

Parcours.Bruxelles

A qualitative evaluation of the mental health system and of service users' trajectories in the Brussels Region

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Context Previous research

- [2017-2019] KCE research commissioned by the Federal authorities: **Organisation of mental health care for the adult population in Belgium (KCE-HSR52)**.
- Carried out by the Health and Society Institute-UCL (Prof. V. Lorant) in collaboration with KUL-LUCAS (Prof. C. Van Oudenhove).
- A qualitative (Prof. Sophie Thunus) and quantitative evaluation of the organisation of mental health care following the first stage of the « 107 reform ».
- A *qualitative* evaluation: heterogeneous focus groups aiming to represent the 107 networks at the local level.
- Focus group participants include: service user representatives and their relatives, field professionals, network coordinators and managers of residential and ambulatory services.

Context Previous research

Integration of key learnings from the KCE_HSR52 research in the elaboration of the *Parcours.Bruxelles* research

- Priority given to excluded populations with hindered access to mental health care:
 - Homeless/vulnerable populations;
 - Substance abuse;
 - Physically impaired;
 - A combination of social/psychological/somatic dimensions.
- A specific attention towards low threshold services addressing these populations.

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Objectives

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- Its specificity lies in the priority given to service users' trajectories, which takes into account *care and social dimensions*, in order to identify key turning points.
- These turning points served as a basis to analyse mental health care organisations, as well as the collaborations within and coordination of the mental health system:
 - In order to identify aspects of the organisation, the collaboration and the coordination that either facilitate or hinder access to the *care system* as well as the transition between the different stages forming part of *care trajectories*;
 - In order to grasp *the impact* of organisational aspects on service users' trajectories.

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Methods

- *Semi-structured interviews* with **network coordinators** and **service managers**;
- *Focus groups* with **service users**;
- *Focus groups* with **field professionals**;
- *Ethnographic interviews* (see recruitment)
- A total of 27 professionals and 29 service users.

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Methods

Recruitment of service users

- A challenge: the inclusion of the trajectories of people with mental health problems excluded from the mental health system.
- A solution: the recruitment of participants both through (1) *services included in the mental health system* (residential, outpatient and mobile services) and (2) *services that displace the focus from mental health towards the social and cultural sectors.*

Results

- Results I: Mental Health and Society
- Results II: The Mental Health System in the Brussels Region

Results I



Mental Health and Society

- The trajectories of service users within and without the mental health care system enabled to identify *three major turning points* in all service users' trajectories:
 1. Housing;
 2. Labour;
 3. Social network and stigma.

Results I



Mental health and Society

1. Housing

- Difficult access to housing in the Brussels Region contributes to the saturation of the mental health system. This goes for all types of housing: *independant housing; social housing; sheltered housing; and psychiatric nursing homes*.
- This impacts the work of professionals and hinders the transition between the care delivered in residential and outpatient settings, care continuity and social reinsertion.
- Situations involving socially vulnerable populations highlight the tight and frequent interactions between mental health and housing, as well as their implications for the mental health system. The main consequences are:
 - The utilisation of hospital beds for housing purposes;
 - Revolving doors, between emergency and the streets for the homeless population.
- Professionals and service users put forward the need for 'Housing First' initiatives in order to address these situations appropriately.

Results I: Mental Health and Society

1. Housing

« Les bailleurs n'ont pas le droit de le faire, mais ils demandent les fiches de paie, [...] tous les bailleurs demandent ça. Et si on dit non, ils disent qu'il [le logement] est déjà pris. Et donc, ce sont des fiches de mutuelle qu'ils reçoivent pour prouver qu'ils ont [un revenu]. Je leur dis, 'Ne dites jamais que vous avez un problème psychiatrique. Jamais ! Dites que vous avez un problème de santé'. » (Directeur médical, HP)

Directeur médical, SPHG : « Il n'y a pas de possibilité d'envoi vers des maisons de soins psychiatriques, des initiatives d'habitations protégées qui elles-mêmes sont saturées. [Les institutions extérieures] ne veulent pas être submergées elles-mêmes et donc elles mettent des entretiens de préadmission dans la sélection [...] dans des structures justement d'IHP, de MSP. [...] Il y a des patients qui sont moins sympathiques à prendre que d'autres, qui posent un peu plus de problèmes. Donc les assistants sociaux font parfois du briefing de patient, voire des jeux de rôles pour qu'ils se vendent mieux aux institutions extérieures. Pour trouver des solutions. » (Directeur médical, SPHG)

