



1.1 Number of hospitalisation days in psychiatric hospital wards (/1000 population) (MH-10)

1.1.1 Documentation sheet

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|------------------------------------|--|
| Description | Number of hospitalisation days in psychiatric hospital wards per capita |
| Calculation | Numerator: Number of hospitalisation days in psychiatric hospital or in psychiatric services of general hospital with at least one overnight. Denominator: Mid-year population |
| Rationale | This indicator provides contextual information on the utilisation of mental healthcare services outside ambulatory setting. It may reflect differences between regions, such as the health of the population, differing health service delivery models and variations in the availability and accessibility of specialised, residential and/or ambulatory and community-based services. We acknowledge that monitoring psychiatric hospital service use captures only a relatively small proportion of individuals who require mental healthcare services. However, since the reform of 2010 (i.e. art. 107 projects), the organisation of mental healthcare in Belgium (like in other Western countries) is shifting from a model based on 'large isolated institutions' towards a balanced care model. This implies that care is offered and delivered as close as possible to the patient's living environment, and only if necessary in an institution. As such, one may expect a decreasing trend of psychiatric hospitalisation days. ¹ |
| Data source | RPM – MPG from FPS Public Health |
| Technical definition | The number of days is calculated as the discharge date – admission date. This implies that one-day stays are not included in the calculation. Only data for terminated stays are included. Data is reported based on the region of the patient's residence. |
| International comparability | This indicator is not included in standardised international indicator sets. Similar indicators are also monitored by the Canadian Health Agency (i.e. mental Illness Patient Days rate) and the Australian Institute of Health and Welfare (i.e. national rate of mental health-related overnight hospitalisations). ^{2, 3} |
| Limitations | No international comparison. The method used to the number of hospitalisation days is different from the method used in the previous Performance report. ⁴ In the previous report, the number of hospitalisation days excluded the duration of any psychiatric intermediate exits (e.g. weekends). An intermediate psychiatric exit must be followed by an intermediate psychiatric readmission within 30 days, otherwise it should be considered as a new admission. Since 2020, the variables used to calculate exit times should no longer be encoded. As a result, data for intermediate exists might not be reliable from 2020 onwards. For this reason, it was decided to use the total number of psychiatric hospitalisation days, including any potential intermediary exits. |
| Dimensions | Quality (Appropriateness) |
| Related indicators | |
| Reviewers | Nathalie Terryn (FPS Public Health) |



1.1.2 Results

Belgium

The number of psychiatric hospitalisation days per 1000 inhabitants decreased from 789 in 2012 to 550 in 2021 in Belgium (see Figure 1).

Analysis by demographic characteristics

In 2021, the number of psychiatric hospitalisations days was higher for men (575 per 1000) than women (515 per 1000), and higher in individuals aged 18-64 years (685 per 1000) than those aged below 18 years (188 per 1000) or above 65 years (472 per 1000).

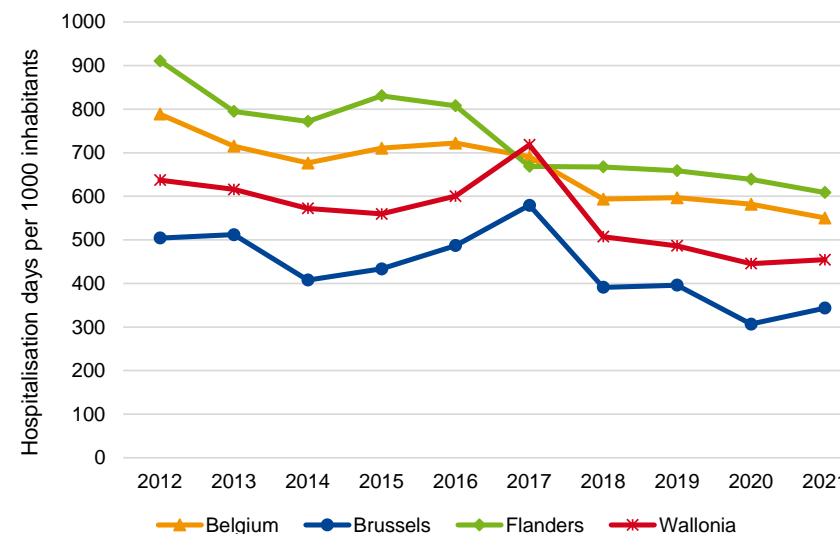
Regional comparison

The number of psychiatric hospitalisation days per 1000 inhabitants was higher in Flanders (2021: 609 per 1000) than in Wallonia (2021: 455 per 1000) and Brussels (2021: 344 per 1000) and the decreasing trend in 2012-2021 was similar across regions (~29-33%). In 2017, the number of psychiatric hospitalisations days per capita in Wallonia and Brussels increased by around 20% compared to 2016.

Impact of the COVID-19 pandemic

The COVID-19 pandemic did not seem to have an impact on the decreasing trend in the number of hospitalisation days in psychiatric wards per 1000 inhabitants.

Figure 1 – Number of hospitalisation days in psychiatric hospital or in psychiatric services in general hospital per 1000 inhabitants, by patient region (2012-2021)



Source: FPS Public Health SPSCAE – FOD VVVL (RPM – MPG)



Key points

- **In light of the 2010 mental healthcare reforms aiming to make a shift from inpatient mental healthcare towards ambulatory alternatives, the number of psychiatric hospitalisation days decreased from 789/1000 inhabitants in 2012 to 550/1000 in 2021.**
- **While the number of psychiatric hospitalisation days per capita was higher in Flanders than in Wallonia and Brussels, a decreasing trend was observed across regions.**

References

1. Eyssen M, Leys M, Desomer A, Senn A, Léonard C. Organization of mental health care for persons with severe and persistent mental illness. What is the evidence? Health Services Research (HSR). Brussels: Belgian Health Care Knowledge Centre (KCE); 2010 18/11/2010. KCE Reports 144 Available from: <https://kce.fgov.be/publication/report/organization-of-mental-health-care-for-persons-with-severe-and-persistent-mental->
2. Canadian Institute for Health Information (CIHI). Health Indicators 2013: Definitions, Data Sources and Rationale, May 2013. Ottawa, ON: 2013. Available from: http://www.cihi.ca/CIHI-ext-portal/pdf/internet/IND_DEFIN_2013_EN
3. Australian Institute of Health and Welfare. Admitted patients mental health-related care [Web page]. Australian Government;2022 [cited 8 May 2023]. Available from: <https://www.aihw.gov.au/mental-health/topic-areas/admitted-patients#Hospitalisations>
4. Devos C, Cordon A, Lefèvre M, Obyn C, Renard F, Bouckaert N, et al. Performance of the Belgian health system – Report 2019. Health Services Research (HSR). Brussels: Belgian Health Care Knowledge Centre (KCE); 2019 04/2019. KCE Reports 313 Available from: https://kce.fgov.be/sites/default/files/atoms/files/KCE_313C_Performance_Belgian_health_system_Report.pdf