Summary

In 1999, a new type of facility was introduced in Forensic Psychiatric Centre Veldzicht: the so called 'longstay unit'. Veldzicht is a maximum-security hospital for care and cure, within a therapeutic community, of patients detained under the entrustment act of Terbeschikkingstelling (TBS). TBS is a penal measure aimed at social safety from dangerous mentally disordered patients. It can be prolonged as long as the patient remains dangerous.

The longstay unit was developed as a residential facility for patients who are considered permanently dangerous. Such patients have not shown substantial improvement despite many years of treatment. It is expected that they will need to stay in a maximum-security forensic hospital for a long time, possibly the rest of their lives. At the longstay unit, intensive treatment would be no longer provided.

The aims of the longstay facility are threefold: 1) to protect society from the risk of criminal offences by these patients, 2) to provide care for the patients in order to optimize their quality of life and minimize their risk of committing offences and 3) to provide care at lower costs than a regular treatment unit.

In order to select patients for the longstay facility, four criteria are used: 1) during his TBS-measure the patient has been treated in a forensic psychiatric hospital for at least six years; 2) the treatment took place in at least two different forensic psychiatric hospitals and 3) treatment did not result in a substantial decrease of the risk of committing a serious offence; 4) the patient cannot be admitted to a psychiatric facility with less than maximum security, because of the risk of committing offences. In addition to these formal criteria, Veldzicht aimed at selecting patients who were able to work 28 hours a week, and who would not need a high level of personal care or continuous intensive supervision by the staff. In this way the longstay unit would be able to function with relatively few staff.

In order to assess to what extent the aims of the longstay unit were realized, we conducted an evaluation study. An exact analysis of the costs of the unit however, was not within scope of this study. We collected information about patient characteristics, the procedure of selecting patients for the longstay unit, everyday practices of the longstay unit, experiences of staff and patients and safety procedures. The following methods were used: litterature research, assessment of hospital records and several documents about the patients history, interviews with staff and patients, and assessment of the risk of violent criminal recidivism (with a risk assessment instrument: the HCR-20).

At the time of our study 21 patients stayed at the longstay unit. Compared with the overall population of TBS-patients, the longstay patients are older, less intelligent, and they are more often diagnosed with a combination of mental and personality disorders. Furthermore, they have in more cases committed a sexual (paedophile) offence and are more often diagnosed with a sexual disorder.

The first aim of the longstay unit: protection of society against serious criminal recidivism of the patients, seems to have been realised up to now. As far as is
known, no serious offences have been committed during 1999-2002 by patients of the longstay unit. There have been some other serious incidents though. Three times a patient deserted during leave accompanied by staff. Furthermore, one patient committed suicide. Criteria for going on leave were made more restrictive and no more desertions have occurred since. At the start of the longstay unit it was feared that patients would show ‘desperado’ behaviour (e.g. severe aggressive behaviour towards others, such as taking hostages). This has not occurred so far, aggressive incidents were few and were relatively mild. Staff however warn that this may change when patients realize more clearly that they have little chance of leaving the longstay unit. According to staff it is difficult to assess the risk of re-offending of patients who live at the longstay unit, because patients are not ‘put to the test’ by granting them a gradual increase of responsibilities, including more extensive forms of leave.

With regard to the second aim: to optimize the quality of the life of patients, the longstay unit appears to function well in several respects. Some patients accept their placement at the longstay unit to a certain extent, others strongly oppose this. Still, most patients are reasonably satisfied with many aspects of daily life at the unit, such as facilities and contact with staff. Within the restrictions of detention the unit succeeds in adding to the quality of the lives of the patients in several ways. Daily life at the longstay unit is characterised by ‘living’ and ‘working’. Patients work during the week at different services and locations within the hospital (for instance the garden or the laundry). The longstay unit also uses an adjusted program for patients who are (in part) unable to work. Patients are generally satisfied with their jobs, their work makes them feel useful and appreciated. Most patients also indulge in one or more hobby’s, which they enjoy. No treatment aimed at rehabilitation is provided. The longstay unit uses environmental therapy however, aiming to prevent deterioration of the patient and to make the best use of his abilities. For some patients it is a relief not to experience the pressure of intensive treatment any more, their behaviour has improved somewhat since their placement at the longstay unit. Other aspects are less favourable with regard to the quality of life of the patients. Patients at the longstay unit are excluded from the educational facilities of the hospital for financial reasons. Staff and patients regret this because education would be a way to offer patients some perspectives in their lives, for instance working at a more advanced level. All patients think their own rooms at the unit are to small (12 m²). A few patients do not feel safe at the unit because they fear other patients may be aggressive. A number of patients would, according to themselves and staff, profit from somewhat more freedom (of choice, of movement). For instance with regard to several (small) daily decisions, with regard to the fixed times of day they have to spend in their room, and with regard to activities during leave. According to patients the aspects just mentioned are important because the unit
is their home for a long time. According to staff it is important to offer patients some perspectives in their lives, things to look forward to because they cannot look forward to leaving the unit. This may according to staff, also add to the safety of the unit.

Several recommendations are made with regard to the carefulness and clarity of the procedure of selection of patients for the longstay unit. For instance, the standard use of an instrument for risk assessment is advised. In addition recommendations are made with regard to quality of life of the patients and with respect to the use future longstay facilities can make of the experiences with the first longstay unit for TBS-patients at Veldzicht.