THE BLURRING OF BOUNDARIES IN THE BELGIAN FORENSIC MENTAL HEALTH FIELD

A HYBRIDIZATION OF JUSTICE AND HEALTHCARE PROFESSIONALS' DISCOURSES AND REPRESENTATIONS?

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FOR-CARE RESEARCH

RESEARCH PROJECT ON IMPLEMENTATION HEALTH CARE TRAJECTORIES FOR INTERNED PERSONS
A “REALIST EVALUATION” OF A REFORM PROGRAM IN A MULTISECTORAL FRAMEWORK

Commissioned by
METHODS

- Study of the Belgian forensic mental health system (governance, collaborations…)
- Triangulation of qualitative methods

1. Document analysis
   - policy plans, coordinators job descriptions, activity reports…
2. Semi-structured interviews
   - policy-makers, coordinators and network professionals
3. Non-participative observations
   - federal coordination meeting with political authorities and local network meetings organised by coordinators
THE BELGIAN FORENSIC MENTAL HEALTH SYSTEM
A COMPLICATED STORY

- Oscillating between justice and health since the beginning
- However, lack of collaboration between health and criminal justice professionals
  - everlasting stays within psychiatric hospitals and within psychiatric annexes of prisons
  - unnecessary recalls to prison for administrative or collaboration reasons
  - forgotten cases
  - unclear responsibility areas
  - ...

→ Several condemnation of the Belgian state by the ECHR for inhuman and degrading treatments toward mentally disordered offenders (MDOs)
Since few years now...

✓ Deep reorganisation and transformation of the field

✓ 2016 new legal framework
  - Notions of “trajectories”, “reinsertion” or “personalized quality health care”
  - Proceduralisation

✓ 2016 new policy plan
  - Joined-up initiative between health and justice
  - Aim: discharge of MDOs from prisons

New hybrid devices supporting a paradigm shift, from a prevailing judicial approach (protection of society) to a more central care approach (recovery)

⇒ Reinforced hybridity
Operationalize the Hybridity

First attempt to operationalize the hybridity in practice ➔ Assumed

There is a strong need for collaboration for the good of patients

However, complex to implement: very different logics of action

- Sometimes opposite representations (representation of well-being: being cared of being free?)
- Different structurations of the sectors
- Blocking factors: professional secrecy, representations, use of words...

But, the new tools allow to slowly integrate the logics
**AND IN PRACTICE?**

**Hybrid tools for public action** ⇒ Emerging hybrid professionals, places

- Justice and health local network coordinators
  - Constantly in contact with justice and health professionals
  - Boundary actors

- Forensic mobile teams
  - Moving through care and justice spaces and places (prisons and mental health facilities)
  - Connecting professionals from both sectors (prof. call them)

- Meetings
- Exchange of information
- Collaborations
- Opening up the sectors
AND IN PRACTICE?

The sector was already hybrid...

• The patient is both sick and dangerous

• In discourses: integration of security logic by health professionals

• Blurred roles: separation between care and evaluation?

... But it is now reinforced

• Reinforcing the presence of justice: more procedures
  → reinforcement of the risk management logic

• Reinforcing the place of health: creation of “ghetto” trajectories for MDOs
  → reinforcing the double stigma?
  → keep the patients away from the regular circuit
Reinforced hybridity… raises questions

**Blurring the boundaries?**

→ More porous, circulation of information and professionals, integration of logics to a certain extent

**Blurring the roles?**

→ Clarifying the roles

**Blurring the patient status?**

→ Judicialization of his status, more dangerous than sick

What about the place of care and reinsertion logic in balance with a risk reduction logic?
REFERENCES


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