



federal public service  
**HEALTH, FOOD CHAIN SAFETY  
AND ENVIRONMENT**



## Focus on mental health within the health and disability insurance: state of play

**dr Decuman Saskia**

Advisor RDQ – Disability benefits department  
National Institute for Health and Disability Insurance  
Belgium

# Content

- NIHDI: competence & some figures to set the scene
- Evidence based policy: results and challenges  
⇒ From transversal initiatives through projects specific from our administration



# NIHDI: competence & some figures to set the scene

# NIHDI: competence & some figures to set the scene

- **Competence**

- Disability insurance: private accidents and non-occupational diseases
- Employee – unemployed – self-employed
- Recognition + re-integration initiatives
- Close collaboration with :
  - Social insurance companies
  - Regional employment services

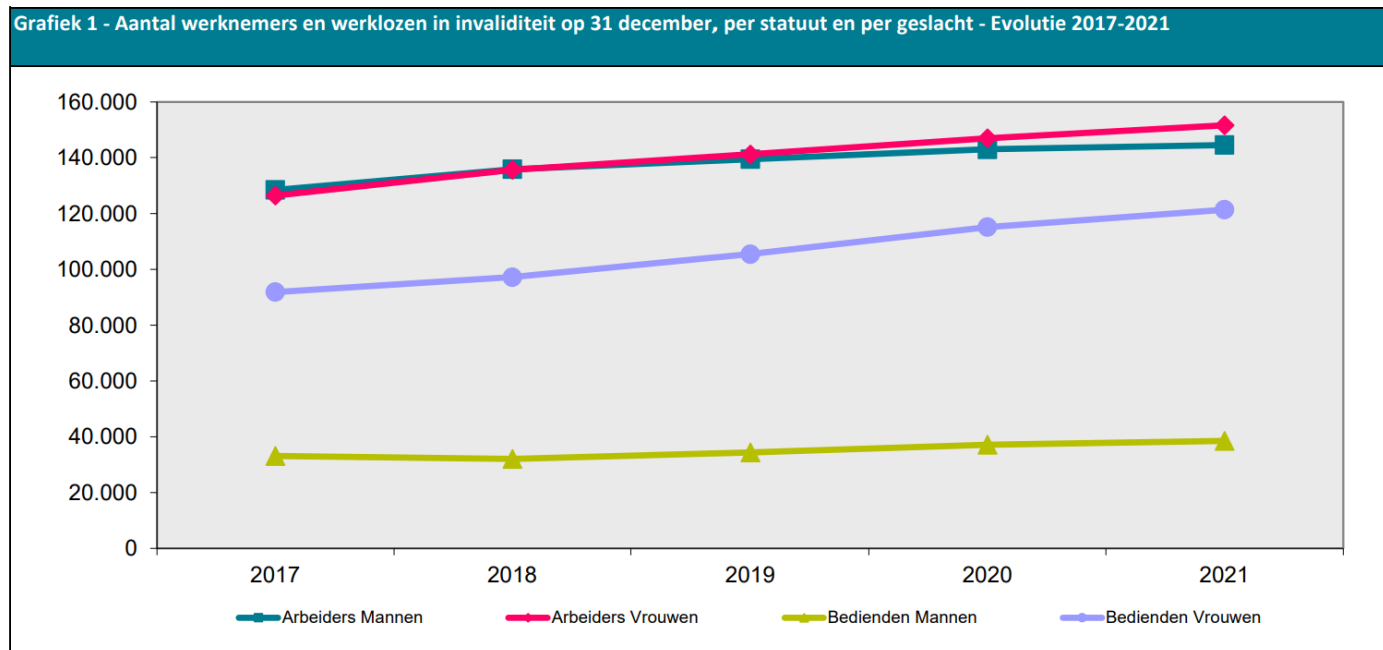
- **Figures to set the scene**

- Limited to long term work incapacity – number/photo on 31 December (≠ dispenses)
- Pathodology:
  - ICD9 – ICD 10
  - First week 7<sup>th</sup> month of work incapacity
  - Multicausality? Evolution?
- More on website NIHDI

