

Building community mental health services in North West Flanders, Belgium

Overview

In 2010, in response to persistently poor mental health outcomes and a largely institutionalized mental health service, the Belgian government encouraged a shift towards community mental health services by enacting supportive legislation, publishing new care guidelines and making funding available to encourage local mental health reforms. In line with these changes, the government issued an open call to fund pilot community mental health projects as a means to spur local innovation for improving the delivery of mental health services.

In 2011, the North West Flanders Mental Health Network submitted a proposal to the open call, which would establish multidisciplinary mobile teams to deliver mental health services in community settings. These mobile teams, consisting of a psychiatrist, a psychologist and a leading psychiatric nurse, have since been introduced in the region. Services offered by mobile teams aim to treat patients holistically by developing personalized care plans, collaborating with other providers and involving patients' informal networks. Patients are empowered to actively participate in their care and patient forums and support groups have been established. While no formal outcomes are currently available for the North West Flanders initiative, patient satisfaction with mental health services has reportedly improved.

The government continues to support local development of mental health services and, as of June 2012, approximately three quarters of the country had implemented experimental projects designed to improve the delivery of mental health services. An evaluation of these projects at the national level, including the North West Flanders initiative, is currently being led by Belgian universities. Government funding for projects is guaranteed until 2015 and government officials continue to monitor progress to help determine next steps.

Problem definition

Mental health conditions contribute significantly to the burden of disease in Belgium and one in four people are affected by a mental health disorder

at some point during their lifetime (Box 1). Furthermore, the national rate of suicide and self-inflicted injury, at 17 per 100 000 population in 2010, was above the WHO European

Regional average of 12 per 100 000 population.¹ A fragmented and largely institutionally-orientated mental health service has contributed in part to these outcomes and hindered population mental health needs from being met in community settings.^{1,2} This is evidenced by Belgium recording one of the highest ratios of psychiatric beds per capita in the WHO European Region at 178 per 100 000 population in 2010 compared to a Regional average that same year of 68 per 100 000 population.¹ This emphasis on institutionalization is thought to negatively impact patients' independence and ability to integrate within their local communities.

Box 1

What problems did the initiative seek to address?

- High burden of disease from mental health conditions.
- Overly institutionalized service provision with a high ratio of psychiatric beds per capita.
- Lack of community mental health services.

Health services delivery transformations

Timeline of transformations

In the late 2000s, an international focus on mental health drew the attention of the Belgian government to Belgium's comparatively poor mental health indicators relative to other European Union countries. In response, in 2010, the government developed a mental health framework and launched an open call for project proposals in alignment with new recommendations (Table 1). Under this initiative, a group of mental health care organizations in North West Flanders submitted a joint project proposal to introduce community mental health services in their region through use of mobile mental health teams. In 2011, the project was approved by the government and awarded funding.

In addition to the North West Flanders initiative, the government continued to solicit and fund a variety of mental health projects across the country and, as of June 2012, approximately three quarters of Belgium was implementing pilot projects to improve the delivery of mental health services. Government funding for these projects is guaranteed until the end of 2015, at which time an evaluation planned by the government will determine whether they are allocated additional funds.

Description of transformations
Selecting services. The implementation of North West Flanders' community mental health service model has made both acute and chronic mental health services available locally. Mobile teams deliver a range of mental health services in home care settings.

Services provided go beyond mental health to incorporate social support services such as helping patients find employment. "It is the whole package of the person they treat,

not just the illness." These social support services help to further promote patient independence and, as patients are treated at home instead of in hospitals, they continue to manage daily activities. Patients "still have to cook and clean. ... In a hospital they don't learn this."

Designing care. Care pathways are designed to meet overarching goals laid out by government guidelines. The North West Flanders Mental Health Network has also drawn on evidence from international models looking, for example, to the Netherlands and the United Kingdom. Mobile teams work with patients to develop personalized care plans and other providers are informed and involved in the care process.

Organizing providers. Multi-disciplinary mobile teams have been established to provide mental health services directly in the community and in patients' homes. Team members include nurses, social workers and ergotherapists. Teams are supervised by a psychiatrist a psychologist and a leading psychiatric nurse. General practitioners, are also informed and involved in care, with the initiative working to have mental health specialists support primary care providers to manage patients with mental health conditions.

Patients are referred to either acute or chronic mobile teams. Patients are referred to chronic mobile teams upon discharge from inpatient services. If a patient has a mental health crisis they can be followed more intensively by an acute mobile team for a short period of time to prevent the need for institutionalization. Primary care providers can also refer patients directly to acute mobile teams.

Managing services. A multi-disciplinary steering committee oversees the management of services under the project in North

Table 1

What were the chronological milestones for the initiative?

