Policy brief: Mental health priorities in Belgium concerning COVID-19

This paper introduces a framework for COVID-19 related mental health priorities in Belgium. It focuses on specific initiatives and measures that will facilitate the population in mitigating the effects of COVID-19 measures. The expert group "Psychology and Corona" already published out several reports on how to support the population towards sustainable behavior change and social cohesion. Indeed, the best defense against the negative effects of the pandemic at the moment is our own behavior. The crucial goal is to develop a coherent and preventive COVID-19 policy including mental health.

This policy brief focuses however on the necessary actions that can be undertaken to tackle immediate mental health burden related to COVID-19.

1. Mental health literacy

Much of the Belgian population is still unaware of the basic mental hygiene rules, although the attention for the mental health impact is steadily increasing. Many of us have the possibility to work on our own mental health and wellbeing with the basic notions of Psychological First Aid. Psychological First Aid will also facilitate people to assess the wellbeing of the people in their surroundings, thereby increasing social coherence.
Action: a well – thought dissemination campaign on Psychological First Aid principles that are already available for example: checkjezelf.be, dezorgsamen.be, Rode Kruis, …

Short – term psychoeducational programs involving a series of low-threshold access lessons to large groups have been shown to prevent mental health problems, to improve mild problems, to ameliorate skills and prevent further escalation of existing ones.
Action: facilitation of the development and spreading of online psychoeducational program with a low participation threshold.

2. Upscaling mental health care services

In the upscaling of our mental health care services, there are some generic approaches that we need to apply besides actual capacity building: training, facilitation, integrated care, and monitoring of the population.

Professionalisation: even though we are in a crisis situation, the need for training remains. Specific training modules are for example: the mental health impact of a pandemic, providing online services, managing stress and anxiety, etc. The rapid changing status of the pandemic and its effects request mental health workers that are already broadly trained in a wide spectrum of mental health problems. The clinical psychologist is ideally suited for this task.
Action: set up (online) training courses for mental health workers and offer/develop tools that help alleviate stress.

Ressources: mental health care workers need to be facilitated in several ways. For instance, in the delivery of online services as we will see that many patients will find it difficult to

attend physical consultations. Therefore, online services need to be made available for patients. Likewise, we have witnessed during the first "lockdown" the negative impact of suspending regular physical consultations. It is imperative that we continue to facilitate face – to – face consultations with respect for the safety conditions.
Action: remove legal, financial and practical thresholds to provide matched – care according to the needs of the patient.

Integrated care: people who are suffering from mental health difficulties will be picked up by various actors and in different settings, for example through general practitioners. We will need to install a simple referral system through which people can easily find suitable mental health services and through which the different actors involved can communicate and exchange information. This way we can reduces delaytimes and reduces chronic and/or more expensive care.
Action: develop a simple referral system through which the different actors in the field can communicate with each other and refer patients.

Monitoring: poor capacity in mental health care has always been an issue. In order to make the above-mentioned work, we need:

- to monitor the mental health situation. This means on the one hand monitor the mental health status of the population and on the other monitor the mental health capacity of the different key stakeholders: Self – employed psychologists & Psychiatrists, Mental Health Centers, Centers for General Well – being, Mobile teams, psychiatric hospitals, … We would suggest to link up with already ongoing initiatives like the Belgian Mental Health Indicator of the Planbureau and/or the General Health Survey of Sciensano.

Action: develop a mental health monitoring system that aligns with European evidence-based standards and that allows comparability and benchmarking

- to upscale our mental health capacity with the above-mentioned key stakeholders. We need to make sure that any investments effectively lead to an increase in capacity. For instance, a simple limited reimbursement will not convince more clinical psychologists to expand their clinical practice. The different actors in the field also need to reflect on a more pro – active and preventive approach.

Action: develop a general upscaling plan of our mental health capacity according for example the resolution for improving access to mental health care.

3. Vulnerable groups

For specific groups we might want to consider developing tailored programs, for instance community based interventions or screen and treat programs. Vulnerable groups that are recurrently identified by scientists, experts as well as professionals such as:

- Children, young people, families
- Older adults with multimorbidity
- People with existing mental health issues
- Front – line health care workers
- Socially excluded groups
- Self – employed people and business leaders
- People admitted intensive care

- People who have experienced a loss
- Low – skilled and/or low income people

Action: define for which groups a specific program needs to be developed

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