Country Profile France

Community-based Mental Healthcare Networks: Key Facts and National Priorities

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Introduction

The EU-Co-funded "Joint Action on Implementation of Best Practices in the area of Mental Health", short **JA ImpleMENTAL** has a duration of 3 years, lasting from October 2021 to September 2024. Detailed information can be found at the project's website JA ImpleMENTAL (ja-implemental.eu). It aims to promote and improve mental health structures, services, capacity and outcomes in participating countries in 2 specific areas:

- mental health reform (promoting community health services) and
- suicide prevention.

Two national best practices - mental health reform in Belgium and the Austrian suicide prevention programme SUPRA - serve as best practice examples. Selected components of these should be prioritised and implemented over the course of the JA in 14 i.e. 17 participating EU-countries. JA ImpleMENTAL comprises six Work Packages (WPs), four horizontal WPS and one for each best practice. WP5 on community-based mental healthcare aims to implement elements from Belgian Mental Health Reform, which is based on the principle of deinstitutionalization, i.e., the transition from care primarily provided in institutions to community-based care in order to improve mental health outcomes and quality of life and avoid unnecessary hospitalizations. In addition, the reform is based on the principles of rehabilitation and inclusion, decategorization, i.e., multisectoral cooperation, strengthening care in hospitals to make stays shorter, but with more intensive treatment, and the principle of consolidation, providing funds for pilot projects.

The present country profile is one of the major deliverables of the JA, presenting key facts of the national and local mental health system. It summarizes results of the recent situation analysis and needs assessment (SANA), lists lessons learned, recommendations, challenges and opportunities as well as outlining next steps necessary to scale-up, promote national/regional community-based mental health care services. The country profile forms a basis for strategy formulation, decision-making and commitment.

This country profile is based on a situation analysis conducted in two parts and subsequent needs assessment. For the situation analysis, two questionnaires have been developed by WP5, one for the analysis of the situation regarding the overall health system and community-based mental health care at national level, and another one for the analysis at implementational level. Following the data collection, a SWOT analysis was conducted by the countries to assess the needs in terms of community-based mental health care.

1 Situation Analysis (SA)

1.1 Country, Health and Social System at national level

The national health strategy constitutes the framework for health policy in France. It is defined by the Government and is based on the analysis of the population's health status and its main determinants, as well as on possible action strategies, prepared by the High Council for Public Health. The national health strategy has four axes:

Axis 1: Implement a policy of health promotion, including prevention, in all settings and throughout life.
Axis 2: Fight against social and territorial inequalities in access to health.
Axis 3: Guarantee the quality, safety and relevance of care.
Axis 4: Innovate to transform our healthcare system by reaffirming the role of citizens.

Within these four axes, it determines eleven priority areas of action translated into 43 national objectives for improving health and social protection against the consequences of illness, accident and disability. It includes a specific section on health policy for children, adolescents and young people, as well as objectives specific to Corsica and the overseas territories. In order to implement the national health strategy, the Minister wanted a national public health plan to be drawn up, entitled "Priority prevention, staying healthy throughout one's life", as a reference framework for prevention and health promotion actions in a lifelong population-based approach. The national public health plan thus becomes the vehicle for ensuring the coherence of actions taken in strategies, roadmaps and programs that follow the same logic of prevention and health promotion throughout life and in all walks of life. The national health strategy is also implemented through various regional tools, in particular the regional health projects under the responsibility of the regional health agencies (ARS).

Table 1: Population structure in Year expressed as number of persons, by age and sex

	Sex		
Age group	Male	Female	**Total**
<18	7 402 939	7 073 927	14 476 866
18 - 64	19 272 632	19 907 807	39 180 439
65+	6 041 773	7 957 604	13 999 377
Total			

Data Source Code: DEMO_PJAN

Healthy life expectancy at birth is **76.1 years** at birth data source: (Code Eurostat: HLTH_SILC_17)* at the age of 65 is 17.3. A total of 18.9% of the population is at risk of poverty and social exclusion (Code: SDG_01_10). Income inequality, expressed as the Gini coefficient, is **29.3** (Code Eurostat: ILC_DI12)**. The proportion of numbers of YLD due to mental and substance abuse disorders to number of YLD due to all causes is 0.16 (IHME).