2008	WHO report Policies and Practices for Mental Health in Europe – Meeting the Challenges highlights shortcomings of mental health care in Belgium.
2009	Interministerial Belgian government conference held; Article 107 passed to allow psychiatric hospitals greater financial flexibility to fund community-based care.
January 2010	New policy guide with five key aims for mental health care published by the government.
2010	Open call for proposals aiming to improve mental health services delivery launched by the government.
October 2010	Group of mental health care organizations in the North West Flanders Mental Health Network put forward a joint proposal for increasing community mental health care in their region.
Early 2011	North West Flanders' proposal accepted by the government and granted funding.
June 2011	Actions begin on implementing mobile mental health teams within North West Flanders under the terms of the accepted proposal.
Late 2011	Second open call for proposals aiming to improve mental health services delivery launched by the government.
June 2012	Approximately 75% of Belgium involved in implementing community mental health projects.
2015	Funding for projects guaranteed until end of 2015; an evaluation of projects at this time will determine continuation of their funding.

West Flanders. Greater flexibility given to psychiatric hospitals in allocating their funds towards community care initiatives was key for securing a source of funding for mobile team services. Additionally, government funds were used to provide mobile teams with necessary resources such as a community office location and transportation to conduct home visits. “We needed to create another location, a building, because it would be strange if we are transferring care to the community to have our offices and our professionals working in a hospital.”

Improving performance. Nurses working within mobile teams receive ad hoc trainings on a variety of mental health topics including alcohol addiction, addressing suicidal tendencies and determining suicide risk. Ad hoc trainings also cover skills such as working with family members and communicating with patients’ children.

Engaging and empowering people, families and communities
Understanding that patients were heavily stigmatized for entering mental health institutions and that long institutionalized stays negatively impacted patients’ independence and ability to reintegrate into society, the North West Flanders project aims to “keep people closer to their actual life” to enable them to “maintain their social roles”. By shifting care closer to the individual, the project aims to make it easier for people to seek out care. “If we go closer to the people, more people will ask for help earlier in their illness before it is too late.” Outreach is also carried out and efforts are made in the wider community to reduce stigma and build an environment that is more accepting of people with mental disorders. There are also plans underway for the creation of a mental health awareness day to increase understanding and acceptance for mental health conditions in the general population. Patients are encouraged to connect

Table 2

How was the delivery of health services transformed through the North West Flanders initiative?

Before	After
Selecting services	
Predominance of medically focused, inpatient mental health services; community-based or home care services not available.	Community-based and home care mental health services available; social services incorporated in care for patients with mental health conditions.
Designing care	
Lack of up-to-date guidelines for provision of mental health services; patients not included in care planning processes.	New care pathways designed using updated government guidelines and evidence from international models; patients involved in developing personalized care plans.
Organizing providers	
Mental health providers concentrated in institutional settings; lack of community mental health providers; limited communication between disciplines and care levels.	Multidisciplinary mobile teams established; continuity of care established through referral to mobile teams; mobile teams collaborate with other providers, such as general practitioners.
Managing services	
All resources for mental health services directed towards institutionalized care.	A multidisciplinary steering committee oversees the mobile team project; portion of psychiatric hospitals’ resources redirected to community care; government funding used to secure a community office location and purchase vehicles to facilitate home care visits.
Improving performance	
No training on provision of community-orientated mental health services.	Ad hoc trainings for nurses provided on a variety of community mental health topics.

with and provide support to one another. For example, the initiative established a patient forum and hosts recovery group meetings. “They learn from each other; some people are further on in the process and can be a good example for people who just started sharing their life story.” Patients’ families also now play a greater role and nurses in the mobile team have

received training on how to engage family members. Additionally, the steering committee for the North West Flanders Mental Health Network includes a family member representative. The long-term goal is to also recruit a patient to the steering committee. “Before, care was really focused on the opinion of just the care provider but now we want to combine the family and

patient perspective.” Leaders of the project also held a feedback session with patients and their families about the programmes and care they would like to see implemented. The plan is to bring this feedback to the steering committee and use it to inform future activities.

Health system enabling factors

Government legislation has created a supportive policy environment for establishing local community mental health projects across the country (Table 3). This includes the passing of Article 107 to adjust financing laws for psychiatric hospitals to allow them greater flexibility in resource allocation. This law opened up new financing channels for community mental health projects by permitting psychiatric hospitals to shift a portion of their funding from inpatient to community services. The government’s open call initiative for community mental health projects further incentivized local mental health networks to invest in mental health. Pilot projects selected by the government were given funding for three years to help offset start-up costs, which helped drive local networks to design and implement community mental health projects. While local networks were required to design projects which adhered to the basic guiding principles laid out in recently developed government guidelines for mental health services, there was considerable room for innovation at the local level and networks were free to experiment with different ways to achieve broad government-set goals.

