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The Belgian reform in mental health care: Where are we now? A short overview and state of progress

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Mental health problems are as common in Belgium as in any other European country. Approximately 25% of the Belgians are experiencing some sort of psychological distress. There is a significant treatment gap that both encompasses people not getting treated and people receiving treatment far too late. Stigmatisation, financial barriers, lack of collaboration between primary care and specialized care, poor accessibility and waiting lists are only some of the factors named to account for this situation. Until 2010, the Belgian mental health care strongly remained a hospital-based system, with more than 150 beds per 100.000 inhabitants. In May 2010, the Public Health authorities launched the 'Guide towards a better mental health care', thereby setting in motion the reform for adults. The program implicated a bed reduction, to accomplish by a reallocation of the bed-bound financial means to new mobile treatment teams or hospital intensification. In 2016, almost the entire Belgian territory is covered by different networks which include the 5 sectors. Approximately 55 newly created mobile teams are active, together with a chronic bed reduction of 20%. Several additional ambulatory rehabilitation services, focusing on housing and employment, were founded. Nevertheless, important challenges remain for the nearby future. It seems that the networks have established all sectors, but an even more integrated approach is needed to improve the accessibility and continuity of care. This requires a formalisation and rethinking of the governance.

Biography

Bernard Jacob is active in the field of Mental Health and Social Welfare for more than 30 years. Actually he is project manager and national coordinator of the mental health care and psychiatry reform for adults and of the new mental health policy for children and adolescents. He ensures the coordination of the global elaboration plan in connection with the various levels of decision and organization, the competences of the Regions, Communities and the National Insurance Institute of Disease and Disability. He is graduated from the third edition of International Masters on mental health policy and services. He has also an important experience in the management and monitoring of European issues.

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