

The state of mental health in Brussels: What are the needs on the front line and how to improve the collaboration between professionals, structures, and lines?

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An overview >>

In the last decade, the prevention and treatment of mental illnesses has come to the forefront of public policymaking as government awareness of the issue has increased. In Belgium, according to the 2013 Health Interview Survey, 4 out of 10 inhabitants in Brussels reported that they suffer from a mental illness. The Belgian government is currently implementing the “reform 107” to improve the provision of mental health services. This interdisciplinary study aims to identify the needs on the “front line” of mental health services by focusing on one specific municipality of Brussels: Anderlecht. The study includes three sections: sociological, economic and legal. The sociological section uses a bottom-up approach with a method of group analysis to obtain direct testimonies from professionals working in the field of mental health services. Using their testimonies, the team of researchers introduces a toolbox of recommended solutions. The economic section quantifies the proposed solutions and extrapolates the results to the rest of the municipalities in the Brussels-Capital Region. Finally, the legal section links these solutions to Belgian legislation to make them politically feasible.

Key contributions

- Three key **solutions** are presented to improve the efficiency of mental health services in the Brussels-Capital Region: **better communication** (with an online directory and a coordinator per municipality), the introduction of a “**first aid mental health course**,” and the introduction of **mental health referents** in mental health institutions (beginning with large institutions).
- This study presents two novel approaches **to measure the demand and availability of mental health services**. With regard to the demand, the authors introduce the Brussels Index of Deprivation. To measure the availability of mental health services, they approximate the number of organisations working in the mental health sector in the area.

Introduction

The reform 107 of the Belgian government aims at improving the provision of mental health services in the country. In particular, its main objective is to promote outpatient treatment rather than hospital care. In addition, the reform supports the prevention and the destigmatizing of mental disorders as well as the rehabilitation of patients. In this context, the non-profit organisation *L'Équipe* commissioned this study with the support of the French Community Commission of Belgium in order to evaluate the most urgent needs of mental health services in the municipality of Anderlecht.

This interdisciplinary study consists of three sections: sociological, economic and legal. The research uses a bottom-up approach involving the direct participation of professionals in the field of mental health services in Anderlecht. Professionals are not limited to psychologists but also include social workers (in social assistance centers, job centers, and housing support centers), the police, and general practitioners. Testimonies taken from interviews with these professionals are translated into specific solutions which are then quantified and put in the context of Belgian legislation.

Empirical Methodology

The study is structured in three sections: sociological, economic and legal. The sociological study is based on a bottom-up approach via the use of a group analysis method. The researchers performed various individual interviews and group meetings with several actors in the mental health services field. Through their testimonies, several tools were suggested as potential solutions for the perceived structural problems. The full group of researchers discussed this toolbox of solutions and came up with three courses of actions. They were presented to the participants of the meetings done during the first phase of the project and to the non-profit organisation *L'Équipe*. Their feedback helped the team of researchers in drawing the final functions.

The economic section takes these functions and tries, in monetary terms, to quantify the cost of implementing them in the municipality of Anderlecht, the location focused on in this study. The quantification is further extrapolated for each of the municipalities of Brussels. In order to do so, the researchers use a two-fold approach. First, they quantify the demand of mental health services via the construction of the Brussels Deprivation Index through a Principal Component Analysis (PCA). The index is structured in four dimensions: revenue, disadvantaged households, labour market and living environment. It includes factors such as level of unemployment, the percentage of low-income households, number of social housing per 100 households, and school availability. There exists a vast body of literature that associates socio-economic characteristics with the prevalence of mental health disorders. Secondly, the researchers approximate the availability of mental health services by calculating the number of organisations working in the field of mental health services per neighbourhood. As no official number exists of registered institutions working in mental health services, the authors approximate this number according to available online directories.

Finally, the legal section of this study includes a theoretical and a practical section. In the theoretical section, the corresponding jurisdictions are identified following the 6th reform of the Belgian state that gave more power to the municipalities. In the practical section, the study proposes an *integrated, inclusive and local* approach to the jurisdiction's competences. The main objective is to provide local institutions with the ability and authority to make certain important decisions in order for the mental health system to be as coherent and accessible as possible.

