

## POSTER ABSTRACT

### The pivotal role of the Primary care Psychologist in integrated care: from an experience in Flanders towards policy development

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Flanders is one of the Belgian Regions.

A Primary Health Care Conference in 2010 under the Flemish Minister of Wellbeing, Health and Family aimed to improve quality of the primary care by increasing professional cooperation.

The Conference was prepared by six working groups of stakeholders: ICT, positioning, prevention, cooperation, care for talent, mental health care.

A policy action was endorsed for a stronger primary mental health care in Flanders introducing a Primary Care Psychological Function PCPF.

Seven projects in 5 provinces and in Brussels-Capital were implemented since 1 December 2011 including a wide variety of stakeholders and target groups.

They have been renewed systematically, given the high demand for a PCPF and will run until February 28, 2019.

**Purpose:** The purpose was to study the effectiveness of a primary care approach to non-complex psychological problems of a short duration, focusing on an accessible approach; increasing early detection and intervention and examining the cost-benefit ratio. The projects tested different formulas of approaches to maximize interdisciplinary and transmural cooperation according to the stepped care model. In parallel the relationship with the existing needs within our society (focus vulnerable populations) has been examined.

**Findings:** The introduction of the PCPF can contribute to the improvement of the supply of primary mental health care, of accessibility, of cooperation with specialized mental health care and welfare services.

The PCPF is pivotal for patient and primary care workers from GPs to various home care services. Specific attention is needed for vulnerable groups.

The hands-on experience from the projects, a Flanders' report investigating[i] the implementation of the PCPF and a report from the Federal Knowledge Centre for Healthcare on the organisational and financial model for psychological care demonstrate the need for a structural rollout of the PCPF[ii]. The feedback of the patients and the partners involved in

the pilot projects is very positive. They confirm that the PCPF fills a gap in the existing offer of healthcare in Flanders.

Although the findings are convincingly positive, the PCPF is also a vulnerable function in the Flemish healthcare: The pilots identify a serious shortage of PCPF with consequences on waiting lists; low qualitative reporting to the GP; not enough time for networking or prevention initiatives;

Further analysis is required to identify how many PCPF are needed according to the number of inhabitants and to the socio-economic status of an area.

**Transferability:** Recent Belgian legal recognition of clinical psychologists, clinical orthopedagogists and psychotherapy, creates an opportunity for deployment of the PCPF for Flanders or even Belgium.

Exploratory talks with the other Regions, show the interest in PCPF. However, only Flanders, invested in successful government pilot projects.

A dialogue will start among the Federal and Regional authorities to integrate this function in the patient-centered care models. Flanders considers further policy and initiatives on financing mechanisms, education and recognition, PCPF organisation, cooperation with specialised care and outcome indicators.

#### **References:**

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2- Het rapport van het Federaal Kenniscentrum voor de Gezondheidszorg (KCE), Kohn L, Obyn C, Adriaenssens J, Christiaens, W, Van Cauter X, Eyssen M, Organisatie- en financieringsmodel voor de psychologische zorg – Synthese. Health Services Research (HSR), 2016. KCE Reports 265As. D/2016/10.273/31

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