Government officials monitor local networks and collect information on patients, performance and spending for funded projects. Monitoring is used to confirm that government funds are being used optimally and that projects are being carried out according to the proposals put forward. An independent evaluation of the national initiative, including

Table 3
How has the health system supported transformations in health services delivery?

System enablers	Example
Accountability	<ul style="list-style-type: none">Article 107 passed to allow psychiatric hospitals to redirect a portion of their funding towards community mental health.Local mental health networks required to design initiatives in line with government guidelines.Government officials oversee local projects receiving government funds to hold them accountable for implementing proposals as outlined.
Incentives	<ul style="list-style-type: none">Government funding awarded to local mental health networks for projects meeting government-set criteria.
Innovation	<ul style="list-style-type: none">Local mental health networks encouraged to innovate new strategies for improving mental health care.Research on national mental health initiative being conducted by Belgian universities.

both qualitative and quantitative research, is being conducted by three Belgian universities to study the perspectives of patients, family members, mental health professionals and managers.

Outcomes

Outcomes of the initiative are “still unrolling” and an evaluation is currently underway. Key informants informally report observing improvements in satisfaction with services for both patients and mental health professionals.

Change management

Key actors

The government’s role in the change process towards greater provision of community mental health services was critical to allow provider-led initiatives to thrive. The government issued the open call which stimulated local mental health networks to take action, government-set guidelines steered the direction of projects put

forward and ongoing monitoring of projects by government officials helped keep local projects on track.

Responding to the national government’s open call for community mental health project proposals, two local psychiatric hospitals teamed up with other mental health care organizations and primary care services in the North West Flanders region to collaborate on a pitch to introduce mobile community mental health teams (Box 2). A multidisciplinary steering committee for the North West Flanders Mental Health Network oversees the community mental health project. The committee includes representatives from various mental health care organizations, primary care services and a patient family member. A steering committee coordinator is responsible for managing all the activities of the Network, facilitating the change process and connecting all organizations involved.

Box 2

Who were the key actors in the North West Flanders project and what were their defining roles?

Initiating change

- **Federal government.**
Implemented legislation to support improvements in mental health care; awarded funding to project proposals meeting government-set criteria for mental health care.
- **Steering committee.** Manages the North West Flanders Mental Health Network and makes necessary strategic decisions for the community mental health project; a coordinator facilitates the group.
- **Psychiatric hospitals.**
Reorganized mental health professionals to support community delivery of mental health services; shifted some resources from hospital to community care.

proposals. The open call stimulated the development of innovative projects with local ownership, one of which being the project put forward by the North West Flanders Mental Health Network.

Implementation

Implementation of activities is locally led by mental health networks according to the project proposals approved by the government. In the case of North West Flanders, implementation was overseen by the steering committee and network coordinator. When setting up the mobile teams, there was some concern among mental health professionals about their future role in a more community-orientated organization of services delivery. These concerns were eased by leaders taking the time to explain to providers that the initiative aimed to change where services were delivered and redefine, but not eliminate, their role. A uniting focus for professionals was their

recognition that “it is sometimes better to keep people in their home”. Initially, it was the younger professionals who joined mobile teams as they were “eager to learn new things”. Some hospital providers were initially resistant to change, but working with the mobile teams on a regular basis has increased acceptance for the new organizational structure over time. “Some people are more conservative but there are some who are very eager.”

Moving forward

Following recent government elections, meetings held with key political stakeholders indicate continued government support for community mental health projects. At present, funding for the North West Flanders project is guaranteed until the end of 2015, at which time the government will evaluate their progress.

In the late 2000s, a focus on mental health in the European Union pushed the need to address observed shortcomings high on the government's agenda in Belgium. An interministerial meeting was convened to discuss potential improvement strategies. Rather than dictate changes and force implementation of the newly developed guidelines for mental health services, the government issued an open call for local project

Highlights

- Top-down support for bottom-up ideas ensured both the necessary resources and local ownership needed to optimize change.
- A supportive legislative framework provided a unified focus for local efforts to align with and helped develop a common vision for mental health services.
- The government created space for experimentation which motivated local projects and sparked grassroots innovation.
- The provision of community or home-based care supported greater consideration of patients' environments.

1 World Health Organization. (2015). *European Health for All Database*. Retrieved from <http://data.who.int/hfad>

2 Nicaise, P., Dubois, V., & Lorant, V. (2014). Mental health care delivery system reform in Belgium: The challenge of achieving deinstitutionalization while addressing fragmentation of care at the same time. *Health policy* 115: 120-127