

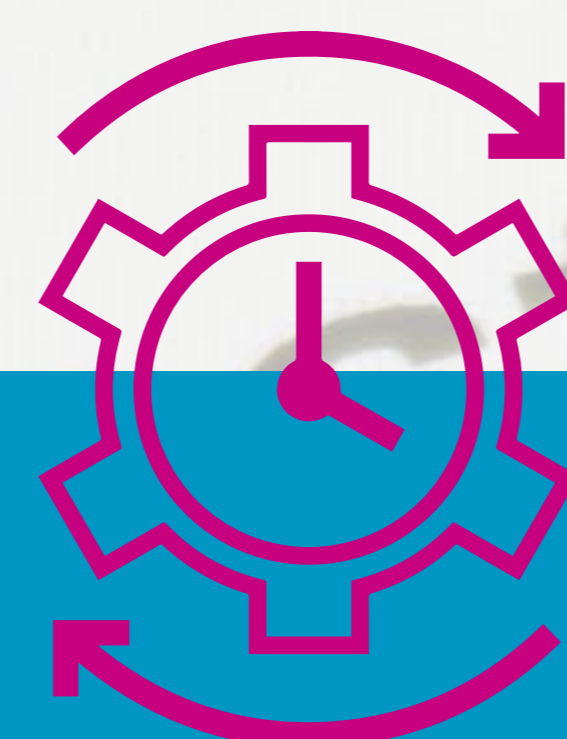
Mobile Care Unit (the Netherlands)

An integrated approach



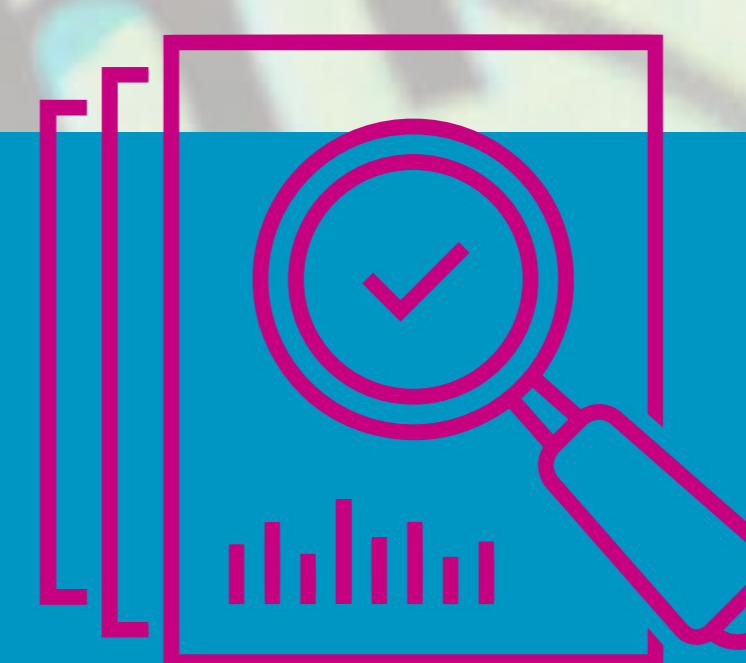
Target group

- All persons fall into the category of persons with Serious Psychiatric Disorders (EPA)
- They avoid social contact and refuse care
- They engage in petty crime and cause a nuisance
- Their issues are long-term
- Existing care and support services are unable to help with their issues
- They are known to a number of regional authorities, but no single authority has an all-round picture
- There are often also invisible issues with social deterioration
- All persons travel a lot and stay short in the same place
- They are homeless and have no access to basic



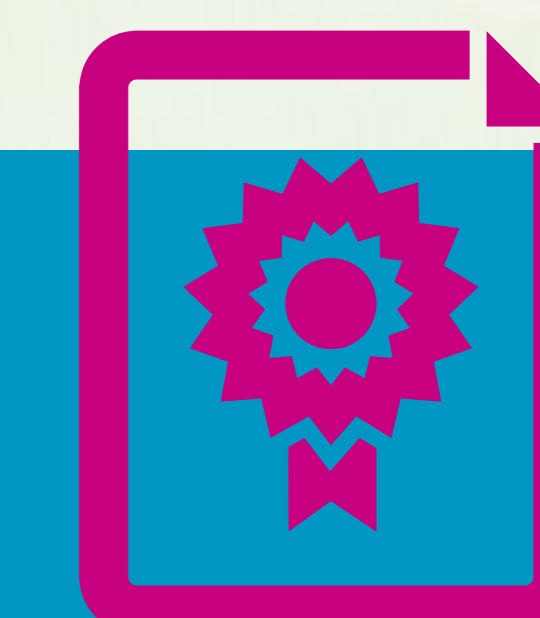
Working method

- Flexible & Mobile
- Cross-disciplinary and with a long-term commitment
- From complex to simple
- Coordination and remit
- Establish connections and warning systems
- Unconventional solutions
- Monitoring



Results

- 100% of registered cases are known to the network
- 100% of cases have a plan drawn up specifically for that case
- **>50% result in successful care provision**
- Nationally, there is a network of partners (in the larger cities), with committed staff
 - Police
 - Municipal health services
 - Mental healthcare services
 - Various reception locations in the major cities



Conclusion

- Grip on complex case studies
- National coverage
- Complements existing care services
- Unique
- A pioneering approach
- Activates where regular and specialized care and support ends