Tabel 1 - Aantal werknemers en werklozen in invaliditeit op 31 december, per statuut en per geslacht - Evolutie 2017-2021					
	2017	2018	2019	2020	2021
<b>Arbeiders</b>					
Mannen	128.431	135.812	139.457	142.969	144.488
Vrouwen	126.457	135.655	141.183	146.935	151.592
Totaal	254.888	271.467	280.640	289.904	296.080
<b>Bedienden</b>					
Mannen	33.132	32.092	34.440	37.152	38.542
Vrouwen	91.888	97.186	105.424	115.071	121.374
Totaal	125.020	129.278	139.864	152.223	159.916
<b>Totaal</b>					
Mannen	161.563	167.904	173.897	180.121	183.030
Vrouwen	218.345	232.841	246.607	262.006	272.966
<b>Totaal</b>	<b>379.908</b>	<b>400.745</b>	<b>420.504</b>	<b>442.127</b>	<b>455.996</b>
Evolutie t.o.v. vorig jaar	3,72%	5,48%	4,93%	5,14%	3,14%

Bron : RIZIV - Dienst uitkeringen - Directie financiën en statistieken

Employed and unemployed

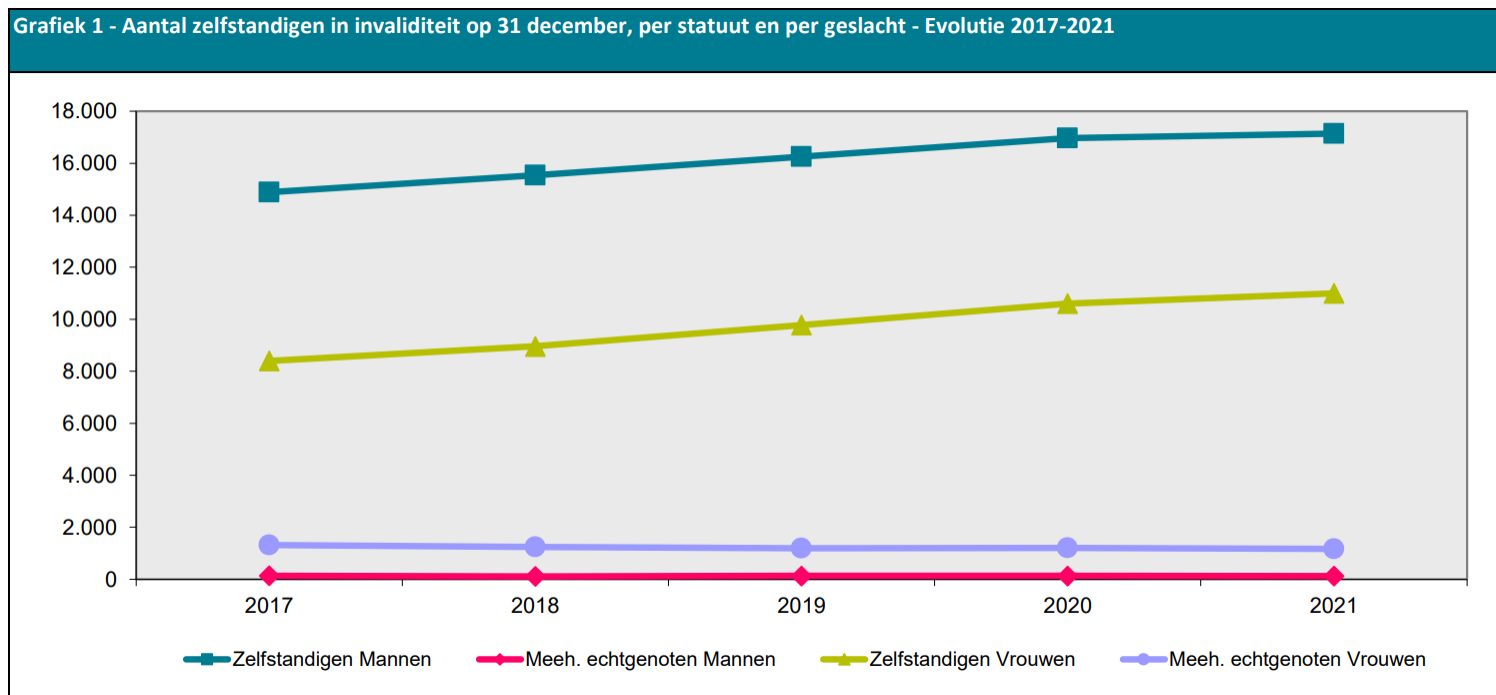


Bron : RIZIV - Dienst uitkeringen - Directie financiën en statistieken

Tabel 1 - Aantal zelfstandigen in invaliditeit op 31 december, per statuut en per geslacht - Evolutie 2017-2021					
	2017	2018	2019	2020	2021
<b>Zelfstandigen</b>					
Mannen	14.888	15.537	16.256	16.971	17.140
Vrouwen	8.399	8.960	9.781	10.602	10.997
Totaal	23.287	24.497	26.037	27.573	28.137
<b>Meeh. echtgenoten</b>					
Mannen	145	117	129	131	127
Vrouwen	1.317	1.248	1.197	1.209	1.175
Totaal	1.462	1.365	1.326	1.340	1.302
<b>Totaal</b>					
Mannen	15.033	15.654	16.385	17.102	17.267
Vrouwen	9.716	10.208	10.978	11.811	12.172
<b>Totaal</b>	<b>24.749</b>	<b>25.862</b>	<b>27.363</b>	<b>28.913</b>	<b>29.439</b>
Evolutie t.o.v. vorig jaar	1,13%	4,50%	5,80%	5,66%	1,82%