**https://ec.europa.eu/eurostat/databrowser/view/HLTH_SILC_17/default/table?lang=fr&category=hlth.hlth_state.hlth_hly*
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1.2 Mental Health System at national level

In France, mental health reforms are guided by the Mental Health and Psychiatry roadmap (Feuille de Route Santé Mentale et Psychiatrie) which was delivered in June 2018. Initially composed of 37 actions (now more than 50), this text is presented each year by the Minister of Health with the purpose of tracking the progress of the reform plan. The Ministerial Delegation for Mental Health and Psychiatry was created in 2019 to ensure the development and implementation of the national mental health strategy across all French territories. The main role of the delegation is to coordinate, follow up and provide an annual progress report of the roadmap.

The overarching goals of the French mental health plan are the integration of mental health into global health, the promotion of mental well-being, the prevention and early detection of psychic suffering, the reduction of social stigma attached to mental health problems, and the development of ambulatory mental health and psychiatric care. The reform strives to promote a recovery-oriented care, and an inter-sectoral and psycho-social rehabilitation approach while promoting the patient's empowerment at the center of the decision-making - a right-based and integrated approach to mental health, psychiatric care, and peer support.

The roadmap aims at ensuring coordinated care pathways, supported by accessible, diversified, and efficient psychiatric care services and seeks at improving the living conditions, social inclusion, and citizenship of people with mental health problems. The role of the ministerial delegation is to ensure the optimal articulation and integration of the three policies.

The integration of the inter-ministerial approach into mental health public policy is recent in France. In 2021, the « Assises en Santé Mentale et à la Psychiatrie » agreements reaffirmed the importance of including all the relevant actors in mental health policies and commit to prioritizing the development of inter-ministerial cooperation in mental health public policymaking. Since then, the Ministerial Delegation for Mental Health and Psychiatry has reinforced its partnerships with the Ministry of Research and Higher Education, the Ministry of Education, and the Ministry of Agriculture.

As a preliminary step in the implementation of community care, the Mental Health Territorial Projects (Projets Territoriaux de Santé Mentale, PTSM) were introduced by the Health law passed in January 2016. These projects, extremely effective in mobilizing all the relevant actors, constitute cooperation frameworks (mainly at the « departmental » level) to collectively identify the needs, objectives, and means of mental health policy in a given territory. The initiative is driven by the local actors themselves, as the Regional Health Agencies (ARS) only play a supporting role in the creation of local networks and are in charge of their official validation.

The Mental Health Territorial Projects, 104 in total, provide for a preliminary diagnosis, an action plan, and one or several contracts to concretely realize the recommended actions. The creation of local networks is a turning point in the participation of local actors in mental health policies.

Furthermore, at the intra-departmental level, Mental Health Territorial Projects can rely on 250 local mental health councils (Conseils locaux de santé mentale, CLSM) which are consultation and coordination instances gathering elected representatives, psychiatry professionals, user's representatives (as for example the National Family and Friends Union of people with mental health problems, UNAFAM), peer support workers, and other mental health professionals. Following an integrated approach, the councils aim to define and implement local public policies and actions to improve the population's mental health. Finally, local networks have access to informative resources

published online by the Collaborating Centre of the WHO for Research and Training in mental health (WHO CC-Lille). Several recent measures have been taken to answer to the needs :

- « MonPsySanté » facilitate the integration of psychological care into reimbursed care for people with light to mild mental health problems (8 reimbursed therapist sessions with social security approved voluntary psychologists) referred by general practitioners. This measure increased the accessibility of mental health care services by promoting access to psychological care and the cooperation between psychologists, medical doctors, and psychiatrists (to whom patients must be sent in case of severe mental health problems).
- Reform of psychiatry and child psychiatry education by diversifying the training programs to allow students to discover different stakes of the specialty through early options. This educational evolution will help reinforce child psychiatry attractiveness and encourage more career choices for adults, adolescents, and child psychiatry. It will also help restructure legal psychiatry training, geriatric psychiatry, and perinatal psychiatry education.
- Reorganization of the distribution of missions, for instance, F psychiatry training programs for nurses through the creation of a state-registered diploma in mental health and psychiatry in 2019. In addition, the inclusion of peers by experience in the teams are an important lever that still need to be more generalized.

