

# Mental Healthcare Regulations

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## 1. 2023 Mental Healthcare Regulations

### 1.1. The Mental Healthcare Regulations

The terms and conditions of insurance for your health insurance policy include a description of entitlement to mental healthcare. As a supplement to clause B.19 of the terms and conditions of insurance, these Mental Healthcare Regulations provide specific details of the mental healthcare to which you are entitled and detail any further conditions that apply to each aspect of care.

### 1.2. The basis of the Regulations

These Regulations are based on:

- the Dutch Health Insurance Act ('Zorgverzekeringswet');
- the Dutch Health Insurance Decree ('Besluit zorgverzekering');
- the Dutch Health Insurance Regulations ('Regeling zorgverzekering');
- the explanatory notes to the above Acts and Regulations;
- interpretations by 'Zorginstituut Nederland' (ZiNI), i.e. their guidance on insurable services and interventions. These interpretations are available at [www.zorginstituutnederland.nl](http://www.zorginstituutnederland.nl) under 'Zvw-Kompas' (Dutch Health Insurance Act compass) and then Geneeskundige GGZ (Zvw) (Medical mental Healthcare);
- list of mental healthcare interventions, which is available on our website;
- the latest version of the mental healthcare quality regulations ('Kwaliteitsstatuut GGZ').

In the event of a discrepancy between these Regulations and one or multiple rules under the aforementioned legislation, explanatory notes or interpretations, the legislation, explanatory notes and interpretations take precedence.

In these Regulations, we also make reference to the Dutch Health Insurance Regulations ('Regeling zorgverzekering'). You can consult the Dutch Health Insurance Regulations on the government website [www.wetten.overheid.nl](http://www.wetten.overheid.nl) (in Dutch). The legislation allows health insurers to set additional terms and conditions for reimbursement of mental healthcare. These Mental Healthcare Regulations include further specification of such additional terms and conditions.

### 1.3 Mental healthcare – general

#### **Definition of mental healthcare**

Mental healthcare is medical care that is focused on recovery from or prevention of worsening of a psychological disorder (or psychiatric condition).

The Dutch Health Insurance Act ('Zorgverzekeringswet') uses the term psychological disorder. Psychological disorders are categorised based on the DSM-5 manual for classification of mental disorders, which provides criteria for a clear diagnosis.

Mental healthcare is covered by your health insurance (general insurance) when it concerns healthcare 'as provided by general practitioners, medical specialists and clinical psychologists', and if such care is 'in line with the latest practical and theoretical standards.' Also see clause A.3.2. of your terms and conditions of insurance.

Interventions or treatments that are not in line with the latest practical and theoretical standards, i.e. healthcare for which no or insufficient proof of effectiveness is available, is not covered by the general insurance policy. This has been laid down in the Dutch Health Insurance Act ('Zorgverzekeringswet') and associated regulations.

### Healthcare that does not qualify for reimbursement

In the absence of a disorder with grounds for mental healthcare, any mental healthcare provided does not qualify for reimbursement. Psychosocial healthcare, for example, is intended to help the insured person's position in a financial, social and emotional sense.

Exclusions are based on one or several of the following principles:

- the disorder is not identified in DSM-5;
- there are laws and regulations that prohibit reimbursement of treatment for certain disorders listed in the Dutch Health Insurance Act ('Zorgverzekeringswet');
- a treatment is not in line with the latest practical and theoretical standards (as ruled by ZiNI interpretations, the 'Zvw-Kompas' (Dutch Health Insurance Act compass) and the list of mental healthcare interventions, see article 1.2 of these Regulations).

The healthcare will in any case not include:

- psychosocial healthcare;
- neurofeedback;
- intelligence test;
- support of a non-medical nature, such as training, coaching and courses;
- remedial education;
- counselling for work, school and relationship problems;
- treatment of adjustment disorders;
- diagnostics only, without the intention to seek mental healthcare on the basis of a diagnosis in accordance with internationally recognised standards (DSM-5);
- treatment with admission as per the Minnesota model;
- treatment of obesity (excess weight) and compulsive eating;
- tests, such as to assess the ability to drive;
- medical psychological care (see clause B.4. (Specialist medical healthcare) of the terms and conditions of insurance).

An additional insurance package may provide coverage for certain forms of the healthcare mentioned above. Your Reimbursements Overview will show whether this is the case.

If you have any questions about exclusions, you can also contact your healthcare provider. Your healthcare provider is required to be aware of all the exclusions and rules with respect to entitlement to reimbursement for mental healthcare under the Dutch Health Insurance Act ('Zorgverzekeringswet') and the ZiNI's interpretations.

### Mental healthcare quality regulations

Every healthcare provider has drawn up – and acts in accordance with – their own approved and applicable mental healthcare quality regulations ('Kwaliteitsstatuut GGZ'), which have been assessed based on the latest valid version of the national mental healthcare quality regulations ('Landelijk Kwaliteitsstatuut GGZ'). These national regulations specify the quality management and accountability arrangements that mental healthcare providers must have in place to be able to provide mental healthcare under the Dutch Health Insurance Act ('Zorgverzekeringswet'). The healthcare provider's approved mental healthcare quality regulations provide assurance that the right support will be provided at the right place and by the right healthcare professional, within a professional and high-quality network. For further details of the national mental healthcare quality regulations ('Landelijk Kwaliteitsstatuut GGZ'), please visit the following website: [www.zorginzicht.nl](http://www.zorginzicht.nl) (in Dutch). Run a search for 'Landelijk Kwaliteitsstatuut GGZ'.

