

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

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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
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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)
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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
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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 ?

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