

# Transformation process of Mental Health Care in Belgium

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# Perspectives

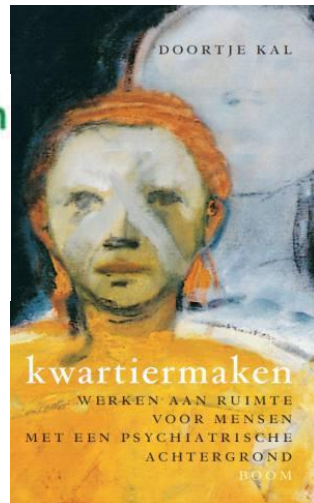
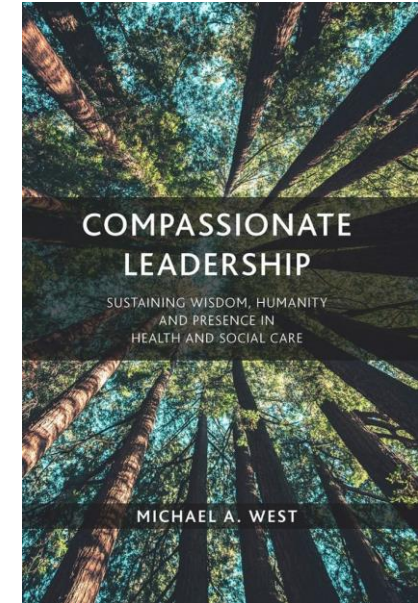
- Mental Health Care Organization before 2012
- Mental Health Care Reform (2012) in Belgium on 3 levels:
  - National Level
  - Regional Level
  - Organizational level
- What's in it for us?
- Take away messages!



# Some images about myself & what I believe in Mental Health (Care)



cliënten  
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# What about Mental Health Care organization before the Mental Healthcare Reform in 2012

- Creation of big institutions
  - Institutionalization
  - Working in silo's
- Anti – Psychiatrie movement (1970's - ...):
- Patient / family organisations
  - Private start of sheltered housing
  - Alternatives to psychiatric wards
  - Deinstitutionalization (DI)



Museum Dr. Guislain Ghent



- 2000 's: Regional Mental Health Care Platforms (voluntary coordination between services)

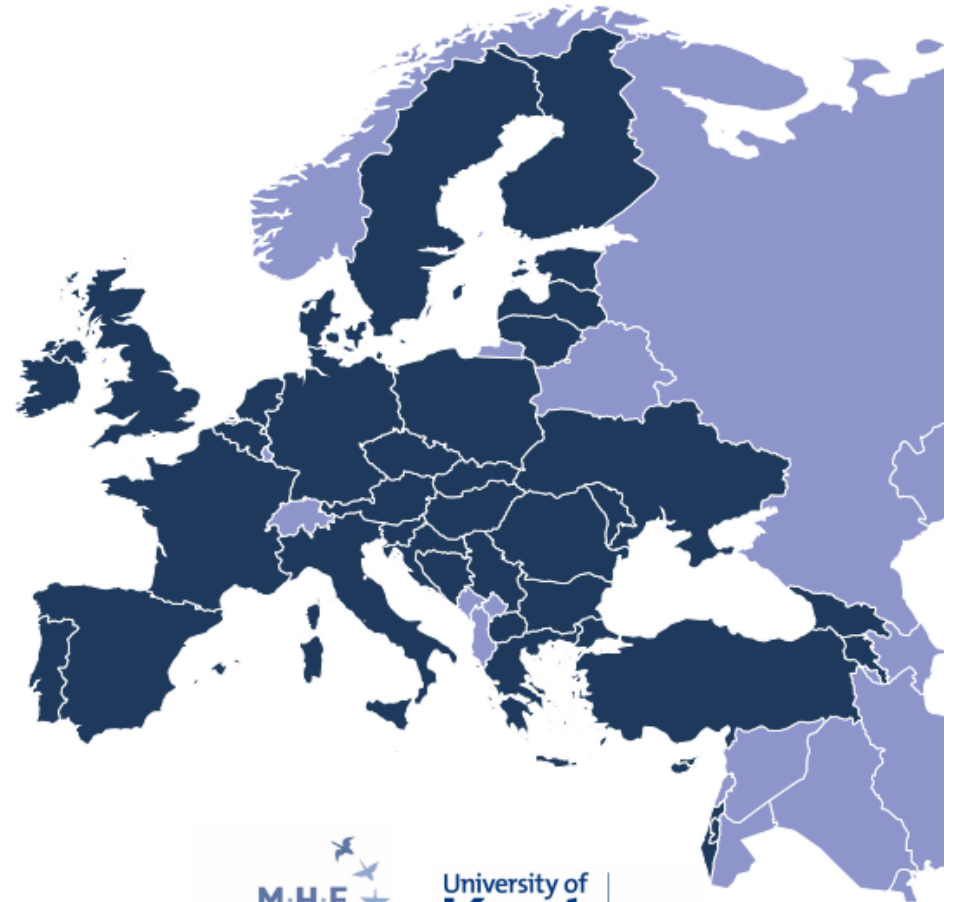
# Organization of (Mental) Health Care in Belgium: why is it so complex???