Results I



Mental Health and Society

1. Housing

- Housing is often associated with social network:
 - Certain service users fear cohabitation within a homogeneous community;
 - At the same time, a number of service users fear isolation associated with independent housing.
- Mobile teams or collective housing (cohabitation between service users and non-service users) could offer an interesting alternative.

Results I



Mental Health and Society

2. Labour

- Labour is a central turning point within service users' trajectories, regardless of socio-economic status.
- Interactions between mental health and labour are most visible in two situation:
 - Severe working conditions (eg: harrassment, problematic interpersonal relations, heavy workload...)
 - Difficult access to employment.
- « *Aujourd'hui, tu trouves un travail et t'as un burnout, mais si t'en trouves pas, tu deviens psychotique* » (Service user).

Results I



Mental Health and Society

2. Labour

- Interactions between mental health and employment are associated with underlying dimensions, such as occupation, social network, social inclusion and recognition.
- These dimensions can be related to *meaning*, which broadens the issue towards other activities such as volunteer work, regarded as important but insufficiently available in Brussels:

*General practitioner : « On voit bien que la question de l'occupation est quelque chose de principal, et donc à côté des soins, il y a des choses banales, qui n'existent pas assez, qui sont disponibles, on a des patients qui veulent aller comme bénévoles dans la ferme urbaine, il y a une liste d'attente, alors qu'on sait que c'est ça qu'il leur faut, et qu'en attendant ils vont à la gare du midi se soûler. Donc voilà... **Là il y a quelque chose de l'ordre du soin, qui se passe ailleurs que dans une structure de soins et qui est génial.** »*

Results I



Mental Health and Society

2. Labour

- **Professional reinsertion** is a major difficulty for service users having been absent from the labour market following a mental health problem; it is a highly controversial topic amongst health care professionals:

- While some health care professionals question service users' professional abilities;

Directeur médical, SSM : « *C'est vrai qu'on a envie de dire, 'c'est chouette il va retravailler', mais peut-être que cette option-là est un peu complexe et dépasse un peu les capacités.* »

- Others fear employers' openness to flexibility in situations of uncertainty.

Directeur médical, HP : « *Nous on leur dit quand ils postulent pour un emploi, on leur dit de ne pas dire qu'ils sont en psychiatrie, que s'ils disent ça, c'est foutu.* »

Results I: Mental Health and Society

2. Labour

T1: Access to the job market

T2: Work conditions

T3: Stigma and professional reinsertion

Médecin généraliste, MM : « On a tous les jours des gens qui viennent craquer chez nous parce que 'je ne peux plus aller au boulot' [...] On voit de plus en plus des gens qui sont complètement épuisés, en burnout [...] c'est notre quotidien. Les gens viennent parce qu'ils ont mal au dos, parce qu'ils ont mal à la tête et quand on voit ce qu'il y a derrière, c'est toutes des problématiques pour lesquelles on est vraiment démunis. [...] C'est urgent à Bruxelles de mener des politiques de bien-être. [...] On met les gens dans des conditions incroyables. »

Results I



Mental health and Society

3. Social network and stigma

- Social network and stigma are described as interrelated – social network plays a central role for prevention, as a service user puts forward:

« Il faut avoir un réseau social sur lequel on peut retomber quand on a quelque chose qui va moins bien. Mais quand on a ça, ça n'arrive pas ! »

- Discrimination of service users, especially for housing and within the labour market, contributes to mental health problems through the **social exclusion** it entails.
- "Social bonding spaces" seem to play an important role in terms of prevention and destigmatisation. Service users highly appreciate these spaces, for several reasons:
 - Demedicalised discourse;
 - The appreciation of alternative aspects of their identity;
 - Flexible attendance;
 - Inclusion within a heterogeneous population.

