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What community service providers need or wish from a psychiatric hospital: the Ghent approach



Roadmap for mental health

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Organization of Health Services in Belgium

- **Belgium: Health Care Responsibilities:**
 - Federal government
 - Communities: Flemish, French and German Community
 - Regions: Flemish, Brussels, Wallonie
 - Provinces and municipalities

- Interministerial conferences

Health Care in Belgium



Hospitalocentric
Sick Care vs. prevention



Fee for service as a financing
principle



Very big challenges from 2020
– 2040

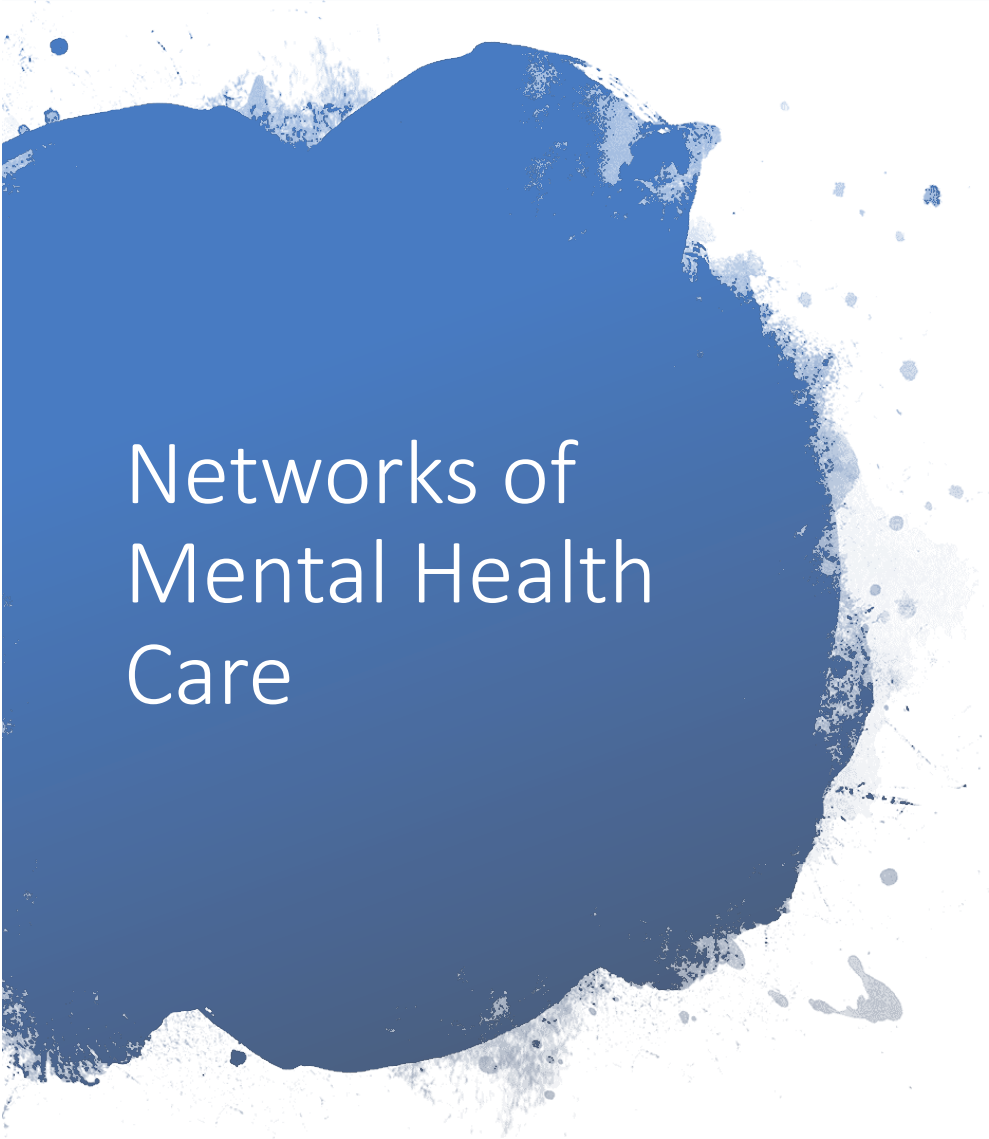


Financing principles need to
be changed

Capita
Quality
Fee for service

Mental Health Care

- 6 % of the Health Care Budget (recommendation OESO 10%)
- High number of long – term hospital beds in psychiatric facilities (2967)
- High number of acute hospital beds in psychiatric facilities (4755)
- Supported Housing (4247)
