



The EU Mutual Learning Programme in Gender Equality


Gender Equality, Mental Health and Gender Mainstreaming Health Policies

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A brief description of the organisation of mental health care within Belgium, and a comparison with cases from the Czech Republic and Sweden.

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Abstract:

The Belgian Mental Health Care organisation was substantially reformed (Art 107) in 2010, to orient mental health care towards a reduction of residential hospital care in favour of recovery and reintegration treatment in the community. This reform did not have a specific focus on decreasing gender disparities in mental health care use, even though all newly implemented policies within Belgium are mandated to be subject to gender mainstreaming. However, gender-segregated statistics on (mental) health issues are reported regularly. The monitoring of problematic media use is mainly performed through independent scientific studies. Several destigmatising campaigns have been developed within the Belgian context, but to the best of our knowledge, these have not had a gender focus.

1. Relevant country context

Over the past decades, the Belgian mental health care (GGZ) system has been reformed several times, the latest being the "article 107" reform. The main objectives of these reforms were: (1) to promote the treatment of mental health problems in the community, through a shift from hospital care to outpatient care; (2) to address society's perceptions around mental health problems (destigmatisation); (3) to shift from a purely medical model to a holistic biopsychosocial model of care; (4) differentiation of the mental health care in function of target groups, and promotion of person-centered care, tailored to the needs of the patient; (5) a change in the nature of the mental health care tailored to the needs of the patient; (6) specialisation of care to improve the approach for specific subgroups in the mental health system.

Belgium has the second-highest number of psychiatric beds in proportion to its population within the OECD countries. More than 80% of its mental health funding is spent on residential care (psychiatric hospitals, psychiatric clinics, psychiatric nurses, etc.). Although the art. 107 projects in principle target the entire adult Belgian population with mental health problems, in reality, they seem to focus on severely ill, socially vulnerable persons. Gender mainstreaming within this context is however underdeveloped. In addition, a recent evaluation by the Belgian Health Care

Knowledge Centre points to a lack of common vision within these projects, a high level of satisfaction among the caregivers involved, a low level of satisfaction among informal caregivers and the family caregivers, and on the possibility of greater use of general practitioners in mental health care.

The most recent data on mental well-being within the Belgian context (2013 Belgian Health Survey) reveal that one in three individuals aged 15 years and older reported experiencing mental health problems and 18% have a real risk of having a mental health condition. When polled for specific problems, approximately 10% struggle with anxiety disorders, nearly 15% show signs of depression, nearly 30% have sleep problems, more than 8% show signs of an eating disorder, and more than 10% struggle with problematic alcohol use. In addition, 5% reported that they had seriously considered suicide in the past 12 months, and 0.4% said they had attempted it. These figures were all higher compared to previous Health Surveys. Several explanations for this increase may be that there are effectively more people with mental health problems, that problems are now expressed more easily, or due to cyclical changes. Overall, residents of Brussels and Wallonia reported more mental health problems than residents of Flanders. The health survey also highlights the use of psychopharmaceuticals: in 2013, 16% of the survey population indicated that they had used psychopharmaceuticals in the 2 weeks before the survey (more specifically 13% reported the use of tranquilisers or sleep medications and 8% of antidepressants).

In line with the international literature, gender patterns can be established as well, with women reporting more internalising disorders, such as depression and anxiety complaints, while men reporting more externalising disorders, such as substance abuse. Overall, women make more use of psychopharmaca, and mental health services, although this gender differences disappears in more specialised types of care.

1.1 Gender mainstreaming in (mental) health policies

Belgian law stipulates that all newly implemented laws, including those related to (mental) health need to be subjected to gender mainstreaming. The latest governmental report¹, drawn up at the end of the previous legislative period in 2018, gives an overview of the actions undertaken by the minister of social affairs and health concerning gender mainstreaming in health policies. Concerning mental health policies, however, only one concrete policy line was mentioned in this document, being the development of facilities for female internees. Three high-security departments specifically for female internees were opened in the psychiatric center in Zelzate and in Antwerp (Flanders), and in Chênes aux Haies (Wallonia). In Flanders, the amount of female internees in the regular penitentiary facilities decreased

¹ https://igvm-iefh.belgium.be/sites/default/files/downloads/gm_-_verslag_op_het_eind_van_het_legislatuur_-_finaal.pdf

significantly, and in Wallonia, there were no more female internees in the regular penitentiary facilities in 2018.

At the sub-national level (Flemish, Brussels, and Walloon communities), several destigmatising and fundraising campaigns to develop actions to tackle mental health issues were rolled out over the past decade. For example, the Red-Nose Day (funded by the King Baudouin Foundation) aims to collect funds to develop initiatives that tackle mental health in young children and adolescents. The “Te Gek” campaign, funded by the Flemish government, aimed to destigmatise mental health issues. However, a focus on gender is lacking.

