VET MH

TUTOR

Peer Support

PAT - PEER AND TEAM SUPPORT

Co-funded by
the European Union

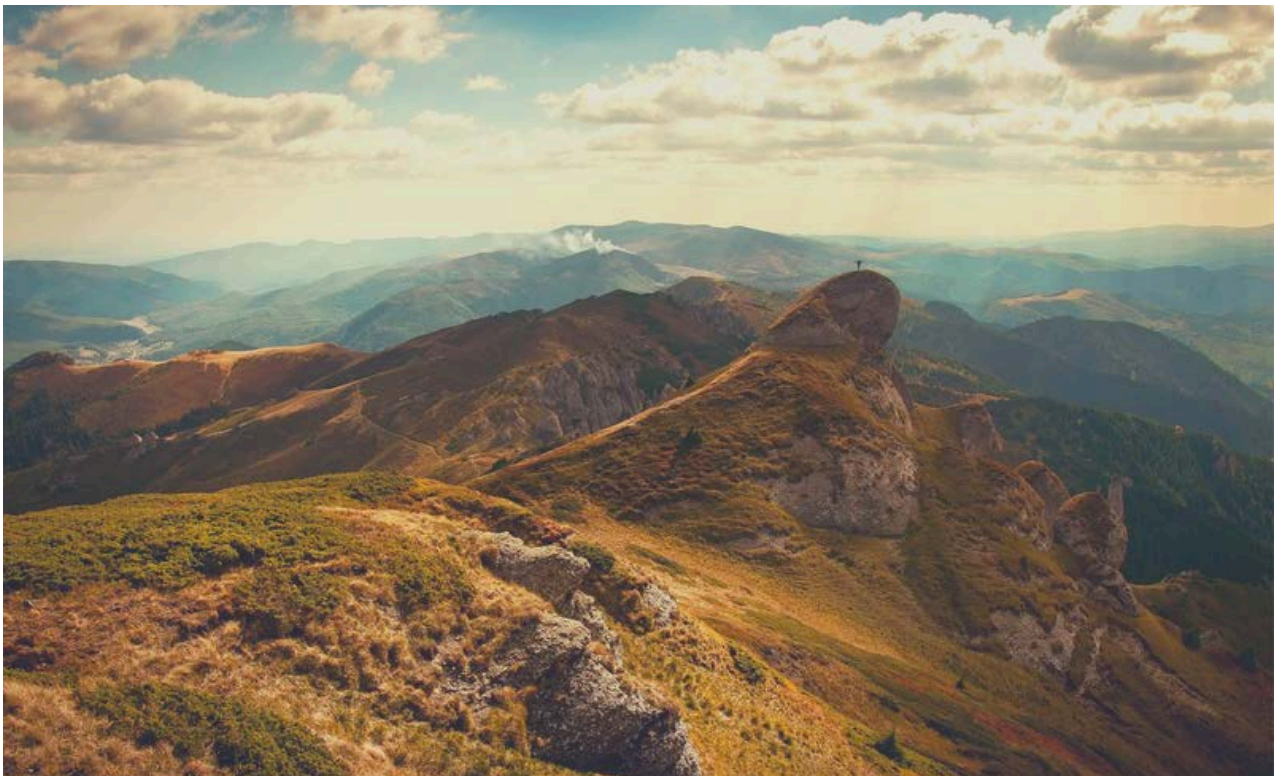
Intro

The TuTo3 project - PAT: PEER and TEAM SUPPORT in Mental Health

Peer support in mental health is not an innovative practice. It is developing worldwide.

Peer-support is a mutual support between people who have had similar experiences, particularly in matters of mental health or addictions. It is on sharing experiences and knowledge gained through experience to support recovery and empowerment.
The WHO recognizes peer-support as a complementary approach to traditional health care, which can improve quality of life and recovery.

The ERASMUS Tuto3 project, focusing on PAT (Peer and Team support) in mental health, represents a pioneering approach to enhancing mental health support systems. This initiative stands out as a beacon of hope and innovation in the realm of mental wellness, aiming to leverage the power of community, empathy, and shared experiences to foster a more supportive environment for individuals facing mental health challenges. By placing emphasis on peer and team support, the Tuto3 project acknowledges the profound impact that connection and understanding can have on an individual's mental health journey.



The TUTO3 PROJECT

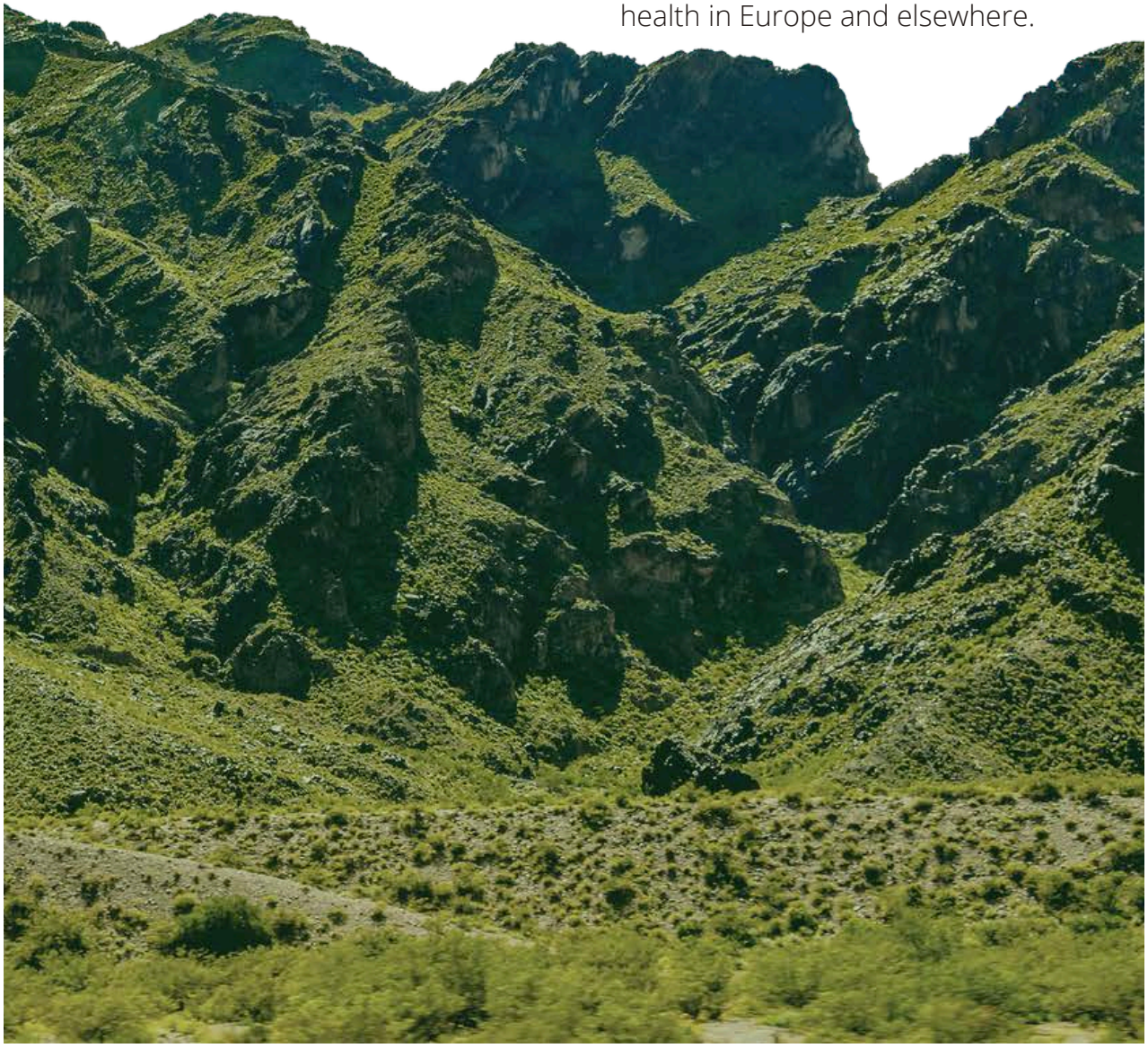
The TUTO3 PROJECT comprehensive support system that addresses both the emotional and clinical aspects of mental health. The innovative nature of the Tuto3 project lies in its understanding that mental health recovery and support are multidimensional and deeply personal. The project aims to create mental health care that is more inclusive and effective by building environments where individuals feel seen, heard, and supported by both peers and professionals. As the Tuto3 project continues to evolve, its focus on PAT (peer and team support) promises to reshape how society approaches mental health, making it more accessible, compassionate, and tailored to the needs of those it seeks to serve.