- “Belgium has too much psychiatric beds, long term and acute. The shift towards deinstitutionalization is taking too long and is not enough coordinated by the government.” (Mapping Exclusion Report, Mental Health Europe)
- Coexistence of institutions and ambulant care



Networks of Mental Health Care

Network for Mental Health 'Het PAKT': the
East of Flanders

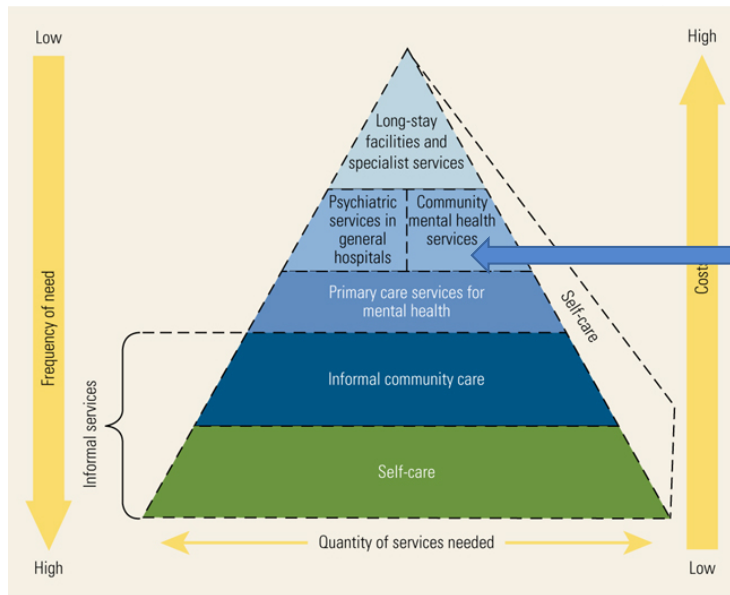
13 Networks for the whole of Flanders

- Function 1: Prevention, framing, psychological function, ... (Flemish Government Resp.)
- Function 2: FACT, Crisisteam (Federal Governement, reallocation of Clinical Beds)
- Function 3: Rehabilitation, Work and leisure (Flemish Governement)
- Function 4: Intensifying residential Care (Federal Government)
- Function 5: Housing (Flemish Government)

Network for Mental Health 'Het PAKT'

- Inhabitants (18 – 64 years): 530 861
- Number of psychiatric beds: 1953 (635 A, 921T, 271 PAAZ + K)
- Cases for FACT/ assertive community treatment team: 715 cases (EPA)
- Cases for Mobile Crisis team: 1002 cases (crisis – 1 month)
- Assesmentteam: 388 coaching cases

