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THE ORGANISATION OF EMERGENCY PSYCHIATRY IN THE NETHERLANDS

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Introduction: The organisation of emergency psychiatry varies between European countries. Our aim is to describe the organisation of emergency psychiatry in the Netherlands, including relevant epidemiological data.

Methods: The organisation of emergency psychiatry in the Netherlands was assessed using written material, official statistics and a recent study about the organisation of outpatient crisis services.

Results: In the Netherlands, most psychiatric emergency services are being delivered by three levels of care: primary care physicians, outpatient crisis services and inpatient admission units. The outpatient psychiatric crisis services constitute the key factor in the emergency psychiatric care, as they do most assessments (triage), short term crisis interventions and referral. Outpatient crisis services are available 24/7, and are mainly staffed by physicians (including psychiatrists) and psychiatric nurses. Usually, patients first consult a primary care physician in case of a psychiatric crisis situation, which can be followed by a referral to an outpatient emergency crisis service in the local region. Patients can also be referred by mental health clinicians (for example for triage for involuntary admission), the police or emergency departments of general hospitals. The outpatient crisis services perform diagnostic and risk assessments (triage), short term crisis interventions, and decide on referral to other services. These can be specialized outpatient programs or (in)voluntary admission to a psychiatric hospital. The number of crisis contacts per 100.000 inhabitants varies between regions, depending e.g. on population density. For example 400 crisis contacts per 100.000 inhabitants were registered in 2003 in the urban region of The Hague, versus 200 per 100.000 in a surrounding rural area. As a mean 20% of patients are being referred to a psychiatric hospital, half of them involuntarily. The number of crisis contacts, voluntary admissions, as well as involuntary admissions rises steadily in The Netherlands. In 1978, 17 per 100.000 inhabitants were admitted involuntarily, as compared to 50 in 2009. Reasons for involuntary admission include self harm, harm to others and severe self neglect. Involuntary admission for reason of severe self neglect is increasing over the last ten years. As a seperate phenomenon, ethnic minority groups, especially from Antillean, Surinam and Moroccan descent, are over-representated in outpatient as well as inpatient emergency services in the urban areas.

Conclusion: Outpatient crisis services constitute the key factor in the organisation of emergency psychiatric services in The Netherlands. The last decade, the number of crisiscontacts, as well as the number of (in)voluntary admissions did rise.

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