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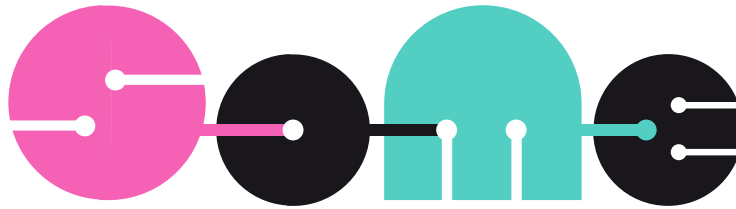
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mental health & social networks



# How important are cross-border social relationships for the mental well-being of EMR citizens?

Results of the euregional project euPrevent  
Mental Health and Social Networks (SoMe)



## 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.

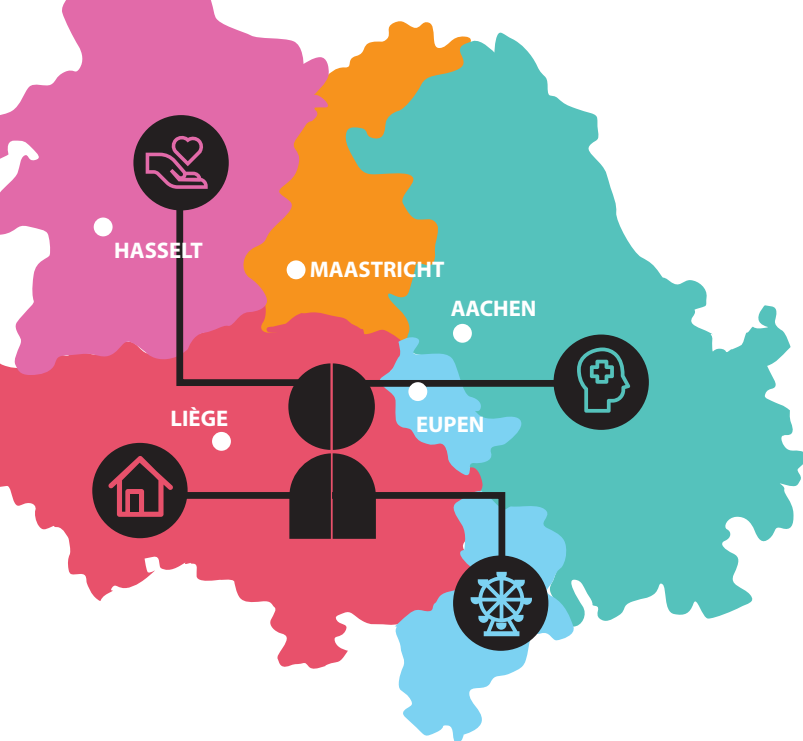
The SoMe project mapped components of citizens' social networks in our border region and looked at the possibilities and impossibilities of care in a

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 cross-border cooperation and providing information;



Connecting people in the EMR.



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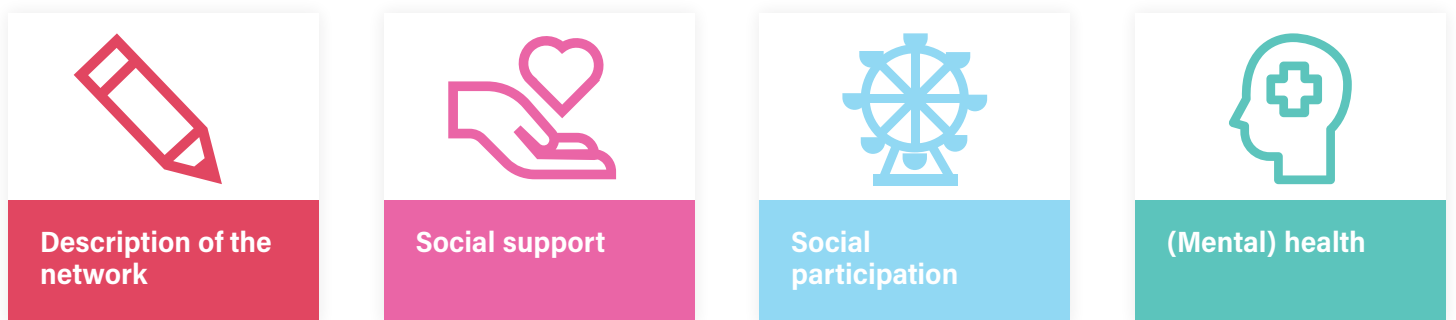


