BELGIUM

Situation on Mental Health

**Suicide:** Suicide rates in Belgium (18 per 100,000 persons) are above the average of EU27 (11.3 per 100,000).

**Mental disorders:** The results of the 2004 Health Interview Survey show that 24% of population aged 15 or over reports a psychological malaise at the time of the survey, 13% could have a serious mental disease, 8% has depressive symptoms, 6% anxiety symptoms and 20% reports sleep disorders.

**Children's mental health:** Regarding bullying (13 year olds), the Flemish community is above EU average with 31% girls- 50.2% boys reporting bullying others; in the French community 31.4 % girls- 49.2% boys reported being bullied, at least once in the previous couple of months (HBSC statistics).

**Other:** The 2004 health interview survey revealed that 15% of the population reported taking psychotropic drugs 2 weeks before the survey and that 12% had seriously thought about attempting suicide.

Policy context

Responsibility for health care policy is shared between the federal Government and the three Communities. The Communities French-, Dutch- and German-speaking (as well as the common Community Commission with regard to the bilingual institutions located on the territory of Brussels Region) are competent for the "personnalisables matters". With regard to mental health policy in Belgium, the different Communities are qualified as regards to promotion of mental health and services for prevention. The coordination concerning mental health policy is developed with inter-ministerial conference on Health.

Examples of activities on priority areas:

**Prevention of suicide and depression**

Suicide prevention is a health target in the Flemish Community: "the mortality by suicide must be decreased with 8% by the year 2010 compared with the year 2000 (...)". This health target is accompanied by the Flemish suicide action plan 2006-2010. Several projects in this area also include: “Werkgroep Verder” (Working Group ‘What Next’) which co-ordinates, organizes and supports initiatives for relatives of people who committed suicide, and “Mindfulness-Based Cognitive Therapy (MBCT)”, a form of cognitive group therapy for patients with depression.
Mental health in youth and education

The Flemish policy on integrated youth care aims to develop an optimal collaboration between the services for youth, and to ensure that children and young people get the right treatment in the most appropriate services. The ambulatory centres for mental health care are involved in this as specialised centres, as well as the centres for counselling of pupils in the education.

There are two programmes bringing together adolescents and people with mental illness: “How different is different?” in the Flemish community and “A la rencontre de l’autre” in the French community.

Mental health at the workplace

At the national level, there is a “Law relating to the well-being of the workers at the time of execution of their work” and a “Law relating to protection against violence and moral or sexual harassment at work”.

Each employer has to integrate the prevention of the work-related psychosocial burden (stress, interpersonal problems at work: conflicts, violence, harassment…) in its prevention strategy. For that purpose, a prevention consultant, specialised in the subject, will assist the employer.

The Belgian legislation states a detailed procedure that can be used by workers who believe to be victims of work-related violence or harassment. Several university studies have been performed in order to elaborate risk analysis instruments and intervention methods for enterprises, intervener networks have been created and many information sessions were organised.

Mental Health in older people

The Flemish government had outreach programmes to elderly institutions delivered by the ambulatory centers for mental health in 2006-2007.*

Combating stigma and social exclusion

At national level there is the “National action plan social inclusion 2003-2005". The French Community finances, since many years, various pilot projects (e.g., mental health centres “Le Méridien”) supporting the access to adequate services for vulnerable people, for example, refugees.

1Sources of information for the production of this briefing sheet:

1 Version revised and updated by Member State
Mental Health in Older People. Consensus paper prepared by Jané-Llopis & Gabilondo (2008)
McCollam et al., (2008). Mental Health in the EU-Key facts, figures and activities. A background paper.
*If marked * EXAMPLE provided by WHO Baseline Study©