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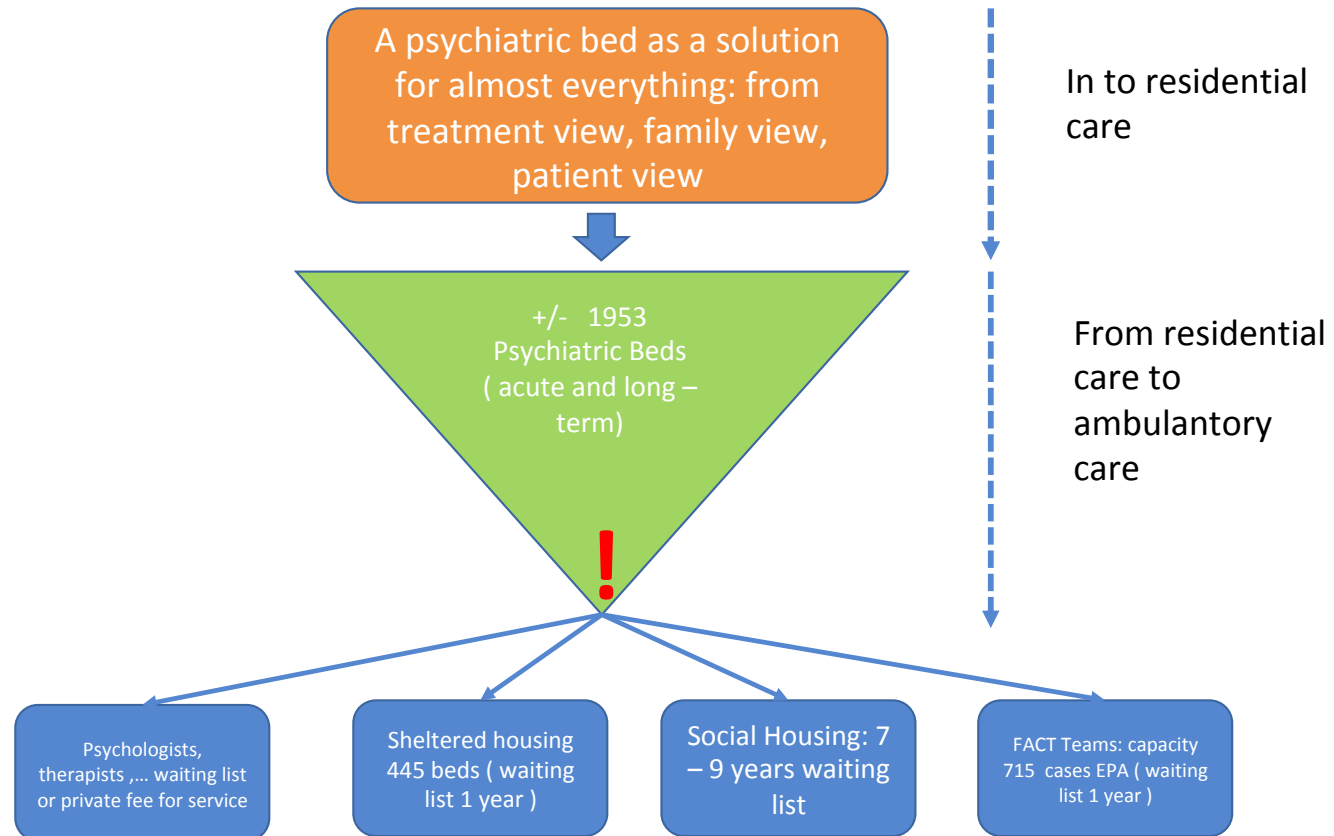