Results I



Mental health and Society

3. Social network and stigma

- In terms of social inclusion, service users also highlight the support of "peer-support" (*fr. pair-aidance*). This mainly applies to service user representatives, whose discourse differs from other service users' discourse that prefer initiatives that broaden their social network beyond the mental health system.

Results II



The mental health system in the Brussels Region

- Several aspects of the mental health system organisation interfere with service users' trajectories, and more directly with the identified turning points.
- These aspects are structured around four main themes:
 1. Key stakeholders;
 2. Access to mental health care;
 3. Collaboration;
 4. Coordination.

Results II



The mental health system in the Brussels Region

1. Key stakeholders

- Three types of services within and beyond the mental health care system **develop practices** that impact the identified turning points (housing, labour, and social network): **sheltered housing; mobile teams; social bonding spaces.**
- Sheltered housing:
 - Due to the lack of alternatives in terms of housing in Brussels, certain service users stay for extended periods, which hinders access to sheltered housing.
 - Playing the role of mediator between service users and social housing counters these difficulties.

Results II



The mental health
system in the
Brussels Region

« Il y a des gens qui restent parce qu'ils n'ont pas d'autres possibilités. Il y a des gens qui sont là déjà depuis 6-8 ans sur la liste d'attente pour un appartement social » (psychologue, coordinateur d'IHP).

« Le but c'est de se mettre ensemble pour trouver des logements, des solutions. D'aller ensemble, par exemple, vers un service d'appartements sociaux pour essayer d'avoir un agrément...(idem).

« Ils ont peut-être encore besoin d'un encadrement, mais pas forcément en habitations protégées. Donc équipes mobiles, le SPAD et tout ça... Et il y a des possibilités de louer un appartement et de trouver un accompagnement » (psychologue, responsable d'IHP).

Results II



The mental health system in the Brussels Region

1. Key stakeholders

- Mobile teams:
 - In some cases, they **facilitate transition towards individual housing** by **limiting social isolation**; an initiative to be encouraged.
 - An essential service **facilitating access to mental health care for excluded** populations; these services respond to service service users themselves and their relatives.

Results II



The mental health system in the Brussels Region

- Selon les coordinateurs de réseau:
- « *Ce sont surtout les patients et les familles eux-mêmes qui téléphonent... ce ne sont pas des gens qui vont à l'hôpital, dans des situations de crise [...] .* »
- « *Ce ne sont pas des scénarios neufs... mais c'est la fréquence avec laquelle on les rencontre qui du coup a beaucoup changé... Donc des gens qui ne vont pas bien, qui sont « maintenus » dans la maison familiale, ... plus ou moins médiqués avec le médicament de la grand-mère ... À un moment donné... le système est en crise...* »
- « *C'est un travail... rentrer en contact avec des gens qui se mettent hors des soins, ce n'est pas tous les jours que tu dois aller sonner à la porte [...] il y a eu une situation où ça nous a pris six ans [...] tu as surtout besoin du réseau, des gens qui savent bien rentrer...* ».

Results II:



The mental health
system in
the Brussels Region

1. Key stakeholders

- Social bonding spaces play an important role in terms of:
 - *Housing* – they serve as mediators between landlords and service users, and limit discrimination;
 - *Labour* – they offer activities that give meaning, taking away work pressure;
 - *Social inclusion* – they facilitate diversity through removing medical and professional jargon from their discourse.

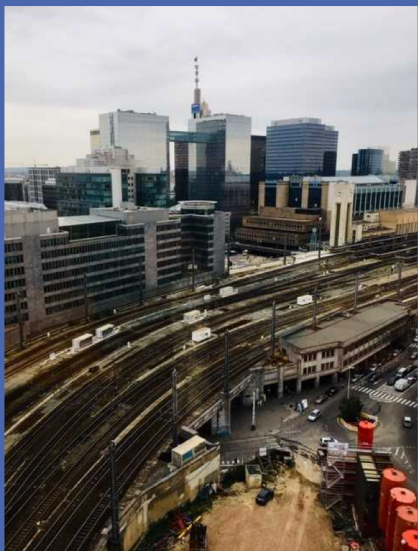
Results II:



The mental health
system in the
Brussels Region

- « [Ces associations] ne sont **pas reconnues à Bruxelles, ou pas assez...** ce sont des clubs thérapeutiques, ce sont... des lieux de ce genre-là où des gens peuvent se poser... donc c'est quelque chose qui fait soin, mais qui est **plutôt [de l'ordre de] l'ouverture à la culture... des espaces de convivialité.** » (Un coordinateur)
- « **On essaye le moins possible d'aborder les patients à partir de la pathologie** et de ce qui fait problème pour eux, et du point... Enfin, des défauts, de la défaillance, de ce qui ne marche pas. Si on met d'autres lunettes, on découvre des joyaux... » (Psychiatre, médecin chef)
- « On essaye que ce soit aussi une place de rencontre avec les intervenants qui travaillent ici. Donc on veut faire un peu **le mix.** » [Et] c'est une possibilité ... de **créer des liens avec des organisations qui sont liées avec de la psychiatrie mais pas seulement.** » (Un coordinateur)
- « C'est **autogéré par les patients**, [c'est] ... un **lieu d'accueil bas seuil.** Donc un lieu d'accueil et d'écoute dans **l'informel**, avec la possibilité, sur cette base-là, de **créer des activités en fonction de ce que les personnes ont envie de faire.** (Un coordinateur)

Results II



The mental health system in the Brussels Region

2. Access to mental health care: complex, random and negotiated

- Generally speaking: a mental health care system marked by its diversity, but facing problems of accessibility and scarce resources, especially hospital beds due to:
 - Admission of service users living outside of Brussels;
 - Use of hospital beds for housing purposes, among other for the homeless population;
 - Access to hospital care for people who were previously excluded/refused care – through the intervention of mobile teams in close collaboration with hospitals.
- « *Bruxelles, c'est comme dans toutes les grandes villes, [...] les patients en difficulté psychosociale vont facilement converger vers Bruxelles donc il y a une surreprésentation de difficultés psychosociales. [...] Mais on peut très bien [aussi] être de classes moyennes supérieures et avoir un fils ou une fille qui a des problèmes psychotiques.* » (Directeur médical)

Results II



The mental health system in the Brussels Region

2. Access to mental health care: complex, random and negotiated

- A lack of resources mainly affecting those excluded from mental health care
 - They do not fill the **admission criteria** established by mental health care services;
 - They require **more time and flexibility** from institutional frameworks and professionnels;
 - As a result, these populations are frequently referred and are often cared for by **low threshold services**
- *Quand on cumule santé mentale et assuétude ou quand on cumule santé mentale au sens large et handicap par exemple, ça devient très compliqué de trouver des structures ou ces structures sont d'offices submergées de demandes. Après, il y a des zones où il n'existe juste pas de solution. [...] Il faudrait pouvoir penser des projets qui soient strictement à l'intersectorialité. » (Directrice administrative, Maison d'accueil)*

Results II



The mental health system in the Brussels Region

2. Access to mental health care: complex, random and negotiated

- Complex – lack of familiarity with existing resources and roles
 - Service users and relatives: difficulty in identifying and accessing appropriate resources;
 - Professionals: difficulty in referring appropriately within the system.
- Random and negotiated: applies to referrals between services
 - Variability in interpreting admission criteria: the influence of professional and organisational cultures;
 - Supremacy of professionals' personal/organisational networks;
 - Informal strategies including involuntary commitment procedures with service users' consent.

Results II



The mental health system in the Brussels Region

- *« C'est une amie à ma sœur. Ma sœur est psychologue et donc, elle avait une amie qui était psychologue aussi qui lui avait donné le tuyau de ce centre [spécialisé dans les addictions] et puis, ils m'ont acceptée ... Ce centre, ce n'était pas tout à fait adapté à ma pathologie parce que c'était surtout la psychose qui avait de l'importance à ce moment-là. » (Focus group, usager)*
- *« Mais il y a la réalité du secteur bruxellois : c'est bouché ! Et tous les centres ne sont pas armés pour travailler avec cette population-là. Il y a de nombreuses barrières institutionnelles, dont la plus importante est l'analyse de la demande ... ça doit passer par leur réunion d'équipe, ils en ont une par semaine 'mais on ne sait pas où ils seront la semaine suivante'. » (Psychologue auprès de populations migrantes)*
- *« Je crois qu'il y a un effet pervers lié au fait que nous tous, en tant que professionnels, nous préférons travailler bien sûr avec des gens qui ont des ressources potentielles de guérison. » (Directeur médical, HP)*