Bron : RIZIV - Dienst uitkeringen - Directie financiën en statistieken

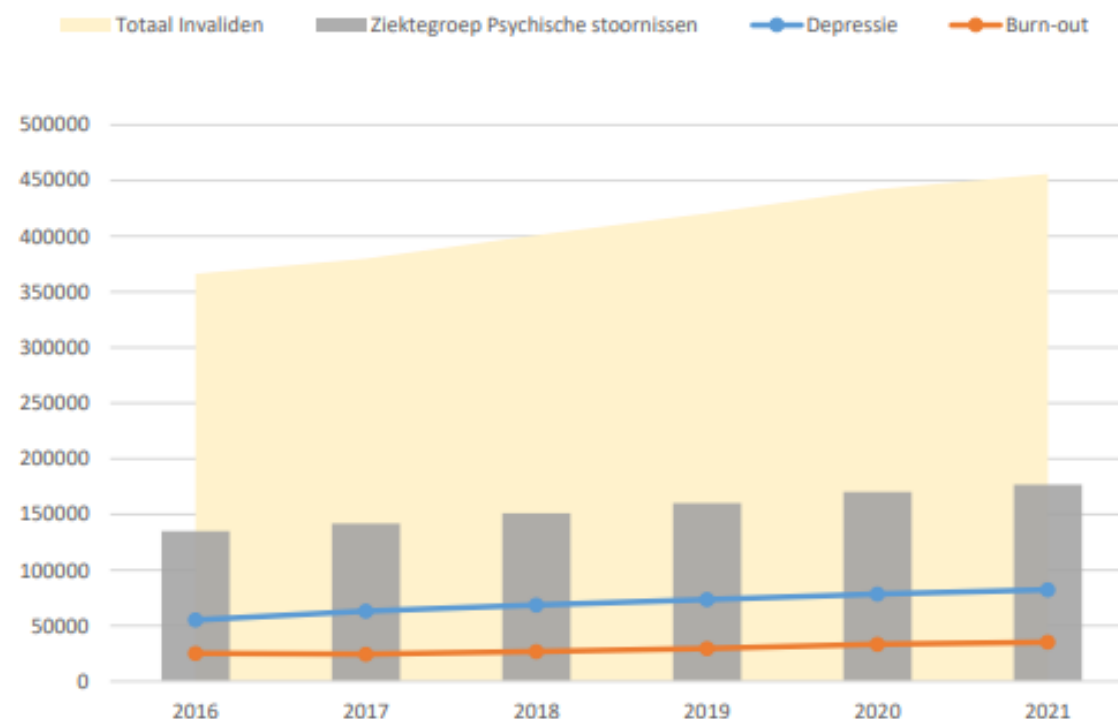
Self-employed

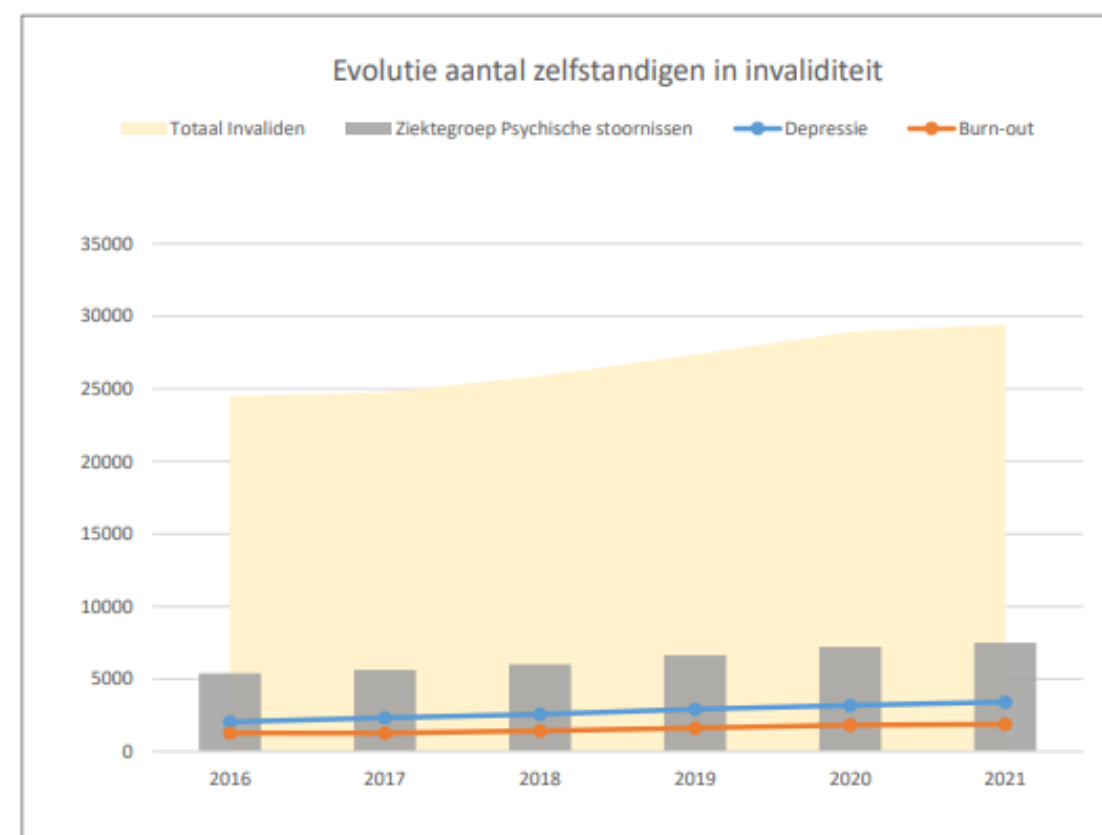
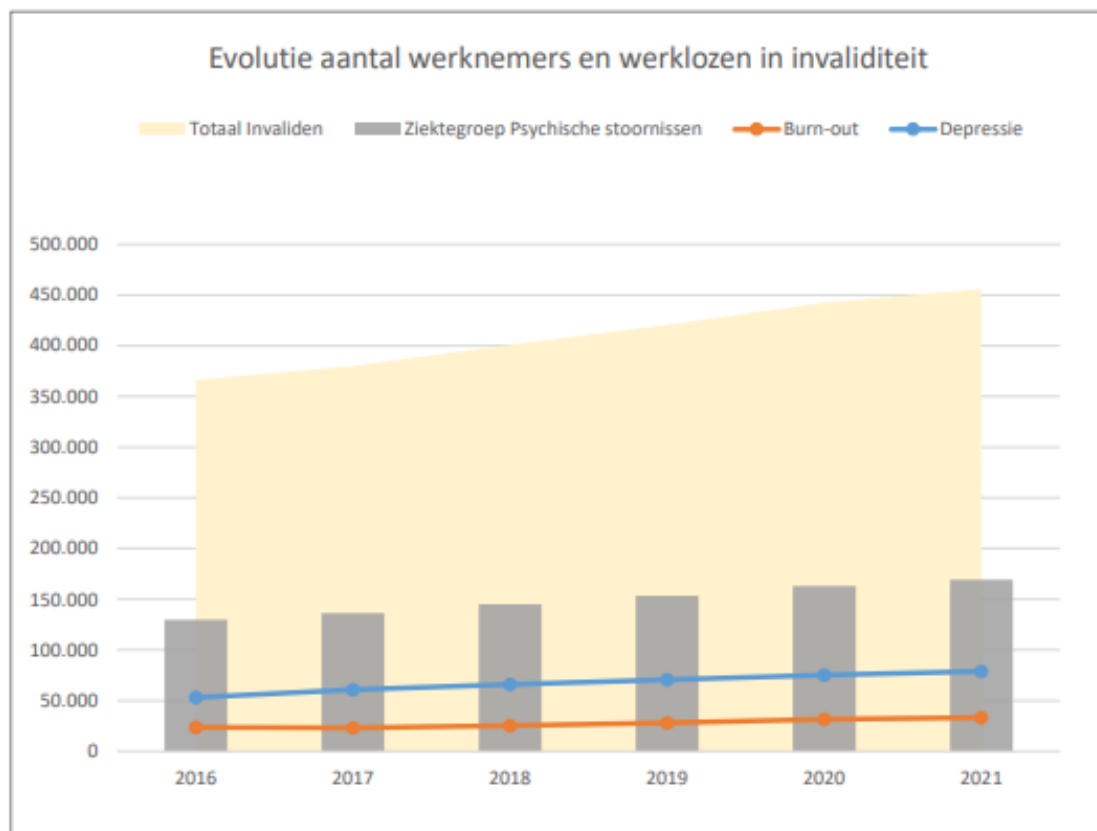


## Number of people on WD due to depression, burn-out or another psychological disorder.

- 31.12.2021: 472 222 on WD
- **36% due to a psychological disorder**  
=> 170 000
- Of which 66.39% depression or burn-out
- **Almost ¼ WD due to depression OR burn-out**
- And other diseases do matter
- Between 2016 and 2021
  - General: 30.97%
  - Depression and burn-out: 46.35%
- Women: 59 % - 68%
- 50- 64 years old + selfemployed 25-39 years old ↑↑↑
- ↑ employed/unemployed versus self-employed: 45.8% versus 59.22%

Evolutie aantal personen in invaliditeit









## Dispenses

- 2020: more then 1,6 miljard euros
- Since 2016:
  - ↑ 10% in one year
  - ↑ 47% since 2016