Peer support, a cornerstone of the Tuto3 project, operates on the principle that individuals who have navigated their own mental health challenges can offer unique insights, empathy, and practical advice to others facing similar struggles. This approach not only helps in destigmatizing mental health issues but also empowers individuals by validating their experiences and promoting a sense of belonging. Similarly, team support within the Tuto3 framework amplifies this effect by creating structured support networks, combining professional guidance with the relatability and immediacy of peer support. This dual approach ensures a comprehensive support system that addresses both the emotional and clinical aspects of mental health.

— HOW

Peer support workers provide support and accompaniment to their peers, people who are going through similar situations. They are found in many areas where the elements of life have left traces, sometimes indelible, from which it is difficult to recover. They share the knowledge, strategies, and tools they have learned from their recovery journey.

They embody the hope that it is possible to get better and to take control of your life. To recover is to reclaim what is already ours: life.
The project aims to facilitate the deployment of peer support workers by strengthening the professionalization of the various stakeholders: peer support workers, trainers, institutions, care teams and associations of peer support workers in the field of mental health in Europe and elsewhere.



Support and duration of the project

The PAT project is an Erasmus+ ka220 project co-funded by the EU. It will last 36 months until January 2025

Partnership

The project is supported by organisations of 5 countries, associations of peer support workers and universities, coordinated by the Hospital Centre Neuro-Psychiatrique Saint-Martin.

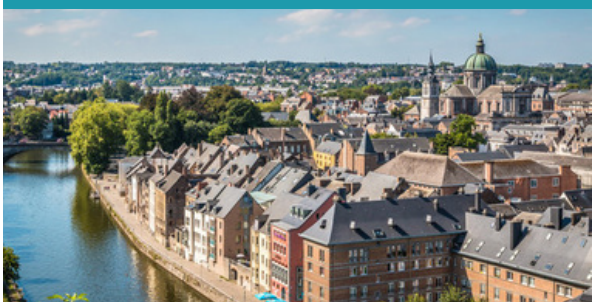
The NGO's contribute to producing knowledge and innovative tools and validate them based on the experience of peer support workers.

Centre Neuro Psychiatrique St-Martin, Namur

Établissement Public de Santé Mentale Lille-Métropole

Universitatea Aurel Vlaicu Din Arad

Peer and Team Support, ASBL, Namur



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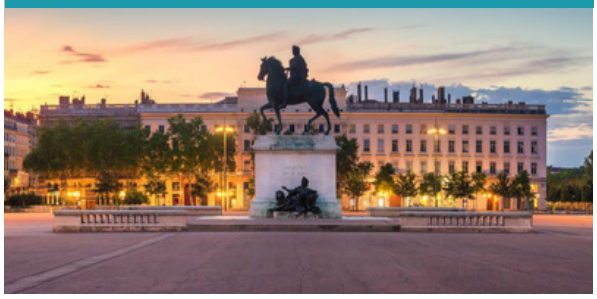
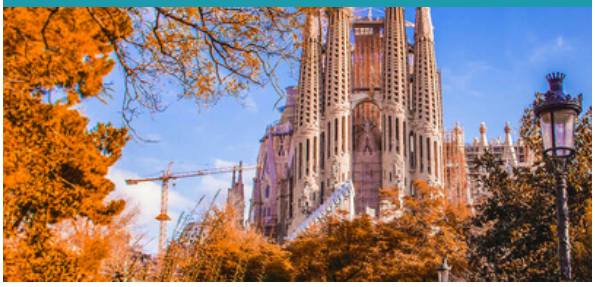
Partnership

Haute Ecole de la Province de Namur

Espairs Pair Aidance Santé Mentale Rhône , Lyon



Grupo de Investigación en Salud Mental en Primera Persona, Barcelona



Centre intégré universitaire de santé et de services sociaux de l'Est-de-l'Île-de-Montréal

Inland Norway University of Applied Sciences

Universität ULM

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GOALS PROJECT

Integrating peer support in a more structural way into the care pathway.

Strengthen the employment of peer support workers by reinforcing their professional profile and training adequacy.

Better prepare the professional teams to welcome and integrate peer support workers in their practices: accompanying the team during the whole integrating process.

Encourage the innovation and exchange of practices on these themes.

PROJECT OUTCOMES

Increase the level of expertise of the different partners, mental health professionals and other stakeholders benefiting from the production about the added value of peer support workers as people that are skilled to support users in recovery.

Increase the level of skills of peer support workers.

Creation of tools that will be available at the European level to any mental health stakeholders.