Results II

The mental health system in the Brussels Region

3. Collaboration

- Inter-organisational relations involving the *horizontal integration, within a network, of services that are not part of the same hierarchical structure.*
- Professionals perceive collaboration as necessary, given the complexity and time scope of service users' trajectories.
- Insufficient collaboration causes interruptions within trajectories, for several main reasons:
 - Poor knowledge of services existing within the network;
 - Path dependency, limiting collaboration to the immediate network;
 - Different professional cultures and conceptions of mental health – impacts relations and collaboration tools.

Results II

The mental health system in the Brussels Region

- *« Ce sont des gens qui ont de longues histoires psychiatriques, [...] qui leur ont fait qu'ils sont tout à fait désinsérés. c'est vraiment un public de patients qui voyagent entre les hôpitaux, qui ont une liste de médicaments puisqu'ils tombent sur un psychiatre, et puis un autre, et puis un autre... » (Infirmier chef, HP)*
- *« J'étais effaré de la méconnaissance totale des acteurs du réseau. Ils connaissent deux trois services qui sont vraiment dans un rayon super proche quoi. Et quelques services... mais pour le reste c'est la page blanche... » (coordinateur de réseau).*

Results II

The mental health system in the Brussels Region

3. Collaboration

- **Coordinators and reference professionals**, training, consultation meetings, information technologies among other tools – are the main vehicles behind collaboration.
- **Several roles:**
 - Network coordinators enhance care supply visibility and "translate" collaboration tools in order to facilitate their use;
 - Reference persons play an important role in coordinating information and treatments relating to a service user;
 - A need for flexibility in attributing the role – and for gaining service users' trust;
 - Formalisation of the role – fostering legitimate position amongst professionals.

Results II

The mental health system in the Brussels Region

3. Collaboration

- Coordinators and reference professionals, information technologies, training, consultation meetings, information technologies among other tools – are the main vehicles behind collaboration.
- **Tools:**
 - Information technologies are sources of resistance due to professional secrecy, the therapeutic relationship, the type of information exchanged and service users' SES;
 - Consultation meetings contribute to collaboration but require a flexible framework in terms of frequency, participants, and incentives.

Results II

The mental health system in the Brussels Region

3. La collaboration

- **Tools**

- Intervisions combine clinical and organisational aspects, they foster trust, and contribute to training and changing professional cultures;
- Inter-organisational immersion: an antidote against uncertainty associated with certain populations and complex situations.
- A clear preference for collaboration mechanisms based in professional logics and encouraging knowledge of one another, trust and diversification of professional experiences in terms of populations and practices.
- Trust between professionals as a basis for *collaboration within the network* and as a prerequisite for *service user autonomy*.

Results II

The mental health system in the Brussels Region

- *« Ce sont les contacts personnels qui font que les orientations se font mieux [...] Ce n'est pas la convention qui se trouve dans l'armoire, mais le fait que tu connais quelqu'un qui fait que tu orientes mieux, ou plus facilement, ou que la collaboration se fait mieux » (Coordinateur de réseau).*
- *« C'est assez classique ... il y a des professionnels dans un réseau, ils ont d'abord envie de savoir qui est celui qui est en face pour avoir confiance en lui, et pour pouvoir dialoguer avec lui autour d'un patient. Et donc ... il faut trouver des moyens de soutenir l'interconnaissance entre services, et entre professionnels de ces services. » (Coordinateur de réseau).*
- *« La collaboration avec le réseau, elle doit être toujours travaillée et retravaillée, parce que je pense que ce sont les rencontres... les rencontres autour de situations cliniques qui font que les personnes se connaissent et que ces collaborations se passent bien. » (Médecin chef, HP)*