- Who is responsible on a government level:
  - Federal government
  - Communities: Flemish, French & German Community
  - Regions: Flemish, Brussels & Wallonie
  - Provinces & Municipalities
- Interministerial conferences



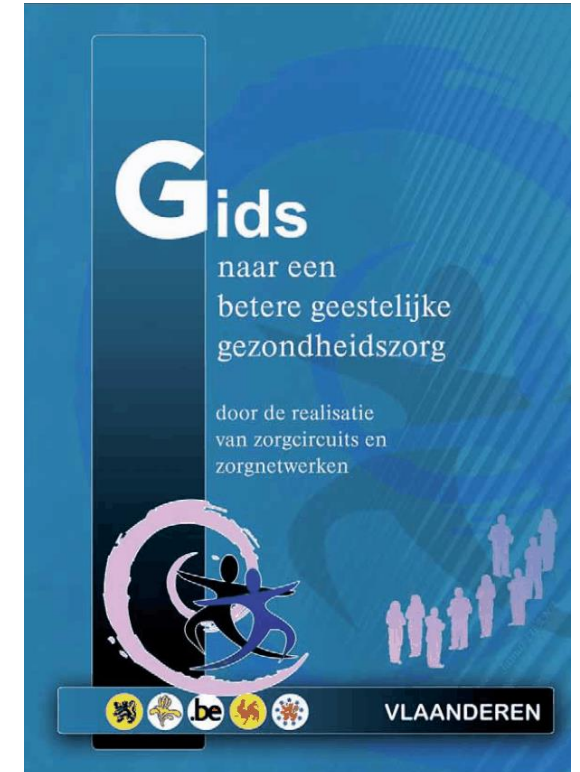
# Mental Health Care in Belgium (2019)

- 6% of the Health Care Budget (OESO recommendation 10%)
- High number of long – term hospital beds in psychiatric facilities (2967)
- High number of acute hospital beds in psychiatric facilities (4755)
- Supported housing (4247)
- “Belgium has too much psychiatric beds, long term and acute. The shift towards DI is taking too long and is not enough coordinated by the government” (Mapping exclusion Report Mental Health Europe 2017)
- Coexistence of institutions and ambulant care



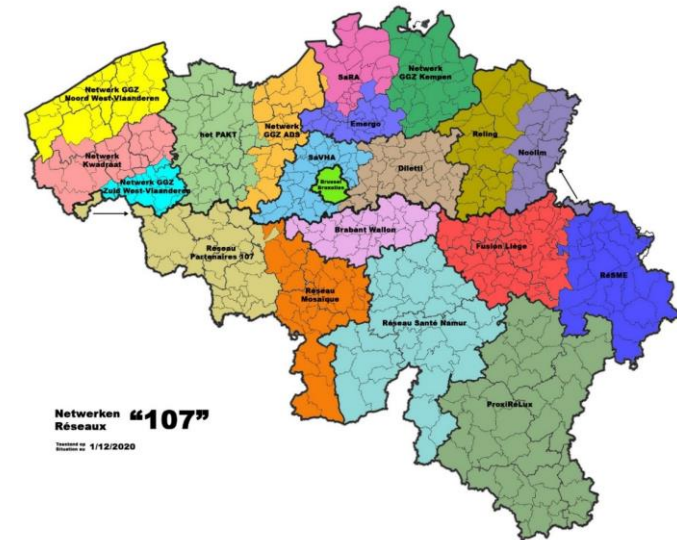
# Mental Health Care Reform on a national level