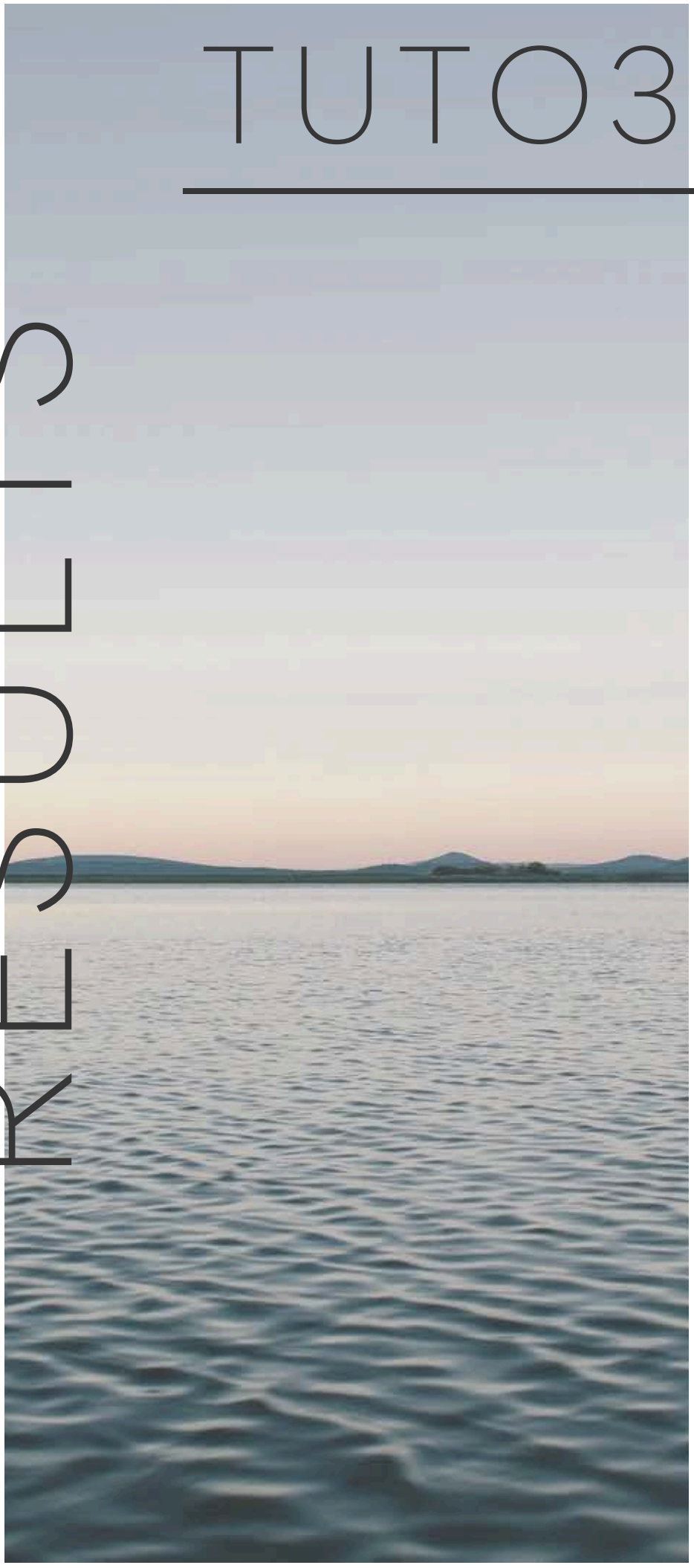
Support the integration of peer support workers in the world of work by supporting the creation of qualitative jobs.

Create and consolidate a European network of different and complementary organisations around innovative mental health outcomes and connect with world leaders (Canada) on the recovery and training of peer support workers.

Participate in the destigmatization of the mental health sector in general and users in particular by creating bonds between facilities, the education sector and users associations.

TUTO3 PAT

RESULTS



RESULT NUMBER 1

A competency framework for peer support workers

RESULT NUMBER 2

A standardized training profile for peer support workers.

RESULT NUMBER 3

Include peer support worker: training material for mental health professionals

RESULT NUMBER 4

A methodological framework to support the integration of peer support workers into teams

RESULT NUMBER 5

Development of a MOOC (Massive Open Online Course)

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This project has been co-funded with support of the European Commission - Erasmus+ Programme (EC). This publication reflects only the views of the author. Therefore, the EC cannot be held responsible for any use that might be made of the information contained therein.

Co-funded by the European Union

PEER AND TEAM SUPPORT PROJECT RESULTS

The development of a skills framework for peer helpers is a crucial step in recognizing and promoting their essential role within mental health services. This framework must identify the fundamental skills, knowledge and attitudes required to effectively support people seeking mental well-being. This includes the ability to build trust, an empathetic understanding of the experiences of others, and a solid understanding of professional boundaries and role ethics.

At the same time, the creation of a standardized training profile for peer support workers guarantees quality and consistency in their preparation. This profile could detail essential training modules, such as active listening techniques, crisis management, confidentiality, and navigating the mental health care system. Related training materials should be designed to be accessible and engaging, using a variety of formats such as videos, case studies, and simulations to facilitate learning.

To support the integration of peer support workers into mental health teams, a methodological framework must be put in place. This framework should include guidelines for supervision, ongoing support, and evaluation of the contributions of peer support workers while recognizing the unique value of their lived experience. Finally, the development of a MOOC (Massive Open Online Course) specifically dedicated to the training of peer support workers and mental health professionals could greatly contribute to the dissemination of best practices and raising awareness of the importance of peer support workers. This MOOC could serve as a resource accessible to all, thus promoting a better understanding and integration of peer support workers in mental health services globally.

RESULT NUMBER III

Provisional

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Include a Peer Supporter: Training Materials for Mental Health Professionals

The objective of the project's third outcome was to support the integration of peer support workers into mental health teams by developing training materials for future mental health professionals. The hiring of peer workers and their effective integration into teams could have been facilitated if mental health professionals had better understood and benefited from peer support.

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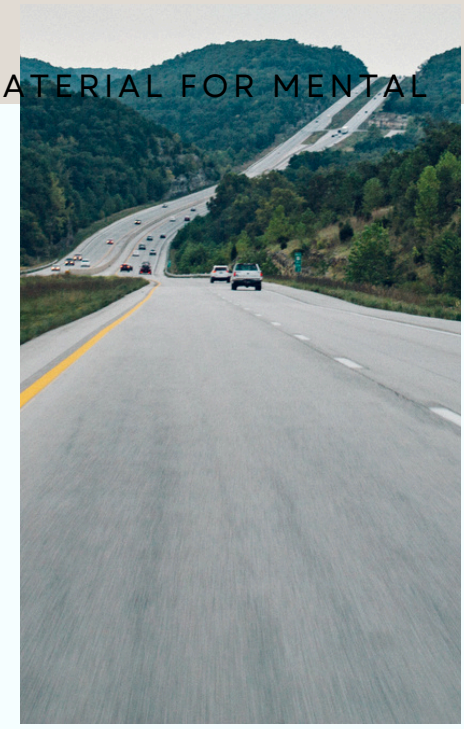
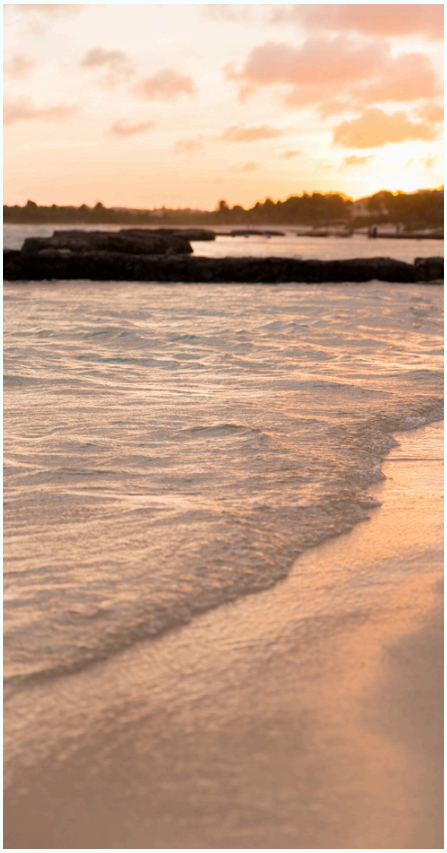
TASK 1 - Development of training materials for mental health students