Results II

The mental health system in the Brussels Region

4. Coordination

- Coordination of a network relates to recognition of authority, in terms of financial and material resources and definition of an organisation vision, based on care supply or based on service users' needs.
- In the Brussels Region, three levels of coordination can be distinguished:
 - Political coordination at the Federal level
 - Professional coordination at the regional level
 - Coordination the level of local networks

Results II:

The mental health system in the Brussels Region

4. Coordination – at the Federal level

- Reorganisation of the mental health care system on the basis of a functional model based on service users' needs:
 - Professionals highlight the strategic value of the model but question its implementation;
 - Local adaptations take on various forms.
- The financial mechanism based on the 107 hospital legislation:
 - Encourages the externalisation of hospitals and causes a weak integration of expertise and community resources within the 107 reform;
 - Maintenance and displacement of ideological tensions between hospitals and ambulatory settings, psychiatry and mental health.

Results II:

The mental health system in the Brussels Region

4. Coordination – at the Federal level

- Regulation through local coordination:
 - Local coordinators play a central role in the reform's implementation;
 - Formalisation of their role and better training would enhance their legitimacy.
- Recommended model
 - Centralisation by an administrative external stakeholder;
 - Comprehensive and consistent.

Results II

The mental health system in the Brussels Region

4. Coordination – local and regional levels

- The Regional Network is missing a clear and integrated orientation in order to coordinate the integration of the four local networks:
 - Two diverging logics of intervention that overlap; the one favoring professional and sectorial interests, the other favoring local dynamics and the global philosophy behind the 107 reform.
 - Given the network's size and problems of trust, a recommended model:
 - Is centralised by several professional stakeholders
 - Defines and recognizes a logic of intervention
- Local networks develop following a logic of self-governance based on horizontal relations between services and with the network coordinator.

Conclusion



- Mental health as collective action
 - Service users' trajectories are marked by similar turning points despite their strong individual diversity;
 - These turning points relate to housing, labour, and social network;
 - These turning points interact with mental health and heavily impact the recourse to mental health care services;
 - ***Mental health takes shape within society and all social spheres.***

Conclusion



- **Vulnerability and exclusion**

- The most vulnerable service users with complex needs experience increased exclusion or discontinuity during their care trajectory.
- Professionals express strong difficulties in referring complex situations within the mental health care system.
 - Existing admission procedures and criteria for these services are inappropriate for complex situations and given the temporal scope of service users' trajectories;
 - These services *have reached maximum capacity*.

Conclusion



- **"Social bonding spaces" play a central role;** they hardly/do not use admission criteria and their practical expertise includes:
 - A social and cultural approach, a time for dialogue, flexibility in terms of attendance and in defining activities.
 - *These services are complementary to mental health care services, precisely as they soften rules.*

Conclusion



- Functioning and changes within the mental health care system
 - Importance of culture, networks and professional strategies in defining access to care and inter-organisational collaborations.
 - Strong relevance of tools favoring knowledge of one another, trust and diversification of professional experiences in order to extend collaboration within the network.
 - A need for clarity, comprehensiveness and consistency at the level of the Federal coordination of the 107 reform.
 - A need to integrate the *logic of coordination* at the level of the Regional Network.
 - Self-governance as main principle for the coordination of local networks.

Recommendations



1. **Implementation of a global vision for mental health**, according to a global political strategy and in terms of areas of intervention: mental health care, social, labour, housing.
2. **Labour, meaning and mental health**: support prevention and mental health promotion at the workplace and launch complementary researches (labour sector – investigate working conditions' flexibility and alternative ways of working).
3. **Social network and stigma**: encourage the intervention and development of "social bonding spaces" without rigidifying their way of functioning.

Recommendations



4. **Keep moving!** Encourage professionals to meet each other and diversify their experiences in order to facilitate access to care, interpersonal acquaintance and trust.
5. **Coordination of change:** encourage a comprehensive and consistent approach at the Federal level, and an integrated approach in terms of vision at the Regional level.

Key learnings



- **Action**

- Labour, meaning and mental health
- Social inclusion
- Housing

- **Change**

- Coordination – comprehensive, consistent and integrated in terms of vision, levels and areas of intervention
- Collaboration – professional cultures

- **Representation et participation**

- Encourage the participation of service users from diverse backgrounds