# Interviews

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:



The importance of cross-border relationships as well as relationships in the country of residence were discussed.



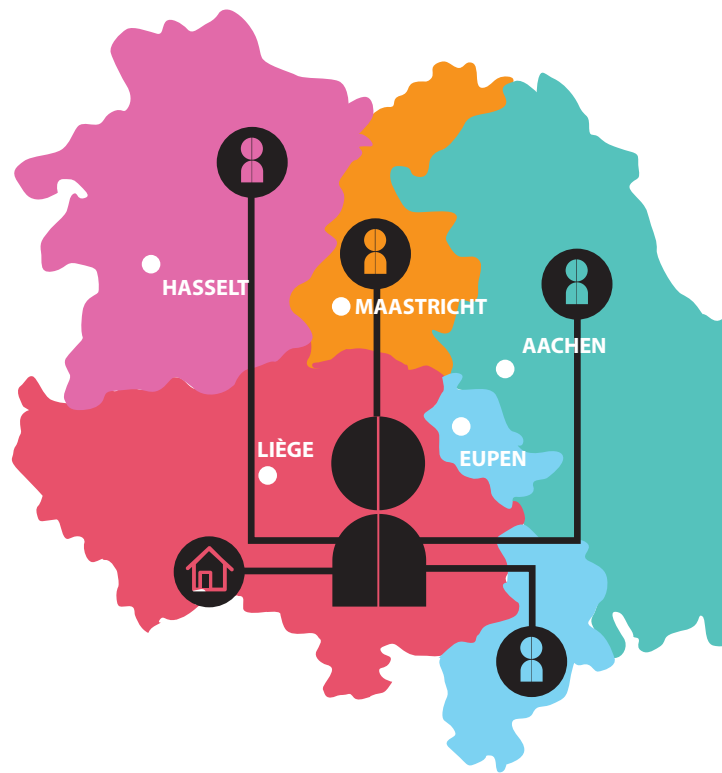
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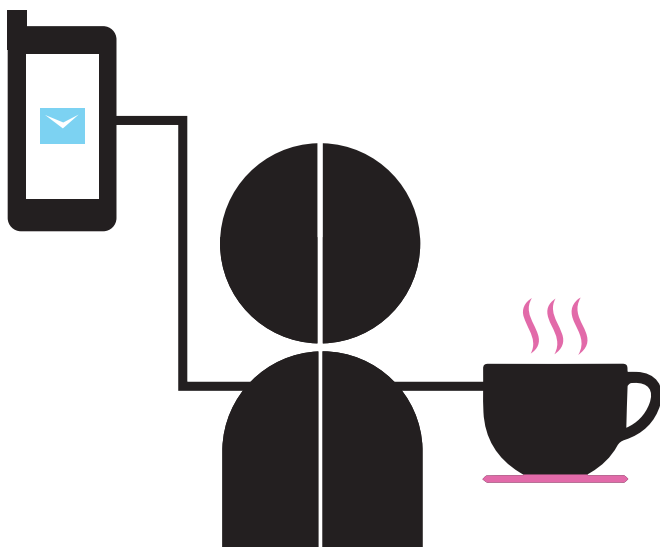
# Overview of the social networks

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.

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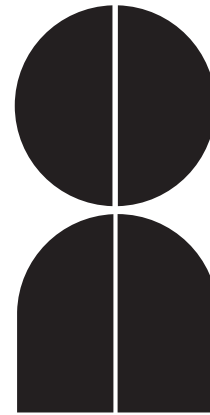
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# Social Support

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.

