



compulsory mental healthcare services

crisis measure and care authorisation

Information for parents, partners, children, brothers,
sisters and other closely involved persons



scan me

The Compulsory Mental Healthcare Act (Wvggz)

What is it all about?

The aim of the act is to tailor care to an individual's personal situation. A customised crisis measure or care authorisation is drawn up for each patient, taking into account his or her personal wishes and preferences as far as possible. Furthermore, the intention is to prevent forced admission if possible. Compulsory care can therefore also be provided in an outpatient capacity or outside of the institution.

Not just the patient, but also those close to the patient, will be more involved in the preparation and implementation of compulsory care. The act says: *"when preparing, implementing, altering and terminating a crisis measure, authorising the continuation of the crisis measure or care authorisation, the family, the immediate family members of the individual concerned and the family doctor (GP) will be involved as much as possible."*

How will this affect you?

As a closely involved person, the act gives you greater scope to contribute. After all, you play an important role in the life of the patient and are probably well aware of his or her situation and requirements. For example, you can now notify a local municipal helpline yourself that compulsory care is required. You, the closely involved person essential for the care, will also be given the opportunity to think about the care and to indicate what role you personally wish to and are able to play. The situation often isn't easy for you. Compulsory care is a radical intervention. It can put the relationship under considerable pressure. In addition, dealing with and caring for someone in this situation can be very difficult. And then there are the various healthcare providers and organisations you have to deal with. That's why, as a closely involved person, you have the right to request help from a family advocate.

What does the family advocate do?

If compulsory care is being discussed, you can contact the family advocate for:

- Information about the Compulsory Mental Healthcare Act, the crisis measure and care authorisation
- General information and advice about how you, a closely involved person, can deal with situations in which compulsory treatment may need to be used
- Support with your contribution to the patient's action plan
- Support in formulating your vision of the **care plan***
- Information about possible complaints procedures and support in this

The services of the family advocate are free of charge!

Crisis measure

In emergency situations, a crisis measure may be imposed by the mayor. The conditions for this are:

- There is an immediate threat of **serious harm***
- This is probably due to a **psychiatric disorder***
- This can be removed with the crisis measure
- Waiting for a care authorisation isn't safe

If care providers expect a crisis authorisation to be issued, they may, if there is cause to do so, take safety measures already decided on, such as enclosure in a secure room.

As a closely involved person, the municipality will notify you if a crisis measure has been issued.

A crisis measure lasts three days and may be extended by another three days subject to further conditions. An additional three-week extension may also be added through the Netherlands Public Prosecution Service and the judge. A second three-week extension is possible if a care authorisation is also applied for soon afterwards.

Psychiatric disorders*

Compulsory mental healthcare is a method that can only be used if someone has a psychiatric disorder. If the problems have another cause, such as dementia, intellectual disabilities or personal circumstances, for example, other help is required. An independent psychiatrist will determine whether there is a case of a psychiatric disorder.

Care authorisation

The aim of a care authorisation is to offer compulsory care over a prolonged period: from 6 to 24 months. The authorisation may be requested by healthcare providers, the police or the municipality. If you think that someone requires compulsory care, you may get in touch with the municipality and file a report.

When can I file a report?

You can file a report in the following situation: you are concerned about your child, parent, brother or sister, partner, other family member or a friend who has a serious psychiatric problem, a psychiatric disorder or an addiction. You believe the care of your close friend or relative is not going well: the care is not yet available or is unsatisfactory. You can see or fear that things are going seriously wrong and believe that an intervention needs to be made, whether the other person wants that or not.

How can I file a report?

You can file a report yourself – anonymously, if required – but also with the help of, for example, the treating physician, the crisis service or the GP. The report should be filed in the municipality where the patient lives. Each municipality has set up a special helpline for this purpose.

You should prepare your report by listing the following:

- The actual details: how is the person you are concerned about behaving? What exactly is he or she doing? What has happened and when was that? What were the circumstances? How did it happen?
- What are you worried about?
- What risks can you see?
- What do you want to happen?

Please note: also state what your relationship is to the person concerned, because this may be important for the continuation of the process. For example, you are only entitled to certain information if you are the representative or an 'immediate family member'.

What happens to the report?

Once you have filed your report, the municipality has two weeks in which to see whether compulsory care is really necessary. That happens with an 'exploratory investigation'. The municipality then investigates whether the individual concerned may have a psychiatric disorder, whether there is a threat of **serious harm*** as a result, and whether compulsory care is the only remaining option. To determine this, the patient's medical history is examined, discussed with the individual concerned and often also with you, the closely involved person.

If the municipality believes that compulsory care is necessary, they will apply to the Netherlands Public Prosecution Service for a care authorisation. The immediate family members will be notified of this.

