

GENERAL INFORMATION

Belgium is a country with an approximate area of 33 thousand square kilometers (UNO, 2008). The population is 10,697,588 and the sex ratio (men per hundred women) is 96 (UNO, 2009). The proportion of the population under the age of 18 years is 20% and the proportion above age 60 is 17% (UNO, 2009). The literacy rates for men and women are unknown. The life expectancy at birth is 77 years for males and 83 years for females (UNO, 2005-2010). The healthy life expectancy at birth is 70 years for males and 83 years for females (UNPD, 2010). The country is in the high income group (based on 2010 World Bank criteria). The total expenditure on health as a percentage of gross domestic product is 11.8% and the per capita government expenditure on health (PPP int. \$) is \$2412.0 (WHO, 2006). The suicide rate for males is 27.2 per 100,000 population and for females is 9.5 per 100,000 population. In Belgium, neuropsychiatric disorders are estimated to contribute to 29.4% of the global burden of disease (WHO, 2008).

GOVERNANCE

An officially approved mental health policy exists and was approved, or most recently revised, in 2010. Mental health is also specifically mentioned in the general health policy.

A mental health plan exists and was approved or most recently revised in 2010. The mental health plan components include:

- Timelines for the implementation of the mental health plan.
- Funding allocation for the implementation of half or more of the items in the mental health plan.
- Shift of services and resources from mental hospitals to community mental health facilities.
- Integration of mental health services into primary care.

Dedicated mental health legislation exists and was initiated, or most recently revised, in 1999. Legal provisions concerning mental health are not covered in other laws (e.g. welfare, disability, general health legislation etc.).

Note: Belgium is a federal state, composed of communities and regions which have their own competencies in the area of mental health. However, some components of mental health services are still controlled by the federal government including the management and the financial aspect (through the Belgian Health Insurance Agency). The decentralized authorities (Flanders and Wallonia) have developed their mental health policies and are responsible in a large extent for the implementation of their own mental health action plan.

The distribution of skills in health between the Federal Government and the decentralized provinces means that each entity serves autonomously. However, coordination is essential and is realized by means of the Inter-ministerial Conference of the Ministers of Health.

FINANCING

Mental health expenditures as a proportion of total health spending and mental hospital expenditures by the government health department/ministry are not available. Financing mechanisms for mental health in Belgium are complex. For example, hospital budgets and the salary of doctors come from the federal budget but each region has its own mental health budget making it difficult to report national mental health expenditure figures.

MENTAL HEALTH CARE DELIVERY

Primary Care

Prescription regulations authorize primary health care doctors to prescribe and/or to continue prescription of psychotherapeutic medicines but with restrictions. In contrast, the department of health does not authorize primary health care nurses to prescribe and/or to continue prescription of psychotherapeutic medicines. Similarly, official policy does not permit primary health care nurses to independently diagnose and treat mental disorders within the primary care system.

Mental Health Services

Availability of mental health facilities

	Total number of facilities/beds	Rate per 100,000 population	Number of facilities/beds reserved for children and adolescents only	Rate per 100,000 population
Mental health outpatient facilities	89	0.83	11	0.10
Day treatment facilities	136	1.27	7	0.07
Psychiatric beds in general hospitals	2737	25.58	228	2.13
Community residential facilities	UN	UN	UN	UN
Beds/places in community residential facilities	UN	UN	UN	UN
Mental hospitals	68	0.64	7	0.07
Beds in mental hospitals	14385	134.47	620	5.80

Access to care

	Rates per 100,000 population)	Females (%)	Under age 18 (%)
Persons treated in mental health outpatient facilities	UN	UN	UN
Persons treated in mental health	968.55	UN	10%

Data collected in 2011

UN = information unavailable, NA = item not applicable

day treatment facilities			
Admissions to psychiatric beds in general hospitals	427.79	UN	5%
Persons staying in community residential facilities at the end of the year	UN	UN	UN
Admissions to mental hospitals	540.77	UN	13%

Long term care in mental hospitals (% of persons staying):

Less than 1 year	UN
More than 1 and less than 5 years	UN
More than 5 years	UN

Note: Patient data may be imprecise, as they are collected from a system that does not employ patient identification (to provide anonymity). Therefore, the values may include duplicates.

Additionally, the data presented here are related to the services approved and subsidized only by the Walloon region. There are, thus, several service centers that are not included in the data set. Unlicensed mental health centers, which mainly provide psychotherapy, are also not included as their numbers are unknown.

HUMAN RESOURCES

Workforce and training

	Health professionals working in the mental health sector Rate per 100,000	Training of health professions in educational institutions Rate per 100,000
Psychiatrists	UN	UN
Medical doctors, not specialized in psychiatry	0.0	UN
Nurses	0.04	UN
Psychologists	1.34	UN
Social workers	0.89	UN
Occupational therapists	0.03	UN
Other health workers	1.46	NA

Note: The above data are for the Wallonia region only.

Informal human resources (Family and User Associations)

	User	Family
Present in the country?	Yes	Yes
Number of members	UN	UN
Participation in the formulation/implementation of policy/plan/legislation?	Frequently	Frequently

Data collected in 2011

UN = information unavailable, NA = item not applicable

MEDICINES

Expenditures for medicines for mental and behavioral disorders at country level

Type of Medicines	Expenditures at country level per year and per 100,000 population (in USD)
All the psychotherapeutic medicines ¹	6,370,732
Medicines used for bipolar disorders ²	166,356
Medicines for psychotic disorders ³	1,688,543
Medicines used for general anxiety ⁴	1,787,133
Medicines used for mood disorders ⁵	2,728,699

INFORMATION SYSTEMS

	Data on number of people/ activities are collected and reported	Data on age and gender are collected and reported	Data on patient's diagnosis are collected and reported
Persons with mental disorders treated in primary health care	No	No	No
Interventions (psychopharmacological and psychosocial) delivered in primary health care for people with mental disorders	No	No	No
Persons treated in mental health outpatient facilities	Yes	Yes	Yes
Contacts in mental health outpatient facilities	Yes	Yes	Yes
Persons treated in mental health day treatment facilities	Yes	No	No
Admissions in general hospitals with psychiatric beds	Yes	Yes	Yes
Admissions in mental hospitals	Yes	Yes	Yes
Days spent in mental hospitals	Yes	Yes	Yes
Admissions in community residential facilities	Yes	Yes	Yes

Note: Mental health data (either on the public system, private system, or both) have been compiled for general health statistics in the last three years, but not in a specific mental health report.

¹ N03AG01, N05A, N05B, N05C, N06A

² N03AG01, N05A, N05B, N05C, N06A

³ N05A (excluding N05AN)

⁴ N05B & N05C

⁵ N06A

Data collected in 2011

UN = information unavailable, NA = item not applicable