National Policy:

- Stand-alone policy, strategy or plan for mental health)(year 2018) is related to the "feuille de route de la santé Mentale et de la Psychiatrie", the French roadmant that guides the National Policy.(Ref: https://sante.gouv.fr/prevention-en-sante/sante-mentale/Feuille-de-route-de-la-sante-mentale-et-de-la-psychiatrie-11179/)
- The policies cover and promote the development of community-based care. The following principles are included: Deinstitutionalisation, User- centredness, Recovery orientation, participation of families and users in decision making, cross sector collaboration, multidisciplinarity, integrated care and the development of local networks. (https://sante.gouv.fr/IMG/pdf/dp_cssmp_bilan_fdr_01.03_2023_-_dmsmp.pdf)(2023)
- The policy/strategy/plan on CAMH is a key element of the national policy and strategy: (https://sante.gouv.fr/IMG/pdf/dp_cssmp_bilan_fdr_01.03_2023_-_dmsmp.pdf , 2023
- Concerning the transition age, there is no national policy yet, but procedures are emerging in some regions/provinces/districts and funds have been allocated to develop the offer in some MH services (FIOP) affiliated to the Transition Network, working as a reference network and awaiting support for a more sustained and generalized manner at the National level. Communication and dissemination of resources have been partly supported in the frame of a research program RHU PsyCare).(Ref: https://psy-care.fr/ ; https://solidarites-sante.gouv.fr/)(year 2022)
- There is an ongoing collaboration with the Ministry of National Education, Ministry of Work and Employment and the Ministry of Agriculture.

Indicators

- Total government expenditure on mental health is 14,5% of the total government expenditure
- The data concerning the share of people reporting unmet MH care need due to financial reasons (Data from Eurostat/EHIS) is not available
- Government social support is available for persons with severe mental health conditions
- Inpatient structures for AMH & CAMH: the number of MH hospitals and the rate per 100 000 of adult population is 560 and 1,1, the total number and rate of beds in MH per 100 000 of

adult population is 50802 and 95,5, the total number and rate of annual admissions in MH hospitals per 100 000 of adult population is 490579 and 922,5.

- General hospitals: 234 Psychiatric wards/units in general hospitals, a rate of 27,48 beds in psychiatric wards/ units in general hospitals per 100 000 of adult population. (18 years and over) (MH Atlas 7.1). The rate of annual admissions to psychiatric wards per units of general hospitals per 100 000 of adult population is 325,94.
- Community residential facilities: the rate of beds in MH community residential facilities per 100 000 of adult population is 10,75; the rate of annual admissions to MH community residential facilities is 2610,18.
- Outpatient services for AMH:

-	Hospital-based		Community-based		Other	
	Total number	*Ratio per 100.000 population*	*Total number*	*Ratio per 100.000 population*	*Total number*	*Ratio per 100.000 population*
Facilities/services	4 103	7,72	0	0,00	0	0,00
Visits in the last year by male	0	0,00	0	0,00	0	0,00
Visits in the last year by female	0	0,00	0	0,00	0	0,00
Total visits in the last year	0	0,00	0	0,00	0	0,00

Total number of outpatients facilities for children and adolescent is 2559.

Table 3: Mental Health Workforce

	In MH service (all)		In child & adolescent MH services (totals of government and non-government services)	
	Total number	Rate/ 100 000 population	Total number	Rate/100 000 population
Psychiatrists	7 599	11,2	---	---
Child psychiatrists			1833,78	12,7
Mental health nurses	58 597,61	86,6	8449,88	58,4
Psychologists	8 823,32	13	3547,4	24,5
Social workers	7 465,86	11	3709,23	25,6
Speech therapists				
Occupational therapists	0	0		
Others	31 706	46,9	5389	37,2
Total	**114 192**	**168,8**	**21 096**	**31,2**

