

# Better safe than sorry?

## Overview of best LFPC practices in D, UK, NL and B

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# Long-term Forensic Psychiatric Care

Patients who after years of treatment

- remain too dangerous to return safely to society
- still need substantial care and/or security

Long stay vs. long care

- care only vs. treatment to reduce risk
- return to society: not realistic vs. still possible



# Long-term Forensic Psychiatric Care

Small but significant, challenging group of patients

- Severe, complex problems
- Strong negative societal response
- Dis-proportionality: offence vs. length of custody?
- Return to society not a primary objective =>
  - main concern: optimal quality of life
  - right levels of care and security
- Heterogeneous group
- Specialized approach required



# LFPC contexts

country	security levels	determined by	leave	approved by
<b>D/Heina</b>	high, medium, low 10 steps	MD professional team senior physician <b>medical director</b>	yes	medical director
<b>UK/ Rampton</b>	high, medium, low, community	clinical team	yes	MoJ clinical team
<b>NL</b>	high, medium	advisory board (LAP) MoJ	(yes)	AVT / MoJ clinical team
<b>B*</b>	high (prison) medium, low	Commission for the protection of society	yes	CPS (simple procedure)

\* Source: John Vanacker, Ingeborg Jeandarme, OPZC Rekem, Belgium



# LFPC issues

- Assessment / development of fitting instruments
  - LFPC indication
  - care & security combinations
- Smooth movement between various levels of care & security
- Organization of service => quality of life
- Quality of work
- Research methodology



# LFPC knowledge exchange

[www.efp.nl](http://www.efp.nl)

[www.efp.nl/site/efp-forum](http://www.efp.nl/site/efp-forum)

treatment program summary

hot LFPC issues

LFPC placing criteria, differentiation of care and security levels, risk assessment, research strategies & methods, quality of life, motivation of patients, burnout in employees....



# Long-term Forensic Psychiatric Care

# Questions?

