

Summary

Nico Groenendijk, Marsha de Vries & Jörgen Svensson (2011). Evaluatie van de verzelfstandiging van het FPC Dr. S. van Mesdag. Enschede: Faculteit Management & Bestuur, Universiteit Twente. ISBN-nummer: 978-90-365-3282-2.

Background

In the Netherlands forensic psychiatric care to detainees is provided by so called TBS-clinics or Forensic Psychiatric Centres (FPCs). Most of these FPCs are private organizations, but two are public, i.e. part of the national Custodial Institutions Agency (DJI), which itself is part of the Ministry of Security and Justice (VenJ). In 2008, the FPC Dr. S. van Mesdag (named after a Dutch pioneer in forensic psychiatry and located in Groningen) was privatized. This report evaluates this privatization.

The main motive for privatizing the FPC Van Mesdag was to create the possibility for the FPC for closer cooperation, based on an equal legal form, with other organizations in the field of mental health care (GGZ institutions). Such closer cooperation was expected to involve improvement of the flow of patients (especially the outflow of patients to other mental health care facilities), improvement of the quality of treatment and an integrated approach of treatment and security issues. In addition, the privatization was expected to safeguard proper control by the Minister of Security and Justice (who, in the Dutch system, bears the ultimate responsibility for adequate implementation of judicial TBS-commitment orders).

Research questions and research period

The *main research question* of this research is twofold:

- I. Which expected and unexpected effects did the privatization, in 2008, of the FPC Van Mesdag have on:
 - the flow of patients;
 - cooperation within the forensic care system;
 - integration of security issues and care (risk management);
 - the relation between the Ministry of Ven J and the FPC Van Mesdag?
- II. Which lessons can be drawn from the case of the privatization of the FPC Van Mesdag about possible privatization of the two public FPCs (FPC Oostvaarderskliniek and FPC Veldzicht)?

The FPC Van Mesdag already took up cooperation with GGZ institutions in the Groningen region (Lentis) in 1999, in order to solve severe organizational and managerial problems. As from 1999 significant changes have been made in the way the FPC is run. In addition, the Dutch TBS-field has undergone severe changes over the last ten years, mainly to tackle

capacity problems due to the increased inflow of TBS-patients. In order to distinguish the effects of the 2008 privatization from the ongoing developments within the FPC Van Mesdag and from general developments in the TBS-field, the *research period* has been set to 1997-2010.

The main research question has been subdivided into the following *sub-questions*:

- a. Which developments, relevant to this research, took place in the tbs-field?
- a. How has the FPC Van Mesdag performed, in the period 1997-2010, in the following fields:
 - the flow of patients;
 - cooperation within the forensic care system;
 - integration of security issues and care (risk management);
 - the relation between the Ministry of Ven J and the FPC Van Mesdag?
- b. To what extent did the 2008 privatization have an effect on these developments?
- c. Which problems does the FPC Van Mesdag face in the current situation and to what extent are the problems related to the 2008 privatization?
- d. Which lessons can be drawn from the case of the privatization of the FPC Van Mesdag about possible privatization of the two public FPCs (FPC Oostvaarderskliniek and FPC Veldzicht)?

Research methods

The following research methods have been used:

- Literatuur study;
- Analysis of legislation, policy documents, parliamentary documents et cetera;
- Analysis of the statutes, annual reports, annual plans, and of internal documents of the FPC Van Mesdag;
- Analysis of inspection reports on the FPC Van Mesdag, by the national Health Care Inspectorate (IGz) and the national Inspectorate for the Implementation of Sanctions (ISt);
- Interviews with representatives of the FPC Van Mesdag (9 interviews);
- Interviews with representatives of the Ministry of Safety and Justice (6 interviews);
- Interviews with representatives of the two public FPCs, FPC Oostvaarderskliniek and FPC Veldzicht (2 interviews);
- Analysis of data on forensic care and performance of FPCs, provided by the national Custodial Institutions Agency (DJI).

Research findings (main research question part I)

The privatization of the FPC Van Mesdag in 2008 can be regarded as a final step in an ongoing process. The vast majority of the respondents (both from the FPC itself and from VenJ) are (very) positive about the privatization as such. According to the respondents the main benefits of the privatization consist of the removal of barriers to the day-to-day

management of the FPC and of increased possibilities for cooperation with other institutions in the GGZ-field.