The task led to the production of training materials on the concepts of peer support, recovery and empowerment. It was aimed at students in their final year of mental health nursing. The training has been integrated into the curriculum of mental health nursing students and other relevant departments of university partners. The materials were created for and with peer support workers. The training has been designed in such a way that peer support workers can easily take ownership of it and adapt it to their own experience. The electronic format of the training allowed for easy transfer. The theoretical content explained what a peer support worker was and how they could support the recovery process of patients. Educating students about the concept of peer support and its complementarity in care helped them understand the value of this collaboration and facilitated their integration into care. Roles have been well defined to encourage change in care practice.
The innovative part of the training on sharing experiences was also guided. Support was provided to share one's own experience. Examples and structures were proposed. How to share experience, how to mention the different stages, how to explain the evolution and the lessons learned, these are tools that have been given.



Hiring Process

The work to be done resulted in a guide outlining the different steps of the hiring process, the questions to ask at each stage, and potential responses based on the peer supporters' experience. The work carried out made it possible to cover:
The identification of what has influenced the implementation of peer support work in mental health services.
A guide to the process of hiring professional peer support workers.

Development of training materials for mental health students

Introduction and contextualization of the problem

Many authors including Benny et. Al. (2021) believe that one of the greatest challenges for a person diagnosed with a mental disorder is "the risk of labelling", related to the prejudice, discrimination and stigma associated with it (Benny, Huot et al., 2021, p. 143). These same authors use figures from the Mental Health Commission of Canada (2013) which states that 60% of patients suffering from mental disorders avoid seeking help for fear of this stigmatization!

To date, many studies have been carried out to clarify the problem. The results, regardless of the geographical delimitation and the methodology used, speak for themselves: "There is no society or culture where people with mental illnesses are treated equally with others. We can admit that stigmatization is a dimension of suffering that is added to that of the disease. (Giordana, 2010, p.8). The author also cites Finzen (2000) who speaks of the stigmatization of mentally ill people as "a second disease".But what is stigma? Many authors have looked at the question, but we could use the following definition:

"Stigma is a complex term that refers to a multidimensional concept. It is a general attitude, of the order of prejudice, induced by the ignorance or ignorance of a situation or a state, and this ignorance or ignorance will generate discriminatory behaviors and behaviors. It is therefore any word or action that would aim to transform the diagnosis of a disease, for example, into a negative mark for the person with this condition. {...} Stigma is therefore based on negative prejudices that imply the attitudes and behaviours of members of society towards the sick person. Preconceived ideas concerning the mentally ill appear to be extremely pejorative and heavily penalizing" (Giordana, 2010, p.8-9).

According to the author, who is based on numerous study results, this stigmatization specific to mental illnesses is based on three categories of representations:

The idea that mentally ill people are violent, dangerous and unpredictable; these representations lead to fear which itself will be a source of rejection and exclusion.

The representation of abnormality and irresponsibility of the mentally ill person, seen as incapable of living in society and respecting its rules, codes, and norms of community life; leading to a directive and authoritarian attitude towards these people.

An image of "infantile perception of the world", intellectual poverty and lack of maturity leading to an infantilization of these people.

In addition to these 3 categories of representations, there is the idea, in the case of schizophrenia, of a certain risk of contamination and therefore of dangerousness to the mental health of the people who frequent them; (Giordana, 2010).

If the negative representations and stigmatization of people suffering from mental disorders are very real within the general population, what about caregivers?

Because of our own experience as nurses for more than fifteen years, we can only confirm and validate, via hundreds of real-life examples, that the "caregiving" world, that of non-specialized psychiatric care, is just as much a source of negative representations and a vector of stigmatization. In order to limit the potential subjectivity of this observation, professional and scientific resources were sought. However, the subject is more marginally treated in the literature than stigma in the general population.
However, there are some recent writings highlighting this problem. At this level, a distinction must be made between caregivers working in the field of mental health care and caregivers working in the field of somatic medicine (whether general or more specialized care).

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In his thesis, Yalaoui (2019) presents the results of a survey he conducted among 248 French general practitioners. In it, he points out that more than half of doctors consider the care of these patients time-consuming and more than 50% say they have a lack of training in this subject. 6 out of 10 doctors say they feel "less comfortable with a psychiatric patient" and 20% consider schizophrenic patients to be violent or dangerous. It should be noted that, in this study, nearly 84% of the doctors surveyed consider these patients to be "trying". (Yalaoui, 2019, p. 26).

Finally, the fact that the doctor had experience in the field of psychiatric care diminished the importance of the negative representations of the latter.

Development of training materials for mental health students

Secondary Reflections to the Literature Review

We wanted to validate these initial findings, supported by a broad review of the literature, with our target audience, i.e. future caregivers. Were they also carriers of these preconceived ideas and prejudices?

Through different focus groups, they were asked the question of their representations of mental health (and therefore of mental illness).

Development of training materials for mental health students

Focus group on mental illness

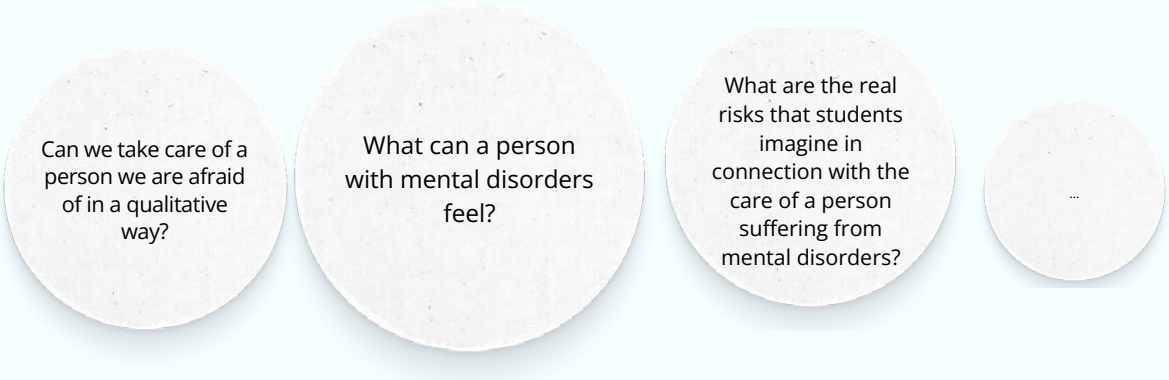
The students of the different organized groups had the possibility, via a Wooclap© (guaranteeing anonymity) to indicate the word(s) that they spontaneously associated with psychiatry. The more often the word came up in the encoding, the larger it appeared in the final word cloud.

