

Mental health care delivery system reform in Belgium

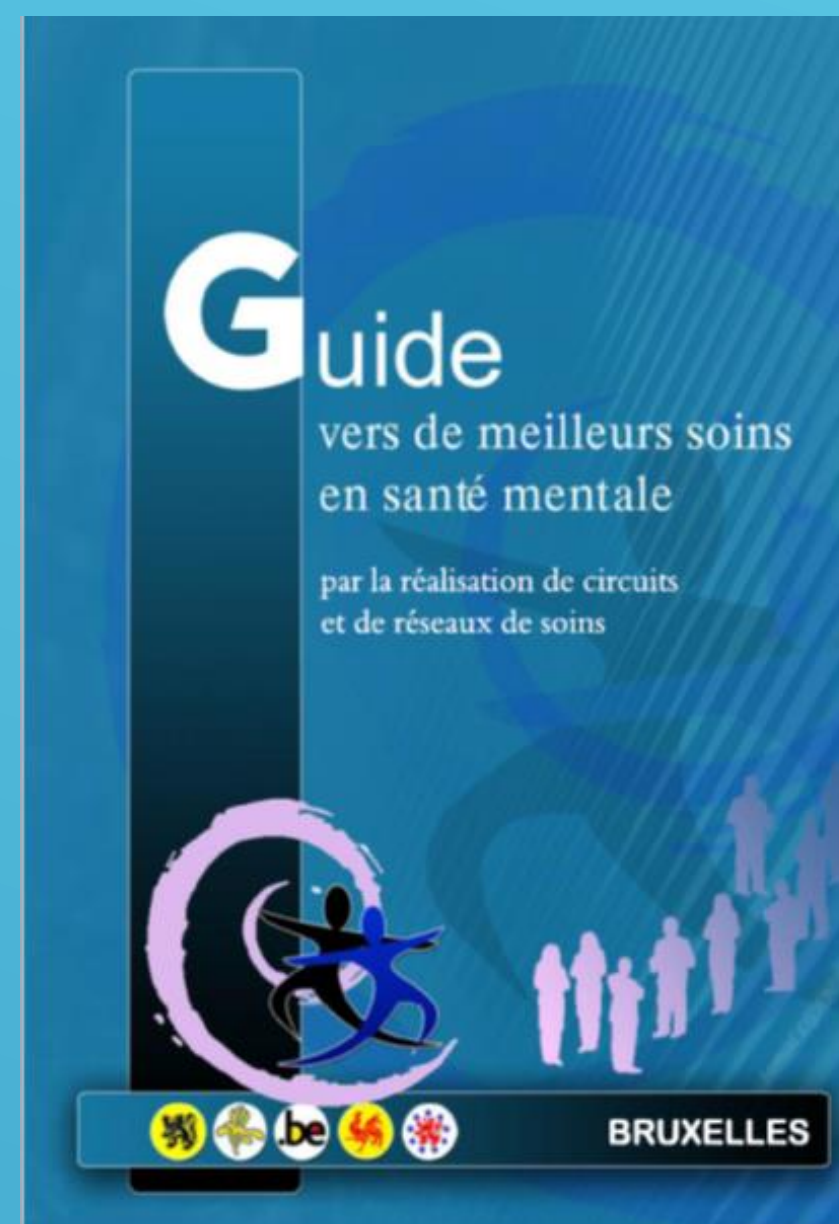


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Source reference:
 EU Compass
 Providing community based mental health services.

1. Introduction

- Approximately 25% of the Belgians are experiencing some sort of psychological distress.
- Until 2010, the national Belgian mental health care strongly remained a hospital-based system. With more than 150 beds per 100.000 inhabitants, Belgium ranks itself in the global top 3.
- Belgium's mental health care reform is based on a comprehensive and integrated approach, with the construction of a network around the user, enabling resources to be used efficiently in line with the needs and with a recovery oriented vision.
- Since 2011, creation of networks covering each Belgian municipality since mid 2016
- **The reform targets any adult with mental health issues.**



