POSTER ABSTRACT

Collaboration and interdisciplinary practice between mental health crississervices and the police

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Carina Stigter-Outshoven12

1: University of Applied Sciences Utrecht, The Netherlands; 2: Altrecht, Mental Health Care Organisation Utrecht, The Netherlands

Purpose: In 2014 MH crississervices Utrecht started a pilot in collaboration with the police. The aim was faster and better help for people in a psychiatric or psychosocial crisis. An agreement between the national police and the Dutch MH organization led to the effort preventing people in crisis ending up in a police cell waiting for help (Convenant Politie-GGZ 2012, 2012).

Method: All stakeholders were involved for seeking support introducing a new way of working: clients council, police and the crisis intervention team. Focusgroup and individual interviews were performed and analyzed, descriptive statistics were collected. A review of literature was exercised to establish if the findings were supported or contradicted and to find unknown solutions. Two instruments were found and combined: Public Psychiatric Emergency Assessment Tool (ABC of mental health) and the Broset Violence Checklist (BVC).

Results: A new procedure was introduced. Combining the two existing instruments (Mc Glen et al., 2008, Woods & Almvik, 2002) to conduct triage in referrals of the police to MH crississervices. Triage was aimed at decisionmaking whether a patient directly can be assessed at the crississervices or home situation instead of in a police cell. Former procedures meant all persons first met by the police were taken to the policestation to be assessed in a police cell. Descriptive data suggested 60% didn't need the intervention of a police cell. Prosecutable facts or persistent agression without clear origin were excluded of the method. All other cases are communicated 'on the spot' bij the police methodically using the first instrument (ABC of MH), risk assessment (second instrument-BVC) is performed by the community mental health nurses. Adjusting agreements for collaboration were made between police and the crississervices. The first fifteen months the method was introduced during office hours as a pilot: 46% was seen directly at the crississervices or visited at home. Since march 2017 the method is used 24/7. In 2018 an average of 62 % is directly seen at the crississervices or in the home situation.

Conclusion: This new procedure and interdisciplinary practice makes it possible for at least 1 in 2 patients to receive a less stigmatizing approach of care despite the police responding at their crisis. Help is offered faster, more professional and cheaper. Mutual goal is every citizen the right to equity of healthcare. Professionals collaborating in their domain specific competences delivering care for people in crisis.

Lessons Learned: Less stigmatizing care for people in crisis. Professionals working together at their best in their own domain. Instruments combined with clinical expertise. Implementation needs maintenance: nurses tend to work narrative instead of methodical. MH organizations and the police
have their own and different culture. More research needed for using BVC in outpatient care since it is only validated in a clinical environment.

References:

1- Convenant Politie-GGZ 2012. ’s Gravenhage


Keywords: crisis; mental health; police cell