Here is a representative example of the word cloud generated by the students surveyed:

From these first elements, the discussion was then oriented around their representations. Where do they come from?

The majority of students, after reflection, admit that they do not know how to directly link their fears to an objective experience. Few of them have ever had any real contact with the world of acute psychiatry. They often cite films and series seen on television, some news items having been more heavily covered by the media. There is also often an amalgam that is made with sociopathic disorders.

The discussion is then enriched with the help of questions, which the students are led to work on in sub-groups:

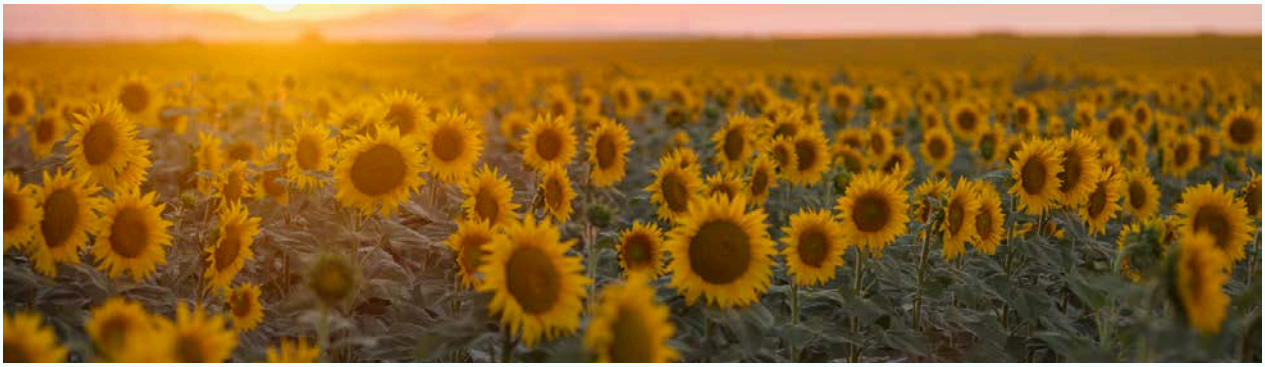


Development of training materials for mental health students

Results of the first focus groups

The results that emerged validated our first postulate, namely that stigma was very present. In parallel with the elements raised in the document highlighting the main obstacles shown by the teams to the idea of integrating a peer helper, a first major obstacle emerges, that of stigmatization and negative perceptions that professionals may have about mental illness.

Within the framework of this project, and on the basis of a socio-constructivist perspective, **we have therefore chosen to focus the awareness to be created above all on the deconstruction of preconceived ideas and the process of stigmatization with regard to mental illness.**



First applications in the field - with professionals and future professionals

This stage took place in two stages (R4 collaboration).

*The first step (N=10, Dec 2*022) was to organise an information/awareness-raising session **for professionals** as part of their continuing education. A peer helper, associated with the trainer, aimed to work on the representations and preconceived ideas of the speakers present. In addition to destigmatizing the problem, the recovery process and peer support were discussed at length. In the context of this specific training, the concepts of addiction were at the heart of the questions relating to representations and peer support.

In order to quantify and evaluate the impact and adequacy of the results with the awareness-raising objectives, an anonymous questionnaire was given to the participants. One part was filled in before the intervention, the second after.

Pre-intervention questionnaire:
Participants are asked to assign a score from 0 to 10 based on the difficulty and reluctance they would have if they had to integrate a peer helper into their daily work team. (0 being no difficulty/fear and 10 being an impossibility to imagine it). Participants are invited to briefly explain the score awarded. Rating: 41/70 -> 58%

Post-intervention questionnaire
-> After an exchange and a 3-hour discussion with a peer helper, the question is asked again (evaluation of fears / reluctance + explanations). They are also invited to give their opinion on the important points they take away from the training. Rating: 17/70 -> 24%

Other results of the post-intervention questionnaire:
Evolution in the type of questions asked by participants. As the intervention progresses, the questions become more specific and participants ask specific questions about the peer supporter's experience, feelings, or journey. -> added value of allowing enough time (more effective to plan awareness raising by half-day/day than by small module of 1 or 2 hours) + added value of planning an intervention with a lot of exchanges and interactions Great perceived interest of participants in the intervention > added value of a direct and total exchange with a peer helper rather than by/with a non-peer helper trainer. On the basis of a 3-hour awareness-raising exercise carried out by a peer supporter, evolution of the points of positive representation of professionals Impact and representation depend on the person (n=3/10) Insistence on the importance of including this type of awareness in the initial training of professionals, from the beginning of their course (n= 4/10).
All stressed the importance of working on representations (initial and/or acquired) related to mental health and addiction! (N = 10/10)

First applications in the field - with professionals and future professionals

Second step: Information/awareness-raising session for future professionals (April 2022).

This session was built on the basis of the feedback from the first awareness-raising sessions It was given to 23 2nd year nursing students in charge of general care (I.R.S.G). In Belgium, the IRSG course consists of 4 years. The choice to carry out this awareness-raising before the first internship in psychiatry was made on the basis of feedback from previous training. Indeed, several professionals who have benefited from the training have told us how important it is for them to include this awareness as early as possible in initial training, before certain representations become fixed in the minds of future caregivers.

During this awareness-raising campaign for future professionals, various elements were covered:

- Definition of peer support
- Role and mission
- Sharing experience
- Perception
- Hiring Process
- Certificate
- Brainstorming on how to adapt and export the training

Following this session, an evaluation was carried out with the students a week later in order to allow time for integration.
Several elements emerged. The latter are in line with the heteroevaluation carried out with the professionals:

Importance of this type of awareness-raising from the initial training. Some students would have even liked to have it earlier.

It is important that this awareness is given by a peer helper. However, some students question the relevance of giving the pathology from which the peer helper suffers for some of the students (n= 3/23).

Clear change in students' views of mental illness, possible recovery, knowledge and the added value of peer support. For most students, this notion of mental health recovery takes a concrete and positive form for the first time.

The students unanimously found that this awareness should be done face-to-face to allow exchanges and not last less than 3 hours to allow a relationship of trust and a real group dynamic. Several have put forward the idea of making this awareness richer by involving two or even three peer helpers during this awareness-raising. The idea of making video capsules was then put forward to make it feasible.

Creation and testing of the final awareness session

On the basis of the various observations and evaluations carried out, the final version of the awareness-raising could be proposed. In February 2022, two groups of students (N20 + N25) were able to benefit from it.

Form of Sensitization

These took place **in two main stages.**

The first allows the representations to be flattened

Use of a Wooclap (cf. Appendix 1, the latter once again validate the initial postulates and the need to work first on this "first step" of destigmatization).

