

CARE WHEREVER FOR WHOMEVER

Living in a border region offers the opportunity to use services in the neighbouring country as well. Also when it comes to health care Additionally, health policy is increasingly advocating a collaborative approach in mental health care, with citizens, their social networks and health experts working together to promote individual and collective well-being. We need to start helping each other more. This means that people who need help will call on their immediate and indirect surroundings more quickly and more often. Family members and friends will have to provide help if possible.

Research confirms the importance of social networks in the prevention and recovery of mental health problems. Being alone increases the risk of mental health problems.

The SoMe project mapped components of citizens' social networks in our border region and looked at the possibilities and impossibilities of care in a

neighbouring country. The results focus on social relationships and relationships with professional and informal care providers.







This involved examining:

What are the important components of the social networks of citizens in the Meuse-Rhine Euroregion (EMR), especially citizens who have accessed mental health services in a neighbouring country?

















SoMe tries to better understand:

- The different components of citizens' social networks in EMR, especially social relationships such as family members and friends and professional and informal caregivers, which may be important in supporting or caring for mental health problems;
- The opportunities and challenges of mental health care across borders.

Goals



Mapping the effects of social relations across borders.



Raising awareness among health professionals and citizens about the importance of social relationships in neighbouring countries.



Motivating healthcare professionals and citizens to take the right approach when it comes to mental health and mental care across borders;



Promoting crossborder cooperation and providing information;



Connecting people in the EMR.





















Interviews

To map cross-border social networks, a number of interviews were conducted with people living in the EMR and those with experience of cross-border healthcare.

The interviewees were recruited from the three EMR countries, Belgium, the Netherlands and Germany, and they have different backgrounds. The results of the interviews were saved and processed anonymously.

The following subjects were discussed:

























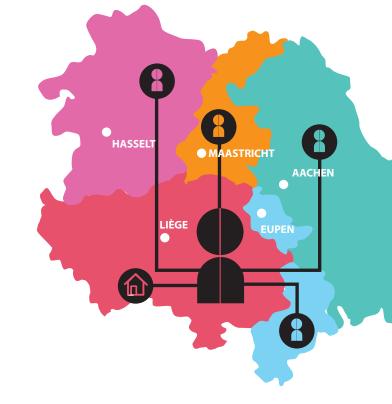


Overview of the social networks

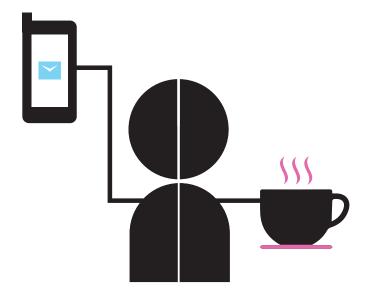
Most interview participants indicated having a large network. This network usually consists of friends, family and acquaintances or colleagues.

All participants indicate that some of their social relations live and/or work in one or more neighbouring countries. In fact, the majority of participants indicate that up to 50 per cent of their social relations live in neighbouring countries.





"I am in touch with about 25 relatives and friends. Half of my family is German. So half live in the Netherlands and other half in Germany. They know each other quite well"



Contact with social network

Most interview participants have weekly or monthly physical contact with people from their social network.

Generally, relations outside the border are contacted physically once a month, those living in the same country a bit more often.

There is often contact with social network relations every day or every week by calling or sending messages.















Social Support

For participants, social contacts are very important. Especially emotional and practical support, such as talking about important topics like health or getting help with financial problems.

These important topics are rather discussed with friends (who are in the same situation) or parents than with other family members or acquaintances/colleagues.





"With my in-laws, who live in our neighbouring country, I am less open to talk about my mental health. I prefer to do that with my own parents."



Several participants indicate that they are more likely to request social support from contacts that live closer to them than from contacts that live further away. This suggests that distance plays a role in what kind of social support is requested or given.

Other reasons for requesting or giving social support are sociability and the opportunity to speak in other languages.

















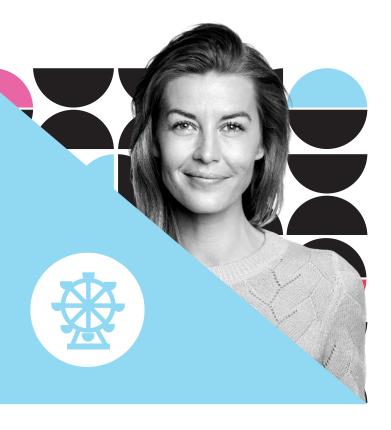
Social participation

Some participants cross the border weekly for work. Only a few participants have membership in a club or association.

Most of the participants cross the border most often for shopping, leisure or social activities (zoo, cinema, shopping in a bigger city). They often then meet up with contacts from the social network who are living in the country that the participant is visiting.

Many of the participants have lived in the border area for their entire lives. A real border therefore does not exist for them.

