

Stages of politicians in mental health services in Flanders

Experiences, results and tips

Since 1998, at its 10th birthday, the Flemish Association for Mental Health has organised 6 stages for politicians in different mental health services in Flanders.

Purpose: lobbying

- getting to know those who are responsible for the policy concerning mental health
- to ensure they are getting a correct and realistic picture of the mental health in all its aspects
- to broaden their image on mental health issues, e.g. there are also patients and families around those patients.

Method and evolution

Using the example of the profit organisations, in the first years every politician in Flanders was invited for a kind of in company training during the parliamentary reces (summer holidays).

In the first 2 years, we tried to match the expectations of the politicians who wished to visit a mental health organisation with the proposals that came from the different mental health organisations who wished to organise such a visit.

The organisation itself was free to organise the visit and to fill in the content of this visit. The only statement we made to the organisations was that such a visit had to be more than an ordinary "company visit". It had to be something like an "in service training". After the visit, an global evaluation with all the politicians was planned.

In 2001 the focus of attention was on the one hand the year of mental health, on the other hand the different actors beside the organisation, and the cooperation between those actors.

An evaluation after 3 years of stages in 2004 gave again some changes.

The content of those stages was more and more directed (dictated) by the Flemish Association for Mental Health:

- Current mental health **issues** (not solely connected to one organisation) were discussed (networking, depression, suicide, affordability and accessibility of care, activation)

Those issues had to be brought in such a way that the politician had to be confronted with a concrete case and/or in such a way that the politician could go into conversation with a privileged witness (a patient, a family member, a care taker)

- and the **offer of visits** was broadened to those issues where more than one organisation was involved in: quality of care, home care, violence within the family, forensic care, etc.

The purpose: getting to know the evolutions in mental health care and getting to know the reality and the expectations of the patients and their families.

The aspect of visiting an organisation slightly and slowly disappeared.... (unfortunately).

Results

Only a small number of the invited politicians accepted the invitations. As could be expected: only those, with already a certain interest in mental health issues, attended the visits.

(For instance: in the first year 243 politicians were invited, 18 responded.)

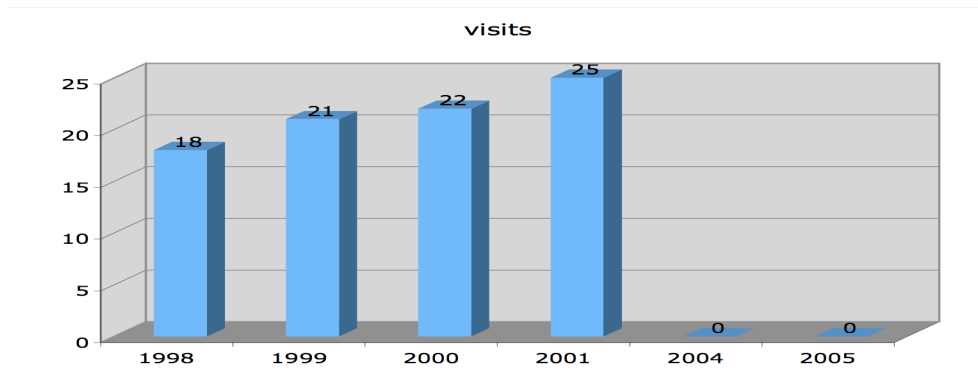
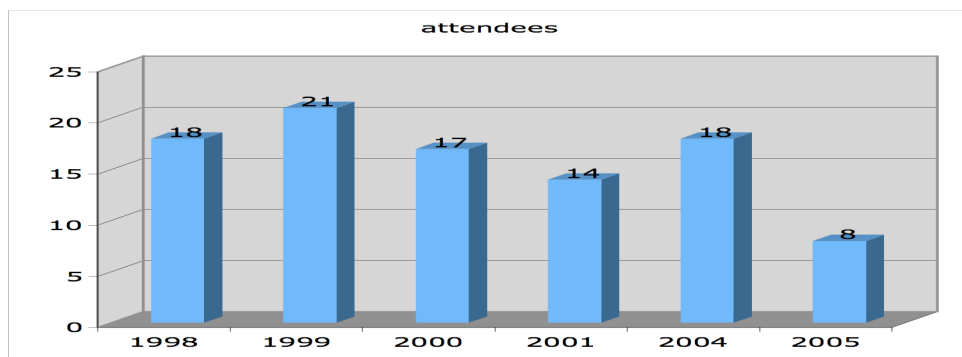
Even fewer politicians attended the evaluations after the visits, although every one of them was very enthusiastic about his or her visit(s).

A testimony of a politician:

" Although I knew mental health care already, the results of the visits is that I follow the issue of mental health even more intense. I questioned the minister of public health about the structural underfunding of the psychiatric clinics. I ensured that the responsables of my party paid attention to the mental health care in their negotiations about the formation of the government."

Another testimony:

"Trough these visits I learned the needs and expectations of the sector of mental health faster than by reading thick annual reports. Who, as a representative of the people, wants to get close to the weak and those in need of care, I can most strongly recommend the offer of the Flemish Association for Mental Health"



Tips

1. Don't do this every year.
2. Hold control on the content of the visits (to little versus to much control)
3. Don't overload the politicians
4. Help those who need it
5. Don't forget the patient

Future

We'll be back 2009

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