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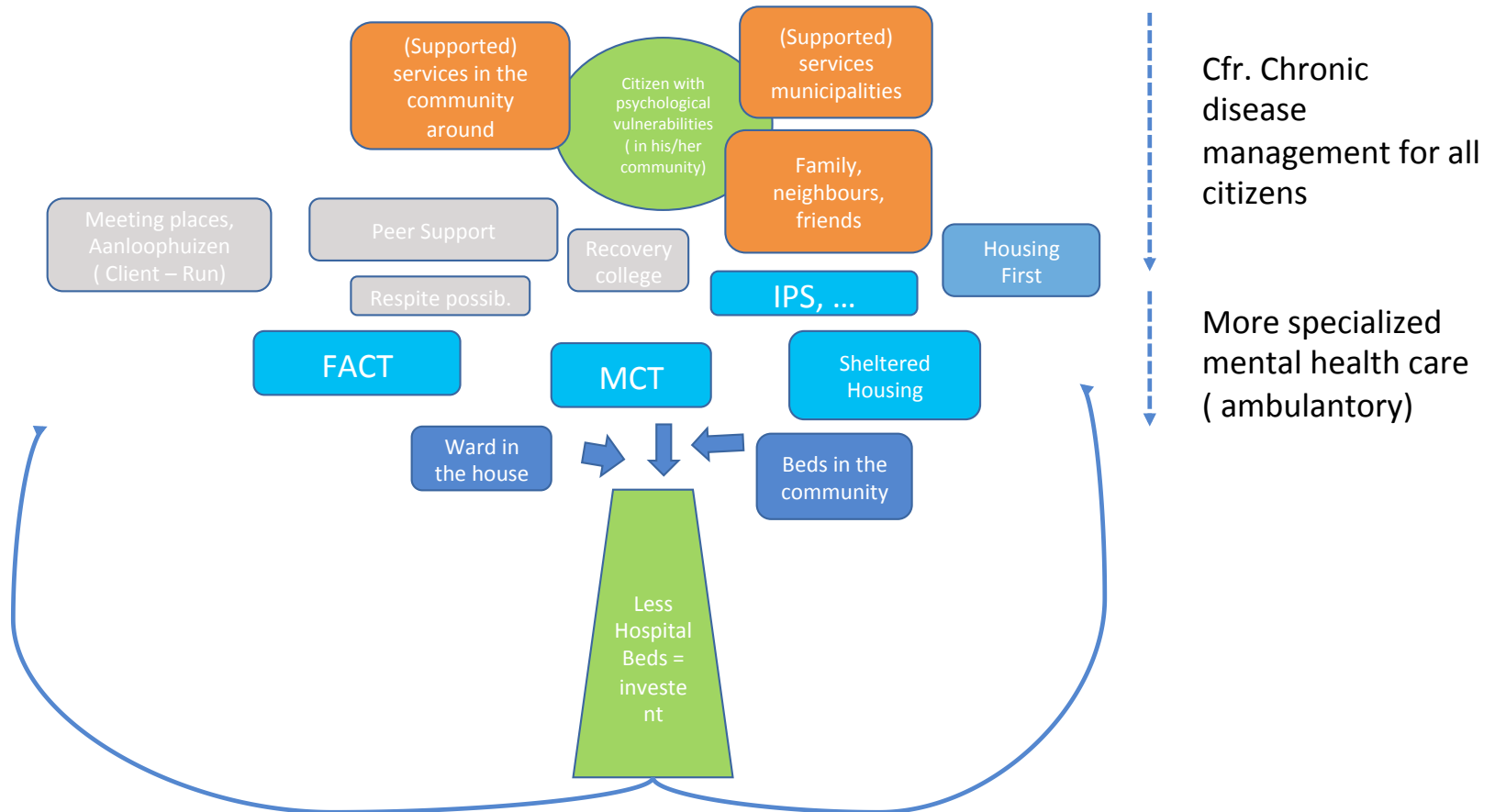