During the previous legislation, multidisciplinary centers for sexual violence and Family Justice Centers were also opened along with the launch of several assessment and awareness-raising tools on sexual violence, along with the collection of statistics concerning gender-related violence by gender.

For the next legislative period, a federal plan on gender mainstreaming has been drafted. In this plan, all ministers specify their commitment to implement gender mainstreaming within their relevant policy domains. However, these commitments are formulated very broadly and thus remain vague. E.g.: The minister of social affairs and health commits himself to prioritise gender mainstreaming in the policies to reduce the health gap, the mental healthcare sector, the development of the inter federal plan for combatting COVID-19, the policy to make healthcare jobs more appealing, access to contraception, and the development of integrated care for people with chronic diseases.

1.2 Gender related effects of extensive consumption of digital and social media use on girls' and boys' mental well-being

In the publication ‘The life of women and men in Europe – a statistical portrait’ (a Eurostat initiative, executed in Belgium by Statbel), we find some information on the digital behaviour of men and women. However, the effect of this on mental health is not researched or reported. In 2017 Statbel published results of the survey on ICT-use in households, and excel files with the results of the survey on ICT-use in households and individuals (age 16-74) are available on the website. Again, the focus was on accessibility and use. Very limited information on (mental) health/well-being can be found in some questions and answer categories (e.g., reasons not to use the internet: concerns about privacy and safety, content being harmful; level of concern that activities on the internet are being registered to provide targeted advertisement; etc.). At the Flemish level, ‘Mediawijs’², the competence center digital and media

² <https://www.mediawijs.be/nl>

literacy of the Flemish government and Imec vzw invests in research concerning media literacy in several target groups. Several of their projects are focused on the relationship between media consumption and wellbeing, including the international research project 'EU Kids Online' which investigated, amongst other things, which risks children experience online and how they cope with these risks. The general report³ reports findings by gender, and so do reports on the Flemish results⁴. In general the data suggests that in Flanders, boys and girls are equally vulnerable for online risks, but the risks themselves differ. Girls are more often confronted with websites concerning eating disorders and are more often the victim of cyberbullying. Boys are more often confronted with sexual content.

2. Commentary Swedish Report

The Swedish report states that there is an association between impaired mental well-being and more extensive media usage among Swedish teenagers. Girls and boys experiencing four or more variables of mental ill-being spend more time on the internet, their mobile phones, watching movies, clips from YouTube and listening to music, thus implying a possible correlation between extended media usage and impaired mental well-being. This finding is in line with the international literature on the association between intense media use and mental ill-health. The Swedish study additionally shows that factors such as socio-economic background, ethnicity, and lack of exercise also influences girls' and boys' mental well-being. When set in conjunction with media usage, interesting patterns emerge. However, these specific patterns are not discussed in the paper, which is unfortunate, given the extensive literature that shows that girls and boys with a more vulnerable socio-economic position are also more likely to report worse levels of mental well-being, with intense media use often only acting as a mediator, rather than being the direct stressor itself.

Regarding the good practices identified in the Swedish context, we agree that the reports of the Swedish Media Council are a good practice in terms of monitoring gender differences in problematic media use. This is in line with the Belgian law which mandates that all social policies and actions need to be gender mainstreamed and gender segregated statistics reported regularly. However, in the Belgian situation, the monitoring of problematic media use is not covered in the gender mainstreaming law, and therefore, these statistics are not reported in official government documents. Specific research projects do cover these topics but are not structural in approach.

³ <https://www.lse.ac.uk/media-and-communications/assets/documents/research/eu-kids-online/reports/EU-Kids-Online-2020-10Feb2020.pdf>

⁴ <https://publicaties.vlaanderen.be/view-file/15553>

3. Commentary Czech Report

Comparing general health indicators (life expectancy at birth, health life years), the situation between Belgium and the Czech Republic is similar. The monitoring of the inclusion of a gender perspective and the collection of gender statistics is more integrated in Belgium as the Belgian Health Survey collects information on mental health and reports gender-specific findings. In addition, the Federal Health Care Knowledge Center audits Belgian health policies regularly and includes a gender perspective in these audits. Like the Czech Republic, Statbel also participated in the digital publication ‘The life of women and men in Europe – a statistical portrait⁵’ (a Eurostat initiative). This publication includes information on the perception of health (men are more likely to perceive their health as good), and on life satisfaction (where no difference between women and men was found).