Results

The discussions with workers in mental health services led to the creation of a toolbox with three main functions. The first function is associated with the lack of communication between institutions working in the mental health services field. In order to deal with this problem, the study introduces two solutions: an online directory and a municipal mental health coordinator. The online directory will include two interfaces, one for the general public and one for healthcare workers in order to enhance communication between them. In addition, the mental health coordinator will be in charge of updating the directory and promoting inter-relationships at the municipality level.

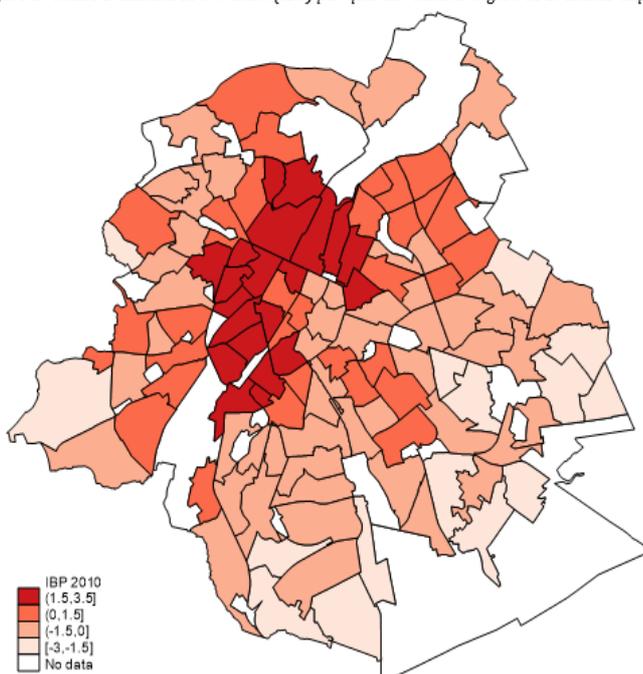
Secondly, during their interviews, workers in the field expressed the feeling of being “left alone” to face certain situations in their work. To solve this, the study introduces the idea of the creation of a “first aid mental health course” that aims to help workers react to mental crises and to demystify mental disorders. The Flemish Red Cross plans to implement such a course in 2020. The authors recommend working alongside this organisation to build the course with a specific focus on the municipality of Anderlecht.

Finally, to avoid sending patients back and forth between institutions, this report presents the role of the mental health referent who will be the contact person for each institution. He or she will work closely with the municipal mental health coordinator.

The economic section of this paper quantifies each of the proposed solutions. For final amounts and detailed calculations, we refer to the main report. The monetary quantities are subject to several intertwined factors. Hence, the final amount will vary depending on the ultimate policy definition. In addition, the section extrapolates the results to the rest of the municipalities of the Brussels-Capital Region. The economists use two approximations via the demand and the offer of mental health services. In both cases, the greatest needs are found in the neighbourhoods and municipalities situated in the North-West part of the region.

The study concludes with the legal section that places the proposed solutions in the context of Belgian legislation. The section is structured in two parts: a theoretical and a practical approach. With regard to the first one, following the 6th Reform of the Belgian state, most of the suggested implementations are assigned to the community jurisdiction. In what concerns the practical approach, the Common Community Commission (COCOM) is expected to play a central role. Yet, the study suggests the importance of an inclusive approach with a particular investment from the municipalities. Finally, with respect to the funding of the project, this study suggests not to directly finance the municipalities but to finance the corresponding community commissions. Furthermore, it recommends giving the municipalities the right to accept or refuse any help.

Figure 1 : Indice Bruxellois de Privation (IBP) par quartier dans la Région de Bruxelles-Capitale



“The **demand of mental health services**, as approximated via the Brussels Index of Deprivation, **situates the need** of mental health services in the **North-West part of the Brussels-Capital Region**. Similar results are found in the case of the availability of mental health services.”

Policy implications

The Belgian government has the opportunity to bring innovation and new public policy to the field of mental health services in Belgium. Following the lockdown restrictions due to the COVID-19 pandemic, the mental health of Brussels inhabitants is more exposed and at risk than ever. The reinforcement of the mental healthcare system is crucial to guarantee the well-being of the population. The proposed solutions will help in avoiding an institutional “ping-pong” between actors who do not know how to respond to the abundant demands they will have to face.

References

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Dulbea Policy Report N° 20.01 (available upon request)



Authors, personal sites:

Céline Mahieu & Laura Solar ([CRISS](#));
Maxime Fontaine, Laura López Forés &
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Related Studies:

Walker, Nicaise & Thunus (2019),
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