One interviewee who has contacts in all neighbouring countries said that living in the border region makes her feel more European and not so much part of a single nationality.



"The border doesn't really exist for me. It makes me feel not only a citizen of my own country but also European!"

On the contrary, some of the participants feel that you never quite belong to a country. "In your host country you remain a foreigner, and in your own country you are also considered an outsider."

Multilingualism

Participants who speak several languages take pride in being able to make themselves understood everywhere. Consequently, they are happy to have grown up or live in the border region.

















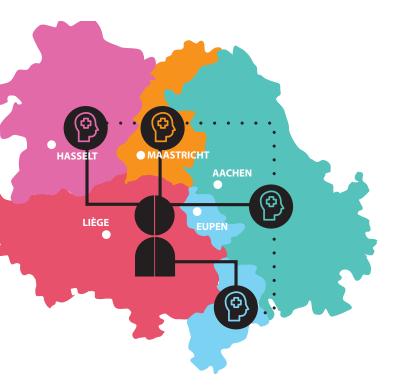


Care

Interview participants had mental health care abroad. Participants also visited a GP or hospital abroad. What needs to be taken into account here is that the experience of care abroad is influenced by which country the care was provided in. Care provision is different in each country.

Care in border countries is rated highly from a 7 to 9.5.

"In border areas, doctors from one country may work in a neighbouring country. Sometimes, this leads to referrals to a specialist in a neighbouring country. Therefore, accessing healthcare across borders can be very useful!"



Arranging care in a neighbouring country

Most participants find arranging care in a neighbouring country easy. It is also common for a GP or specialist to refer the participant to a colleague abroad.

Some participants who also work in a border country pay double if they are not careful. This has to do with health insurance. Problems with this can be avoided if GPs, specialists and patients pay attention.

Mental health care in a neighbouring country

It is often mentioned by participants that language can be a problem when seeking mental health care in a neighbouring country.

"You can be as good as you want in a foreign language, but you can best express your feelings in your own language."























Reasons to choose care in a neighbouring country

Many of the participants indicated that they choose care in a neighbouring country for the quality of care. A second reason is the idea that you have to wait less time in a neighbouring country before getting care. A notable observation is that Belgians think you get your turn quicker in the Netherlands. Dutch people think you get your turn quicker in Belgium or Germany. Germans think you get your turn quicker in the Netherlands.



Dutch woman

"The waiting times in Germany and Belgium are shorter."



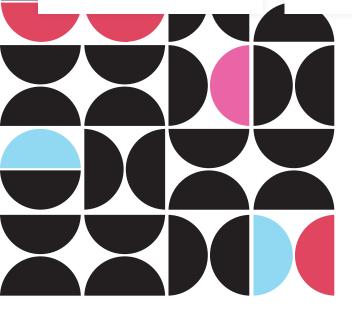
German man

"I am tired of the waiting lists in Germany. In the Netherlands they are shorter."



Belgian woman

"In the Netherlands I am helped faster."



One participant explained this as follows, based on experience in care in a neighbouring country:

"If you have a lot of information and know where to go, you are more likely to have a shorter waiting list."

The participant described this as "knowledge discrimination".

Interview participants indicated that they prefer treatment in a neighbouring country, as they feel less constrained in terms of the number of treatments often imposed in their home country.

Amount of treatments





















Tips for EMR citizens

"Cross the border for your healthcare too."

"Always read carefully what your health insurance covers."

"The culture in healthcare, including mental healthcare, varies from country to country. The speed with which a GP refers patients to a specialist, as well as the accessibility of care and the treatment approach, differ between countries and even within the same healthcare facility in different disciplines."



















Things to think about for EMR residents seeking (mental) health care in a neighbouring country, or for informal carers.



01

Before you seek treatment abroad, read your insurance and reimbursement conditions carefully and thoroughly. 02

Check with your insurance company, what is reimbursed in case of inpatient treatment, and - to be on the safe side - ask for prior written consent for the desired treatment.

03

If consent is refused, always ask for a written explanation of the refusal. A simple telephone communication does not suffice.

04

Some insurance companies have healthcare purchasing agreements with hospitals in other countries. Check with your insurance company which hospitals they have agreements with and for which treatments. That way, you will know which treatments are (partly) reimbursed and you may be able to get medical help faster in the other EU country.

05

Arranging who/what/ where regarding aftercare in advance is advisable.

More detailed information can also be found on the EPECS website:

https://www.epecs.eu/about-epecs/

Or scan the QR code











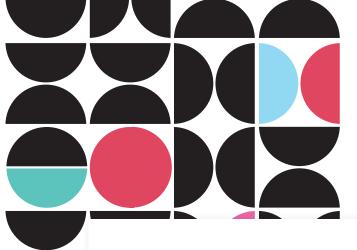














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