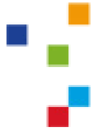


10 MENTAL HEALTHCARE

Reforms focus on de-institutionalisation but lack of data to monitor this trend

During the last decennia of the 20th century, the mental healthcare sector in Belgium, as in most industrialised countries,[121] underwent several reforms characterised by a strong de-institutionalisation movement. This movement emphasized the need to reintegrate mentally disordered people into the society by shifting from large psychiatric hospitals towards alternative services in the community.[122] Yet, important data limitations hamper adequate performance measurement within the mental healthcare sector; in particular, the lack of unique patient identifier does not allow the follow-up of the patient after discharge, and few adequate data are available concerning outpatient care. The indicators relevant to monitor these evolutions (e.g. case management) could not be developed because of limitations in the current data structures. Instead, we relied on general indicators and indicators focusing on the psychiatric hospitalisation episodes (e.g. number of hospitalisation days in psychiatric hospitals; involuntary committals).

This report includes 11 indicators that yield specific information on mental health and healthcare. The results have several limitations and give only a partial picture of the performance of the mental healthcare sector. In addition, based on the analyses performed, the impact of the COVID-19 pandemic on mental healthcare could not be reliably assessed. Nevertheless, some important conclusions can be drawn.

Accessibility of mental healthcare

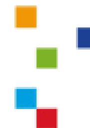
The density of practising psychiatrists was stable between 2011 and 2021 (1.7 per 10 000 population). In 2021, the density of practising psychiatrists was higher in Brussels (3.3 per 10 000 population) than in Wallonia (1.6 per 10 000 pop.) and Flanders (1.5 per 10 000 population); however, the region was mainly based on the home address of the psychiatrists, giving little information on the actual workplace. Belgium's density of practising psychiatrists was below the EU-14 and EU-27 averages (2.1 and 1.8 per 10 000 population, respectively).

The density of registered clinical psychologists at RIZIV – INAMI was 2.5 per 10 000 population in 2022, and was only slightly higher in Wallonia (2.6 per 10 000 population) than Flanders (2.4 per 10 000 population) and Brussels (2.3 per 10 000 population). Again, the region was mainly based on the home address of the psychologists, giving little information on the effective workplace. In Belgium, among the 14 641 licensed clinical psychologists in 2022, only 19.7% were registered at RIZIV – INAMI but a recent study reported that the accessibility to psychological care improved as a result of the implementation of the reform to improve access to primary mental healthcare in 2022 (see section 13.6).[123]

Data about waiting times for mental health services are not systematically collected for the entire Belgian mental healthcare system. Only data for waiting times to access Flemish ambulatory mental health centres are publicly available. In 2022, the average waiting time was 41 days from enrolment to first face-to-face contact with an ambulatory mental health centre and 48 days from first to second face-to-face contact. On average, waiting times were longest for children and young adults and for care for people with mental disabilities. Differences by socioeconomic status are discussed in section 7.1.

Appropriateness of mental healthcare

Results of reforms aiming to make a shift from inpatient mental healthcare towards ambulatory alternatives are starting to become visible. The number of psychiatric hospitalisation days decreased from 789 per 1 000 population in 2010 to 550 per 1 000 population in 2021. The number of psychiatric hospitalisations days was higher for men than women. However, two indicators which are expected to decrease (on the long-term) as a result of these reform efforts did not. The percentage of emergency room visits in general hospitals for social, mental or psychic reasons remained stable over time (from 1.5% in 2010 to 1.6% in 2021) and the number of involuntary committals in psychiatric hospitals rose from 7.1 per 10 000 population in 2010 to 9.4 per 10 000 population in 2021.



In addition, the number of hospitalisation days in psychiatric hospital wards was higher in Flanders than in other regions. It should be investigated if these admissions are appropriate or if they are due to shortcomings in the service offer (e.g. insufficient community-based alternatives, insufficient case management).

Continuity of care

The rate of 30 days readmission rate in psychiatric hospital wards (in the same hospital) was 17.6% in 2021, which is in the range of other similar countries. Brussels had a higher readmission rate (23.2%) than Wallonia (17.2%) and Flanders (17.1%).

