

## Country-specific analyses

### Belgium

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#### Info box 19:

##### Context of eMH implementation in Belgium

**Summary:** Even though eMH solutions have an important potential to reduce waiting lists and costs for mental health care, Belgium only shows initial levels of awareness of eMH products and services in various stakeholder groups. eMH-related initiatives and projects are evolving with support from federal and regional government, and higher education is starting to embed eMH in research. However, these processes are moving slowly; in part because of the complex Belgian state structure. To improve and facilitate the implementation of eMH products and services, Belgium needs more alignment and support of policy-makers, including investments in sensitisation campaigns, knowledge exchange, a quality system for eMH, a reimbursement system for eMH and education.

##### Policy developments and relevant policy documents

- Both eHealth in general and eMH specifically are expected to be among the major agenda points in upcoming years.
- Policy actions on a regional level: *Flemish Action Plan Mental Health* (strategic plan 2017–2019); Jo Vandeurzen Policy paper 2014–2019; ten online care policy actions for the coming years launched in 2015; The policy paper 2019–2024 of Flemish minister of Public health Wouter Beke presents innovation and digitalisation of the health services as one of the strategic goals.
- Policy actions on a federal level: General policy paper *mHealth care in 2014*; *Action Plan eHealth 2015–2018* (point 19 of the Action Plan eHealth is specifically on mobile health)
- Continued policy actions across all levels of government, with the *Action Plan eHealth 2019–2021*, including, amongst other points, a tool that will allow software developers to be guided towards a formal validation, homologation and registration of their mHealth applications.

##### Main barriers for eMH implementation

- Low awareness of and acceptance by health care professionals and patients (they rather prefer (some level of) face-to-face contact and have privacy concerns)
- Outdated information technology systems
- Limited options for training and education
- Complex state structure (communities and regions with their own juridical responsibilities; three different languages)
- Current lack of reimbursement system for eMH (but possible in the new Mobile Health Belgium system (see info box 6) under specific strict conditions)

**Enabling factors**

- Campaigning/sensitisation and knowledge exchange
- Support and opportunities to interact with peers (famous endorsers and believers)
- Involvement of policy makers (e.g. formal guidelines and quality labels)
- Support and involvement of higher level management
- General data protection regulation; more clarity about legal situation on data security; and guidelines regarding eMH products and services

**Best practices**

- **Improve training and education possibilities:** The “best thesis on online care” award fostered eMH research and was organised to award the best student-run research on eMH and adjacent topics (<https://www.flanderscare.be/steunmaatregelen/scriptieprijis-onlinehulp-2017-2018>).

**Policy developments, initiatives and challenges of eMH implementation in Belgium****Mental health care in Belgium**

Mental health care in Belgium is a small but diverse sector that is currently reforming to align the care it offers to patients' needs (i.e. patient-centeredness and community-based care). The aim is to help diminish its historically-grown very strong focus on residential mental health care, to increase treatment effectiveness and to reduce related costs. Access to this very broad and diverse wellbeing and health landscape is not highly structured or controlled, as many people initially contact their GP or social service provider when experiencing mental health problems. In the case of more severe mental health issues, patients are referred to psychologists, psychiatrists, outpatient centres for mental care, psychiatric departments of general hospitals or psychiatric hospitals. Hence, a strong cooperation with/collaboration between diverse groups of stakeholders involved in mental health care is required in order to create sufficient support for the opportunities of eMH in Belgium.

**eMH-related policy developments, research projects and initiatives**

Belgium currently focuses on prevention and early detection of mental health problems to further optimise care. Interest in the potential of digital services in health care to help achieve this goal is currently on the rise. However, eMH is still relatively unknown to many patients and professionals. Stakeholders are not aware of the possibilities offered by eMH solutions. In a general policy paper in 2014, the Federal Government stated that it believes in an exponential increase in eHealth via self-help possibilities, compliance and patient empowerment (292). Additional policy papers on a regional (Flemish) level illustrate how politicians expect eHealth in general and eMH specifically to be among the major agenda points in upcoming years. One of these initiatives is a validation pyramid for mobile applications in the health sector, which can be used to evaluate the quality and scope of each application. Another one is the BelRAI mobile

tool (a Belgian implementation of the internationally-established Resident Assessment Instrument), which is an assessment tool to measure care-dependency of patients in different sectors. Further examples of the growing interest in eMH are the numerous regional initiatives related to eMH such as the Carewear Onlinehulp Vlaanderen projects (see Appendix B for more information), which are supported by the Flemish and federal governments, and the ten concrete online care policy actions. These actions were introduced in 2015 at a congress by the Flemish government of Welfare, Public Health and Family, of which today a number have already been met.

### Challenges for the implementation of eMH

Regulations associated with eMH and its implementation are still rather limited in Belgium. A complex state structure (communities and regions with their own juridical responsibilities and three different languages) leads to slow legislation processes, and an overarching eMH strategy does not yet exist. The current reimbursement system is not yet sufficiently up to date to easily incorporate the reimbursement of eMH services. Some health insurance companies refund online consultations and blended care for specific target groups, e.g. children and adolescents, whereas others do not. This might be improved in the future as, in Belgium, clinical psychologists have been a recognised health profession since 2016, with their services being reimbursed from 2019 onwards. What began as a pilot case, will probably become a standard part of Belgian mental health care. Limited options for training and education are furthermore mentioned as barriers to successful large-scale implementation of eMH in Belgium, in addition to structural difficulties, outdated internet technology systems, lack of technical competencies and limited eMH awareness by patients and professionals. Despite increasing interest in eMH in recent years, awareness and acceptance of eMH by health professionals and patients need to evolve in order to overcome the perceived fear of professionals of being replaced by technology, or service users' concerns that eMH may be too impersonal and non-transparent. Aside from these barriers, there are promising developments as far as research is con-

cerned. eMH is a growing field of interest in higher education in Belgium. Nevertheless, more empirical and both qualitative and quantitative research is needed. One way to foster research on eMH and adjacent topics is the *Best Thesis on Online Care* award at a Flemish level, which awarded the best student-run research on eMH-related topics. However, professionals' and organisations' knowledge of eMH is still rather limited and requires more focus and a strategic approach. Furthermore, the EU General Data Protection Regulation is perceived as a factor strengthening data privacy and its compliance in Belgium, which will improve trust and confidence in eHealth tools.

### Conclusion

Belgium needs more alignment between eMH developers and the care sector, as well as the support of policy makers in order to benefit from innovations in health care in the long term. In order to achieve a cultural shift away from sticking to face-to-face-therapy only, investment in campaigning and sensitisation, knowledge exchange, training and general education will be necessary. Co-creation with all stakeholders involved (e.g. information technology specialists, caregivers and patients) will be key in creating successful e-tools. Furthermore, formal (quality) guidelines, transparent information about the quality of tools (e.g. a juridical label of recognition), best practices on implementation and room for discussion, combined with support and endorsement by higher level management, may facilitate eMH implementation in mental health care in Belgium.