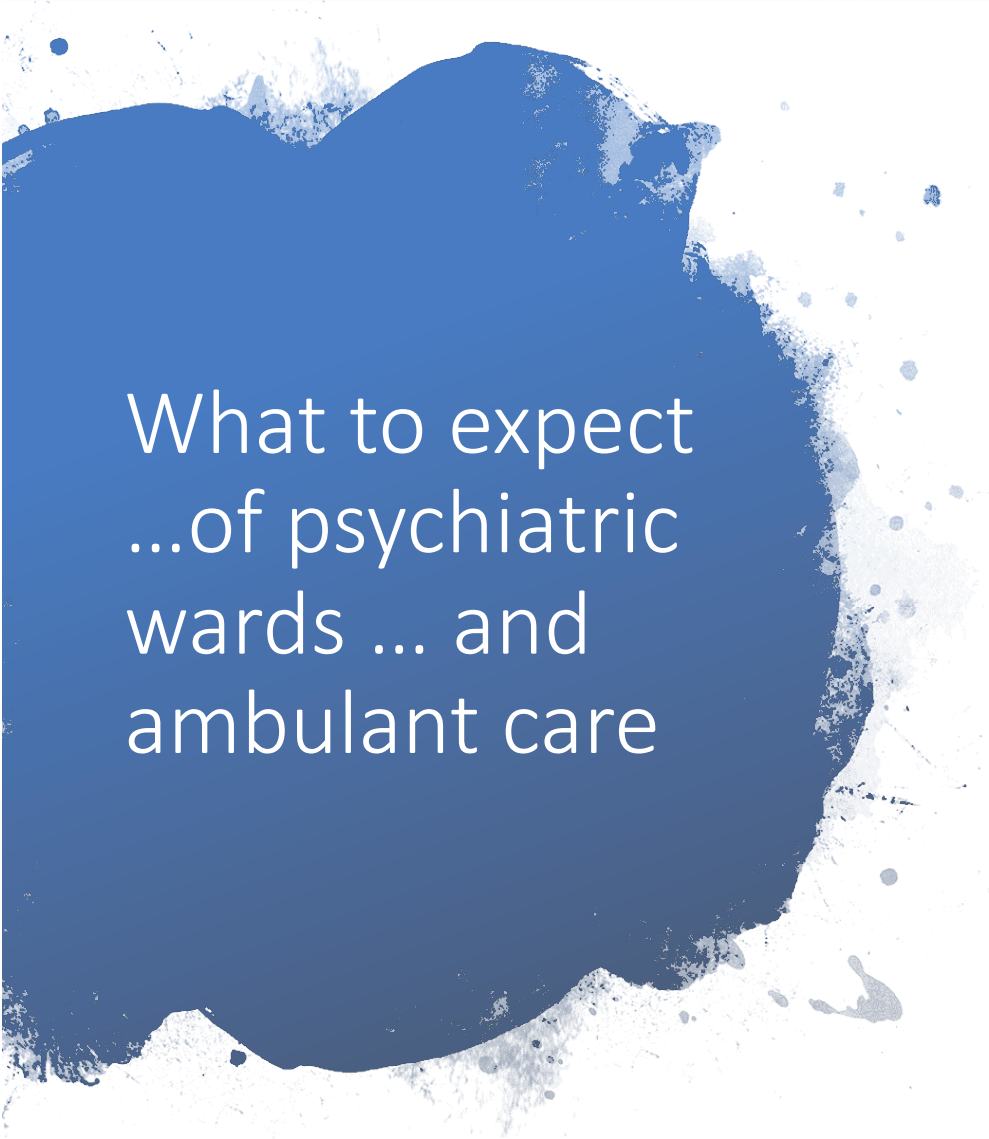
- Sheltered Housing
- Ambulatory Support
- Work, leisure, education

The pyramid needs to shift



The pyramid needs to shift





What to expect ...of psychiatric wards ... and ambulant care

- Bed on receipt ...
- Inreach from outreach teams:
coordinated care
- External communication
- Dismissal management
- High Intensive Care
- No asylum function

- The responsibilities go both ways ...
also for the ambulant care
- Trust and communication
- Get to know each other



The psychiatric hospital of the future ... for citizens

- Network organization
- Looking over the borders ...
- A plug in for all community based organizations (administration, HR, facility management,...)
- Coaching and giving expertise to all existing regular organizations working with people with vulnerabilities in the community
- Create affordable and qualitative living: the patrimony is there and ready to use
- Delivers high quality crisis help and treatment:
 - High Intensive Care Units
 - Specialized treatment for complex problems
- Does what it has to do: threat psychological problems, but don't treat all social problems through psychiatry: welfare, social organizations, self – treatment, peer support are experts in this: support and coach these organizations.
- If we all love beds: create them in the community of people, create alternatives like ward in the house, 24h support
- The remaining hospital beds should be managed from the expertise of the hospital, but also with the involvement of the patients and their family



Thank you!



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