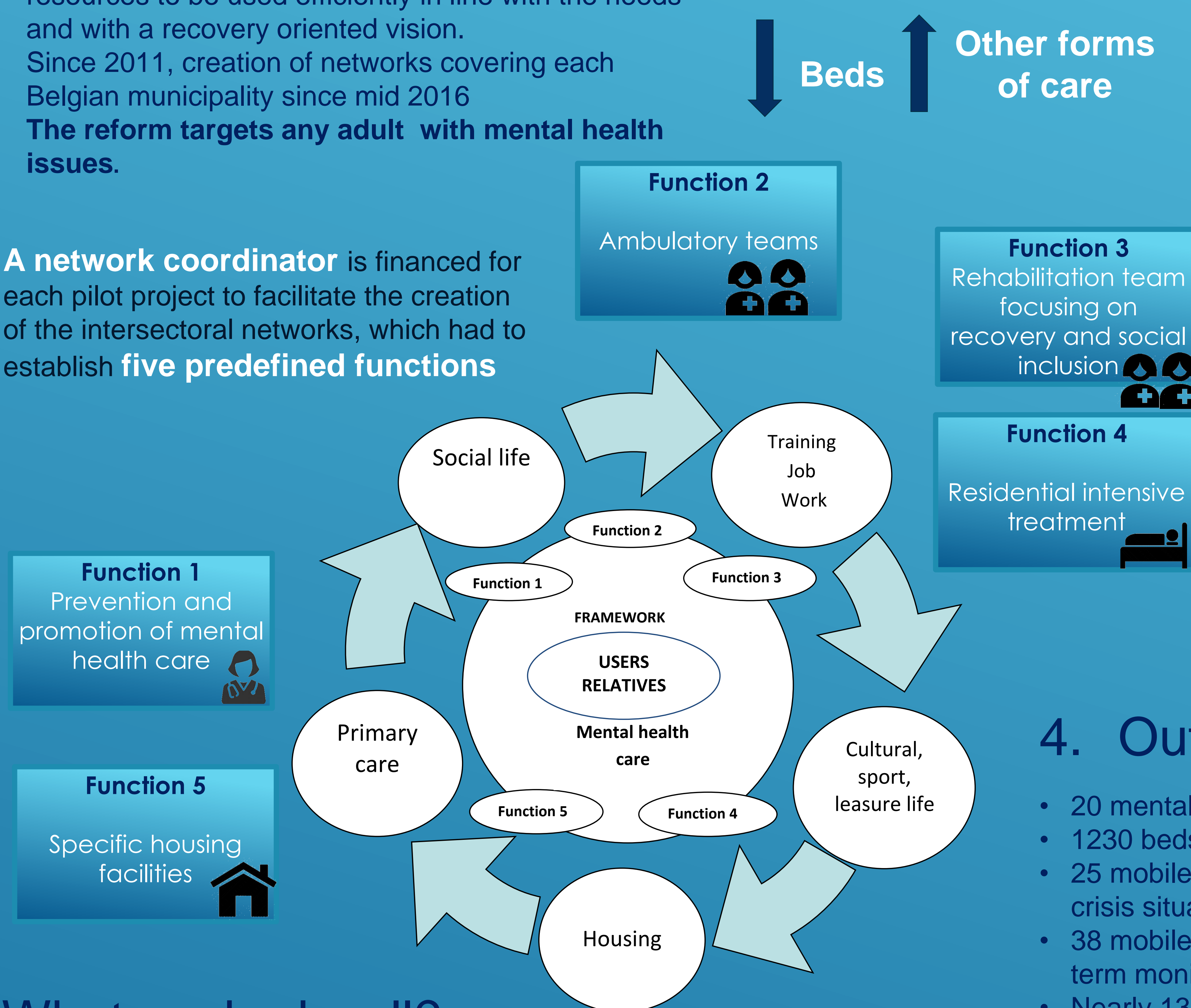
2. Main aims

- Improve quality of care.
- Improve quality of life.
- Costs - Efficiency.
- Better working environment for mental health workers
- The reform implicates bed reduction, to be accomplished by a reallocation of the bed-based financial means to new mobile treatment teams or hospital care intensification.

