population is 16.227 million, and the sex ratio (men per hundred women) is 99 (UNO, 2004). The proportion of population under the age of 15 years is 18% (UNO, 2004), and the proportion of population above the age of 60 years is 18% (WHO, 2004). The literacy rate is 99% for men and 99% for women (UNESCO/MoH, 2004).

The country is a high income group country (based on World Bank 2004 criteria). The proportion of health budget to GDP is 8.9%. The per capita total expenditure on health is 2612 international $, and the per capita government expenditure on health is 1654 international $ (WHO, 2004).

The main language(s) used in the country is (are) Dutch. The largest ethnic group(s) is (are) Dutch. The largest religious group(s) is (are) Roman Catholic, and the other religious group(s) are (is) Protestant.

The life expectancy at birth is 76 years for males and 81.1 years for females (WHO, 2004). The healthy life expectancy at birth is 70 years for males and 73 years for females (WHO, 2004).

## Epidemiology

There is substantial epidemiological data on mental illnesses in Netherlands in internationally accessible literature. No attempt was made to include this information here.

## Mental Health Resources

### Mental Health Policy

A mental health policy is present. The policy was initially formulated in 1999.

The components of the policy are advocacy, promotion, prevention, treatment and rehabilitation. The Government has developed a policy (National Mental Health Plan) to create a mental health care sector that has the following characteristics: the care provided is demand-driven, i.e. tailored to the care needs of the individual client and his or her specific social or cultural characteristics. It comes about through consultation with the client, is easily accessible and consists of both medical and psychiatric treatment and social assistance; the provision of care is organized effectively in accordance with a clear profile from 'light and general to heavy and specialized'; disorders that can be treated in the short term and by general means are dealt with in the locally organized first echelon of mental health care by the general practitioner, the health care psychologist and the social worker; disorders that are beyond the capacities of the first echelon are referred to the regionally organized specialist mental health care centres, which are preferably located in or near the general hospital. These regional centres offer a complete range of facilities (prevention, diagnosis, crisis care, outpatient and short-term inpatient treatment, resocialization and sheltered accommodation); super-specialist help is provided at the supra-regional or national level in the university hospitals and in a number of designated mental health care institutions. The Government had set up a broadly-based committee to advise on an active public mental health policy. This

committee was to report at the end of the year 2001. Details can be obtained from the document 'Mental Health Care Policy Document'.

## Substance Abuse Policy

A substance abuse policy is present. The policy was initially formulated in 1995. In order to manage the drug problem in an effective way, there is a Netherlands National Drug Monitor which assesses the different situation both nationally and internationally and advises on policies. The drug policy distinguishes between drugs which present an unacceptable risk and those like cannabis which are less harmful. The policy is to limit the risks to individuals and socially integrate the patients. The policy is focussed more towards harm-reduction than towards total abstinence.

## National Mental Health Programme

A national mental health programme is present. The programme was formulated in 1999.

The Dutch Government issued an integral policy document on mental health care. It describes the ideal mental health care sector and how to reach (or to come close to) that ideal. Its principles include: demand-driven care, effectively and transparent organized care, deinstitutionalization, further development of the locally organized first echelon of mental health care, a logically configured professional structure, using methods that have been scientifically validated and coherent and integrated services for patients in which mental health care providers work closely with other care sectors, social sectors and local authorities.

## National Therapeutic Drug Policy/Essential List of Drugs

A national therapeutic drug policy/essential list of drugs is present. Details about the year of formulation are not available.

## Mental Health Legislation

The specialist mental health care sector, like the care for the handicapped and (in part) the nursing care sector, is managed on the basis of three related pieces of legislation: The Exceptional Medical Expenses Act (entitlements/accreditation), The Hospital Provision Act (planning and building), The Health Care Charges Act (charges). During the past few years, several acts have come into being to strengthen the position of clients in health care, such as: The Medical Treatment Contract Act, which stipulates that a care plan must be drawn up with the consent of the patient; The Client's Right of Complaint Act; The individual Health Care Professional Act, which regulates the duties and responsibilities of care providers; The Psychiatric Hospitals Act, which protects patients' rights in cases of committal and compulsory treatment. The Psychiatric Hospitals Act (1994) has recently been evaluated. Input from patients and family organizations has helped to identify a number of problem areas relating to the limited options for the compulsory treatment of patients who have no insight into their illness, as well as patients' need for more opportunities for autonomy by means of self-binding undertakings. Also, it has become evident that there is need for compulsory outpatient treatment. Therefore, it is planned that The Psychiatric Hospitals Act will be changed in the coming years. Forensic psychiatry plays an important role in the care and treatment of prisoners with mental disorders. There are number of legislation related to forensic psychiatry, namely, the Penal Law (TBS), Psychiatric Hospital (Special Admissions) Act and certain articles of the Penitentiary Principles. Prisoners requiring treatment are treated at maximum security hospitals, forensic psychiatry hospitals and psychiatric hospitals for the mentally retarded delinquents. The level of care is high. Besides this, there are forensic psychiatry services in each district, psycho-medical teams, specific care departments, forensic observation and guidance departments, individual guidance departments, special care departments and addiction guidance departments.

The latest legislation was enacted in 1994.

## Mental Health Financing

There are budget allocations for mental health.

The country spends 7% of the total health budget on mental health.

The primary sources of mental health financing in descending order are social insurance, out of pocket expenditure by the patient or family and private insurances.

