

“Towards a better mental health care by the realization of care circuits and networks”

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Promoting Mental Health and Well-Being in  
Workplace Settings  
Berlin, 3-4 March 2011



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## Present situation - Facts

### Population Health Survey (2004)

11% of the adults older than 15 years = mental health problems

13% of the adults older than 15 years = serious mental problems

76% of the adults older than 15 years = good mental health and well being

210.000 people are unable to work. One third of this population has mental health problems

### Huge number of psychiatric beds and places (WHO 2008)

Belgium has 152 psychiatric beds per 100.000 habitant

Second place in Europe Region

### Study of the Federal Knowledge Centre (2003)

4730 adult psychiatric patients stayed more than one year in a long-term care unit in a psychiatric hospital. One third of this population spent more than six years in such a service



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## The solution: realization of care circuits and care networks?

Transformation of a supply-driven mostly residential mental health services towards a more differentiated demand driven mental health care system (a more community orientated system).

Mental health care in the future will be organized through care circuits and care networks.

A care circuit covers the full range of mental health facilities (care modules) tailored to the specific needs of a target age group.

The realization of care circuits and care networks in the Belgium mental health care will lead to a reform of the current legal framework for programming, accreditation, financing and reimbursing of the use of mental health care facilities.



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## Five key functions of the future care circuits and networks (1)

- Function 1: Activities on prevention and promotion of mental health care, early detection, screening and diagnostic. Involvement of the primary care in developing this function is important
- Function 2: Ambulatory teams (mobile services) offering intensive treatment for both acute and chronic mental health problems in their home environment. A mobile service is an alternative to hospitalisation.
- Function 3: Rehabilitation teams focusing on recovery and social inclusion. The programme is tailor-made and ensures that patients can develop skills for an independent functioning in daily life. Adjusted vocational options are also offered (supported employment - Individual placement and support model will be recommended (place and then train))



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## Five key functions of the care circuits and networks (2)

- Function 4: Residential intensive treatment for both acute and chronic mental health disorders. This function is intended for persons with problems in such a severe stadium that delivering help in their own natural environment is temporality inappropriate. Typical for units is a short stay, a high intensity and frequency of care.
- Function 5: Specific housing facilities for patients with limited opportunities for integration into the community. Ultimately, the aim is to make integration into the community easier.



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# Which model must be introduced at the future?

A general model that ensure the integration of the resources of the hospitals and the resources of services existing in the community

Sustainable development of the model: the five functions will gradually develop within a network of alternative services with the commitment of all stakeholders in a catchment area of 100.000 à 300.000 inhabitants

The network must be multidisciplinary and focuses on flexible intervention options adapted to the individual needs of the patient.

Low threshold of health care. The first line care will ensure that mental health care will be more accessible.



## 7 Legal framework (1)

The Interministerial Conference on Public Health of 28 September 2009 has decided to proceed with the implementation of Article 107 of the Law on Hospitals and Other Healthcare Facilities.

Article 107 announces that the King can provide specific ways of financing to realise a prospective and programme oriented financing of circuits and networks of care as described in article 11.

In other words, the application of Article 107 is a financing technique.



## 8 Legal framework (2)

Resources concerning article 107 must be used to create:

Ambulatory teams,

Rehabilitation teams and finally

Residential intensive treatment units.



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## Implementation of Article 107 (1)

1. Information campaign on the future realization of mental health care circuits and networks and the mechanisms used for that purpose
2. Federal call for projects: the deadline was 31 October 2010.
3. A clear communication plan
4. Any government level will take initiatives - both inside and outside the health sector



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## Implementation of Article 107 (2)

5. Implementation of Article 107 applies to the psychiatric hospitals and the psychiatric units of general hospitals
6. During the first phase, Article 107 will be limited to adults from 16 years
7. Intensive collaboration between inpatient and outpatient care must be developed
8. Patients should be better integrated into society. This means the integration of mental health care in housing, employment and social economy



## 11 Call for projects

Call for projects (deadline was 31 October 2011)

24 proposals responded to the formal inclusion criteria



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## Results of the selection

1 proposal is accepted without revision (Additional funding of 725.000 euro/year)

7 proposals will be accepted after minor revision

10 proposals will be accepted after major revision

All these 17 proposals have already received an additional funding of 100.000 euro/year for the financing of the network coordinator. After revision and approbation, they will be received an additional funding of 625.000 euro/year

2 proposals needs major revision and they will not received additional funding for a network coordinator.

Four proposals are not accepted at all

Start of the projects will be foreseen between January 2011 and December 2011



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## New roles and functions

Network committee: This committee take decisions concerning the mental health care procedures to implement the five key functions of the care circuits and networks

Network coordinator facilitate the work between the different actors (stakeholders) concerning the application of the procedures

Case manager will be responsible for the continuity of care at the individual patient level



Thank you for your attention

For more information in Dutch and French see

[www.psy107.be](http://www.psy107.be)



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