

*Citizenship: a fundamental factor for recovery, empowerment and services organisation. The experience of Eastern Lille MH integrated services (MH Public Trust Lille Metropole)*

**Vermaatschappelijking van de zorg:  
een fundamentele factor voor herstel  
en empowerment**

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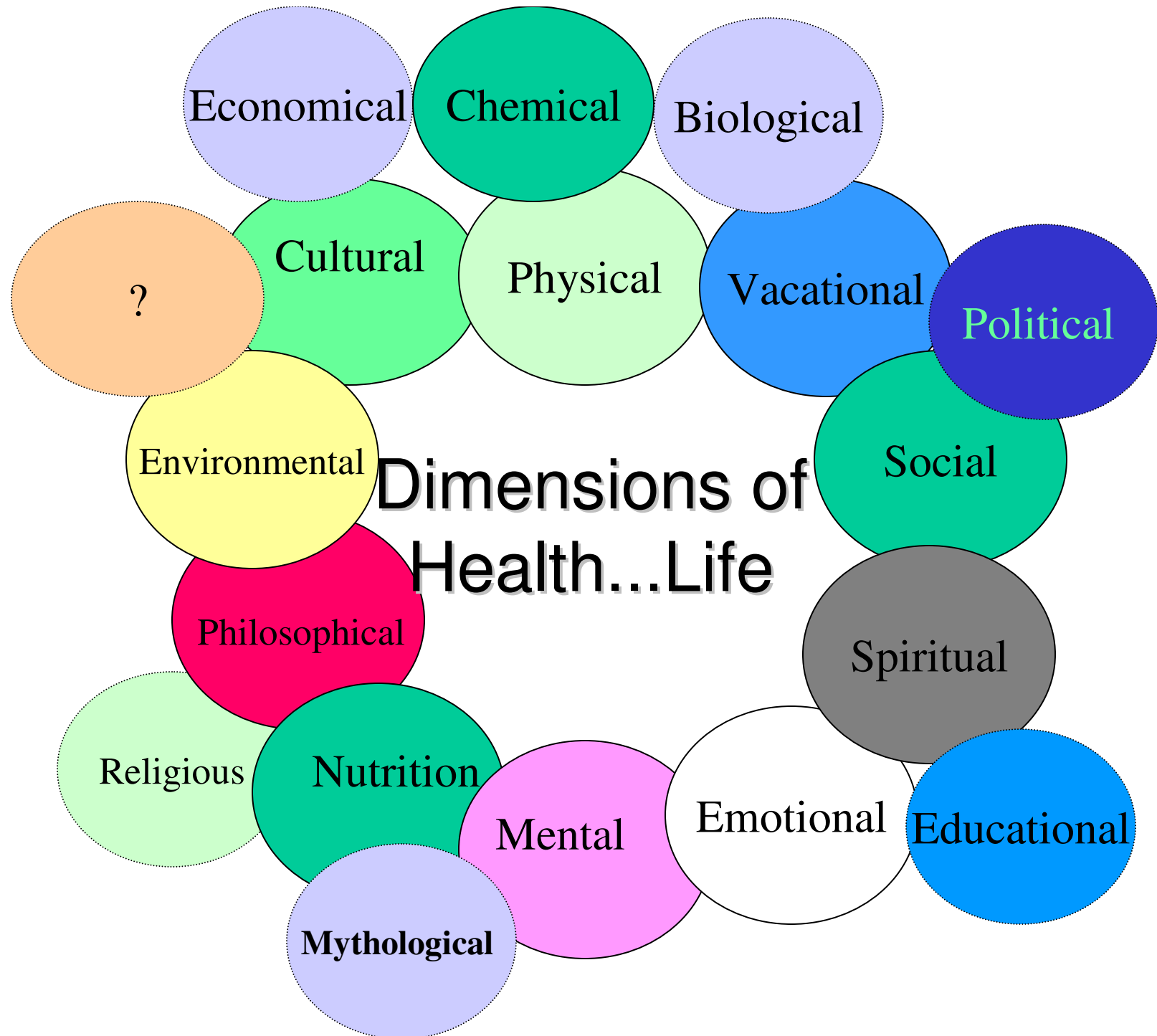


Brussels 26th November 2010



## In this presentation

- 1- A whole system approach for community based services development and networking: from WHO recommendations to the practices in Europe and France
- 2- Concrete examples of community based services (mobile team and networking) running in the MH sectors of the PMHT Lille Metropole
- 3- Some practical tools
- 4- ...