### Organisation of mental healthcare

When a DMS-listed disorder is suspected, mental healthcare is provided – based on the symptoms and severity, associated risks, complexity, and the progression of the condition – at three different levels:

- the general practitioner, supported by a general practitioner's practice assistant for mental healthcare ('POH-GGZ'). Although mental healthcare provided by a general practitioner is part of the overall

mental healthcare spectrum, it is not described in these Regulations. For more information, please refer to clause B.3.3. (General practitioner care in the field of mental healthcare) of your terms and conditions of insurance.

- outpatient mental healthcare. See clause B.19.1. of your terms and conditions of insurance.
- inpatient mental healthcare. See clause B.19.3. of your terms and conditions of insurance.

## 2. Outpatient mental healthcare

### 2.1 Introduction

This concerns psychological, psychotherapeutic and psychiatric consultations (diagnosis and treatment).

To be referred for mental healthcare treatment, there must be a suspected or diagnosed DSM-5 disorder.

This mental healthcare must be as simple as possible and not cost more than strictly necessary to achieve the treatment objective.

### 2.2. Conditions

#### General

The healthcare is provided through personal contact (treatment sessions, group sessions). Aside from that, an evidence-based (which means that effectiveness has been proven scientifically) e-health programme can also be part of the treatment.

#### Mental healthcare coordinating practitioner

In the event of treatment as part of mental healthcare, the coordinating practitioner, as laid down in legislation and regulations and referred to and designated in your healthcare provider's latest valid national mental healthcare quality regulations ('Landelijk Kwaliteitsstatuut GGZ'), will have ultimate responsibility for your overall treatment. The coordinating practitioner therefore has ultimate responsibility for making the diagnosis and drafting and executing the treatment plan. A coordinating practitioner can draw up the care needs assessment or fulfil a coordinating role.

#### Referral

- prior to the start of the treatment, you were referred by a general practitioner (preferably supported by a general practitioner's practice assistant for mental healthcare ('POH-GGZ')), a company doctor, an emergency care doctor, a medical specialist or a doctor for the homeless. The coordinating practitioner may also make the referral if it concerns a referral from one mental healthcare provider to another mental healthcare provider.
- a referral must include a clear description of the mental healthcare need that can be dealt with through mental healthcare (suitable healthcare), based on a final or provisional diagnosis as per the DSM-5 manual.
- treatment must start within 9 months of referral.
- the referring doctor will ensure an objective and substantiated referral. Besides sessions intended to enable the referring doctor to make a diagnosis, the referring doctor will preferably use a reliable and valid decision support system, i.e. a (generally electronic) referral tool.
- the referral will therefore specify that the case concerns a suspected psychiatric disorder for which treatment is needed as part of mental healthcare.
- the objective outcome produced by the decision support system must refer directly to the level of mental healthcare that is appropriate for your mental healthcare need. See above under 1.3. 'Mental healthcare – general'.

- the objective outcome produced by the decision support system is part of the referral and must be available from both the general practitioner or other referring doctor and the mental healthcare provider.
- The referral, the outcome produced by the decision support system, the formulated treatment plan (treatment proposal) and any amendments will all be recorded in your medical file.

### 3. Inpatient mental healthcare

#### 3.1 Introduction

The following applies to inpatient care:

For a period of a maximum of 3 times 365 (1,095) days, the healthcare also includes:

- psychiatric treatment and the stay in the facility in question;
- associated nursing and other care;
- daytime activities and expressive therapy;
- allied healthcare (such as physiotherapy or occupational therapy) to the extent that such care is needed for the treatment of a psychological disorder;
- nursing, medicines, medical aids, and dressings that are part of the treatment while admitted.

After these 1,095 days, you may still be entitled to this kind of mental healthcare under the Dutch Long-Term Care Act ('Wet langdurige zorg', Wlz). Aside from that, you may, subject to conditions, first be entitled to cover under the Dutch Long-Term Care Act ('Wet langdurige zorg', Wlz).

The figure of 1,095 days is subject to the following rules:

- if your admission is interrupted for a period of fewer than 31 days, the number of days of interruption do not count towards the figure of 1,095 days. The count will resume after the interruption.
- if your admission is interrupted for a period of more than 30 days, the count of the number of days will start again from day 1 after the interruption, meaning that you will again be entitled to healthcare and reimbursement of such for a period of 1,095 days.
- if your admission is interrupted for weekend/holiday leave, the number of days of interruption count towards the figure of 1,095 days.

#### 3.2 Mental healthcare, second and third year of stay

This relates to a continued stay after a period of 365 days.

If admission for psychiatric treatment is still required after a stay of 365 days, the coordinating practitioner must assess the legitimacy of the continued stay by filling in a questionnaire. This questionnaire is part of your medical file.

#### 3.3 Conditions

In the event of an extended stay, the following conditions must be met as a minimum:

- there must be a psychiatric disorder, either with or without additional problems, for which you have remained as an inpatient in the facility for 365 consecutive days.
- the facility has provided a sound explanation of the need for an extension to your stay (citing improvement/stabilisation or prevention of worsening), including a prognosis/development of the disorder(s) and the expected duration of the stay.