

Lille experience: organizing a community based mental health service at a territorial level

What did we learn ?

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State of play - France 1960-2018

1960 Psychiatry organized in sectors

1986 Global budget – same team in the hospital and in the city

2018 Unequal development

95 beds for 100,000 inhabitants

24 psychiatrists for 100,000 inhabitants – 12 of them are from the private sector – paid by Social Security

Strong development of social and medico-social structures for people with mental disabilities

Development of Mental Health Support Groups

Act of 2016 Territorial project of mental health, brings together all the stakeholders

Since 2008, creation of local councils of mental health (200 in France)



The Lille experiment

1975-2000 Integration in the community
Creation of community services

2000-2015 Integration into the community
Work with primary care and social workers
Development of self help groups

2015-2018 Integration of the community into the psychiatric services



The 59G21 sector example

Eastern Lille suburbs

State of play - 1975

- **Asylum inheritance**
- **All the pavilions are closed**
- **All patients hospitalized without consent**
- **300 beds in a regional ward**
- **565 hospitalizations per year**
- **99% of staff in the hospital, 1% in the community: nurses 98%, psychiatrists 2%**



Mental health in general population Images & realities (87 sites in France)

2007 study

Inhabitants (59G21 sector, Eastern Lille suburbs)	85300
Inhabitants > 18yo	65100
People with at least one trouble according to the MINI*	23176
Perceived impact on daily life	11718
Feeling of being sick	5707
Help and support sought from family, relatives	14963
Recourse to the general practitioner	15451
People with moderate or high suicidal risk	3711
People in psychiatric care in 2013	3007
People hospitalized in 2013	214

*MINI : Mini International
Neuropsychiatric Interview

What kind of help people with mental health problems are looking for?

- 1** For depressive, anxious and psychotic disorders: Only half of the people went to see someone.
- 2** For alcohol / drug disorders: Only one-third said they sought help.
- 3** First resort:
 - General practitioner (> 60%) for all (except for psychotic disorders = 60% psychiatry)
 - Families & relatives

Impact of help on mental health status

After this help / care, did the problems stop, improve, stay the same or get worse?

	% of seeking help	% improvement / stop
Relatives	60,9%	64,3%
Treatment	42,9%	68,2%
Alternative medicine	23,6%	55,5%
Psychotherapy	16,7%	71,2%
Hospitalization	13,8%	59,5%
Religious help	2,4%	60,9%
Magico-religious help	2,1%	57,5%

The 59G21 sector example

Eastern Lille suburbs

State of play – 2015

- 10 beds in the general hospital, open, without seclusion / restraint for all patients, free or without consent. Average length of stay: 7 days
- 3 mobile teams (intensive care, average length of stay: 12 days), long-term, social and cultural inclusion
- Protected work in the municipality and organizations
- Families as an alternative to hospitalization (average length of stay 25 days)
- 50% of non-psychiatric & non-nursing staff
- 77% in the city, 23% in the hospital
- Integration in the basic health and social structures
- 3300 people followed each year



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The 59G21 sector example

Eastern Lille suburbs

State of play – 2018

Community commitment for:

Citizenship - Recovery - Empowerment

→ All first requests come from the general practitioner (1000/ year)

→ Seen in less than 48 hours by a nurse - letter to the GP

→ The GP is the one prescribing

→ In half of the cases: psychotherapy



Participation of users and carers in the psychiatric service

- Charter of recovery in the sector
- Election of representatives of the users: the spokespersons
 - Participate in all meetings of the organization
 - Work on the undesirable events
 - Go where they want at any moment
 - Organize Forums for users
- Representatives of families in organizational meetings
- 5 peer support workers hired
- Active involvement in Local Councils of Mental Health



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Participation of elected officials and the population: the local council of mental health

- **Action on the determinants of health:**
 - Access to housing
 - Health promotion
- **Information of the population on mental disorders by users and professionals, conference in town halls**
- **Fight against suicide: training 300 sentinels in the city**
- **Fight against stigma: 2 weeks / year, information week on mental health**
- **Dissemination of a contemporary art fund in neighborhoods - known artists, unknown, suffering or not from disorders, shown the same way**
- **Artistic actions in the city for residents and users**
- **Joint work between GPs, nurses and pharmacists**
- **Town halls start to hire people with disabilities**