- Creation of Mental Health (Care) Networks Adults (2012)/ Children & Youth (2015)
  - Legal basis in the National Hospital Law:
    - Article 11 & 107: Networks & Care Circuits
  - 2010: Launch of 'The Guide towards a better Mental Health Care' by the federal government
  - 2012: Start up of the first 'Mental Health Care' Networks for adults in Belgium
  - 2015: Start up of the first 'Mental Health' Networks for Children & Youth
    - Mandated networks by the Federal Government



# Reform on a national level: first steps

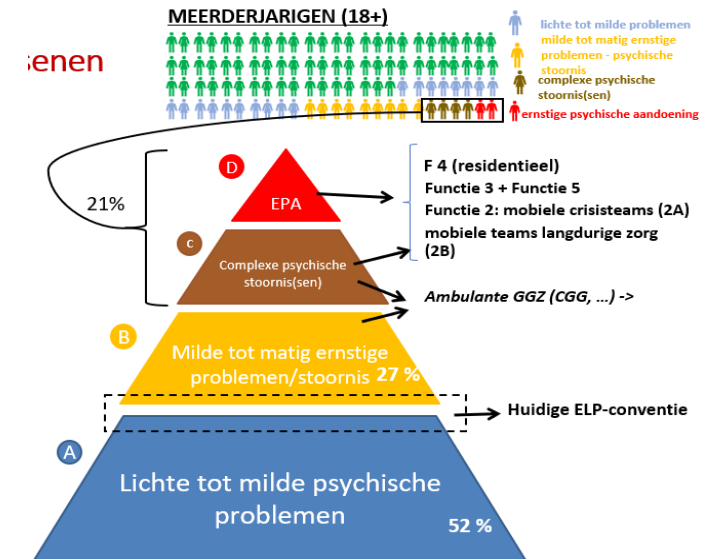
- Financing:
  - Deinstitutionalization:
    - +/- 10% of the recognized psychiatric beds were transformed into ambulatory care
  - Additional financing for creating the networks (4 years)
- Actors: all involved in mental healthcare: creating an answer to mental health care problems of all citizens in the region
- Mandated goals by the federal government around 5 functions
- First steps in 2012:
  - Governance model
  - Creating home treatment for people with psychiatric vulnerabilities:
    - Creation of Mobile Teams (F-ACT teams)
    - Creation of Mobile Crisis Teams





# Reform on a national level: later steps

- More & more investments in ambulatory care for children & youth
- Intensifying wards
- High Intensive Care Wards
- Upgrade mobile teams: most vulnerable & elder patients
- Upgrade mobiel crisis teams: to coordinate emergency (psychiatric) care with the general hospitals
- Accessibility of ambulatory care: independent psychologists
  - All ongoing with a Minister of Health investing in Mental Health Care

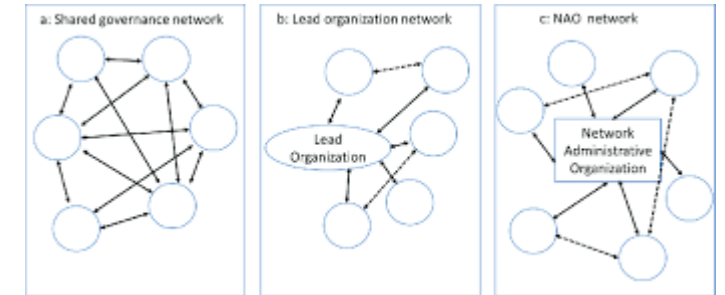


# Reform on a national level: what's good? What's challenging?

- What's good:
  - Motivation to work together over sectoral & organizational boundaries
  - A lot has changed in a good way
  - Everybody got to know one another
  - Integration of lived experience by patients & family
  - Possibilities to experiment in communities
  - More focus on community care & recovery oriented care
- What's challenging
  - Difference in regions
  - Difference in governance between networks
  - Financing
  - How to keep network actors on board of the network
  - How to think as a network and not as a unique player that wants to benefit

# How does this work on a regional level

- Province of East – Flanders:
  - Two Mental Health Care Networks for adults: PAKT & ADS
  - One Mental Health Network for children & young people: RADAR
- Specificities Network het PAKT:
  - Age of 18 – 65: 530.681 citizens in catchment group (2018)
  - Psychiatric beds (2019): 1953 (635A, 921T)
  - One big city: Ghent
  - Rural areas & bigger and smaller cities
  - Fantastic city of Ghent that helps to develop a lot!