If the municipality believes that compulsory care is not necessary, and you are a representative of the patient or an immediate family member, then you will be notified of this. If you are not, you may not be notified in connection with privacy legislation (General Data Protection Regulation (GDPR)).

Who are the immediate family members?

These are the representative, the spouse, the registered partner or the person with whom the patient has a cohabitation agreement, the parent(s) and the closely involved persons essential for the continuity of the care.

Preparation of care authorisation

Applications for a care authorisation arrive at the Netherlands Public Prosecution Service. A public prosecutor sets to work on the application and begins a preliminary investigation. He or she gathers information from the municipality and the judicial authority and brings in a medical director of a care institution to gather information about the patient and to formulate a **care plan***.

Care plan*

The care plan forms the basis for the ultimate care authorisation. This plan is drawn up by the individual responsible for care (the treating physician).

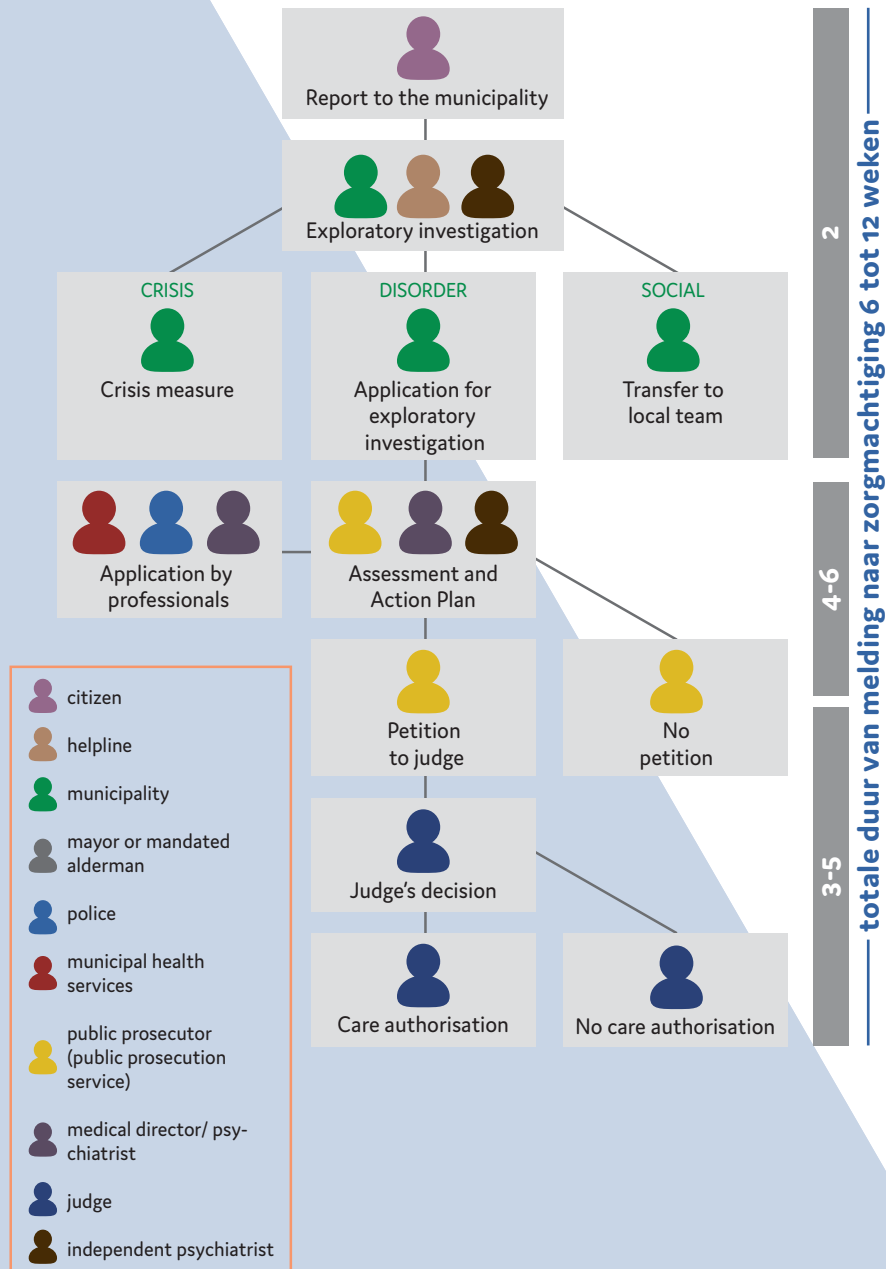
It is a detailed description of: the diagnosis, the behaviour, the serious harm and the compulsory care for which the care authorisation is being prepared. It stipulates how the individual responsible for care assesses the situation. It also describes what compulsory care he or she deems necessary in this case. For example supervision, medication or admission. The person responsible for care consults with the GP, but also with the closely involved persons essential for the care. If the person responsible for the care believes that social assistance is required too, he or she can also discuss this with the municipality. For example:

- Help at home
- Debt assistance
- Work or daytime activities
- Accommodation

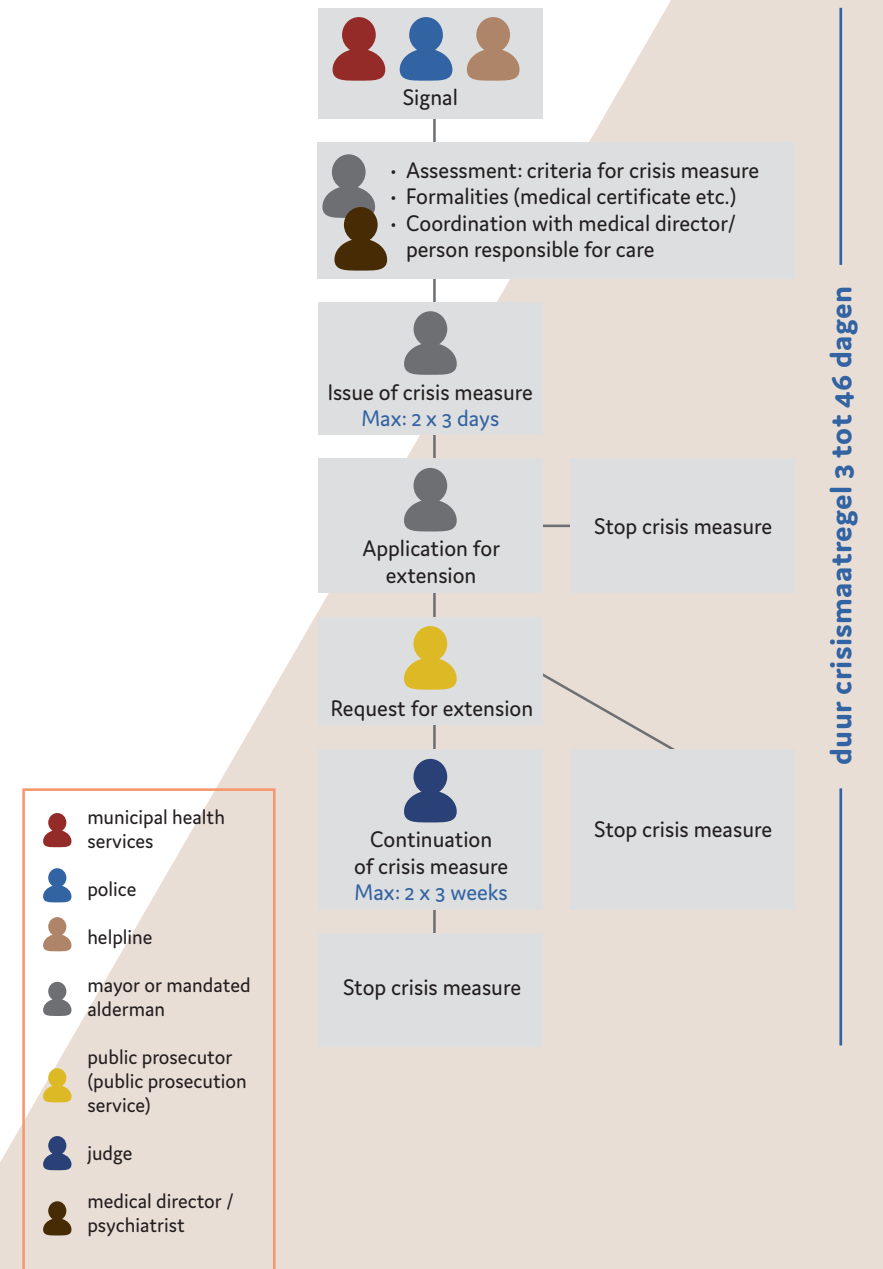
The medical director notifies the patient and his or her representative that a care authorisation is being prepared. A treating physician, the person responsible for the care, prepares the care plan in consultation with the patient and his or her representative. This allows the immediate family members to give their view. The family advocate can help you with this. In a **care chart*** the patient can state his or her preferences for types of care. The medical director sends all relevant information to the public prosecutor.

Care authorisation schedule

Duration in weeks



Crisis measure schedule



Care chart*

the care chart contains the patient's preferences in relation to care and treatment. For example:

- What drugs does the patient wish to/not wish to receive?
- How does the patient wish to have the drugs administered to him or her (tablets injection etc.)?
- What things help the patient to feel better?
- What things will make the patient feel worse?
- What treatment would the patient possibly like to receive at home?
- What not?

