Dysregulation surrounded: An Empirical-Ethical Study of Intensive Network Crisis Care in Child and Adolescent Psychiatry"

Intensive Home Treatment (IHT), a form of outpatient psychiatric network care in Dutch child and adolescent psychiatry, is provided when young people face mental health crises, offering intensive, systemic support in the family home.

This empirical-ethical qualitative case study shows that the adage "It takes a village to raise a child" is easier said than done. IHT is often framed as a joint process with shared goals, yet overemphasizing togetherness in communication can undermine fairness, inclusivity, and justice. In practice, formal and legally mandated responsibilities of care providers sometimes conflict with the ideal of equal collaboration with youth.

Repeated references to "collaboration" in our data clash with notions of voluntariness and care accessibility, particularly as control over what counts as "good cooperation" largely lies with providers. Ethically, IHT places considerable responsibility on the cognitive and communicative capacities of youth and families, generating capacity-related inequalities.

Rebuilding trust—or "learning to trust" and being open—is another central but complex IHT goal. Participants often differ in what trust means (instrumental versus existential), the vulnerability required is unevenly distributed, and trust must be established quickly in family situations where it may have been eroded over years.

Alongside our critical analysis, we propose concrete ways to advance.