Exchanges in sub-groups and then in groups around the representations put forward.

Development of the consequences of the stigma of mental illness for people who suffer from it (cf. Appendix 2)

Presentation of two short video clips (4 minutes each) produced in collaboration with two peer helpers working for the CCOMS and part of the TUTO+3 project. Each of these capsules offers a short video in which a peer helper addresses students by sharing something that is important to them. At this stage, on purpose, peer support has not yet been defined. Students only become aware of the function of the speakers as peer helpers during the exchanges following the viewing of the capsules. Each of the peer helpers was asked to close the video with a question of their choice, addressed to the students.

Closing of this first phase with the definition of peer support and the introduction to the second part of awareness-raising. Invitation of students to take note of their questions in order to be able to share them later.

A second part, split from the first session, addressing peer support in concrete terms:

Intervention of two peer helpers (here part of the TUTO+3 project). Based on previous tests and evaluations, they lead the session independently. The teacher is only there as a facilitator, thus allowing free and authentic exchanges between peer helpers and students.

The intervention includes several parts: presentation of peer support, presentation of related work, numerous exchanges and reflections on the concept of recovery.

Throughout this second session, the emphasis is placed on the participatory aspect of all. Exchanges are encouraged throughout the intervention and are encouraged by the comfortable time granted for the session.

Qualitative assessment of awareness

As a follow-up to this last awareness-raising campaign, a qualitative evaluation form is offered to nursing students. The results are extremely positive.

Ø The average satisfaction rate of 9.5/10.
Almost all respondents consider this awareness to be useful and necessary. (95%) and 100% of them think that this awareness should continue to be offered.

To the open-ended question: Have you found the relevant awareness to be included in the framework of initial nursing training? 15 students responded:

01	I think it's great to make us aware of the experience, feeling, both to the peer helpers and to the "patients".
02	It allows you to understand what this means and to get a real correct idea of things. It also shows the relevance of their work.
03	This intervention in the context of nursing training allows the courses given for the theoretical set to be "palpable" and "concrete".
04	This makes it possible to know what is being put in place and the existence of this type of aid.
05	It was a very interesting workshop that allowed me to better understand the approach of some of the patients I met during the internship.
06	I didn't know about peer support at all and these two people explained very well the usefulness of this concept and answered my questions perfectly.
07	The importance of peer helpers + who they are.
08	This is important because as a nurse you will be able to redirect patients to peer helpers.
09	People affected by an illness or by a sick loved one come to reveal an intimate part of their lives in complete confidence. They are natural persons, who could be one of our relatives, or ourselves. They talk to us in complete confidence. They have revealed to us their problems, their sufferings, and they are now practically recovered and offer their knowledge, their advice, as well as their listening to other people in difficulty that they have brought us.
10	This avoids the stigma, conflation and fear that surrounds mental health. This makes it more accessible.
11	A patient lying down is emotionally and physically vulnerable. When he RE-VERTICALIZES, he knows exactly what he went through, what he felt, and how he lived this health experience. He knows what helped him, and what may have jeopardized his recovery. As a result, sharing one's experience with professionals or future professionals makes them aware of the impact of their actions, gestures, words, etc. They provide patients and caregivers with help in terms of open-mindedness and projection, in short an enriching collaboration for better care of the patient in a state of vulnerability.
12	It is very important to raise awareness of the role of peer support with patients to destigmatize the thing.
13	It was interesting to meet peer helpers for our professional experience as well as to support what was said in class.
14	I believe that the mental health awareness we have received has had an extremely positive impact. This makes great strides in addressing stigma and promoting mental well-being.
15	This allowed me to understand what it was and I now know how to redirect if I have questions or if I want to help a beneficiary or his family.

93% of respondents felt that their representations of mental health had changed positively. (For the remaining 7%, this is a status quo).

§ The only element on which opinions are a little more mixed is that of the relevance of the capsules offered during the 1st session, the downside being related to the comparison with the second session, as students largely prefer direct and face-to-face interactions.

Finally, to the question "Can you give an element that you retain or with which you come out of this awareness?" 13 students responded:

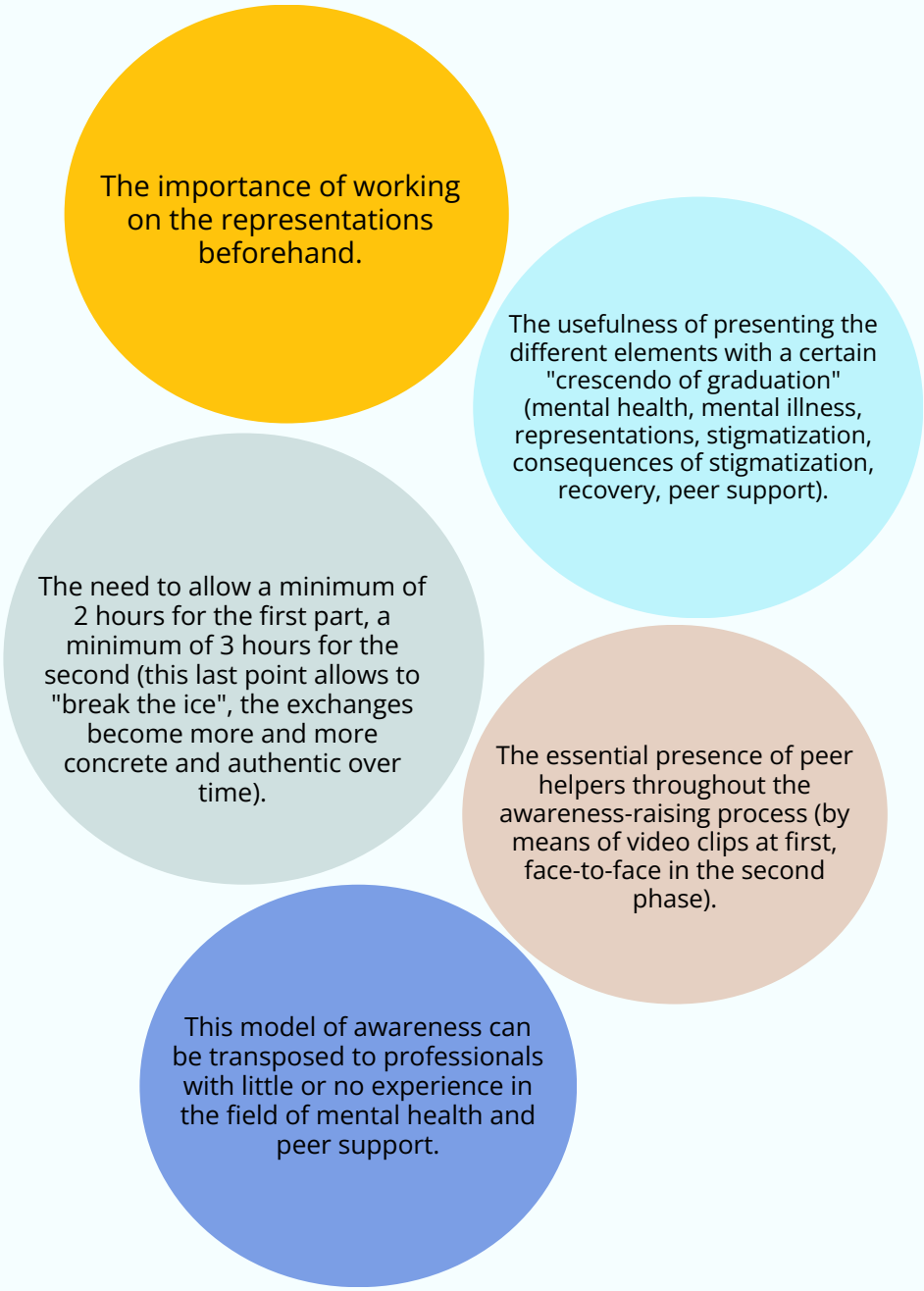
01	That each person is unique, and that this is what makes the world more beautiful.
02	A person who has the disease themselves can have a better understanding of things and this can help us in our work.
03	I remember that in the context of an alcohol and/or drug use disorder, it is possible to get out of it and be perfectly respectable.
04	The incredible courage of the peer helpers to come and testify about their mental pathology.
05	...
06	Always find out more about the different support options available to us if you need it.
07	The decompensation phase is not permanent - > the majority of people are (with the right treatment) stable.
08	That we must try to better understand the experience and needs of patients, that to help we must not specifically tell us what to do, but by understanding we can find or help the patient to find the keys he or she needs.
09	The courage, the frankness to reveal intimate suffering, and their determination to help people who find themselves in the same suffering as themselves. I say bravo and thank you to them.
10	The humanity of the session as a whole.
11	They can get through it and inspire others. When they come to the care unit, it is when there is a disruption of their balance, the majority live among the population without any distinctive sign.
12	The fact that we can't understand the suffering they have suffered because we haven't experienced it too We only know how to show mental support to accompany them towards a "cure" It also allows us to tolerate failure "one step back equals 3 steps forward later". Missing a withdrawal is the first step towards understanding the situation.
13	Sharing.
14	Sharing I think we should expose students to mental health peer supporters, because it enriches their understanding of mental health issues. By sharing their experiences, these caregivers help students realize that they are not alone and that recovery is possible.
15	Mental illness is not an end to "normal" life.