What we have learnt

- Moving from hospital to home
- Moving from “person with disabilities” to citizen-user
- Moving from a psychiatry-centered system to a participatory democracy system in the field of mental health - and health
- Co-construction with citizens, users, caregivers and professionals - care organizations focused on recovery - decisions, diagnoses, therapies - integrating peer workers into teams - organization focused on prevention in the city in health and mental health



What we have learnt

- To go towards and take care of
- To develop e-health - fundamentally community-based
- To blend into the services of primary health and insertion
- Inclusive policy on every topic
- To integrate psychiatry in the health, mental health and citizenship councils, a tool for health democracy

= Paradigm shift



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To conclude

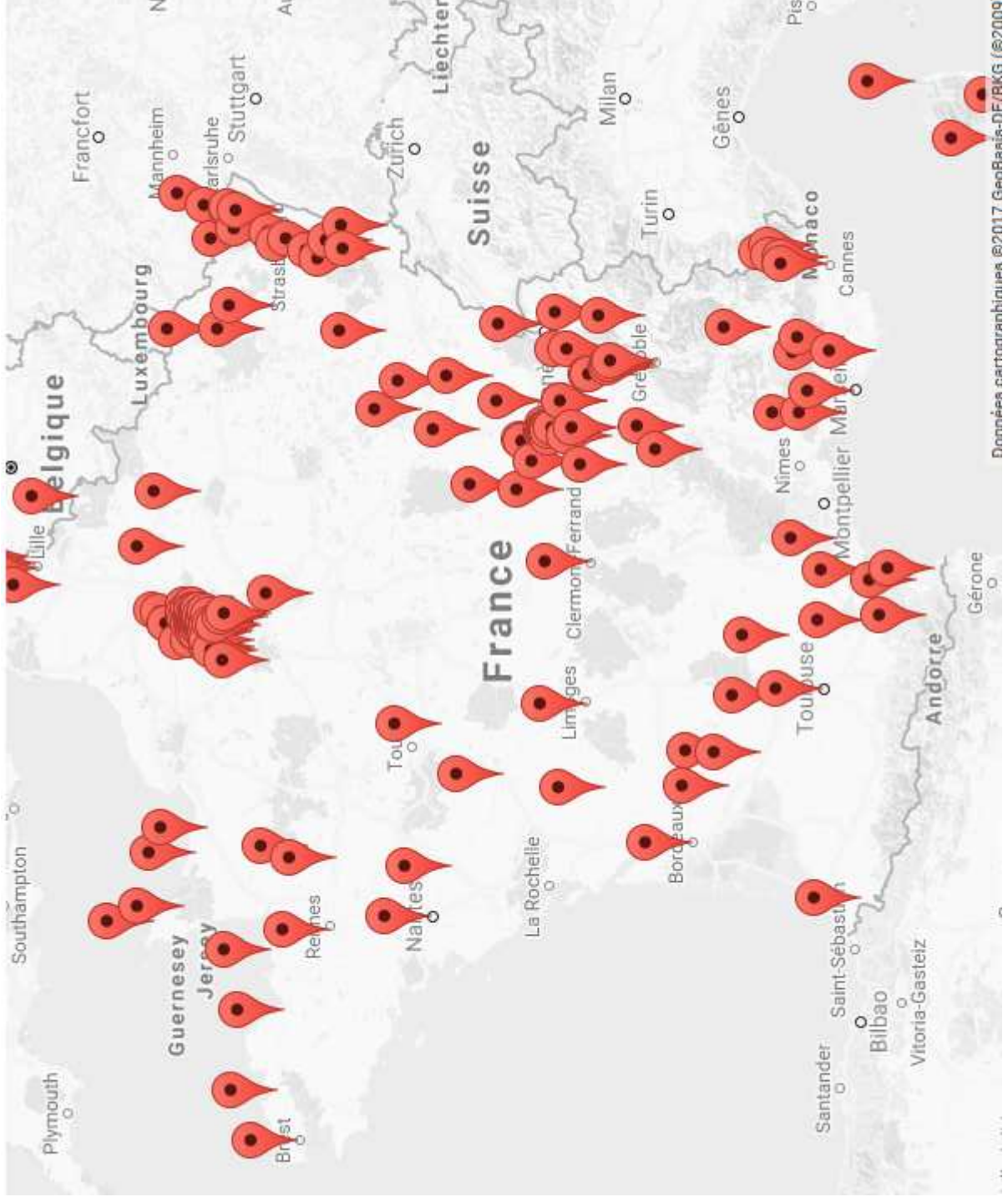
***Be partners rather than
have partners : Local
councils of mental health***