Appropriateness of prescribing pattern in ambulatory patients

Although an increase in the prescription rates of antidepressant drugs can be observed throughout Europe, Belgian rates of antidepressant use (86.5 DDD per 1 000 population/day) were higher than the EU-14 and EU-27 averages (77.1 and 64.2 DDD, respectively). Women had a two-fold higher consumption of antidepressants than men. Figures were considerably higher in Wallonia (100.1 DDD) compared to Flanders (82.4 DDD) and Brussels (65.7 DDD). It should be investigated whether this can be explained by socioeconomic and demographical differences or whether this was due to other reasons (e.g. professional culture, dissemination of evidence-based guidelines).

Yet, the percentage of adults with antidepressant medication remained stable over time (from 13.3% in 2010 to 13.7% in 2021), but with large variations between regions (higher in Wallonia than in Brussels and Flanders). Furthermore, the percentage of adults with antidepressants prescribed was higher on lower socioeconomic groups (see section 7.1), it increased with age (with the highest prescriptions rates observed in adults aged 75 years or more), and was higher in women than in men.

A third indicator is a proxy measure of **guideline adherence.** Major depression requires at least three months of antidepressant use. A small percentage of adults received antidepressant therapy for a shorter period (<3 months): 12.4% in 2020. The percentage of short therapies was higher in men than women. Short-term antidepressant prescription rates have been decreasing in the past decade.

Conclusion

While the past reforms results started to become visible and the accessibility to psychological care improved, the results on the mental healthcare indicators remained poor overall. The appropriateness of mental healthcare remained average, the continuity of care deteriorated and the appropriateness of prescribing pattern in ambulatory patients remained unsatisfactory. In addition, performance monitoring in this domain remained challenging since data systems ideally should allow to monitor patients' entire care path (including outpatient care), which is to date insufficiently the case.

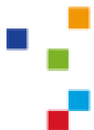


Table 23 – Indicators on mental healthcare

(ID)	Indicator	Score	Belgium	Year	Flanders	Wallonia	Brussels	Source	EU-14	EU-27
Accessibility of care										
MH-2	Practising psychiatrists (/10 000 pop)	→	1.7	2021	1.5	1.6	3.3	INAMI – RIZIV; OECD	2.1	1.8
MH-12 *New*	Number of clinical psychologists registered at RIZIV-INAMI (/10 000)	C	2.5	2022	2.4	2.6	2.3	INAMI – RIZIV	-	-
MH-3	Waiting time for a first face-to-face contact in a centre for ambulatory mental health (days)	→	-	2022	41	-	-	Department Zorg	-	-
Appropriateness of care										
MH-4	Rate of involuntary committals in psychiatric hospital wards (/10 000 pop)	↗	9.4	2021	9.2	8.2	12.2	MPG – RPM	-	-
MH-5	Emergency rooms (ER) visits for social, mental or psychic reason (% of admission in ER in general hospitals)	ST (average)	1.6	2021	1.0	1.3	**1.7**	MZG – RHM	-	-
Continuity of care										
MH-11	Readmissions within 30 days in psychiatric hospital wards (in the same hospital, % of admissions)	average (stable)	17.6	2021	17.1	17.2	**23.2**	MPG – RPM	-	-
Appropriateness of prescribing pattern in ambulatory patients										
MH-6	Use of antidepressants (total DDD/1000 pop./day)	poor (stable)	86.5	2021	**82.4**	**100.1**	65.7	Pharmanet – Farmanet;		
			86.2	2021				OECD	77.1	64.2
MH-7	Use of antidepressants (% of adult population, at least once in the year)	→	13.7	2021	12.9	16.2	11.3	Pharmanet – Farmanet	-	-
MH-8	Use of short (<3 months) antidepressant treatment episodes (% of adult population under antidepressant)	↘	12.4	2020	12.6	11.5	14.7	Pharmanet – Farmanet	-	-
Contextual										
MH-10	Number of hospitalisation days in psychiatric hospital wards (/1000 population)	↘	550	2021	609	455	344	MPG – RPM	-	-

Good (green), average (yellow) or poor (red) results, globally stable (ST), improving (+) or trend not evaluated (empty).
For contextual indicators (no evaluation): upwards trend (↗), stable trend (→), downwards trend (↘), no trend (C).