



11.2. Number of practising psychiatrists per 1000 population (MH-2)

11.2.1. Documentation sheet

Description	Number of practising psychiatrists per 1000 population
Calculation	Numerator: Number of practising psychiatrists x 1000 Denominator: Total mid-year Belgian population
Rationale	<p>The number of care providers gives important information on the medical workforce and thus the accessibility of healthcare. Together with the number of graduates, this information can be used for health providers supply planning.</p> <p>People with mental health problems may receive help from a variety of professionals but international organisations¹ focus mostly on psychiatrists, as psychiatrists have a pivotal role in the mental health care system and the availability of comparable data on others, such as psychologists, is more limited. Therefore also in this report figures for psychiatrists are reported separately within the results-section.</p>
Primary data source	<p>INAMI – RIZIV annual statistics</p> <p>Results from the PlanCAD (linkage data FOD VVVL - Datawarehouse AM&SB – INAMI – RIZIV)² from Federal Public Service Public Health</p>
Technical definitions	<p>A care provider is considered to be practising (INAMI – RIZIV: “profiles”) if he/she provided more than 1 clinical service (i.e. consultations, visits, technical acts, but not prescriptions) during a given year or the 2 preceding years.</p> <p>Physicians still in training are not counted. Psychiatrists are medical doctors who specialise in the prevention, diagnosis and treatment of mental illness. They have post-graduate training in psychiatry and may also have additional training in a psychiatric specialty. The Belgian data excludes non-practising physicians, retired professionals and professionals working abroad. Professionals who are of foreign origin are included.</p> <p>In the PlanCAD, the definition of psychiatrists includes adult psychiatrists, child and adolescent psychiatrists.² Neuropsychiatrists and neurologists are not included.</p>
International comparability	<p>The OECD differentiates between practising physicians (doctors providing direct care to patients), professionally active physicians (including also doctors working in the health sectors as managers, educators, researchers, etc.) and physicians licensed to practise (i.e. having the required diploma). In addition, OECD countries use different methodologies to calculate the same indicator (such as different levels of activity). Moreover the role of psychiatrists varies across countries (e.g. collaboration with GPs). Comparisons are therefore potentially inadequate.</p> <p>Before 2009, data transferred to OECD for practising psychiatrists included all registered psychiatrists at the INAMI – RIZIV (all psychiatrists having an INAMI – RIZIV number). Since 2009 (and data have been adapted retrospectively) these data are based on the number of practising psychiatrists, giving a better picture of the medical density in Belgium.</p>
Performance dimensions	Accessibility, Health workforce
Related indicators	Medical graduates



11.2.2. Results

In 2016, the number of active psychiatrists in Belgium was 1958, corresponding to a density of 0.17 / 1000 inhabitants. The number of psychiatrists increased since 2000 (1671 at that time), but the density remained stable (Table 104).

At the regional level (based on home address of the psychiatrists), 0.33 / 1000 pop. in Brussels, 0.15 in Flanders and 0.16 in Wallonia in 2016 (see Table 105 for a more complete picture in 2012). It should be noted that this provides little information on the real available workforce per region, as the workplace address is not available and there is potentially a lot of professional mobility between the regions.² The total number of head counts

are slightly different between the PlanCAD and the OECD results, because the specialities included are not exactly the same (see differences between Table 104 and Table 105).

The conclusions from the PlanCAD synthesis report are the following:³

“Psychiatry is a growing speciality (+22.6% from 2004 to 2012) in transformation. Since 2002, doctors cannot start a new training plan to obtain the title of psychiatrist: they need to choose between “adult psychiatrists” or “child and adolescent psychiatrists”. This change seems to be implemented differently between Flanders and Wallonia. In Wallonia, many psychiatrists have kept their initial title, which could partly explain the apparent deficits in Wallonia for the two sub-specialities.”

Table 104 – Data on practising psychiatrists (2000-2016)

	2000	2001	2002	2003	2004	2005	2006	2007	2008	2009	2010	2011	2012	2013	2014	2015	2016
Number of persons (head counts)	1671	1715	1748	1771	1797	1803	1840	1855	1891	1914	1932	1865	1890	1899	1907	1930	1958
Density per 1000 population (head counts)	0.16	0.17	0.17	0.17	0.17	0.17	0.17	0.17	0.18	0.18	0.18	0.17	0.17	0.17	0.17	0.17	0.17

Source: OECD Health statistics 2018

Table 105 – Participation on the labour market per region where psychiatrists (3 titles): head counts (2012)