Creation of a transposable guide to reproduce awareness

On the basis of the various elements that have just been presented and taking into account the major findings made in the conclusion, a guide has been produced.This guide has been designed as a practical tool allowing any stakeholder who wishes to do so to recreate the proposed system, while adapting it to their own reality (geographical, professional, etc.).It covers the main stages of awareness-raising as well as some important advice and points of attention, resulting from the evaluations of the tested system.

Conclusions

A few major elements emerge from the work and evaluations carried out.



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ANNEXES

TUTO3 PAT RESULT 3

1

VET MH
TUTO3
Peer Support
PAT - PEER AND TEAM SUPPORT

2

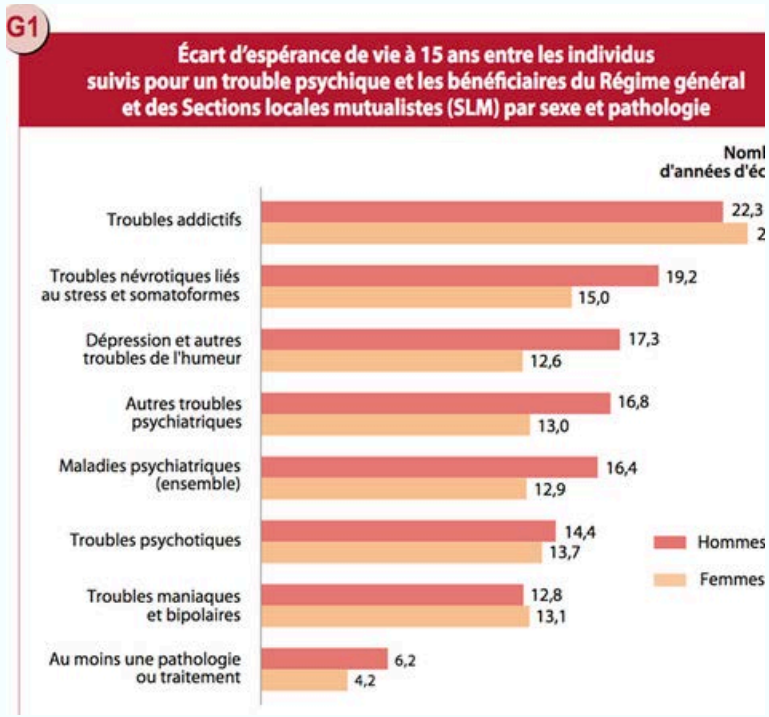
Epidemiological data on the health of people with mental disorders

In the current landscape of care and society in general, Giordana (2010) highlights in her book, supported by many experts, the reality and the real challenge of stigmatization and discrimination of people with mental illness.

"Stigma is not only a pernicious consequence of mental illness, but it is also a health risk factor and a direct cause of disability and disability" (p.3).

This observation is largely validated by the alarming figures found in several studies. Recent.
Thus, a large study based on data from the SNDS[1] (Coldefy, Gandré, 2018), notes an average reduction in life expectancy of 16 years for men suffering from a mental disorder and 13 years for women compared to the general population.

[1] SNDS: National Health Data System.