The treating physician helps the patient to formulate the care chart. Closely involved persons or the patient advocate can also help with this. If the patient doesn't have any preferences, that is stipulated on the care chart.

Alternative: the personal action plan

To prevent compulsory care, the patient may, within three days, request the medical director's consent to produce a personal action plan. In that plan, the patient must clarify what he or she will do to improve the situation. The medical director then discusses with the public prosecutor whether he or she wishes to give the patient the opportunity to do so and notifies the patient within two days.

There may be reasons why the medical director rejects the making of an action plan. For example, because he or she deems the risk (**serious harm***) too great. Or because an action plan was previously made that didn't appear to work in practice.

According to the law, **serious harm*** consists of:

- Danger to life, serious physical injury, serious psychological, material, immaterial or financial damage, serious neglect or social decline, disrupted development for or of the individual concerned or someone else
- Threat to the safety of the person involved whether or not he or she is under the influence of another person
 - The situation that the person involved uses disruptive behaviour causing aggression in others
 - The situation that the general safety of individuals or goods is

If a personal action plan be submitted, the preparation of the care authorisation will be suspended by two weeks. The preparation can be resumed within those two weeks if the medical director believes that the writing of the action plan is taking too long or if the '**serious harm**' nevertheless appears to be too great.

When writing the plan, the patient is strongly advised to accept help from his or her representative and/or you, the closely involved person. A family advocate can assist you in this too.

Petition to the judge for a care authorisation

Based on the information from the preliminary investigation, the public prosecutor decides whether or not to petition to the judge for a care authorisation. The public prosecutor must take a decision within four to six weeks.

The care authorisation takes effect

When the judge receives the request from the public prosecutor, he or she must decide within three weeks whether a care authorisation will be issued. If the judge allows the patient to draft his own action plan, this will take a further two weeks. This care authorisation states as specifically as possible what forms of compulsory care are permitted for this specific patient and situation. It may concern, for example:

- Administration of medication for a psychiatric treatment
- Admission to a secure department
- Restriction of freedoms, for example use of the telephone
- Monitoring use of addictive substances
- Restriction of visits

Termination or interruption of care authorisation De zorgThe care authorisation will state its duration: 6, 12 or 24 months. If the authorisation is not extended in time, it will expire automatically. But the authorisation can also be stopped (permanently or temporarily) if the compulsory care is no longer necessary. The medical director will take a decision on this.

What if...?

The municipality does not pass the case over to the public prosecutor

In response to the exploratory investigation, the municipality may decide that compulsory mental healthcare is not necessary. For example, because the patient is now willing to receive care, or because the problems are being caused by something other than a mental illness. If you were the person to file the report and you are an immediate family member, you will be notified of this. If you still believe that compulsory care is necessary, and you are an immediate family member, you must notify the municipality. In that case, the municipality must file an application for the preparation of a care authorisation to the public prosecutor.

It takes too long for the public prosecutor to file the application

An application for the preliminary care authorisation must be filed with the judge within 14 days after the report to the municipality. If it takes longer, you may appeal against this. However, you must be the representative of the patient or an immediate family member.

The public prosecutor doesn't wish to file an application

The public prosecutor may also decide not to request a care authorisation, because he or she believes there is insufficient reason to do so. Everyone involved will be notified of this. The patient's immediate family members may then ask the public prosecutor again, with better reasoning, to apply to the judge for a care authorisation. This must happen within 14 days. Ask a family advocate to help you with this.

You are dissatisfied with the care

If there is a care authorisation or crisis measure and you are dissatisfied with the care offered, you can discuss this with the care provider responsible. If you are unable to reach a mutual solution, you can call on the help of a family advocate, who will be able to advise you and, if necessary, mediate between you and the institution.

A complaint can be submitted with regard to most decisions and behaviours that include a restriction of the patient's rights. The family advocate can provide you with further information about this.

The need for compulsory care

Compulsory mental healthcare may only be given if there are no other options. When filing the application, it must therefore be clearly outlined that the patient is resisting care, why no less drastic measures can be taken and why the serious harm can only be averted with compulsory care.

Emergency situation

Do not hesitate to enlist help if you are afraid that someone will do something to themselves or someone else. Check whether there is a crisis plan or crisis chart. Contact the person or organisation named in the plan or chart, or the GP or medical practitioner. Or call the municipality's helpline, which will be able to assess the situation and enlist the crisis service if necessary.

In case of immediate danger: first make sure that you yourself are safe and then call 112.

If you have any questions about suicide, call 0900 0113.

Contact

Find the contact details for the family advocates in your area at www.familievertrouwenspersonen.nl

More information

www.familievertrouwenspersonen.nl
www.dwangindezorg.nl