



Recommendations for the organization of mental health services for children and adolescents in Belgium: Use of the soft systems methodology



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ABSTRACT

The prevalence of mental health problems among children and adolescents in Western countries is high. Belgium, like many other Western countries, struggles with the set-up of a coherent and effective strategy for dealing with this complex societal problem. This paper describes the development of a policy scenario for the organization of child and adolescent mental health care services (CAMHS) in Belgium. The development process relied on Soft Systems Methodology including a participatory process with 66 stakeholders and a review of the existing (inter-)national evidence. A diagnostic analysis illustrated that the Belgian CAMHS is a system in serious trouble characterized by fragmentation and compartmentalization. A set of 10 strategic recommendations was formulated to lay down the contours of a future, more effective CAMHS system. They focus on mastering the demands made on scarce and expensive specialized mental health services; strengthening the range of services – in particular for those with serious, complex and multiple mental health problems – and strengthening the adaptive capacity of and the ethical guidance within the future CAMHS system.

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1. Introduction

The prevalence of mental health problems and disorders among children and adolescents in Western countries is high. Indeed, an overall prevalence rate of 14% for all clinically important child and adolescent mental health disorders in Western countries was found by Waddell et al., while the prevalence of co-morbidity of two or more mental disorders varied from 47% to 68% [1]. These conclusions were based on a review of large population-based studies including interview-based diagnostic and functional

evaluations. Precise population-based epidemiological data is lacking for Belgium. For some child and adolescent mental health services, figures are available on how many children and adolescents are taken in care, but for other services, e.g. private consultations with child psychiatrists or outpatient clinics, such figures are lacking [2].

In 2005, the World Health Organization (WHO) called for national action in the field of child and adolescent mental health services (CAMHS) [3]. This call for a dedicated approach was motivated by high prevalence rates of mental health problems in this age group, and by the impediment of these problems on their development and their potential impact on ongoing distress and disability in adulthood [4,5]. The WHO recommended that national action does not only cover classic child psychiatry but also the so-called “adjacent sectors” like welfare, justice, disability care, education [3].

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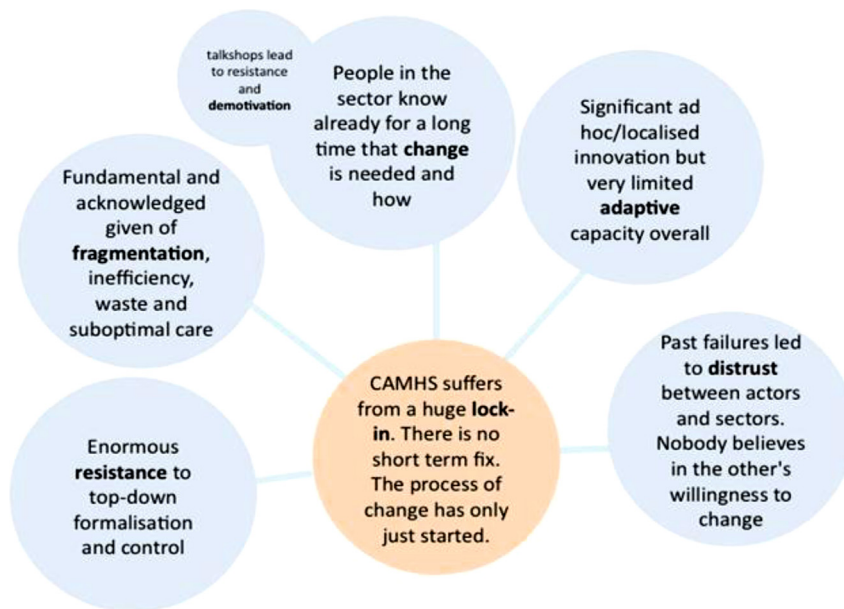


Fig. 1. The CAMHS system: a wicked problem.

Belgium, however, does not have a clear-cut CAMHS strategy. Reforms in the past have, as in other Western countries, mainly focused on the adult mental health sector, which traditionally has been characterized by large isolated institutions. Since the beginning of the 21st century, the “balanced care” model is gradually gaining influence in this sector [6,7]. This model implies that care is offered and delivered as close as possible to the patient’s living environment, and only if necessary in an institution.

The CAMHS-sector developed much later and should include a developmental perspective. Indeed, the consecutive developmental stages of children and adolescents have an impact on vulnerability to disorders, and on treatment options. Therefore, a specific approach might be needed.

The Belgian Healthcare Knowledge Centre (KCE) was commissioned by the Belgian Ministry of Public Health to perform a study (June 2011–March 2012) that would offer input for a reform of the CAMHS-system. The objective of this study is to set up a participatory process to lay down the contours of a future Belgian CAMHS-system.

2. Methods

The approach used in this study is based on “Soft Systems Methodology” [8]. Soft Systems Methodology has been developed to deal with different perceptions or worldviews surrounding complex socio-technical systems. It allows those different worldviews to surface and organizes the intervention in the system under study as a learning process in which these different appreciations are confronted with one another. Therefore this methodology fits hands in gloves with the reform of the CAMHS-system. Indeed, it is a complex system in need of a systemic

reform in which stakeholders actively participate in a well-structured way [8].

For participatory process the input of stakeholders were solicited. In total 66 different stakeholders (including *professionals* from different professional groups of the CAMHS sector and related sectors such as education, juvenile justice, disability care, welfare; *NGO representatives* such as patient/family right advocates; *administrators and policy makers*) participated at one or more of 5 stakeholder events (in-depth interviews, workshops and discussion tables). Their input has been complemented with information from a narrative review on the effectiveness of different organizational models in CAMHS [2], a content analysis of CAMHS policies in 3 other countries/regions (i.e., The Netherlands, The United Kingdom, British Colombia, Canada) [2], by building on previous KCE-studies on organizational aspects of mental health care for children (especially aspects of networking between different levels of care [9]; emergency psychiatric care for children and adolescents [10] as well as on insights from systems thinking methodology [8,11–17].

Both the results of the participatory process and the existing documents were used to make a diagnostic analysis of the existing CAMHS system and to identify solution elements for a future, more effective system.

Two sets of outputs were created based on these diagnostic analyses and solution elements:

- The *root definition* (purpose) and *activity model* (or conceptual model of required activities), delineating the ideal contours of the future CAMHS system, but without specifying organizational boundaries, legal status, resources, and so on.
- A set of general *strategic policy recommendations*, based on a comparison of the current Belgian CAMHS-system

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