3. Objectives

- **De-institutionalization:** limiting residential treatment in health care facilities to those who really need it.
- **Inclusion :** readaptation and rehabilitation in the context of an indispensable collaboration with the sectors of education, culture, work, social housing ...
- **De-categorization :** establishment of an intersectoral collaboration, through circuits and networks of care, All the stakeholders work together around the user.
- **Intensification :** intensification of care within hospitals, corresponding to shorter hospital stays and treatments with intensive care programs,
- **Consolidation :** regularization of the various pilot projects involved, at the federal, community and regional levels, within the concept of globalization of mental health care. This goal is not reached yet.

A **network coordinator** is financed for each pilot project to facilitate the creation of the intersectoral networks, which had to establish **five predefined functions**

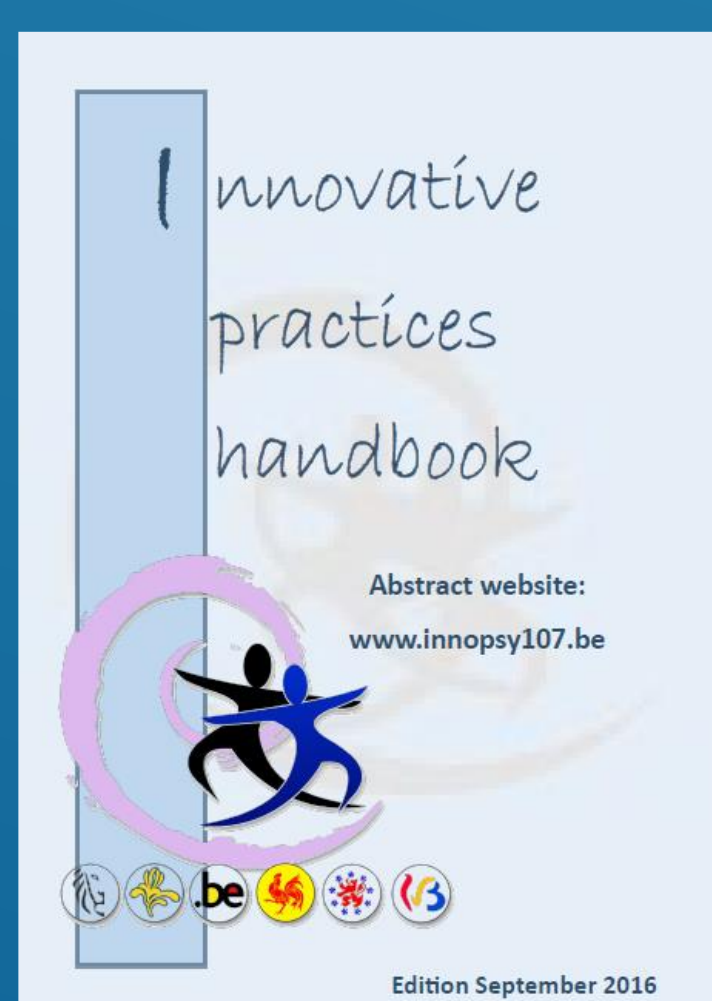


4. Outcomes and results

- 20 mental health care networks.
- 1230 beds used for 548 FTE mobile care.
- 25 mobile or ambulatory of intensive treatment teams for crisis situations.
- 38 mobile or ambulatory teams for people who require long-term monitoring.
- Nearly 13.000 users followed by mobile teams on annual basis.

