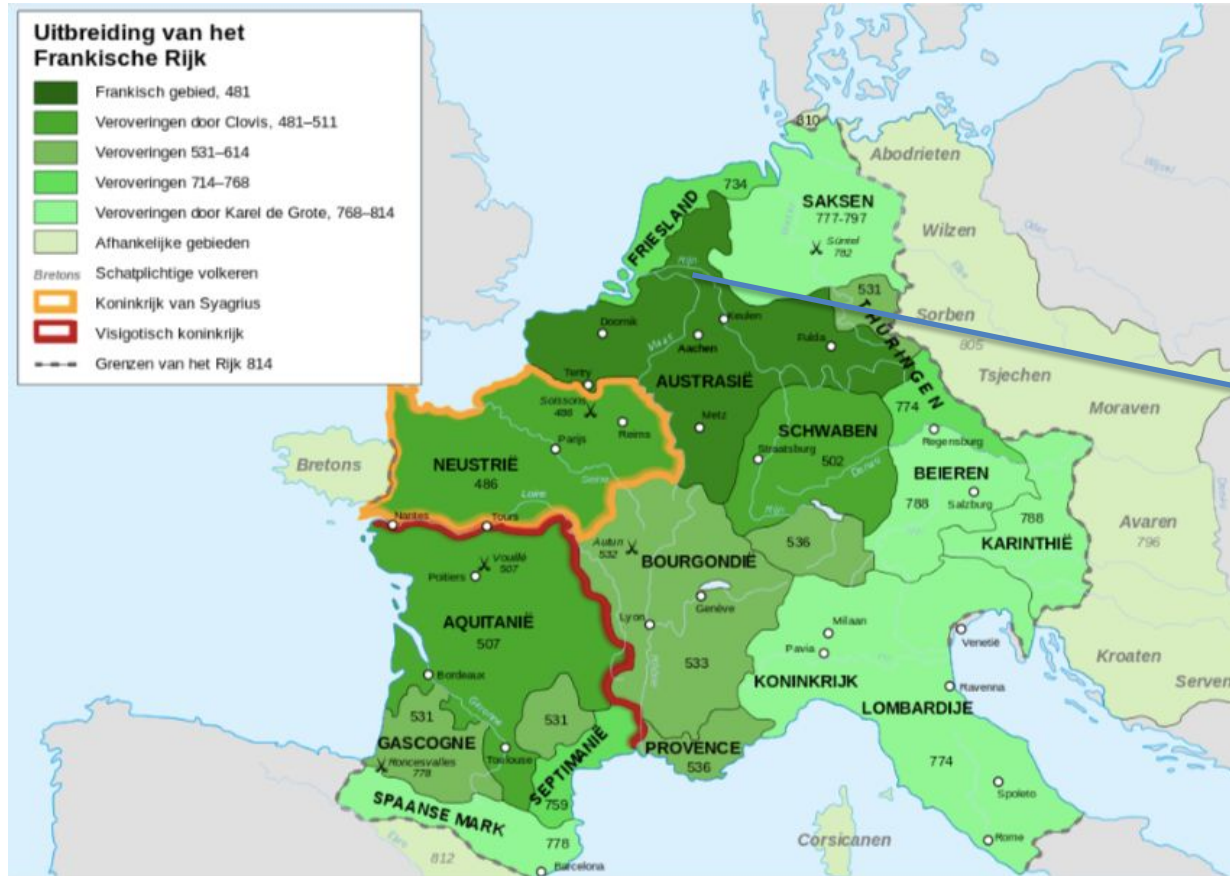


Child and adolescent mental health care in The Netherlands: An overview



Many thanks to the Euregio Rhein Waal!