- Role of primary care doctors in MH system: Primary health doctor have a theoretical role to play, but this part of their activity and their training should be clearly strengthened. The articulation with specialized care is very heterogeneous in France, and depends on the will of the local professionals. One of the current lever is the "MonPsy" system, that asks GPs to orientate towards psychologists, this system should upgrade the first line activities.
- Mental Health Information Systems (MHIS): The MHIS at national level is integrated in the health system: RIM-P, aimed at collecting the different activities (inpatient and outpatient). There is no articulation with other systems, e.g. medico-social system.
- There is no specific MHIS about children and adolescents at national level. It is integrated into the MHIS for adults.
  (https://solidarites-sante.gouv.fr/IMG/pdf/guide_methode_psy_actu.pdf)

Table 2: Facilities, number of beds and hospital admissions related to mental health (ref MH Atlas 2020)

Indicator at national level		Number	Rate per 100.000 adult/minor population
Mental health hospitals	Facilities	560	1,1
	Beds	50802	95,5
	Admissions	490 579	922,5
Psychiatric wards/units of general hospitals	Wards/units		
	Beds		
	Admissions		
Mental health community residential facilities	Facilities		0
	Beds	3612	6,8
	Admissions		2610,18
Mental health inpatient facilities specifically for children and adolescents	Facilities		
	Beds	2401	16,6
	Admissions	15863	109,6
Mental health community residential facilities specifically for children and adolescents	Facilities		
	Beds	749	5,2
	Admissions		

1.3 Population profile in pilot area

There is no pilot area since France is not implementing.

During the discussions in the IMPLEMENTAL WP5 group, an ongoing French pilot project, conducted in the frame of the RHU PsyCARE program (www.psy-care.fr) has been highlighted regarding the MH at the age of transition. Briefly, the project focusses on young persons in need of care during the age of transition considering Adolescents / Young adults 15-25 years old both genders with the objective:

- To improve access to care and develop de stigmatisation programs (at all levels, youth, GPs and all specialists, everyone).
- To prevent and/ or improve the prognosis of potential MH illnesses at adulthood, starting at the transition age.
- To improve the continuity of care in the community and accompaniment and its insertion in personal trajectories

This project has the assets to evolve as pilot project in the future if supported, in specific implementation areas (e.g. Ile de France area where many various challenges are identified notably in terms of diversity of populations, access to care inequality), with the support of the ongoing National Transition network as a reference. A more precise analysis has been initiated to identify how new practices could meet the population needs at the age of transition in the context of current French organization of community based mental health services in territories and identified potential lever in terms of transdisciplinarity and new actors for care management and coordination.

1.4 Community-based mental health care at pilot level

Not applicable.

2 Needs Assessment (NA)

Table 5: SWOT Analysis

Strengths
Specific roadmap on Mental Health and Psychiatry /declined through committed regional health agencies Ministerial Delegation on mental health and psychiatry International recognition of the country leading role in developping skills, tools and roadmap in mental health with the partnership of the WHO Collaborating Center in Lille Support of the Health Interministerial Committee Strong links with the belgian team National research initiative RHU PsyCare / SantéPsyJeunes
Weaknesses
France LEVEL Lack of visibility at national level > need of a structured communication plan Not an implementing country > better define the potential role and support of France Lack of data for the MH Indicators **JA LEVEL** Risk: Lack of definition around the process of MH indicators dashboard (articulation with international and national ongoing projects ?)
Opportunities
Reinforce the participative governance (patients and families associations) The exchange of experience with the Belgium team Training of professionals Raise awareness about mental health Give visibility to mental health Stengthen stakeholders network Lead recommandations for policy makers Interministerial mobilization to generate multisectorial mental health policies has started (Agriculture, Education, University, Youth…) and need to be strengthened
Threats
Stigmatisation Lack of training of first line professionnals in MH and difficulties in mobilisation for training (financial compensation) Lack of sustainability Lack of funding lack of interconnexion/ partnership between the different colleges involving all specialties lack of attractability of public MH services Insufficient Health workforce Delayed access to Care and diagnosis , insufficient preventive intervention and psychosocial rehabilitation Discontinuity of care (adolescent to Adult)

3 Reflection on SANA results

The main needs for improving MH are in terms of de stigmatization, attractivity of professionals, transfer of knowledge and experience, and transdisciplinarity, including better integration of non-psychiatric and non- health stake-holders (especially vocational and educative stake-holders).