# WHO 2001 – 2008

## Pas de santé sans la santé mentale



**NON A L'EXCLUSION !  
OUI AUX SOINS !  
DARE TO CARE !**

Changement de paradigme :  
passer d'une politique de  
structures dispensant des  
services à une politique de  
soins à l'utilisateur centrée sur  
ses besoins

# Helsinki Conference 2005: Priorities for the next decade



1- Foster awareness

2- Collectively tackle stigma, and empower and support people with mental health problems and their families

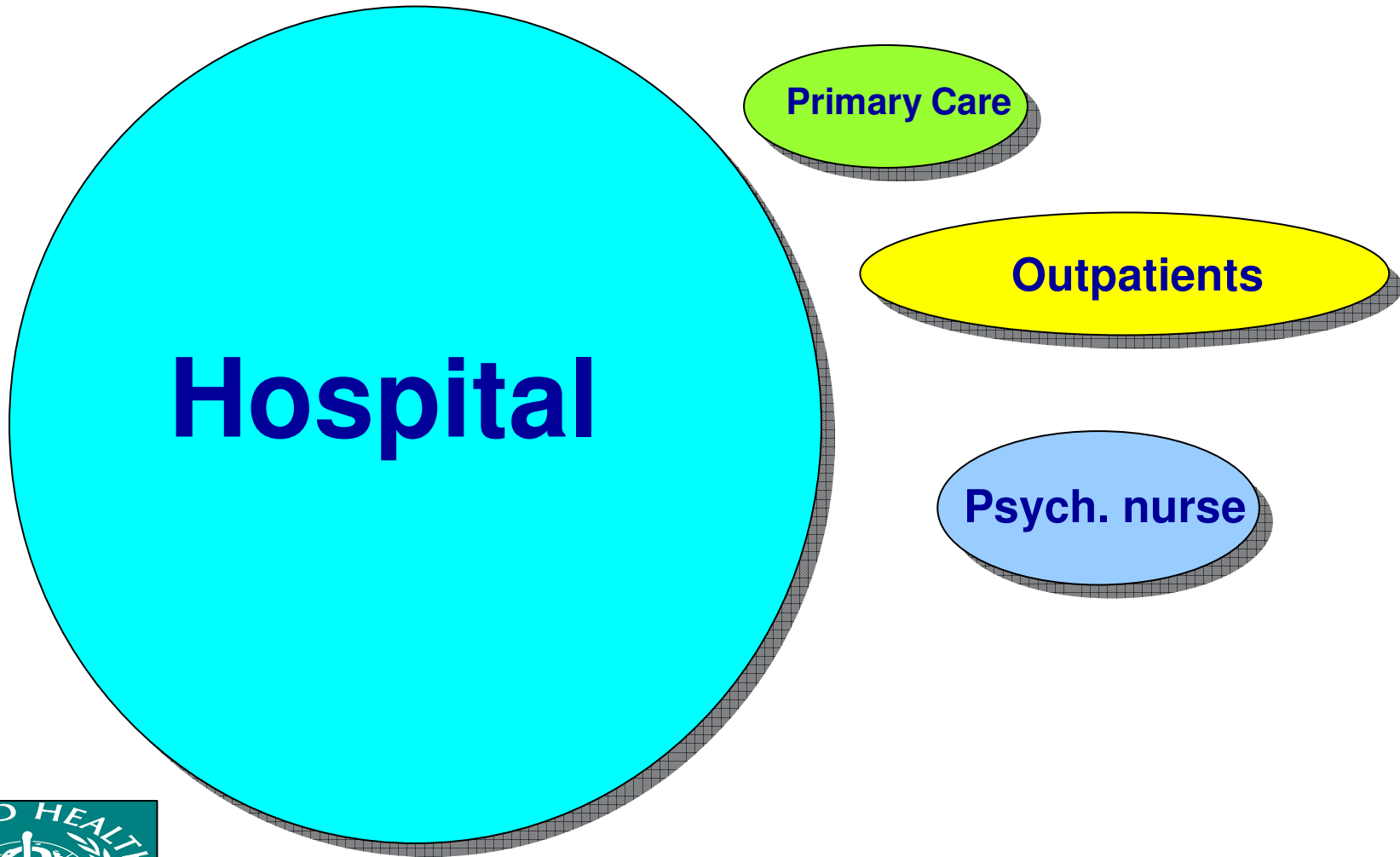
3- Design and implement integrated mental health systems

