

Summary

A complex problem

Fitting care for addicted persons subject to judicial measures who have co-morbid psychiatric problems and mild learning disabilities

The Balkenende IV Government aims to reduce crime and nuisance in the Netherlands. The main effort will focus on a personal approach to delinquents, whereby, in addition to punishment, investigations will be made into possibilities of influencing behaviour to such an extent that these delinquents will not reoffend after their punishment is completed. Addicts will, for example, be afforded the opportunity to take part in a care process aimed at influencing behaviour, instead of undergoing detention. The probation and aftercare services will, in such cases, monitor compliance with the conditions. In order to improve the connection between punishment and care, the Ministry of Justice has recently been provided with its own budget for procuring care for addicts who are subject to judicial measures. Procurement is in first instance aimed at the complex group of persons subject to judicial measures with triple problems: problematic drug use, psychiatric problems and mild learning disabilities (LVG). Little is known about this group. Not only is there uncertainty about its size, but there is also the question of whether the current care offer suffices; perhaps adjustment is necessary, or perhaps a completely new strategy has to be developed.

This investigation is intended to provide insight into this group. It concerns a quick scan, whereby use has been made of several sources of information, in order to chart the size of this target group, its characteristics, its care requirements and the desired offer of care. Existing (Dutch) literature concerning the target group and the desired care offer was studied first. Subsequently, secondary statistical analyses were performed of the files of previous investigations and of the scores of persons subject to judicial measures on the Risk Assessment Scales. Moreover, a telephone survey of the field was conducted to establish what care is currently offered to the target group with triple problems. This included the study of documents about the offer of care. And finally, an expert meeting was held, in which experts from various sectors considered the content that care should have.

It turned out to be difficult to estimate the size of the group of persons with triple problems among those subject to judicial measures. This is related to the fact that the combination of problems is often not recognised sufficiently. Solid diagnostic information is not available. The psychiatric and LVG problems of addicts have been neglected for a long time. Yet, it can be concluded from various investigations that roughly 23 to 52% of the persons subject to judicial measures is faced with problematic drug use, that 30 to 65% of them – around half – has co-morbid psychiatric problems, while 15 to 39% of the drug users among those subject to judicial measures could have limited mental capacity. An analysis of the available data on detainees leads to the rough estimate that 250 to 1,150 detainees in the Prison System have to deal with triple problems. A person with triple problems will enter the Prison System 920 to 4,300 times annually. This could be an underestimate, especially of LVG problems, which cannot be charted properly. The experts point out that drug use, in particular among LVG clients, can quickly lead to additional problems, *inter alia* as a result of their social and psychological vulnerability.

With regard to the characteristics of the group of persons subject to judicial measures with triple problems, this information is not accurate either. It follows from the literature and the expert opinions that this group usually also has problems in area of housing and work, relationships and finance. The criminal past is often extensive. The motivation to accept care and supervision is often low. There are, however, significant differences within the group. The need for care as expressed by the target group itself does not quite correspond to the need for care as identified by care providers and researchers. Literature on drug users among those subject to judicial measures in general shows that the clients themselves often have a need for practical support in, for example, housing and finance. Care providers see this form of assistance as an important tool to motivate the client and to create a fruitful context for treatment. The primary need for care lies, according to them however, with addiction and psychiatric problems. The care objectives depend on the specific individual problems.

According to the literature, the care offer desired should contain the following elements. Firstly, sound diagnostics should take place at an early stage. The instruments should be adjusted to the level of the clients and to the complexity of the problems. Diagnostic tests should also be regularly repeated in order to deal with changes. Secondly, a sustained support structure is necessary, because the problems are, for a large part, chronic in nature. Thirdly, there should be intensive and continuous supervision, which could be offered by professionals, and also, in part, by a limited number of persons from the client's network. This could, for example, take place in accordance with the Community Reinforcement Approach (CRA). Fourthly, it is important to continuously seek alignment with the motivation and the possibilities of the clients, for example, by making care as attractive as possible and by offering a day programme, sports and relaxation. The offer should have a 24-hour nature, intensive or otherwise. Cognitive behavioural therapies that focus on skills training should form part of the care offer. LVG problems, moreover, demand an adjusted approach, whereby repetition, visualisation, exercises, rewards for positive behaviour and – judging by initial signals – nonverbal methods are implemented. Fifthly, it is important that integrated care or treatment is offered, whereby the various problems are dealt with simultaneously. Clients should preferably be detained in separate LVG wards. Finally, there should be a safety net in the event of a crisis or relapse with respect to substance abuse, in the form of a crisis facility.

The current offer of care is not sufficient in this respect. Knowledge of the approach is highly fragmented and there is little documentation. It is clear, however, that a great deal of material is being developed for programmes to be offered to the target group with triple problems; these programmes are partly aimed at treatment and partly aimed at supervision. Several existing forms of intervention are currently being adjusted, or will be adjusted, to be suitable for clients with triple problems. This adjustment often occurs on a trial and error basis. This development can be identified in particular in addiction care, in the care for persons with a minor mental handicap, the TBS sector and social assistance. At this time, however, treatment providers have hardly any knowledge of this development.

Some programmes are promising, according to the literature and experts. However, most of these programmes are far from fully developed, and the majority of those on offer, which are still in the early phases of implementation, have not – or hardly – been investigated for the LVG target group. There are waiting lists. The financing structure and the manner in which the need is assessed are not in line with a sustained, broad and cross-sectoral approach.

It is clear that, in addition to a supply of care and treatment programmes on offer, there is a need for longer-term living provisions with 24-hour reception or – in the case of extramural care – intensive supervision. The process of guiding persons subject to judicial measures from detention to care also demands a careful and intensive approach, because it concerns a difficult group that is known for its tendency to avoid care. It is clear that a carefully tailored offering of care and treatment programmes is needed. Although the needed changes are substantial, the experts take the view that the current offering of programmes are of use to serve as a point of departure.