


PRESS RELEASE

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Report to the Flemish Parliament

Centres for mental health care: target group policy, financing and monitoring



The Flemish authorities do not have a clear view of the objective patients' care needs in the operational area of mental health care centres (centra voor geestelijke gezondheidszorg - CGG). The CGG's target group and attention policy is consequently insufficiently backed up and its effectiveness is not guaranteed. The financing of the CGG is not transparent enough and not all conditions ensuring a quality monitoring of the centres are fulfilled.

Target group policy

There are twenty mental health care centres in Flanders. The decree legislator wished they would act as a second-line institution that would mainly help patients who have been referred to them, and he considered children and elderly, as well as socially and financially disadvantaged sections of the population as a priority group to which a special attention should be paid. However, the Flemish government has failed to define parameters for assessing the patients' care needs in the different operational areas. All CGG offer a reduced tariff to socially and financially underprivileged people, although the Flemish government still has to take a decision in this regard. But it is provided for in the 1999 decree on mental health care. The average delay in the CGG amounts to 35 days until the first consultation and to 75 days until the second one. Nevertheless, differences between the CGG themselves are particularly noticeable. The Court of Audit's statistical analyses revealed that the waiting time is shorter in centres with a high number of units, services and treated patients per year. Other psychiatric care capacity in the operational area concerned also reduces delays. The composition of its staff and the way a CGG is financed (for example the percentage of project funding) do not influence the length of the waiting period. On the other hand, different factors that are linked to young people make the waiting time longer, for example patients with development problems or patients who have been referred to the centres by the educational sector.

Financing

The CGG are largely financed by the Flemish authorities. The envelope funding system relies on historical staff information, and not on an objective assessment of care needs.

During the last years, the Flemish authorities have granted increased means and project subsidies. By allocating those means in a more than proportional way to historically poorer CGG, the Flemish authorities have been trying to correct the im-balance which emerged with time. However, that additional subsidization is often linked to specific assignments. Be that as it may, there is not enough reliable information available to check the efficiency of the sub-sidies granted.

Accountability and monitoring

The CGG account for their conducted policy through an annual advancement report. Although they use for this purpose a template that has been created by the Flemish Agency for Care and Health (Vlaams Agentschap voor Zorg en Gezondheid - VAZG) and makes it possible to draw up schematic and transparent reports, the reporting process as a follow-up instrument does not come up to the mark in practice. These shortcomings are due to repeated amendments in the definition of the indicators used and the sometimes vaguely formulated goals. Financial reporting can also be improved. The three-year reporting on factors having an impact on mental health within their operational area, which has been provided for by the decree legislator, has never been carried out. The present registration system that enables the CGG to collect relevant information about patients and care tends to generate better and more reliable results than the previous systems. The Flemish Care Inspectorate (Zorginspectie) conducts local inspections. To this end, it uses the international and generally recognized frame of reference EFQM, but legal minimal quality standards are still lacking in the CGG sector. The Flemish Care Inspectorate's planning is a dynamic process that is adjusted to the staff availability more than it is based on a backed up risk analysis. The Inspectorate's independence is insufficiently guaranteed because the VAZG can decide about the nature of the Inspectorate's conclusions.

Minister's response

The Flemish Minister for Public Health went in detail into the Court of Audit's different recommendations and findings. He confirmed that no objective parameters related to care needs have been set out so far. As neither the VAZG nor the CGG succeeded in defining these parameters, he thinks this is a task for a study centre, but he also pointed out that the realization of this decree obligation established in 1999 is presently not appropriate in the context of the reforms undertaken in the mental health care sector.

Information for the press

The audit report on the *Centres for mental health care: target group policy, financing and monitoring* has been sent to the Flemish Parliament. The full version can be found on the Court's website: www.courtfaudit.be.