Change management on the meso-level: Primary mental health care in primary care zone Pallieterland, supported by Emergo/PANGG 0-18 (Flanders, Belgium)

Leysen Bert[1],(bertleysen@zorgnest.be), Boschmans Katleen[2], Schaalje Carmen[1], Storms Roel[1,2], Glassée Kat[3], Adriaensen Heidi[3], Jansen Bart[2], Moons Ludmilla[4], Coenen Marie[1], Van Hoof Ingeborg[1], Sels Jo[1], Hofman Peter[1]

1.Primary Care Zone Pallieterland; 2. Mental health network Emergo; 3. Psycho-Ortho Association Pallieterland; 4. Mental heath network PANGG 0-18

Introduction

One of the main current challenges for the Belgian primary health care system is the integration of primary mental health care.

Belgium is known to have a shortage of mental health professionals. Public mental health services are understaffed, resulting in long waiting lists. Private mental health professionals are too expensive for many people in psychological distress.
Since 2019, a limited number of primary mental health consultations is reimbursed, to lower the financial threshold to access the private mental health sector. Since 2021, the primary mental health convention changed, towards higher renumeration for psychologists working in the convention and starting more from a public mental health vision,

This is a Belgian federal action. In Pallieterland and four other primary care zones, this action is facilitated by the primary care zone, and coordinated by two mental health networks: Emergo (for adults) and PANGG 0-18 (for minors). Integrated care at policy level !

In this article the focus is on the change management on the meso-level: how did and still does primary care zone Pallieterland help to implement this policy change?

What we did

The first step was to have a representative of the mental health sector in the board of the primary care zone, a necessary navigator and go-between, facilitating many communication efforts of the primary care zone towards the mental health sector.

The second step was to help founding a local psychologists' association. After some previous attempts, the start of the new convention showed to be a good momentum for the start of the local psychologists' association. Their founders are good communicators, representing the local primary mental health professionals in the boards of both the primary care zone, and of the local implementation group of the new primary mental health care convention.

The third step is to keep monitoring the implementation progress, making sure that all localities in the primary care zone are well served with reimbursed primary health care consultations.

The primary care zone facilitated and still facilitates these processes, by using a diversity of communication platforms:
- A monthly electronic newsletter, reaching local healthcare and social care professionals;
- Siilo Connect, a "medical Whatsapp" respecting GDPR legislation and able to send messages both to the whole contact list and to specific professional groups. Sometimes we sent a targeted request to fill a survey related to this topic, whenever we needed input for local policy decisions;
- Six-monthly platform meetings on relevant interdisciplinary topics, reaching local healthcare and social care professionals: we both gave dedicated time for this project on one platform meeting and gave short follow-up notices on other platform meetings;
- Six-weekly board meetings and annual general meeting: short notices on the progress of implementation, allowing questions from diverse stakeholders.

Conclusion

Summarizing the efforts of primary care zone Pallieterland towards the implementation of the new primary mental health convention through the lens of Donabedian's theory (Structure – Process – Outcome), we found that we spent most energy and time in modelling the structures, and monitoring processes of communication/collaboration. At the moment, primary care zones don't have access to any outcome indicator.