# How does this work on a regional level: network het PAKT

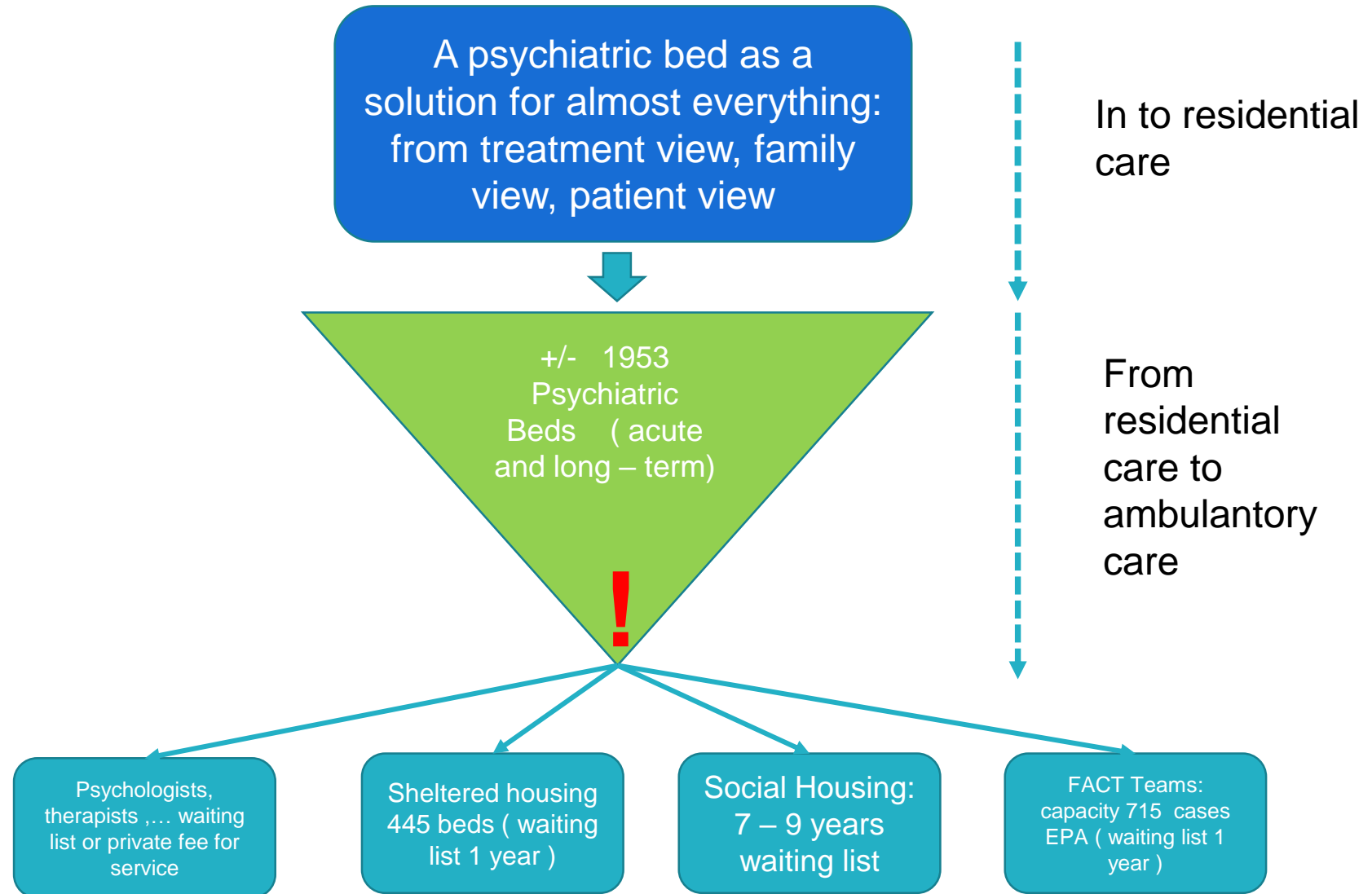
- Shared governance of the network with all actors involved in Mental Health
- Organized around the 5 functions mandated by the federal government:
  - Function 1: prevention, framing, ambulatory care, ... (Flemish + Federal resp.)
  - Function 2: Mobile teams & mobile crisisteam, assessment, ... (Flemish + Federal resp.)
  - Function 3: Rehabilitation, work & leisure (Flemish + local resp.)
  - Function 4: Intensifying residential care (Federal resp.)
  - Function 5: Housing (Flemish resp. + local resp.)
- What if???
- You would like to mix up things = not easy
- Patients don't stay in the functions = presumably



