
POSTER ABSTRACT**Assessed and self-perceived unmet needs for mental health care in the general population in Antwerp**

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Introduction: A public mental health care approach requires knowledge about which proportion of the population needs mental health care, and which people need it but don't seek or receive it and why.

Who is it for? We investigated (unmet) needs for mental health care in the general population to optimize the distribution of mental health care services, which benefits all Antwerp citizens who need mental health care.

Involvement and engagement: Important stakeholders who were involved are the (Antwerp) psychiatric hospitals, who funded the research and were involved in the design of the study and interpretation of results. The involvement and engagement of (ex) patients in mental health care was limited, but a pilot test of the survey was conducted with this group.

Method: A representative sample was invited in 2021 to participate in a population survey about mental wellbeing and mental health care use in Antwerp. A total of 1208 individuals aged 15 – 80 years old participated. We investigated unmet needs for mental health care using a normative approach (assessed mental health problems) and subjective approach (self-perceived mental health problems)

Results: A total of 10.4% of the sample was defined as having a need for mental health care but only half of them used health care for their mental health, resulting in a population prevalence of 5.5% clinically assessed unmet mental health needs. Among all people who did not use mental health care, 12.1% perceived a mental health need (fully unmet), and 23.3% of mental health care users perceived the care as insufficient (partially unmet), leading to a total population prevalence of 14.0% perceived unmet needs. However, more women and younger people perceived unmet needs, while clinically assessed unmet needs were higher among men and older people.

Learning: Estimates of met and unmet mental health needs are complex given the diversity of operationalizations of different levels of need, and can only be established by a dialectic of individual and populational perspectives. Assessed and perceived (unmet) mental health needs are both relevant and complementary but are related to different factors. Nonetheless, a general conclusion is that the prevalence of unmet mental health needs is high. Some vulnerable groups should be targeted for detection of mental health problems and interventions, for example through outreaching care.

Next steps: Further research should explore how assessed and perceived needs interact, and how this is predictive of help seeking and mental health outcomes.