CITIZENSHIP

Intercommunal council for health, mental health and citizenship

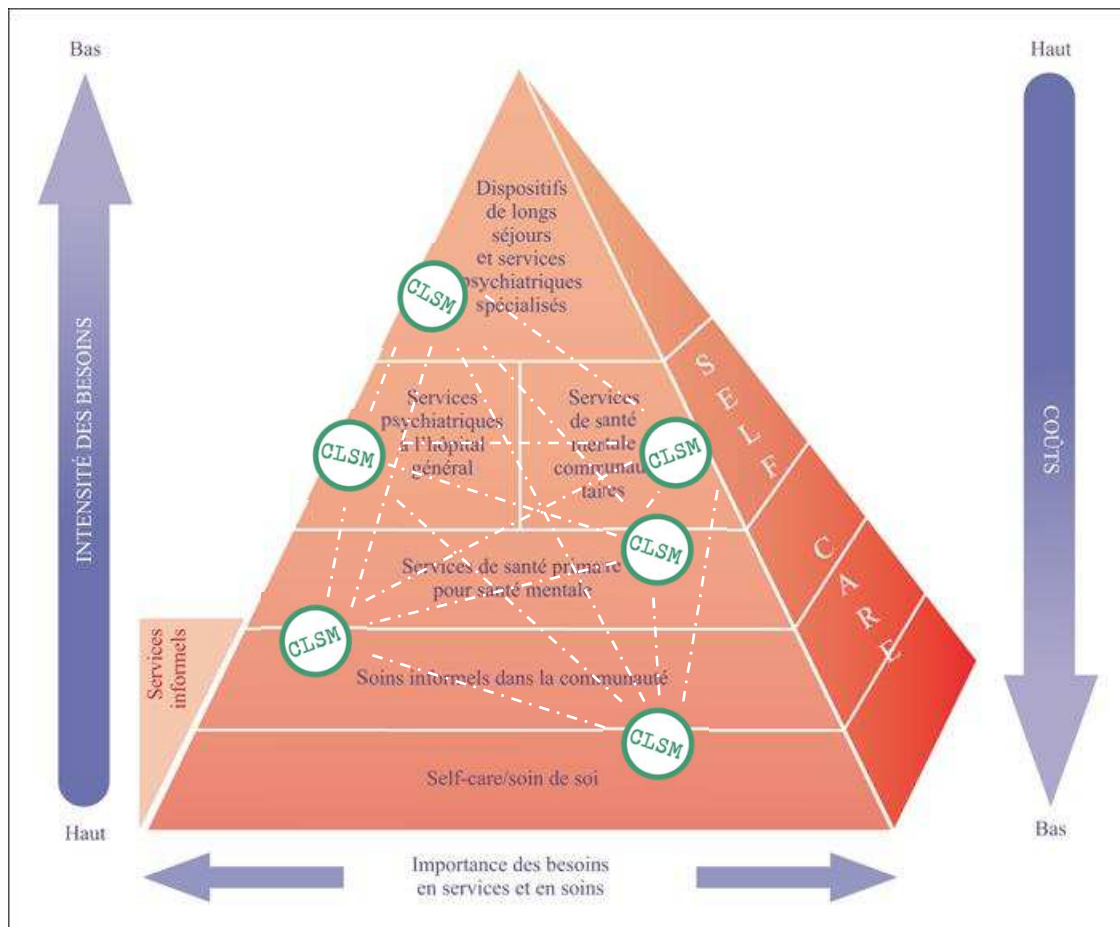
- Concertation platform
- Defines mental and mental health local policies
- Led by elected people, with users, families, public psychiatry and medical/social services, cultural, justice and insertion services of the territory (children and adults)
- Provides Local analysis of mental health needs
- Develops Concrete actions
- Access and continuity of care / Inclusion / agreements
- 170 housing places in 25 years, by agreement with mayors