Region (based on home address psychiatrist)	Accredited	Active on the labour market	Psychiatrists in cadaster with INAMI/RIZIV billing	Density of Active psychiatrists per 10 000 inhabitants
Brussels	399	369	358	3.10
Flanders	967	874	850	1.33
Wallonia	570	526	520	1.46
Total	1936	1769	1728	1.56

Accredited: Number of accredited psychiatrists (head count) in the FOD/SPF Cadaster

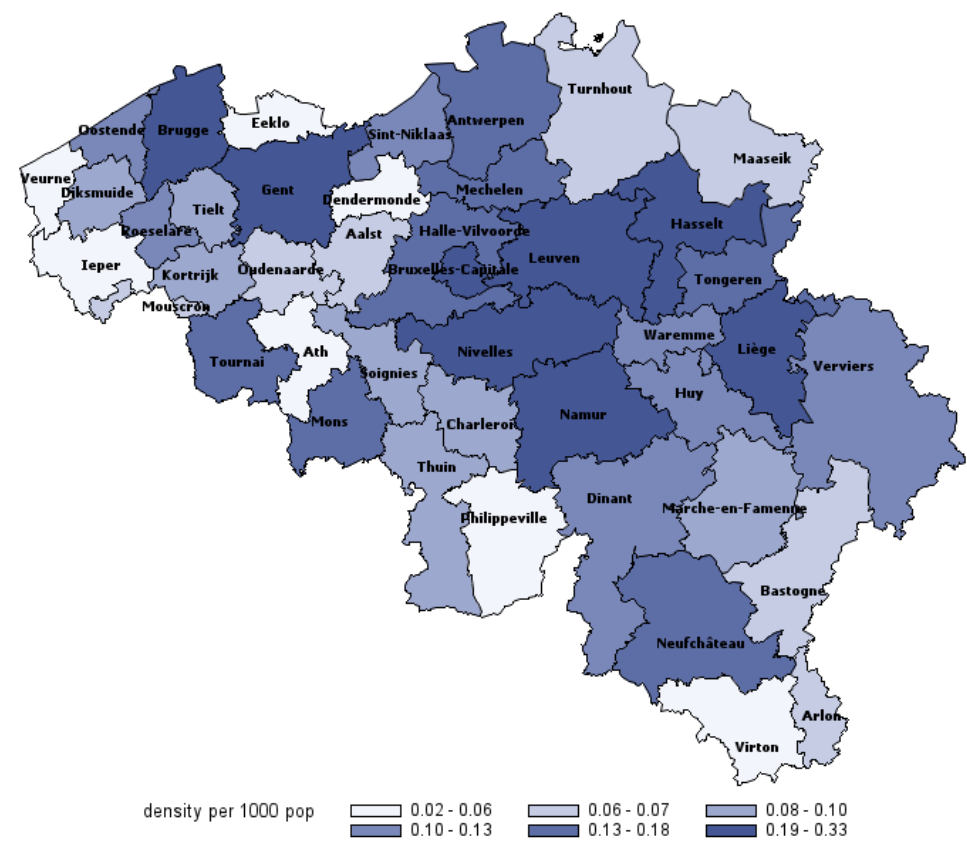
Active on the labour market: number of psychiatrists that is active on the Belgian labour market (as employee or with RIZIV – INAMI activity).

Active INAMI – RIZIV: Number of psychiatrists with a minimal activity (at least 0.1 FTE in the Social security context or at least 2 RIZIV/INAMI activities billed).

Source:²



Figure 157 – Density of active psychiatrists: number of active psychiatrists per 1000 inhabitants (2016)



Source: INAMI – RIZIV (based on the home address of the psychiatrist); calculation: KCE