CAP in NL

- **June 2020 new CAP training-program**
- **4.5 year**
 - Across the Span of life approach
 - Allows the inclusion of 6month trainings in other fields (child neurology, clinical genetics, pediatrics)
- **examination** (oral and written) throughout the course
- **Total number of CAPs in the Netherlands: 450**
- **Dutch population** below 18 y: 3.4 million
 - 1 CAP/7500 minors
 - CAP less available in several parts in the Netherlands (e.g. Drente, Overijssel, Limburg, Zeeland)

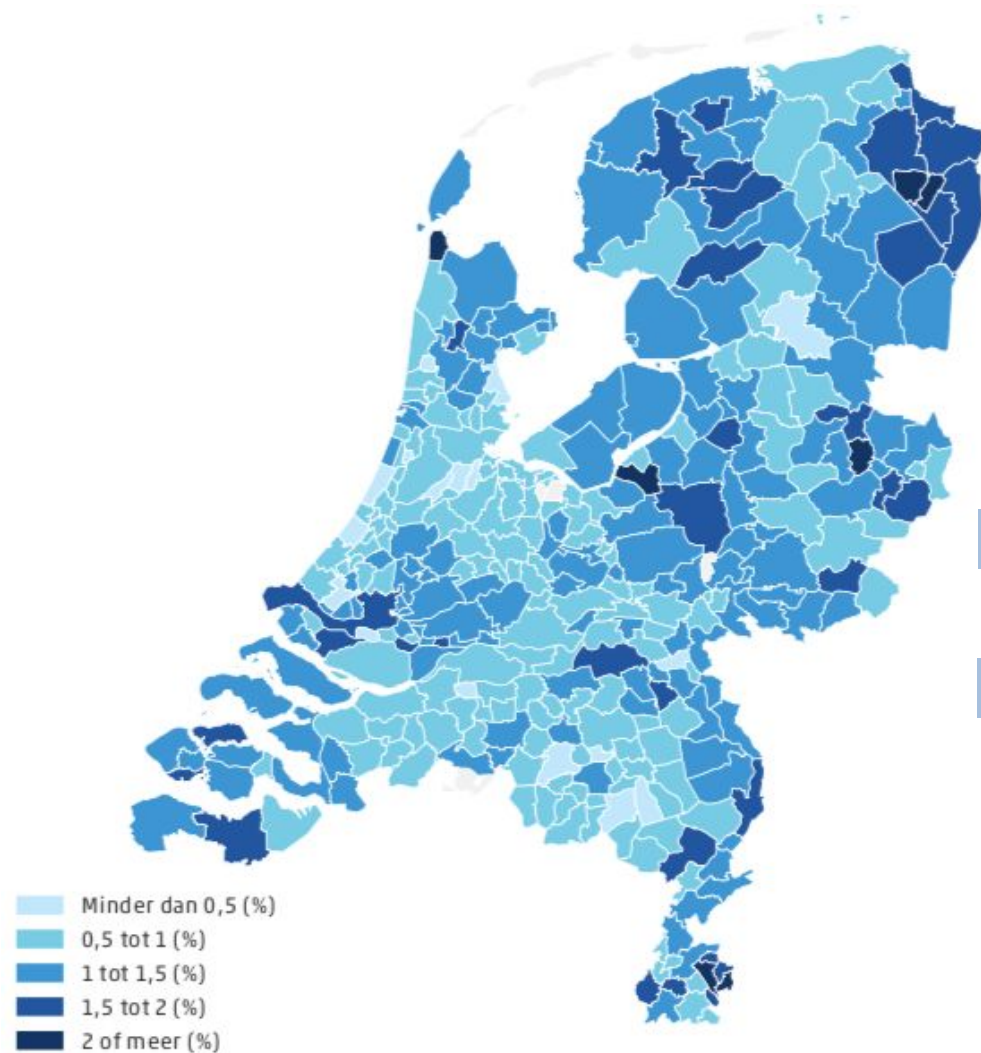


From medical insurance to local government

- **2015 transition of financial governance!**
- **355 local governments**
 - Often organized in clusters
 - Extreme regional variations
- **The whole youth care, including child- and adolescent psychiatry**
 - Previous reduction in hospital beds intensified
 - Consequent increase in outreaching care (e.g. Intensive Home Treatment)
- **Based on the thought of competitive market**
- **Based on thought of intensified collaborations between care-providers**