# Link naar website RIZIV

<https://www.inami.fgov.be/nl/statistieken/uitkeringen/Paginas/langdurige-arbeidsongeschiktheid-burnout-depressie.aspx>

# Evidence based policy: results and challenges

# Evidence based policy: results and challenges

- **Several new legislative measures and projects to tackle the challenges on re-integration**
- General
  - Questionnaire: predictive factors for long-term work incapacity
  - Integration multidisciplinary and CRTWC within the social security companies
  - Focus on functional capacity evaluation within social security
- Specific
  - Networking between administration
  - Formal integration within the disability benefit department through a platform on psychological disorders.
  - Individual placement and support
  - Functional capacity evaluation of people on WD due to a CMD
  - Development of a pathway focussing on first line psychological support and collaboration with GP
  - Pro-active preparation of EU-precidency on the topic of mental health.
  - integration with DM-training

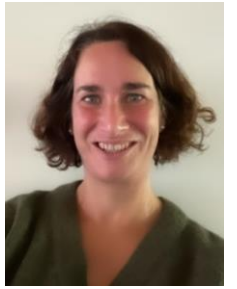


# Questionnaire

- Prof Godderis – Dr Goorts
- 10<sup>th</sup> week
- Empowerment (more than “certification“)
- Good predictive factor
- Obligation
- Starting point
- Not to replace physical examination

Factors in the Biopsychosocial Model	Items	Category
Health perception patient	1	Functioning-related factors
Work-health interference	1	
Psychological distress	2	
Return to work expectations	1	
Social support colleagues	1	Work-related factors
Social support management	2	
Job satisfaction	1	
Physical workload	2	
Workload	1	
Autonomy	1	
Learning and development opportunities	1	
Work expectations	1	Person-related factors
Fear of colleagues' expectations	1	
Stressful life events	2	Stressful life events

# IPS - RCT



- **Prof Tojerow – Prof De Greef**
- RTC
- Moderate to major psychological disorder
- No spontaneous resumption
- Willingness
- Place-and-then-train
- Intensive coaching (caseload), pro-active outreachment to employers

# IPS – first results

- **Results 18m FU, N=667**

Using a Randomized Control Trial, we find that **compared to VR:**

- SE ↗ probability to work part-time (x2) after 18 months
- SE ↗ monthly earnings from work by 119 euros (x2) after 18 months
- SE ↘ monthly DI benefits by 77 euros (-6.5%) after 18 months
- SE effects sustained through COVID-19 pandemic
- SE does not affect exit from DI
- SE does not affect health or well-being

Suggested **mechanisms:**

- SE ↗ job search efforts
- SE ↘ reservation wage
- SE does not create lock-in effect

- **Fidelity review:** international evaluation against strict IPS-criteria (report available before summer)

# IPS – during COVID-19

- Intensive coaching with flexibility already one of the characteristics: the job coach must be competent to deal with "changing" situation, limited case load gives opportunities
- Period of strict lockdown challenging but kept contact with insured persons
- New ways of working (possible with the IPS-methodology)
  - Walking
  - Coaching in garden, public spots
- Type of jobs: HORECA temporary not possible but other opportunities: contact tracing, logistic, health, ...
- Some work resumptions were put on hold: were not allowed to work, could not work due to fear, ...
- Limited number of trajets needed to be put on hold.



# IPS

- Implementation
  - For research project to process
  - Through agreements between federal state and regions
    - VDAB, Actiris & FOREM
    - IPS-sites
    - Methodology – financing – monitoring (quantitative & fidelity review)
    - Working groups

# FCE common mental disorders



- **What?**

- MD disability benefit department NIHDI
- Assessment of functional capacity in patients with depression, burn-out, anxiety...

- **Challenges**

- Tools developed in/for other contexts (e.g. practice of clinical psychologist)
- Link with work incapacity
- Translation to ...
  - daily practice of medical advisor and his team
  - other sectors of social security

# Questions?