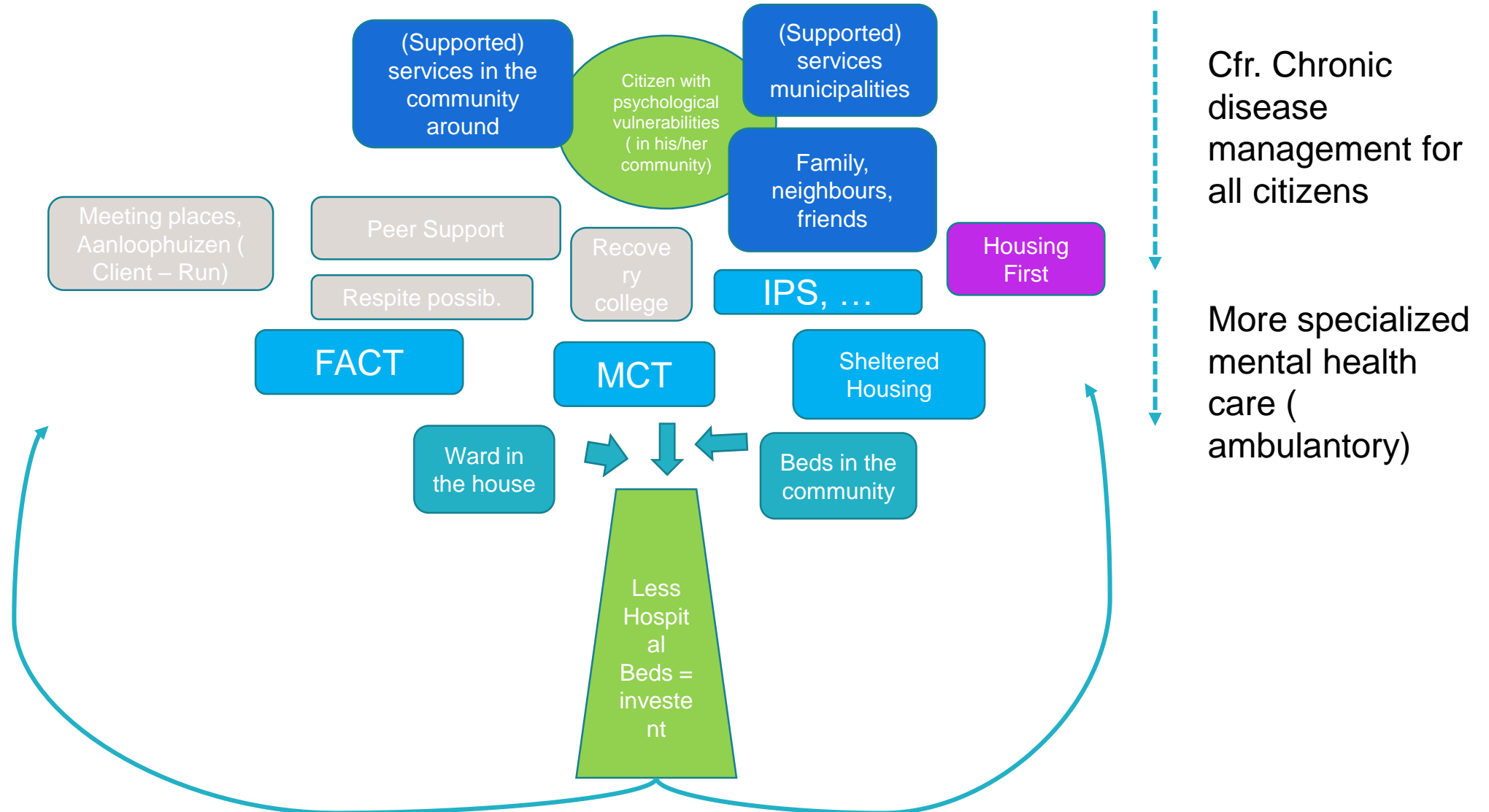
# How is Emergency Mental Healthcare Organized in our region

- Emergency Health Care in General Hospitals:
  - Emergency mental health care unit in the universal hospital of Ghent
    - Forced admissions
    - Observation & diagnoses
- Emergency Mental Health Care in Psychiatric Hospitals:
  - High Intensive Care Wards
  - Intensified Wards
- Ambulatory Emergency Mental Health Care in the environment of the patient:
  - Mobile Crisisteam @home
  - Mobile Crisisteam @classic emergency care in general hospitals
  - New projects: mobile crisisteam working together with for example police 24/7