Regional distribution of youth care



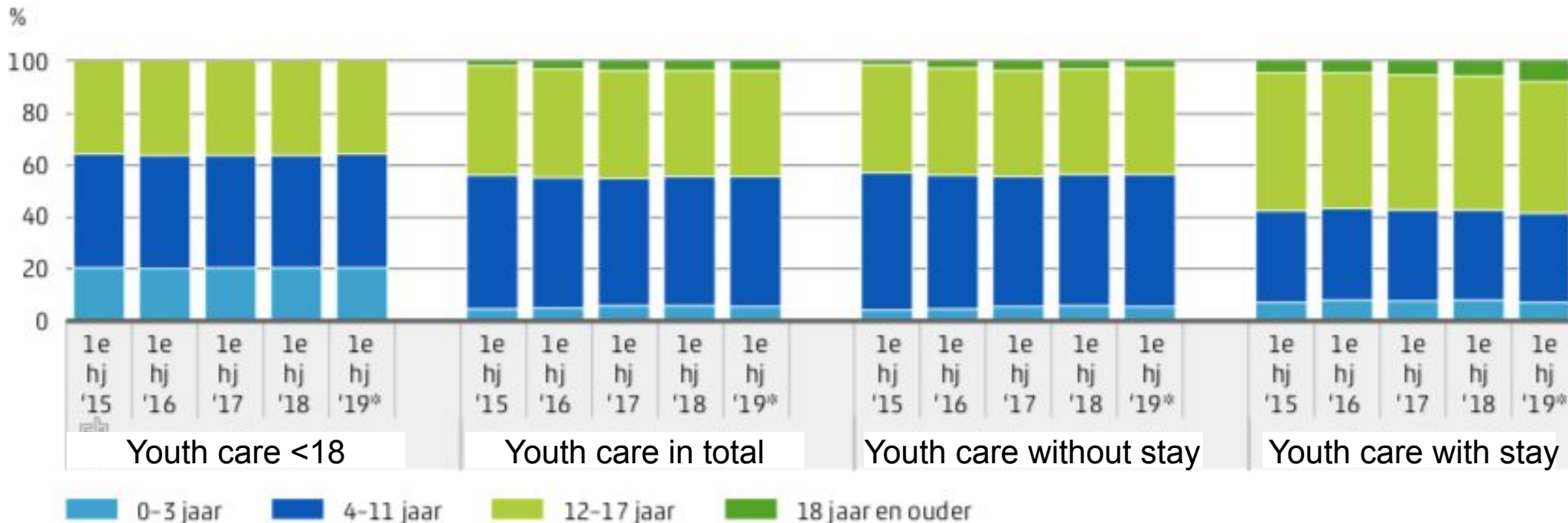
shows strong regional differences

related to socio-economic status?



Youth care is for the largest portion about < 12 years of age

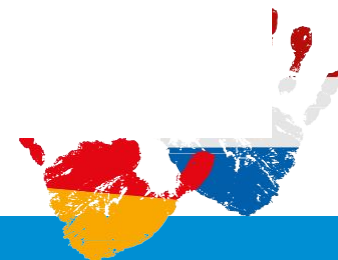
Age distribution of youth care



Bron: CBS.