All these points are especially critical during the age of transition (12-30) between adolescent and adult, when most serious mental disorders emerge, with additional challenges of integration of CAMH and AMH services, preservation of vocational and educative trajectories, autonomy and inclusion of the parents in the care. Currently, most of the patients wait up to two years before receiving appropriate diagnosis.

International experiences have demonstrated the effectiveness and efficiency of early detection and intervention services to improve the outcome of serious mental illness, with preventive staged multi-modal strategies for young people at high-risk of serious mental illness. There is an urgent need to consider an operational frame to integrate care and prevention strategies across the age and of the border of adolescent and adult services as well as age and stage specific dissemination and capability raising of professionals in contact with adolescents and young adults.

A Case-Study has emerged regarding an early detection and preventive intervention policy inspired by the Belgian model (especially the **inter-sectorial dimension** of the reform and the **implementation methods)** and the pilot experience of the PsyCARE project in the Transition network in terms of communication to improve awareness, access to care, and capacity building.

In line with our reflections, several measures could ensure the dissemination of early detection and intervention :

- Communication and DE stigmatisation: Increasing education and prevention on health and mental health in school, college, university. The positive feedback for the pilot experience Santepsyjeune dedicated tools based on co constructed resources is a success factor, but these resources need a constant update, and broader dissemination and promotion on the local territories, as well as adaptation to specific publics.
- Training of all first line professionals in contact with youth (including social workers, educators, psychologists, coaches …) as well as reinforcing initial sensibilisation and training in psychiatry since early in school of medicine, GPs, and psychologists. In addition, the special needs of youth health should be emphasized in the initial training of psychiatrist. A success factor will be to have a consensual reference training kit and methodology for initial implementation in local teams, supervision and continuous education for new staff.
- Coordination of care pathway in a patient-centred view: improving the visibility of existing services and of their mission, better coordination (regular meetings). Screening tools with orientation advice would facilitate the orientation to the appropriate territory's resources. The questionnaire that will host the santepsyjeune website, embedded in objective information and cartography of resource is a first attempt to reach this goal. At the patient level, when involved in care, the involvement of *case manager* is instrumental for the continuity of care and local networking between services. In addition, and as suggested by the Belgian reform, coordination between local networks is important to define the fidelity to the guidelines and ensure a harmonized deployment of resources nationwide.

4 Priorities & Next steps

The Belgian experience of two-level inter-sectorial coordination following each actions of implementation is particularly inspiring as a frame to implement new practices aiming to improve the prevention and care provided to young people during the age of transition, and especially between 15-25 years of age:

- A global *national coordination* to ensure and facilitate the quality of care, optimize resource for communication prevention campaigns, training and dissemination.
- Transdisciplinary local networks to integrate all available territorial resources in a joint prevention, support, care, dissemination and training plan. In the case of age of transition (adolescent – young adults) the coordination needs to gather experts and actors from both CAMH and AMH

Interestingly the recent French strategies for peer-support workers and first-line psychologists and GP, could clearly integrate this frame to improve early access and care for emerging disorders. In addition, first line peer supports (https://pssmfrance.fr/etre-secouriste/ and its "youth module") and the RHU PsyCARE program, that delivers validated co-constructed resources for dissemination and training could serve as basis for further deployment (www.santepsyjeunes.fr). The Transition Network has gathered a task force, including CAMH and AMH professionals, university and CBMH, teams involved remediation platforms. A first set of communication and training tools is defined, as well as indicators and guidelines reaching an "expert consensus". These tools shall now be more widely shared and validated through a Delphi process, including user's association before full validation and implemented. This could easily further develop with sustained funding at the National level.

Next steps include

- Promoting a National reference network to ensure and facilitate the quality of care, optimize resource for communication prevention campaigns, training and dissemination
- Defining specific **guidelines** for early detection and interventions at the age of transition
- Definition of **indicators and deployment of a dedicated information system** to collect information on the age of transition to determine what works and /or identify levers if implementation is not working.
- Defining **training programs** of reference and its dissemination calendar to allow comprehensive training of entire teams and training and sensibilisation of all stake holders in territories. Strategic alliance should be concluded between the college of general medicine and the college of psychiatry in France to improve awareness on MH
- Promoting training and deployment of **case managers**
- Cooperation between countries, especially research aiming to validate indicators will be an important perspective of Implemental joint action

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