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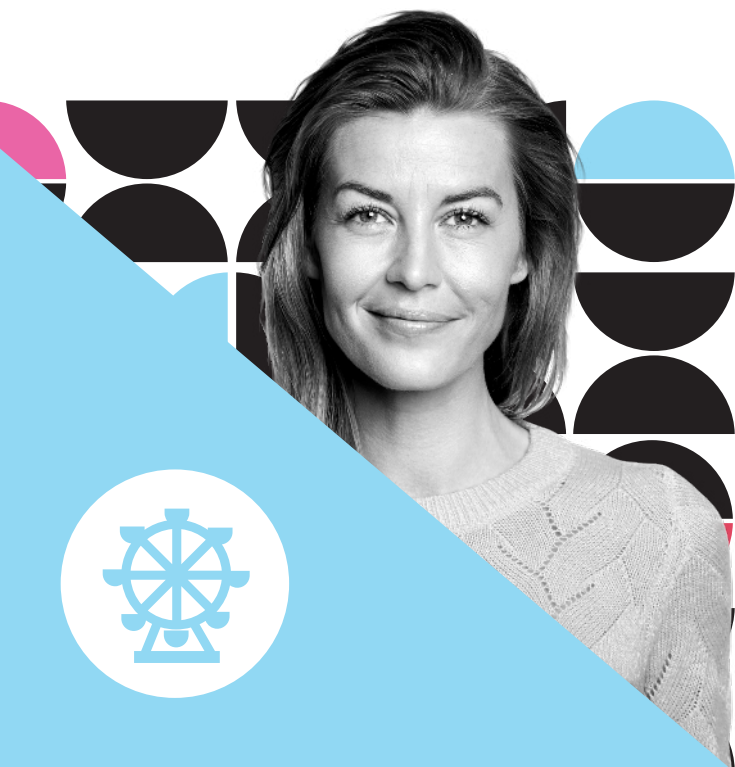
# Social participation

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.



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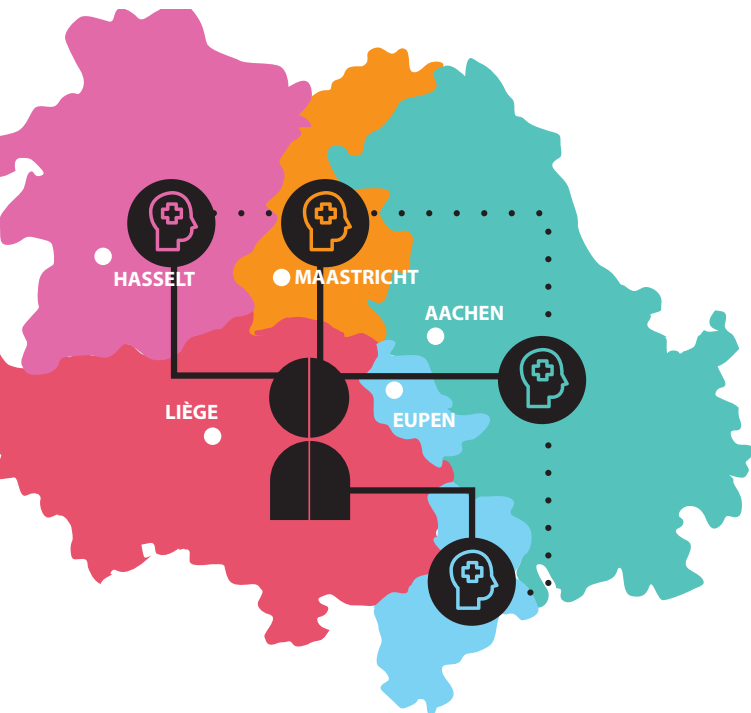


# Care

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."