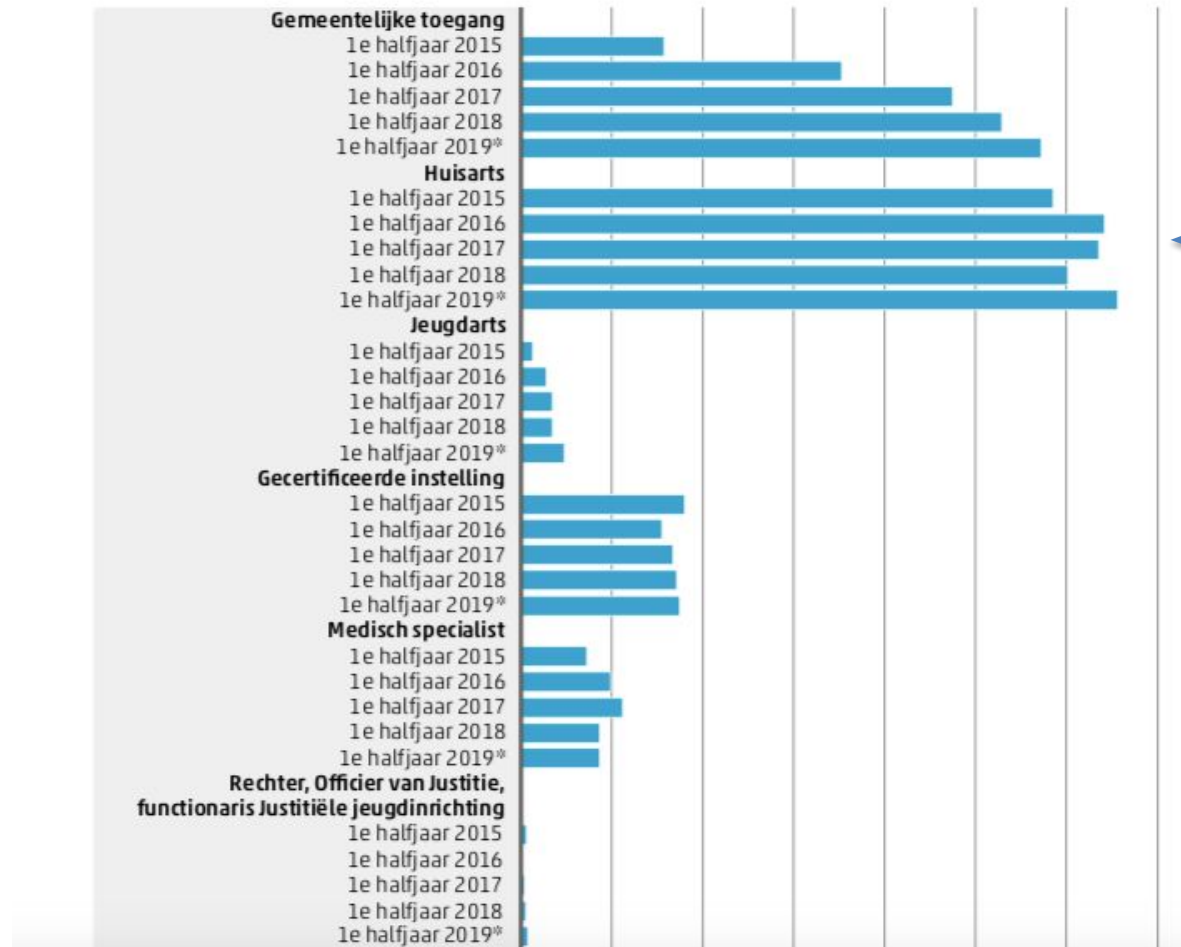
¹⁾ Personen van 0 tot en met 22 jaar.

²⁾ De leeftijdscategorie 18 jaar en ouder is hier weggelaten omdat slechts een klein deel van deze jongeren jeugdhulp ontvangt.



Referrals mainly by general practitioners

Youth care by referral



General practitioners



Financial crises local governance

Significant (2019)

1. more costs than covered by available budget
2. over 20% shortage in two out of three
3. over 40% shortage in one out of five



Fundamental problems (with some hindsight)

- **Problematic budgets local governments**
- **Problematic increase in administration (>30% of budget)**
- **Problematic increase in demand**
- **CP care needs concentration of knowledge**
- **Market competition may be problematic in CP**
 - Hampers network collaborations
 - Leads to a focus on single disorder treatments
- **Health care providers are in financial crises (>22% have negative balans, numbers increasing)**



What is needed?