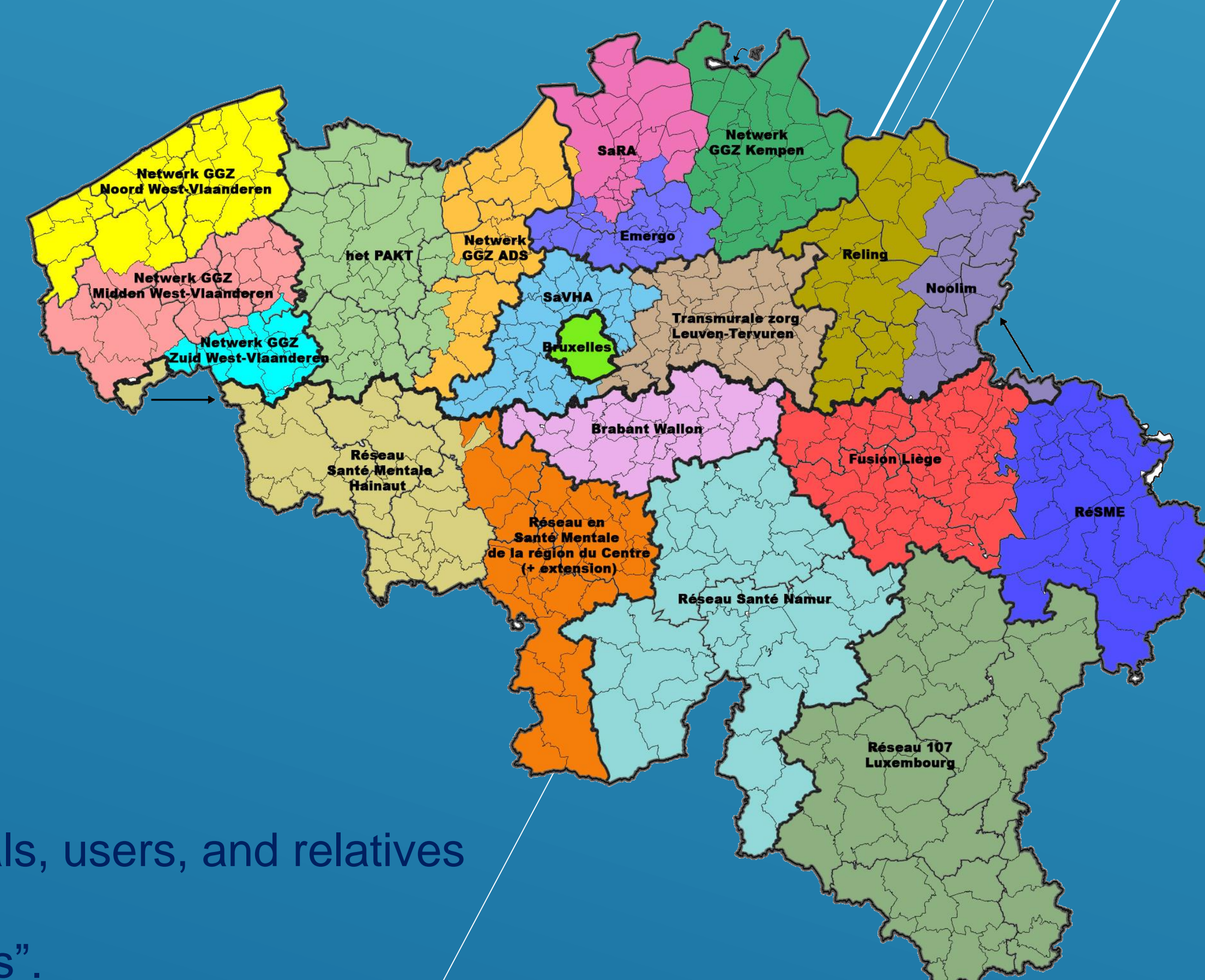
5. What worked well?

- The local implementation, taking into account the opinion of the different actors in the field.
- The development of the model of care based on the concept of Network on the basis of a global and integrated offer.
- The network coordinator for the coherence of resources and the formalization of procedures
- The involvement of users / relatives at all decision levels.
- The model is based on the community approach with a vision oriented towards recovery.
- Interest was shown by the WHO for the reform that our authorities wished to take into consideration by carrying out, in partnership, the manual of innovative practices.



6. Recommendations

- It is helpful to **include** all relevant authorities, all stakeholders, professionals, users, and relatives in a **bottom-up** movement.
- It is important to include **users and relatives:** "Nothing about us without us".
- Having a **clear strategic plan** is recommended.
- It is necessary to develop a global training program for all stakeholders.



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