

Summary of the concluding remarks by the chair of the day, Prof. Johan Bilsen

Ladies and Gentlemen,

The first, and perhaps one of the most important things brought forward in these presentations, is, in my opinion, the **overwhelming evidence that mental health problems are a really huge public health issue**. We learned from Prof. Lindert that nowadays nearly five hundred million people worldwide suffer from mental disorders. Each year, at least one third of the European population deals with such problems! We also heard that it is not so much the lethality of mental health disorders that is a problem, but the disability caused by these mental health diseases, which is highly underestimated. Prof. Lindert also showed that according to the WHO about one fifth of the global disease burden can be attributed to mental health problems. Belgium is no exception in this regard. Miss Van den Bergh told us that one fourth of the Belgians suffer from mental distress, that one third of people are confronted during their lives with psychiatric illness, and that also in our country about 20% of the burden of disease is due to mental health problems. With regard to suicide, Prof. Van Heeringen showed that Belgium is among the countries with the highest suicide rates in Europe, counting for about 2000 suicides each year, this is a mean of 6 suicides per day! Realizing that figures for suicide attempts are about 15 times higher, there are about 90 suicide attempts each day! About 4 per hour! These are simply hallucinatory numbers.

Secondly, while these figures are rather depressing, what I also learned from today's presentations, is that mental health disorders, in contrast to what is often claimed, are **very well susceptible for prevention**. Prof. Lindert and Prof. Van Heeringen mentioned how robust studies revealed several risk factors for the occurrence of mental health problems and suicide such as gender, migration, poverty, adverse life events, suicide attempts, etc... Such an ecological approach is of course very useful as a starting point for developing preventive actions at population level, which also has been done in Belgium, especially in Flanders. Miss Van den Bergh gave several examples of systematically developed prevention action plans, involving all important stakeholders, health conferences, monitoring progression, and evaluation of results. Also initiatives of 'Te GEK' or 'Un pass dans l'impasse' can be regarded in this context as very useful initiatives appealing to a large group of people in need. Prof. Portzky explained us the different prevention approaches and involved key strategies for suicide prevention. She mentioned several concrete actions on this domain in Wallonia as well as in Flanders. And she clearly explained us the first and second suicide prevention plans in Flanders, the systematic development of the main aims of these programs: health promotion, providing helplines, educating health professionals, developing special programs for high risk groups and guidelines. We also heard from her that evaluation of the first Flemish Suicide Prevention plan revealed a promising substantial decrease in suicide as well as attempted suicide rates. Also Prof. Vaiva convinced us that prevention in mental health can be effective. He presented us several robust studies from US, from UK, Australia, and his own country France, giving clear evidence about how surveillance of suicide-attempters –which can be regarded as a form of secondary prevention- is very effective to prevent future suicidal

acts. His Algos-study is a brilliant example of how also in this domain, randomized controlled trials can provide highly useful information to underpin preventive programs.

A third and last topic I selected for these concluding remarks are the ongoing rather **drastic changes within the mental health policy** in Belgium (which is already a country with a very complicated state-structure). Two main tendencies became very clear for me during the presentations. First, as showed by Miss Van den Bergh, Vilain le Quatorze and Mr. Detavernier, we are in the middle of a process where responsibilities for mental health policy are increasingly and irreversibly shifting from the Federal level to the Regional levels. It is clear that such policy shift gives possibilities to set own priorities according to the needs of the region (and this became also very clear in their presentations), but it can also give rise to a double-track policy, where regions are only concerned about their own problems. It is not clear whether this evolution will result in cooperation, learning from each other, or rather in dividing and going each one their own way. In the presentations of Prof. Leys and Prof. Lorant, a second main tendency in mental health care policy was showed, namely the shifting from institutional care towards a patient-centered community-based care with networks of services within a defined geographical area. Although there are several advantages in this functional-logical approach, and research results are promising as showed by Prof Lorant, Prof Leys pointed also clearly to different problems emerging from such complex interventions, involving stakeholders from various sectors at different levels, such as: collaboration problems, communication problems, the rather pragmatic than visionary public health approach, time consuming for collaboration, resistance from psychiatrists, the dominant role of hospitals etc...

So, **in conclusion** we can say that mental health problems constitute a large and increasing part of the burden of disease worldwide. And Belgium is certainly no exception in this regard with even the highest suicide rates in Europe. However, although the huge individual and societal impact of mental health disorders is obvious, mental health care is still regarded as less important to the regular somatic healthcare. This not only undermines the necessary holistic approach of health and healthcare, but also leads to an underfunding and undervaluation and sometimes stigmatization of this kind of problems. Although substantial progress has been made already, broad recognition of these problems and successful evidence-based prevention and care initiatives seem to need more robust scientific research to address the difficulties encountered in conceptualizing and measuring mental disorders, and to increase our knowledge of the risk factors. Further, to provide comprehensive, integrated and responsive mental health it is important to include mental health issues more explicitly within other priority health programmes as well as within other relevant societal sectors, such as education, employment, social welfare, informal environmental supportive organisations, poverty reduction initiatives, ... The shifting from institutional care towards a regionalized patient-centered community-based care in our country seems a meaningful and promising evolution in this context.