- **Contracts over longer period of time**
- **Realistic budgets**
- **Innovative initiatives, such as:**
 - Dynamic consultation for general practitioners (60-70% reduction in referrals to CAP centers)**
 - Intensive home treatment (IHT)**



- **Dynamic consultation for general practitioners**

- **One CAP in two centers (Thermion, Lent; Oosterhout)**
- **Flexible consultation within two weeks**
- **Includes exchange by mail, telephone, but mostly face to face**
- **Consultation completed in one hour, with written advice in 24h**



- **Intensive home treatment (IHT)**

IHT as alternative for hospitalization

- back up hospitalization (High Intensive Care, HIC) if needed for maximum of two weeks
- 7 HIC beds (was 34 in 2011)
- hospital team trained for IHT, with multiple visits per week
- parents and network vital part of treatment
- 24/7 backup

10/27/2016

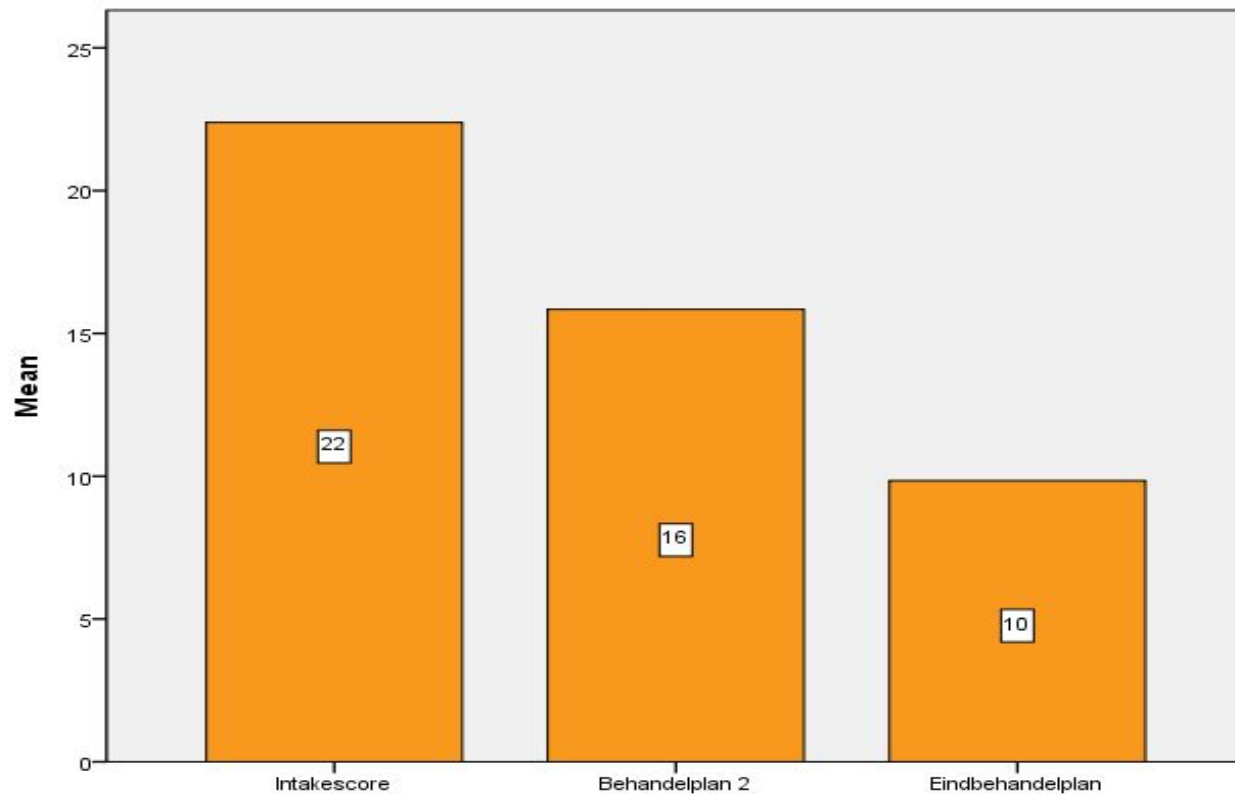


- Intensive home treatment (IHT); HIC



- Intensive home treatment (IHT)

HoNOSCA scores (clinical outcome)



Cost per patient 28K euro (was 55k euro)



Thank you for your attention!