# Challenges: The pyramid needs to shift

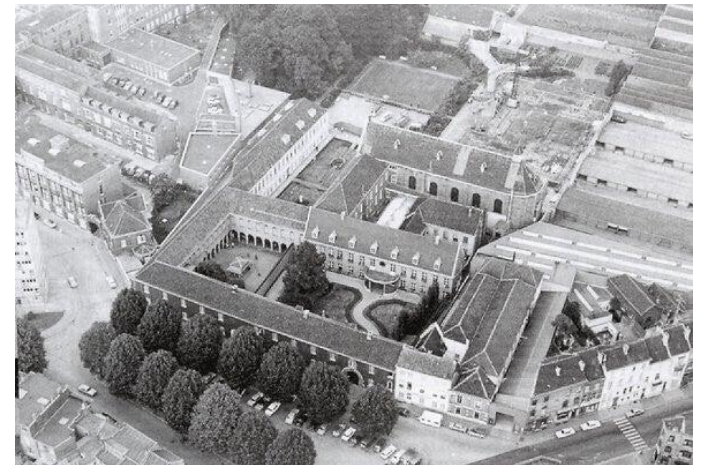


# Challenges: The pyramid needs to shift



# How does it work for my organization?

- Paradigm shift:
  - Hospitalocentric view to a more open view
    - A ward as an answer to everything to community first...
- In figures:
  - Before 2012:
    - 320 A – T beds
  - 2023:
    - 269 A – T beds
      - With a big shift in T – beds
  - Reorientated beds:
    - Mobile teams & crisis team
    - Intensified wards
    - High Intensive Care ward
  - Constant increase of full time equivalents (460FTE)
    - More & more in the community





# Paradigm shift: from hospitalocentric view to our view in 2023:



## **Behandeling en begeleiding**

### **Residentieel, semi – residentieel en dagaanbod:**

- Kinderen en jongeren
- Volwassenen
- Ouderen

### **Ambulant volwassenen:**

- MCT/ MOBiL
- Wijkwerkers
- Polikliniek
- Conventie eerstelij

### **Ambulant K&J:**

- Care
- Ondersteuningsteam



## **Wonen en begeleiding**

### **Psychiatrisch Verzorgings - tehuis:**

- 31 erkende plaatsen

### **Beschut Wonen:**

- 118 erkenningen begeleidings-capaciteit

### **Wonen:**

- Horto
- @14
- Respijt woning



## **Vrije tijd en ontmoeting**

### **Ontmoetings - plaatsen:**

- De Ferre
- De Serre
- Blijde Inkom
- Villa Voortman
- De Moester
- 't Kwartiertje
- 't Vlot
- Groenebriel



## **Werk**

### **Campussen:**

- Industrieel werk
- Arbeidstrajec tbegeleiding

### **De Moester:**

- Arbeidsmatig e activiteiten (welzijn)
- Vrijwilligers-werk

### **Herstel-academie:**

- Vrijwilligers-werk

### **Ferre en Serre:**

- Vrijwilligers-werk
- Arbeidsmatig e activiteiten



## **Leren**

### **Herstel-academie:**

- Cursussen
- Vrijwilligers werk



# How does it work for my organization: What's in it for us as a hospital?

- A question still asked frequently by our board.
- Paradigm shift:
  - We're not only a hospital anymore (but our funding luckily is) but a psychiatric centre
  - It's not what's in it for us, but ...
    - What's in it for people with psychosocial vulnerabilities, their environment and the community
      - How can we support that
      - And nothing about them, without them
    - And this is not devaluing all clinical expertise we've build up: we've got to cherish this knowledge & keep on evolving it. We just practice our knowledge in more places.
- Are we there yet? No but we're going to get there 😊

# Take away messages



- National level:
  - Regions & responsibilities matter: make sure there logically aligned for services & citizens
  - A government push was needed: make the best off it & try to act proactively
- Regional level:
  - Power is inherent but think about it when developing governance models
  - Make sure you keep alle actors, people with lived experience & family on board
  - Be sure how to take care of the most vulnerable patients: severe mental illness
  - Give room for regional & bottom – up developments
- Organizational level:
  - Take time & invest in making the paradigm shift
  - Make sure boards are on board

# The end...

Thanks to my colleagues for all the additional information:



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**VOLKSGEZONDHEID,  
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EN LEEFMILIEU**