If we look at the *intended positive effects* of the privatization (i.e. the main motives for privatization) the main research findings are as follows:

- No real improvements can be found in the flow of patients, i.e. there is no increased outflow to other mental health care facilities. It must be mentioned however that such an increase cannot really be expected on such a short term. In addition, outflow is not only determined by the efforts of the FPC itself but also by external factors;
- The privatization has increased the possibilities for cooperation with other institutions in the GGZ-field, mainly with Lentis. It has contributed to the development of joint treatment programme coordinators. Research activities, in cooperation with other organizations, have increased. There is more flexibility in appointing new personnel. It has become easier for Lentis employees to start working for the FPC Van Mesdag (due to the social plan that was negotiated in the run up to the privatization it is hardly beneficial for FPC employees to start working for Lentis). The exchange of personnel has increased slightly, but here significant changes can only be expected in the long run. Joint training activities have been developed, both by the FPC Van Mesdag and Lentis (within the framework of Forint, one of the divisions of Lentis) and by Forint with other partners;
- The employees of the FPC Van Mesdag are increasingly responsible for security issues as well as treatment. The FPC is now able to arrange its own transport of patients. It is also able to cooperate with local partners in the field of emergency response;
- In the formal sense, the relationship between the FPC Van Mesdag and the Ministry of VenJ has undergone major changes due to the privatization. Although the Ministry has held considerable competencies over the FPC Van Mesdag, as laid down in the FPC statutes, in practice these competencies have not been used and the relationship between the FOC and the Ministry has not really changed.

All in all, the privatization has to a considerable extent lived up to the expectations at the time of the decision to privatise. However, given that this evaluation research was done only three years after the privatization, it is too early to draw conclusions on two main issues: improvement of the flow of patients and increased exchange of personnel within Forint.

In addition to the effects mentioned above some *positive unintended effects* of the privatization have been indicated – especially by the respondents from the FPC Van Mesdag – to be of great importance. By and large these effects have to do with the day-to-day management of the FPC. The FPC now has its own accountant, it is not depending anymore on the services of the Shared Services Centre of DJI, and it can make its own plans for long-term maintenance of its buildings (which it now owns). It is free to choose its own suppliers and to arrange its own ICT-services (including the development of tailor-made software). More generally, the FPC finds itself to be well able to deal with the upcoming problems of overcapacity in the TBS-field.

However, some *negative unintended effects* must be mentioned as well: insufficient financial provisions to deal with future retirement claims and constraints in building financial reserves. Furthermore, recently problems have developed in the capacity for supervision of leaves (but it is not clear whether this is directly linked to the privatization).

Research findings (main research question part II)

Interviews have been held with representatives of the two public FPCs (FPC Oostvaarderskliniek and FPC Veldzicht). These interviews took place to see if the pre-privatization barriers to day-to-day management and to the development of cooperation schemes with external partners, which were mentioned by the respondents of the FPC Van Mesdag, are currently also experienced by the two public FPCs or not. It was found that these barriers are indeed real.

Building on that finding, from the perspective of the public FPCs, privatization is highly recommendable. From the perspective of the TBS-field as a whole the same is true, as full privatization of all FPCs would create a level playing field; the two public FPCs would no longer be the odd ones out in a sector that is almost completely made up of private organizations. From the perspective of the responsibility that the Minister of VenJ has for the proper functioning of the TBS-sector (and for the implementation of judicial TBS-commitment orders) it is however hard to come up with a single recommendation. Upcoming legislation (the Wet Forensische Zorg, Wfz) will provide for significant competencies of VenJ (vis-à-vis all FPCs) to intervene in case of mismanagement of FPCs. In that sense, when this legislation is in place, one possible argument for keeping some FPCs public is no longer valid. Another argument is that, because of his responsibility for upholding TBS-commitment orders, the Minister at all times must be able to place TBS-patients in a FPC. Whether in that regard it is deemed necessary to keep at least some FPCs public, depends on one's assessment of the effectiveness of the instruments the Minister will have under the new Wfz (obligation of FPCs to accept new TBS-patients, with financial sanctions if they do not comply), especially in situations of limited capacity.