Within the Czech Republic, COVID-19 was found to have a significant impact on chronic (mental) health conditions of carers – a feminised segment of (paid and unpaid) labor. The existing studies within the Belgian context point in a similar direction. Ten percent more women compared to men were found to experience significant mental distress⁶, even within the first week of lockdown⁷. Another study found that women became poorer sleepers during the lockdown compared to men, and ascribed this finding to the “gender gap” in childcare and eldercare⁸. Gender was found to be a strong predictor of the fear of losing one’s job due to the COVID-19 crisis as well⁹.

The proportion of mental health care expenditure on residential care is substantially higher in Belgium compared to the Czech Republic. Belgium has the second-highest number of psychiatric beds compared to the number of inhabitants among OECD countries and more than 80% of the financial resources for mental health care are going to residential care. However, it is impossible to evaluate the expenditure towards these financial resources, mainly because of the lack of numbers both at system and service delivery levels (to individual patients as well as the population as a whole). In line with the Czech Republic, Belgium is slowly shifting towards

⁵ https://ec.europa.eu/eurostat/cache/infographs/womenmen_2018/be_nl/

⁶ Rens, E., Smith, P., Nicaise, P., Lorant, V., & Van den Broeck, K. (2021). Mental Distress and Its Contributing Factors Among Young People During the First Wave of COVID-19: A Belgian Survey Study [Original Research]. *Frontiers in Psychiatry*, 12(35). <https://doi.org/10.3389/fpsy.2021.575553>

⁷ Lorant, V., Smith, P., Van den Broeck, K. et al. Psychological distress associated with the COVID-19 pandemic and suppression measures during the first wave in Belgium. *BMC Psychiatry* 21, 112 (2021). <https://doi.org/10.1186/s12888-021-03109-1>

⁸ Cellini, N., Conte, F., De Rosa, O., Giganti, F., Malloggi, S., Reyt, M., . . . Ficca, G. (2021). Changes in sleep timing and subjective sleep quality during the COVID-19 lockdown in Italy and Belgium: age, gender and working status as modulating factors. *Sleep Medicine*, 77, 112-119. <https://doi.org/https://doi.org/10.1016/j.sleep.2020.11.027>

⁹ Baert, Stijn and Lippens, Louis and Moens, Eline and Sterkens, Philippe and Weytjens, Johannes, How Do We Think the Covid-19 Crisis Will Affect Our Careers (If Any Remain)?. IZA Discussion Paper No. 13164, Available at SSRN: <https://ssrn.com/abstract=3584927>

community-based care, which is a focal point of Article 107. A detailed description of these recent reforms can be found elsewhere¹⁰.

The Czech Republic report identifies the need to integrate gender into all levels of mental health policy development and care practices. In terms of policy development, the mandatory gender mainstreaming of all newly developed policies has resulted in gender being a focal point in both policy development and in the evaluation of mental health policies and practices.

The art 107 reform on mental health care organisation allows, since 2010 in Belgium, the financing of experimental projects to realise networks and care circuits derived from hospitals budget. The aim of the reform is to orient mental health care towards a reduction of residential hospital care in favour of recovery and reintegration treatment in the community. In order to attain this global objective, five core foundations (i.e. deinstitutionalisation, inclusion, decategorisation, intensification, and consolidation) must be developed. In 2018, the EU compass focuses its attention on the theme “community-based mental health service”. The mental health care delivery system reform in Belgium was chosen to be described as an example of good practice. The involvement of users and relatives is seen as a facilitator as well as a bottom-up approach. Barriers seem to be related to the slowness of the change which has to be seen in a long-term vision, notably changes in network practices and consultation with users; and to the complementary financing from psychiatric hospitals of the community-based mental health care. In addition, UN 2017 voluntary national review of the high-level political forum on sustainable development gives a general overview of the health and wellbeing status of the Belgian population. Concerning mental healthcare, Belgian authorities report in the UN review that Belgium has shifted from traditional, large psychiatric institutions to a modern, inclusive care system with an increased focus on the community. Multidisciplinary outreach teams provide care to people with mental health problems, avoiding hospitalisations. This initiative allows the user to choose where they wish to receive treatment and care. Belgian authorities also report that the capacity of specialised centers and the access to conventional care for internees are now facilitated through the recent Federal Masterplan on internment.

The proposed practices of the Czech Republic, can be identified in the above-described initiatives that have been set up to destigmatise mental health issues (including the Red Nose Day and the “Te Gek” campaign, along with several campaigns organised by the regional and city governments). In addition, the opening up of centers for sexual violence and the Family Justice Centers within Belgium are also an example of implemented practices as suggested by the Czech Republic report.

¹⁰ https://kce.fgov.be/sites/default/files/atoms/files/KCE_318_Mental_Health_care_Report_1.pdf