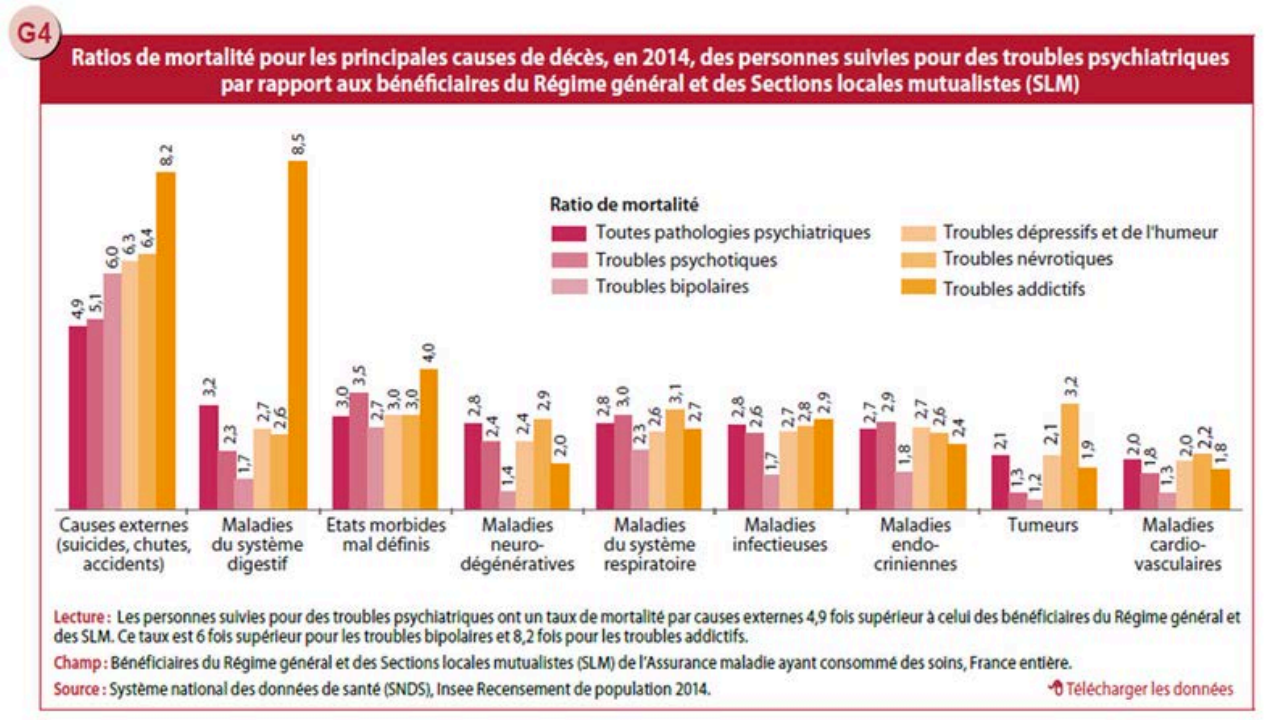


People with a mental disorder have a mortality rate two to five times higher and a premature mortality rate four times higher than the general population.

Coldefy and Gandré (2018) also emphasize that this excess mortality is not simply due to the disease. The mortality rate in mentally ill people is much higher and earlier than in other people suffering from a chronic non-psychiatric pathology.

The authors also point out that people suffering from mental disorders are also twice as likely to do not have a general practitioner (15% compared to 6% in the general population).

The ratio of causes of death among these individuals to the general population is presented in the following table. They highlight the causes and factors of somatic morbidities that have led to the death of people suffering from mental disorders as well as their higher prevalence than for the general population.



Finally, in addition to this decrease in concrete life expectancy, another piece of data is important to highlight: the number of years of healthy life lost. Indeed, in addition to direct mortality, the serious repercussions of the disease on the very quality of people's lives should not be neglected.
For example, the 2019 Belgian national burden of disease study (Sciensano, 2022) quantified "*the impact of 37 diseases in terms of healthy life years lost (healthy life years lost due to morbidity and mortality).*"
It shows that mental disorders, addiction and cancer, as well as musculoskeletal disorders, have the greatest impact on people's quality of life and represent "*more than 50% of the total burden of the disease*". Mental illness and addiction take the lead in Belgium according to the rate of "DAILY[1]" (cf. Table 1, p.11) and have overtaken cancer since 2018 (cf. Table 2, p.12) highlighting the ever-increasing needs in terms of mental health.

Table 1

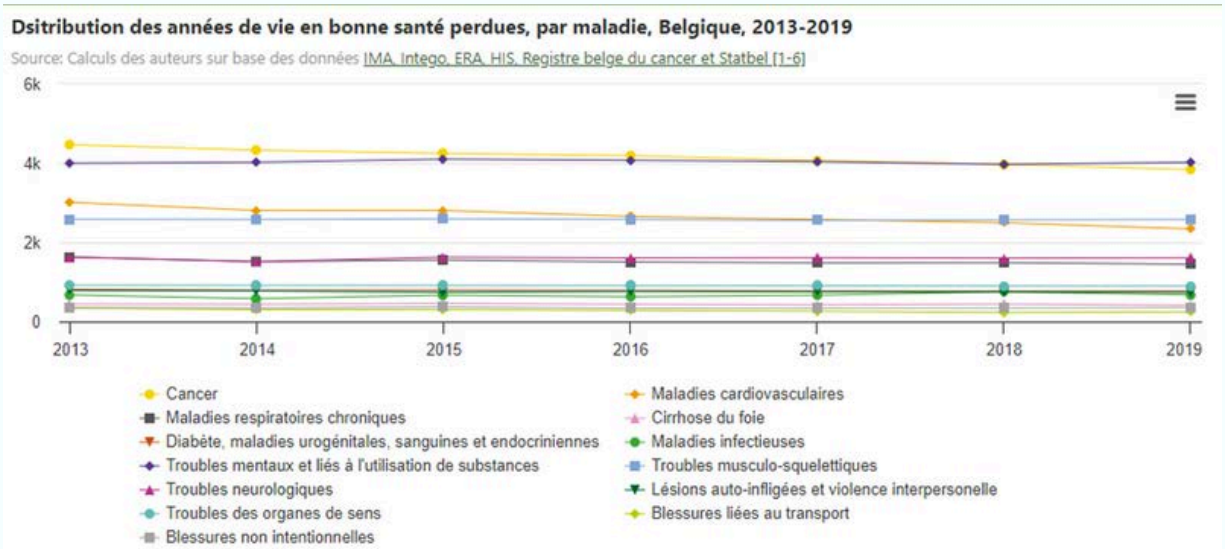
Classement des groupes de maladies par taux de DALY ajustés pour l'âge, Belgique et régions, 2019

Source: Calculs des auteurs sur base des données IMA, Intego, ERA, HIS, Registre belge du cancer et Statbel [1-6]

	Belgique	Bruxelles	Flandre	Wallonie
Troubles mentaux et liés à l'utilisation de substances	1	1	2	1
Cancer	2	2	1	2
Troubles musculo-squelettiques	3	3	3	4
Maladies cardiovasculaires	4	4	4	3
Troubles neurologiques	5	5	5	6
Maladies respiratoires chroniques	6	6	6	5
Troubles des organes de sens	7	8	7	7
Diabète, maladies urogénitales, sanguines et endoc...	8	7	9	8
Lésions auto-infligées et violence interpersonelle	9	10	8	9
Maladies infectieuses	10	9	10	10
Cirrhose du foie	11	11	11	11
Blessures non intentionnelles	12	12	12	12
Blessures liées au transport	13	13	13	13

[1] **DALY** Healthy Life Year Lost, or DALY for short, is a population-level measure of the burden of disease or disability. DALYs are calculated by combining measures of life expectancy as well as adjusted quality of life during illness or disability. Specifically, the DALY reflects the sum of years of life lost (YLL) due to premature death and years of life lost due to disability (YLD) for a specific disease or pathology. (Sciensano, 2022).

Table 2



The data, figures and observations that have just been developed in these first pages are more than striking.
It is therefore justified that, over the past fifteen years, almost all mental health programmes have made the fight against the stigmatisation of the mentally ill a real priority. (Giordana, 2010, p.5).
They also confirm the comments already made by Finzen (2000) who speaks of the stigmatization of mentally ill people as "a second disease". The second is potentially more disabling or even fatal than the first.