International comparison

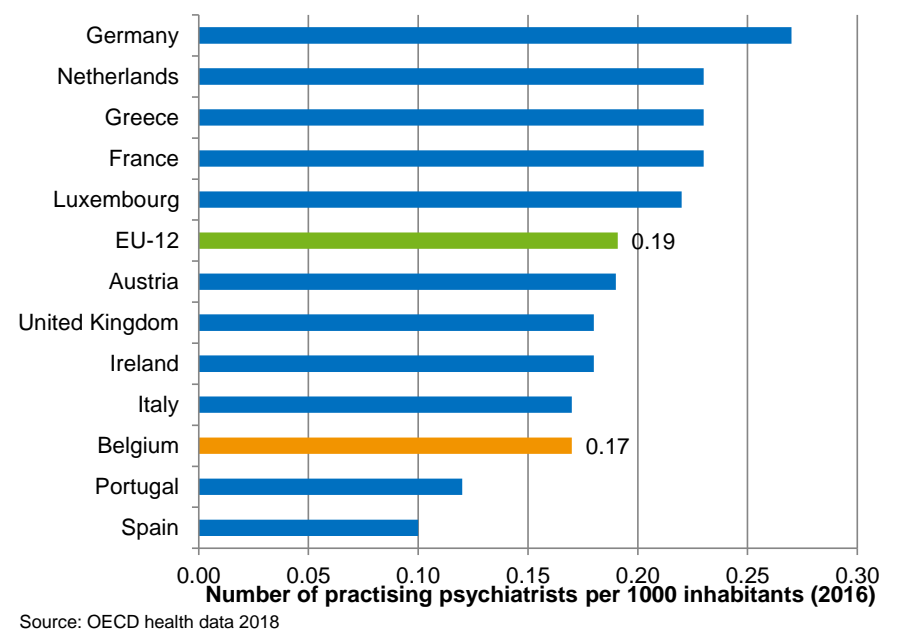
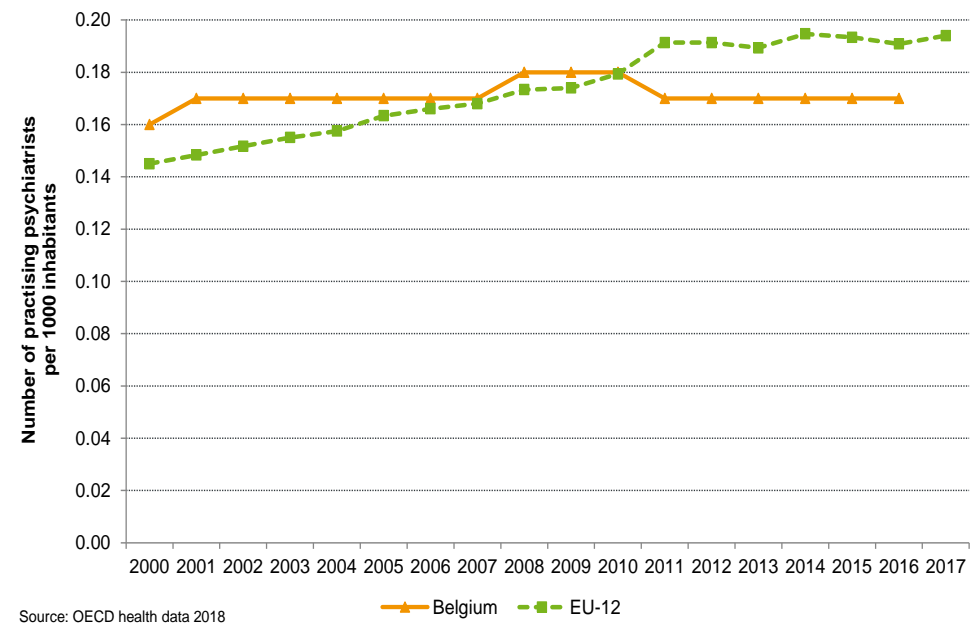
The role of psychiatrists and other mental health service providers (e.g. psychologists) varies across countries. For instance, in the Netherlands, there is a high number of psychologists who are very active in providing services that are covered under health insurance systems. In other countries such as France, the number of psychologists is lower and the services that they provide are not covered under public health insurance.⁴ In Belgium, since March 2019ⁱⁱⁱ, some consultations by psychologists are covered with the introduction of a new system to give greater access to psychological care (based on an organisational and financial model of psychological care).⁵ An estimation on which types of care providers are consulted per country can be found in Eurobarometer.^{4, 6}

Contrary to what was observed in the PlanCAD project (see Table 105 versus Table 104), data from OECD show no increase in terms of practising psychiatrists density over the period 2000-2016, contrary to the other EU-15 countries.

ⁱⁱⁱ <https://www.inami.fgov.be/fr/nouvelles/Pages/remboursement-soins-psychologiques-premiere-ligne.aspx>



Figure 158 – Number of practising psychiatrists per 1000 pop: international comparison (2000-2016)



Source: OECD health statistics 2018



Key points

- **The density of practising psychiatrists is stable since 2000 at 0.17 psychiatrist / 1000 pop.**
- **Compared to the EU-15 European countries that report the number of practising psychiatrists to the OECD health data, Belgium has a density of practising psychiatrists just below the European average (0.19 / 1000 pop. in 2016).**
- **The density of psychiatrists in 2016 is higher in Brussels (0.33 / 1000 pop.), compared with Flanders (0.15 / 1000 pop.) and Wallonia (0.16/ 1000 pop.); however, the region is based on the home address of the psychiatrists, giving little information on the effective workplace.**

References

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