Données cartographiques ©2017 GeoBasis-DE/RKG (©2009)

Local councils of mental health coordinate and participate on each level of the optimal organization as stated by the WHO

The WHO pyramid of optimal organization of mental health services



CLSM = Intervention condition of local council of mental health

Primary care for mental health should be organized in conjunction with other levels of care, including:

- Community Care and Hospital Services
- Informal care in the community and self-care

What guides the action

- A public health approach combining promotion, prevention, and treatment for all citizens at all ages of their lives
- A multisectoral approach
 - which promotes human rights and fight against discrimination
 - which is socially inclusive, based on the participation of The City
 - which promotes the empowerment of users and families
 - which assesses citizens' satisfaction with local mental health policies



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QualityRights in Lille

T	Norme 1.1	1.1.1	1.1.2	1.1.3	1.1.4	
h	Norme 1.2	1.2.1	1.2.2	1.2.3	1.2.4	1.2.5
è	Norme 1.3	1.3.1	1.3.2	1.3.3	1.3.4	
m	Norme 1.4	1.4.1	1.4.2	1.4.3	1.4.4	
e	Norme 1.5	1.5.1	1.5.2	1.5.3	1.5.4	1.5.5
	Norme 1.6	1.6.1	1.6.2	1.6.3	1.6.4	
1	Norme 1.7	1.7.1	1.7.2	1.7.3	1.7.4	1.7.5

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m	Norme 2.3	2.3.1	2.3.2	2.3.3	2.3.4	2.3.5
e	Norme 2.4	2.4.1	2.4.2	2.4.3	2.4.4	2.4.5
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m	Norme 3.3	3.3.1	3.3.2	3.3.3	3.3.4	3.3.5
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m	Norme 4.3	4.3.1	4.3.2	4.3.3	4.3.4	4.3.5
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e	Norme 5.4	5.4.1	5.4.2	5.4.3		
5						

1: Systematize the training of professionals on the concepts of recovery and decision support.

2: Systematize the development, use and regular updating of recovery plans and the Barometer tool, ensuring the central role of the user in this process and guaranteeing their support by professionals previously trained in this tool.

3: Systematize the development, use and regular updating of advance directives and crisis plans and train professionals in these tools.

4: Systematize oral information to the user on his or her rights, contacts of user representatives and care, including treatments, their somatic consequences and possible alternatives to them.

5: Systematize the interventions of experienced experts, information and awareness of all staff on their missions.

6: Develop training on the rights of people with psychosocial, intellectual or cognitive disabilities on international standards such as the CRPD for users, carers and professionals.

7: Improve heating and cooling in CMP premises.

8: Ensure that users of the Jérôme Bosch Clinic can effectively use the equipment (room access badges, wifi, balneotherapy).

9: Provide a place of comfort and expression within the Jérôme Bosch Clinic that can be used by users and professionals. Such a space could provide several forms of sensory stimulation: dimmed lights, cushions, blankets, music, etc.

10: Improve training for foster families and other partners (SAMU, caregivers, etc.) and exchange on recovery issues, decision support and crisis management.

Breaking news: Wonner-Fiat report

18 sept 2019



1. Consent and users rights
2. National mental health policy
3. Tackle stigma and include mental health in the « 2022 health law »
4. National agency for mental health policies
5. Strengthen inter-ministerial management
6. Local coordinators to implement local mental health plans
7. Support and develop CLSM
8. Evolution of the sector
9. Accelerate ambulatory shift = 80% of the professionals (2030)

**Those two deputies visited Lille
and ... Trieste !**

http://videos.assemblee-nationale.fr/video.8121953_5d81db382238b.commission-des-affaires-sociales--organisation-territoriale-de-la-sante-mentale--18-septembre-2019

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