



Vrije Universiteit Brussel

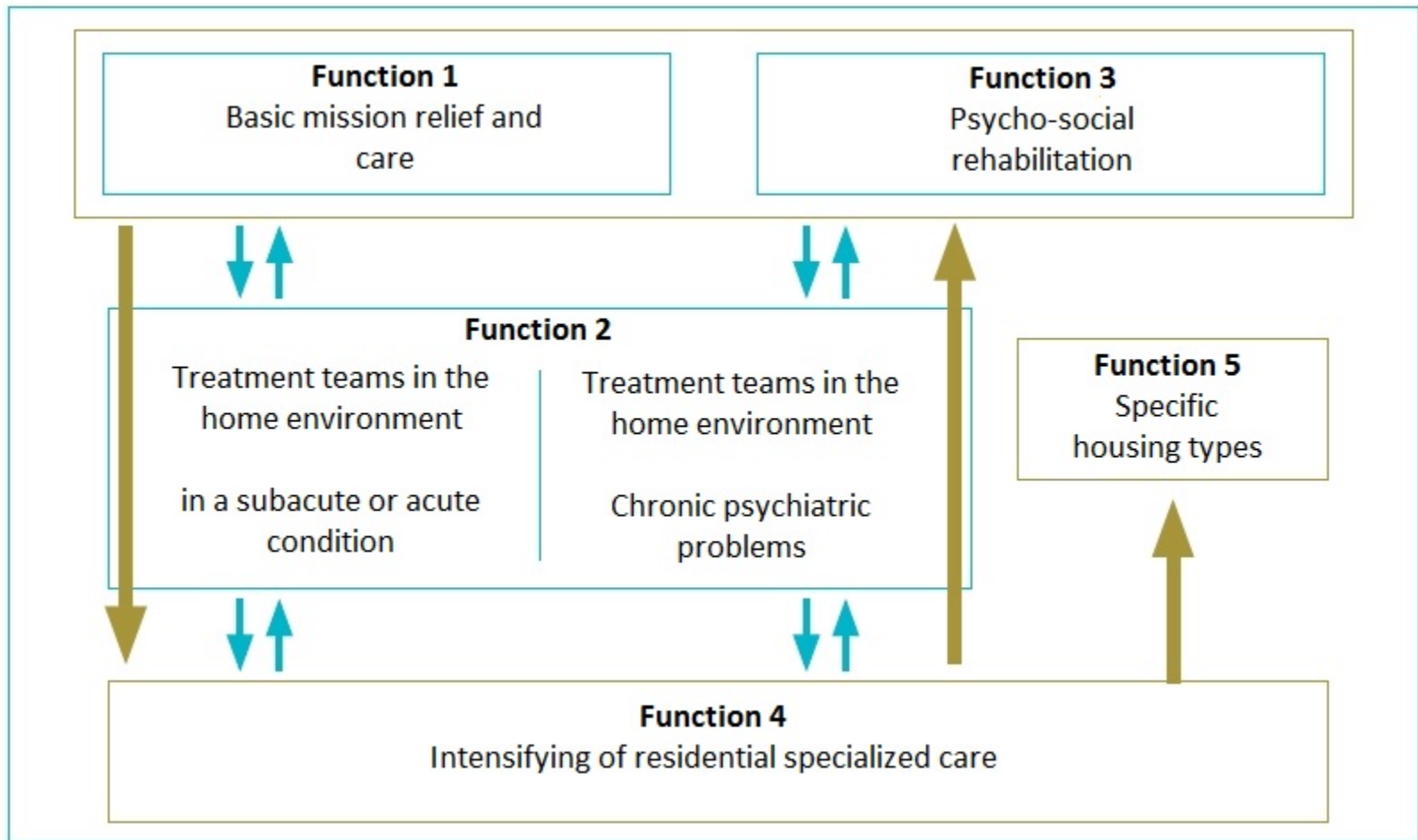
Research on mental health care reforms in Belgium

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General background

- Belgium historically more institutional MHC compared to neighbouring countries
- Pressures to move towards community-based MHC
- towards a needs based ambulatory and differentiated MHC / a “balanced care”
- Patient-centred = based on their needs
 - Participation of patients and informal carers organisations

The reform: A “functional” logic



The tool

- Article 107 in the law on health care institutions (federal level)
 - Reference to previous mental health reform initiatives (pilot projects, psychiatric home care, therapeutic projects, ...)
- Interministerial approach:
 - 7 Ministers of different policy levels involved
 - Complex (policy) field for organising MHC:
 - Regions, communities, federal level (insurance, organisation of health care),...

A mixed field of players

- **Psychiatric hospitals**
- **Psychiatric ward in general hospitals**
- **Psychiatric nursing homes**
- **Sheltered housing**
- **Ambulatory MHC-centres**
- **NIHDI-conventions**

**Professional
associations**

**GP's
psychiatrists**

**User group
And family associations**

**Other sectors
Housing,
Labour,
Care, cleaning,...**

In practice

- Network of services within a defined geographical area -> “whole networks”
 - = Collaboration between stakeholders from various sectors at different levels
 - = Since 2011-2012: 19 IO networks in Flanders (11), Wallonia (6) & Brussels (2)
- Global and integrated approach of the 5 functions
- Free choice of patient is central
- Appointment of a networkcoordinator (NC) & a strategic committee
- Bottom-up network implementation within functional logic
- Support through coaching an national programme coordinators (federal level)

The research

- Evaluation research perspective
 - Plan & process evaluation of the implementation process
 - Outcome evaluation: impact on patients
- 3 universities (VUB-UCL-LUCAS) involved in monitoring
 - Registration and monitoring system
- VUB – focus on:
 - geographical implementation
 - interorganisational Network-development
 - Network Governance & role NC

The VUB research perspective

- Complex interventions
 - Search for “evidence”
- Implementation research
- Realist evaluation
- Health systems perspective
- Focus on qualitative methods
 - Interviews, focusgroups, document analysis

findings

- Geographical implementation
- Network implementation
 - Network configuration

Geographical implementation

- Belgium is not covered as a whole
- Networks develop a pragmatic rather than a visionary approach towards the region
 - Very little public health thinking
- Boundaries
 - Coordination problems between and within networks
- Geographic development hampered by different notions of “regions” by sectors and policy regulations:
- Existing initiatives potentially contributing work according to different regional perspectives
 - E.g. specialised hospitals, EPSI

Network configuration

- mix of partners and mix of sectors varies between networks
- Little fundamental changes in the composition of the networks over last years
- If partners change it is based on pragmatic considerations
- A lack of attention toward the integration of the “five functions”
 - It lacks a public health approach

Collaboration in networks



- Learning from each other
- Some practical changes are occurring in the field through care professionals



- Time investment for collaboration
 - Cultural differences, power and interests
 - Potential loss of commitment over time
- Difficult to involve GP (fee for service)
- Resistance from psychiatrists

Collaboration in networks



- Power resources and relations between different partners
 - The dominant role of hospitals
- Competition between partners:
 - Protectionism of individual partners, both for financial resources, identity, care vision and approach
- Specific barriers:
 - Professional secret
 - Labour issues
- Bottle neck in continuity of care:
 - Waiting lists, cream skimming

Network governance

- A lack of informed thinking on network governance
 - Collaboration versus “network as a whole”
 - A “project based” approach
 - Little reflection on sustainable networks
 - Very much relying on network coordinator(s)
- Lack of integration of strategic and operational matters:
 - pragmatism rules
- Shared vision and Network “identity” is an issue
- Communication
 - with partners but also with own organisation is perceived as difficult
- Network versus our own “organisation”

discussion

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