Equality and equity: a community network to guarantee access to mental health care for "the last"

The innovative practice of the “Réseau Santé Solidarité Lille Métropole” (Lille Métropole Health/Solidarity Network) for the precarious population (homeless and migrants) affected by mental disorders.

Massimo Marsili, Christelle Lemaire
Where Lille is?

1 hour from Paris, 1 hour 20 min from London, 35 min from Bruxelles
Lille: an agglomeration made by 89 different municipalities

PEOPLE WITH HIGHLY COMPLEX NEEDS

- 11,000 people concerned
- 8,000 family groups
- 5,000 reception places
  (emergency overnight and stabilization)
- 2,500/3,000 people homeless
  (squatted houses & in the streets)

Population 1,200,000 hab.
Lille 232,000
Roubaix 95,000
Tourcoing 96,000
Villeneuve d'Ascq 63,000

Dispositif Diogène - équipe mobile santé mentale précarité - Saint-André-lez-Lille - diogene@epsmlm.fr
La précarité = people living in social and psychological distressful conditions

- 1,200,000 inhabitants
- 89 municipalities
- 18 psychiatric sectors
- 3 different public mental health administrations

RESOURCES

30 different associations and institutions take care of people in precarious conditions
Roughly the percentage of people with mental disorders in the homeless population fluctuates between 30 and 50% (about 5,000)

Who are they?

- Homeless
- Nomads and itinerants
- Migrants (especially from sub-saharian Africa)
- People escaping from conflicts and persecutions asking for a refugee status.
What is the Diogene service?

Diogene is one of the partners of a large **network**.

Each partner of the network can report a person with special need or mental health problems.

Main institutional goal: to accompany people in precarious conditions to access to mental health care.

- contacting « precarious » people,
- evaluating the mental health needs,
- making his access to care possible.
The mental health needs can never be isolated from the other material, social and psychological needs.

- Migration
- No education
- No family
- Distrust and isolation
- Catastrophic experiences
- Drug addiction
- No french speaking
- delusions
- ICD-10 F20.0 Paranoid Schizophrenia
- Alcool
- Prison
- unemployment
- No income
- homeless
- Wondering
- Health problem

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Three main problems:

1. **Distribution of the population** on a large territory (made up of 89 municipalities), with an uneven distribution of users (mainly concentrated in the larger municipalities of Lille, Roubaix, Tourcoing, Hellemmes etc.)

2. **No demand for care or no right to be cured** (sans papiers)

3. Biological, social and psychological unsatisfied needs (**complexity**) are always inseparable
### Complexity: what does it mean?

<table>
<thead>
<tr>
<th>PROBLEMS</th>
<th>CONSEQUENCES</th>
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<tbody>
<tr>
<td>1. No french speaking (at all!)</td>
<td>Need for an interpreter</td>
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<td>2. No will to communicate</td>
<td>Need to reiterate several times the contact attempts</td>
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<td>3. No trust in caregivers</td>
<td>Lack of continuity of the care program</td>
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<td>4. Psychotic troubles</td>
<td>Need to act against the will</td>
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<td>5. Fluctuating living conditions, rapid changes</td>
<td>Discontinuity and inconsistency of care and difficulty coordinating multiple interventions</td>
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<td>6. Highly traumatic and catastrophic life experiences</td>
<td>High emotional impact on caregivers</td>
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<td>7. Somatic diseases problem</td>
<td>Link with medical services and general practitioners</td>
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<td>8. Severe addiction (alcohol or drug or both)</td>
<td>Coordination with drug addiction services</td>
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<td>9. Judicial problems and incarceration</td>
<td>Discontinuation of care and need to establish a link with psychiatry in a penitentiary environment</td>
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<td>10. Different cultures</td>
<td>Program of care sometimes inconsistent with the culture of users</td>
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The community network

Medical network
2. EM3P « La Ravaude » (G12-G13-G14-G15)
3. PASS Psy Lille-Métropole (G07-G09-G10-G16-G17-G18)
5. Penitentiary Psychiatry Services (intersectoral) (SMPR – SPIP)
6. Child Psychiatry Team (I04)
7. MSL Association « Médecins Solidarité Lille » (sans papiers medical service)

Social and medico-social networks
8. CMAO (Coordination Mobile d’Accueil et d’Orientation) – SAMU social: 115, « maraudes » etc.
9. Association ABEJ Solidarité (emergency houses, housing programs, social help, overnight beds, young homeless programs, daytime social places, long-stay somatic ill people, etc.)
10. Foundation « Salvation army » (emergency houses, housing programs, social help, etc.)
11. Association « EOLE – Vent debout contre la précarité » (emergency houses, housing programs, social help, overnight beds)
13. « Housing first » program, Appartements de Coordination Thérapeutique
14. Communauté Emmaüs (AIDA) (housing, migrants, refuges, advocacy and legal aid)
15. COALLIA (migrants, refuges, advocacy and legal aid, housing)

Municipalities (local mental health councils)
The police

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Main network goals

Make possible to fulfill the following needs:

• **Social needs**:  
  • Decent home and dignity of life  
  • Decent clothing  
  • Enough resources to live (opening rights)  
  • A satisfying social network  

• **Health**:  
  • Good hygienic conditions  
  • Enough food  
  • To have a GP  
  • Access to specialist care like all citizens (equal treatment)  

• **Mental health**:  
  • detection and evaluation of mental health needs and problems  
  • Access to care  
  • Continuity of care
Réseau Accueil Hébergement Insertion (AHI) : structures d'urgence, CHRS, accueils de jour, ...
about 30 different organisations

Mobile Coordination d'Accueil et d'Orientation : 115, Samu social

Centre Communal d’Action Sociale, Local mental health council

Maraudes communes

Physical health

Centre de santé

Médecins solidarité Lille

M.S.I

GHICL groupe Hospitalier Lille métropole

PASS

Mobile team « Santé Mentale Précarité »

DIOGENE

L’EQUIPE MOBILE SANTÉ MENTALE ET PRÉCARITÉ

EPMS de l’Agglomération Lilloise

CHU de Lille

EPMS Lille Métropole

MENTAL HEALTH
The community network

Coordination of the network

In 2005 was established a coordination of the main institutional and associative partners. With an operational synergy finalized to the implementation of personalized care pathways

« COPIL »: strategic committees composed of members of the administrations and associations participating in the coordination of services (hospitals, associations, local communities) - evaluation and planning of the network development axes

- Scheduled coordination and intervention planning meetings (in the practice!)
- Complex cases: “inter-vision” and flexible decision-making tailored to the people’s needs
- Training: periodic meetings between operators of partner associations (from noon to 2 pm) on issues concerning main themes (flash formations)
- Involvement of all available partners and stakeholders (open system)
The community network

Network principles and practice

• **Share and disseminate skills and knowledge** about psychosocial distress
• **Involve** all possible partners (stakeholders) as an open system
• Create a practical **synergy**, on the **field**, to develop individual psychosocial health pathways
• Clearly **avoid separation** between social, medical and psychological needs
• **Overcome administrative barriers**, starting from the needs of the subjects
• Move from the **welfare based on equality** (give everyone the same amount of resources) to
• A **welfare based on equity** (adapt the available resources to different people’s needs and to different objectives to be achieved).
• Believe that **any professional** and volunteer **could and should go beyond his strict professional skills and duties** in order to meet and satisfy the main people’s needs
The community network

From equality to equity

Main challenge: how to be able to recognize the needs and give the right box to the right people?