4- Create a competent workforce



5- Recognize experience and knowledge of service users and carers

# 20th Century Model

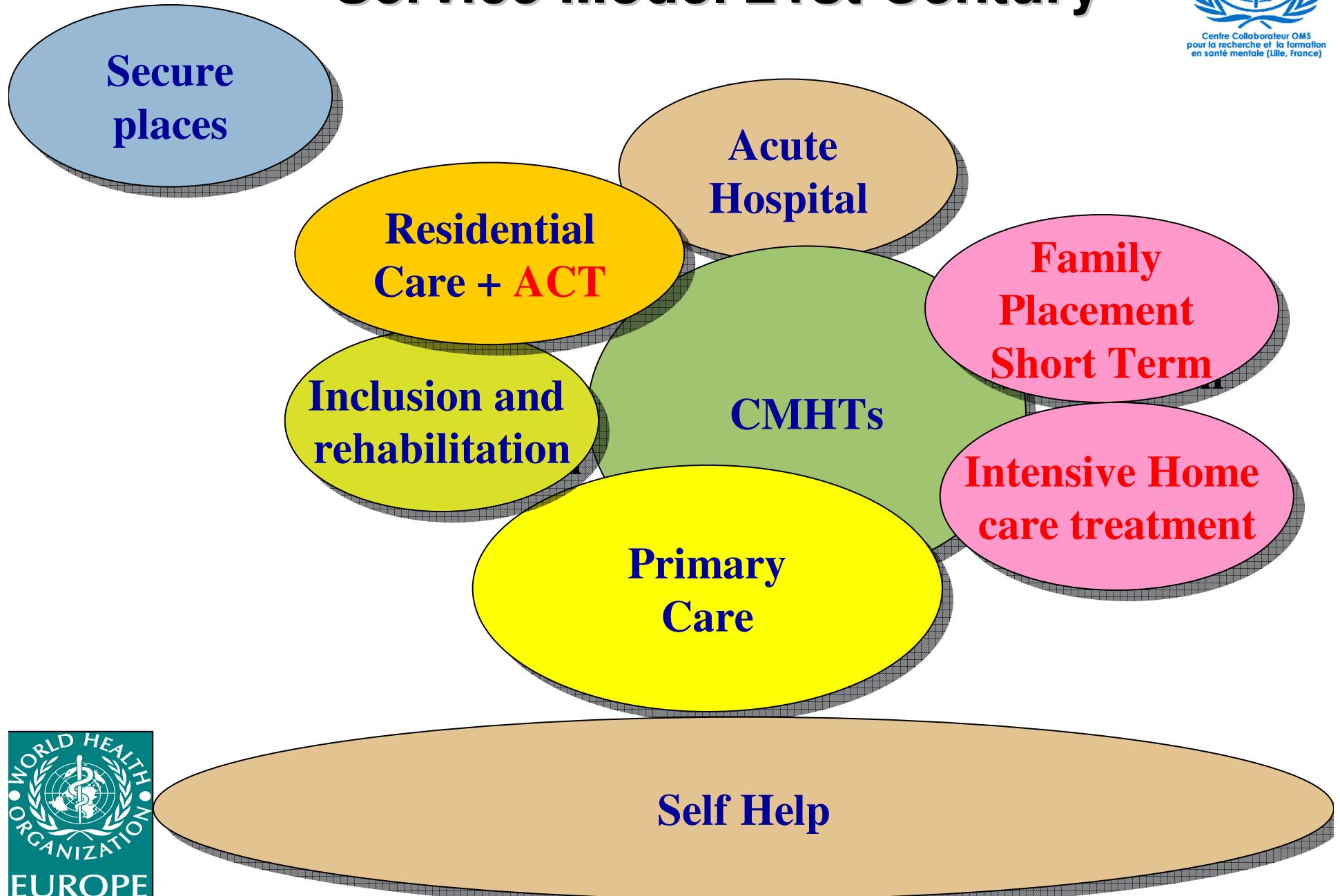


# WHO 2005 – Helsinki Declaration: Offer effective care in community



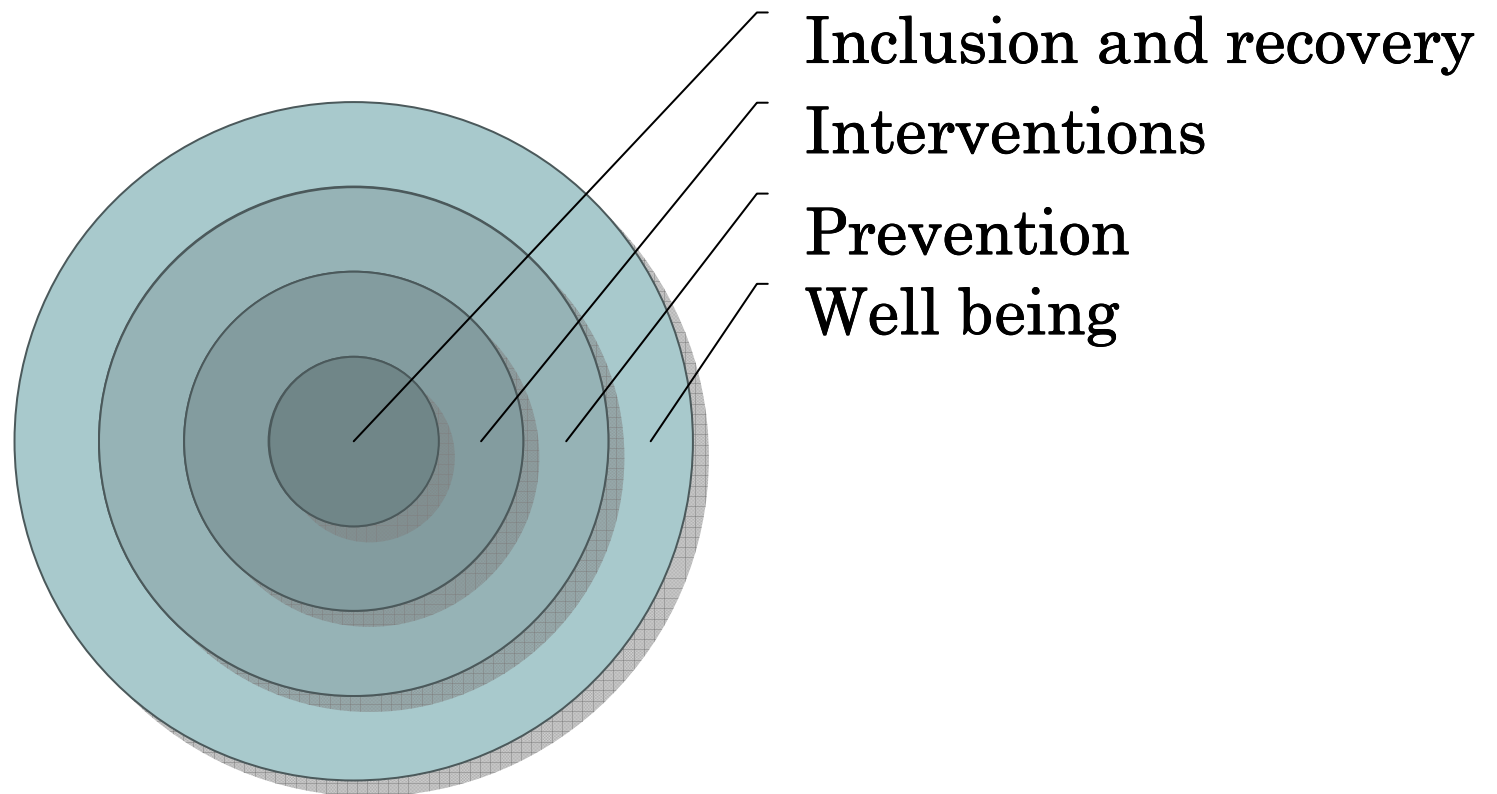
- i. **Empower service users and carers** to access mental health and mainstream services and to **take responsibility for their care in partnership with providers**.
- ii. Plan and implement **specialist community-based services, accessible 24 hours a day, 7 days a week, with mobile multidisciplinary staff**, to care for People in need of MH care
- iii. Provide **crisis care**, offering services **where people live and work, preventing deterioration or hospital admission** whenever possible
- iv. Offer **comprehensive and effective treatments, psychotherapies and medications** with as few side effects as possible **in community settings**,
- v. **Guarantee access to necessary care at a cost that the health care system and the individual can afford**,
- vi. Provide **residential services in the community** and develop rehabilitation services
- viii. **Offer users, carers and families assessment of their emotional and economic needs, and involvement in care programmes**.
- ix. Design programmes to **develop the caring and coping skills and competencies of families and carers**.
- xiv. Introduce **legal rights** for people subject to involuntary care to choose their **independent advocate**.
- xv. Introduce or reinforce **legislation or regulations protecting the standards of care**, including the discontinuation of inhuman and degrading care and interventions.
- xvi. Establish **inspection** to reinforce good practice and to **stop neglect and abuse in mental health care**.