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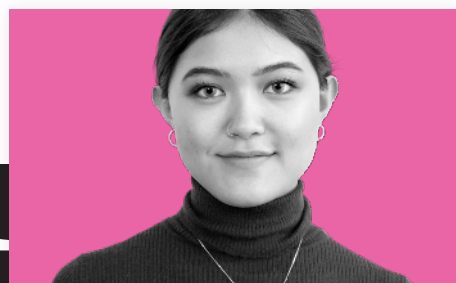
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## Reasons to choose care in a neighbouring country

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."

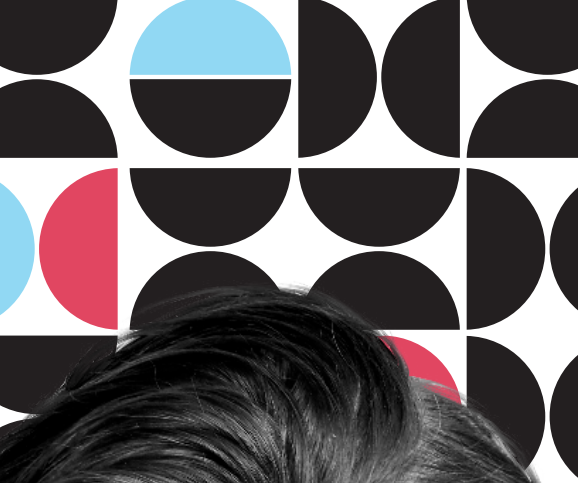
The participant described this as "knowledge discrimination".

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



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# Tips for EMR health professionals

"Let go of your prejudices."

"Proactively provide information about care abroad."

"Provide a handbook for people in EMR who work and live on different sides of the border for Euroregional care."

"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."

"Keep in mind that there may be different expectations on both sides of the border regarding formal and social contact, administrative formalities that need to be fulfilled. If you are prepared for this, you can help bridge cultural differences."

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

## 01 Be aware of the challenges of cross-border healthcare:

- Negotiations with health insurers from neighbouring countries are possible but have varying degrees of success.
- Evidence of the necessity and urgency of an admission, including a request for a transfer to a hospital in the country of insurance, may regularly be requested from health insurers across the border.

## 02 Urgency and alternatives:

- Urgent cases in patients from a country close to the border, such as forced admission, are carried out immediately.

Continuation of treatment in the neighbouring country often depends on the voluntary participation and medical history of those involved

## 03 Administrative and practical hurdles:

Administrative problems, lack of knowledge and failure to follow required procedures (including because of not knowing) are major barriers to cross-border healthcare.

- Dealing with different health systems is a challenge for the healthcare seeker.
- It is important that health workers know the (among other things) administrative requirements and patient identification mechanisms in the neighbouring country and familiarise themselves with neighbouring countries' health systems.
- There may be delays in care due to the (too) slow processing of the European Health Insurance Card before patients are discharged.

## 04 Network and transport issues:

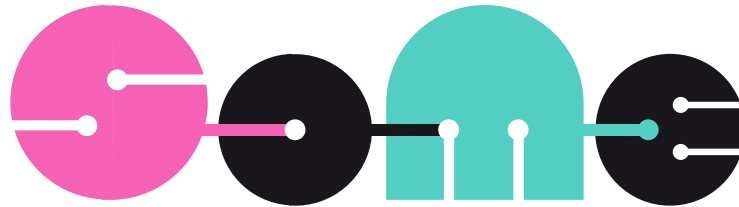
- There is a need for better integration of patients' personal networks into the care process.
- Problems for cross-border transport arise, especially for longer distances outside direct border regions.

## 05 Call for cooperation and information sharing:

- Knowledge of healthcare systems and cooperation between health insurers is crucial.
- Lack of contact between health actors, health insurers and embassies/consulates complicates coordination for proper implementation of care
- Better exchange of knowledge between EMR countries is needed to improve healthcare.

### Do you deal with patients from the border region?

Feel free to point them to our fact sheet for citizens: <https://euprevent.eu/nl/some/>



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