Since 1989, mental health care has been financed through the Exceptional Medical Expenses Act except for outpatient substance use care which is mainly paid for via the Welfare Act. Almost 73% of the mental health budget is spent on mental hospitals, 19% on ambulatory care, 6% on general hospitals and the remaining on sheltered living. About 75% is spent on mental health care of the adult and elderly, 15% on children and adolescents, 7% on substance use care and 5% on forensic care. After 1 year the patients in inpatient treatment, psychotherapy or sheltered care have to pay a part of their expenses besides the funding from the Exceptional Medical Expenses Act.

The country has disability benefits for persons with mental disorders. About 300 000 people are receiving benefits for mental disorders.

## Mental Health Facilities

Mental health is a part of primary health care system. Actual treatment of severe mental disorders is available at the primary level. It is the Dutch policy to strengthen the primary care in the treatment of mental disorders. The majority of patients with mental disorders initially contact their primary carers which include the general practitioner, social worker or psychologist.

Regular training of primary care professionals is carried out in the field of mental health.

There are community care facilities for patients with mental disorders. Until the 1970s, the mental health care system had developed along private and religious lines. The Dutch Association for Community Mental Health Care was established in 1972 and the Government intention to develop community care was proclaimed in 1974. The first Regional Institute for Community Mental Health Care (RIAGG) was established in 1982. As a result of the moves towards care in the community and the changing wishes of patients, the mental health care sector, the other care sectors, social organizations and local authorities are increasingly becoming involved and reliant on one another in the areas of housing, jobs, education and participation. Former psychiatric patients can call on a wide range of social provisions: the regular care sector, social pensions, sheltered accommodation facilities, crisis centres, etc. Most of the alternatives to hospital are in the private non-profit sector. Large scale experiments have also been carried out for replacing inpatient care with day care and assertive home treatment.

## Psychiatric Beds and Professionals

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| Total psychiatric beds per 10 000 population | 18.7 |
| Psychiatric beds in mental hospitals per 10 000 population | 15.4 |
| Psychiatric beds in general hospitals per 10 000 population | 1 |
| Psychiatric beds in other settings per 10 000 population | 2.3 |
| Number of psychiatrists per 100 000 population | 9 |
| Number of neurosurgeons per 100 000 population | 1 |
| Number of psychiatric nurses per 100 000 population | 99 |
| Number of neurologists per 100 000 population | 3.7 |
| Number of psychologists per 100 000 population | 28 |
| Number of social workers per 100 000 population | 176 |

There are other professionals as occupational therapists (177), creative art therapists (856), psychomotor therapists (743), social pedagogical workers (2855), activity supporters (1546), spiritual workers (146), other medical doctors (607) and a large number of other personnel. In the Netherlands, the first effort to reduce traditional inpatient care was not deinstitutionalization but strengthening outpatient care. The substitution policy was successful to an extent that inpatient care was reduced and outpatient and other community-based care increased. Intensive community based care was increased almost 5 times more than hospital-based care was reduced. There are at present 3 times as many professionals involved in inpatient care as in community care.

## Non-Governmental Organizations

NGOs are involved with mental health in the country. They are mainly involved in advocacy, promotion and rehabilitation. In 1964, Pandora was founded with the purpose to normalize the image of psychiatric patients and help in rehabilitation. This was followed by the League of Clients in 1971, whose primary objectives were advocacy and empowerment. A post called the Independent Patient Confidential Counsellor was forged to look into the negative experiences of the patient during hospitalization. Client councils were initially formed in hospitals but later also developed among the RIAGGs. The National Foundation for Patient Council was formed in 1981. A number of self-help groups started to function since the 1980s and family groups since the 1990s.

## Information Gathering System

There is mental health reporting system in the country.

The country has data collection system or epidemiological study on mental health.

## Programmes for Special Population

The country has specific programmes for mental health for minorities, refugees, disaster affected population, indigenous population, elderly and children. The facilities for child and

adolescent care are divided into the clinics for child and adolescent psychiatry, the child protection agencies and the child care system.

There are care circuits and programmes for children, elderly and adults with specific disorders. In these there are tailor made programmes for treatment of specific disorders including those related to forensic psychiatry. There are facilities for both sheltered care and short term care.

## Therapeutic Drugs

The following therapeutic drugs are generally available at the primary health care level of the country: unknown.

## Other Information

Mental health care in its present form dates back to the 1970s and 1980s when the regional Institutes for outpatient mental health care and facilities for sheltered care and part-time treatment were added. Other facilities like semi-residential care, inpatient care and care circuits are present. Dutch mental health care is facing three major challenges. In the first place, epidemiological research and the statistics on trends in the use of care services point towards a steep rise in demand, particularly for outpatient care. The mental health care sector must respond to this appropriately. In the second place, the nature of the demand for care is changing: many people with chronic psychiatric problems want to be given the opportunity to remain part of the community. This means the further transformation of residential care into outpatient care. A third matter of concern is that the mental health care sector has to establish a much more explicit presence in regard to a number of social problems. Examples include incapacity for work as a result of mental problems, the problems surrounding the 'neglected' and 'degenerate', as well as the mental health problems of prisons, abuse, loneliness and poor living conditions. Details can be obtained about the mental health care facilities from the 'Fact Sheet Mental Health care' published in August 2000. According to the EPSILON Group study, most of the care provided to patients suffering from schizophrenia is on site with some services at the patient's home or other places like police stations and hospital emergencies.

* The verification of this country profile is still being awaited from the Ministry of Health of the Netherlands.

## Additional Sources of Information

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