# Service Model 21st Century





# Develop the Vision of comprehensive mental health : “a whole system approach”





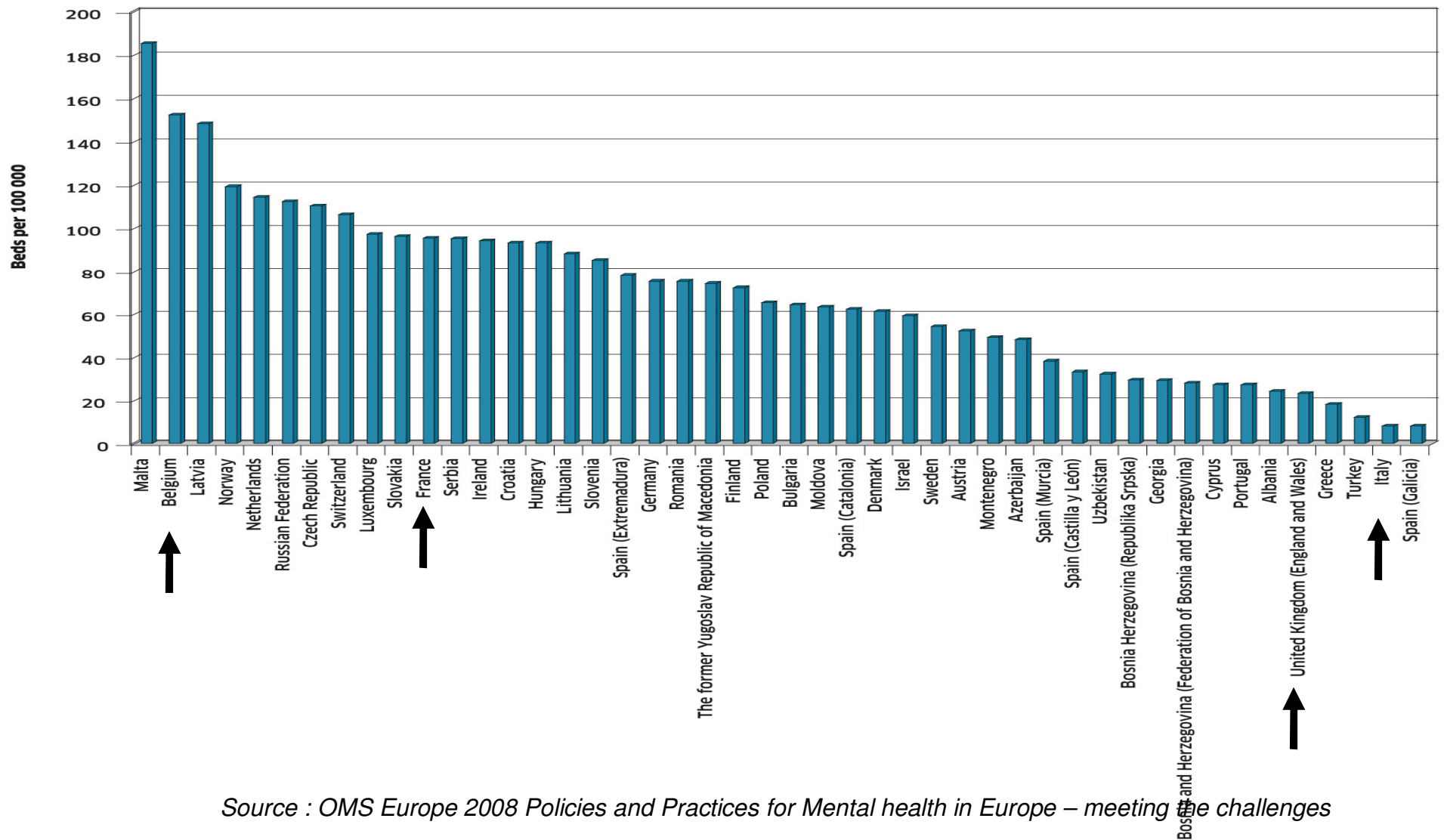
# Policies and practices for mental health in Europe

**“facing the challenges, building solutions”**

**(OMS 2005, 2008 – EC 2005-2010)**

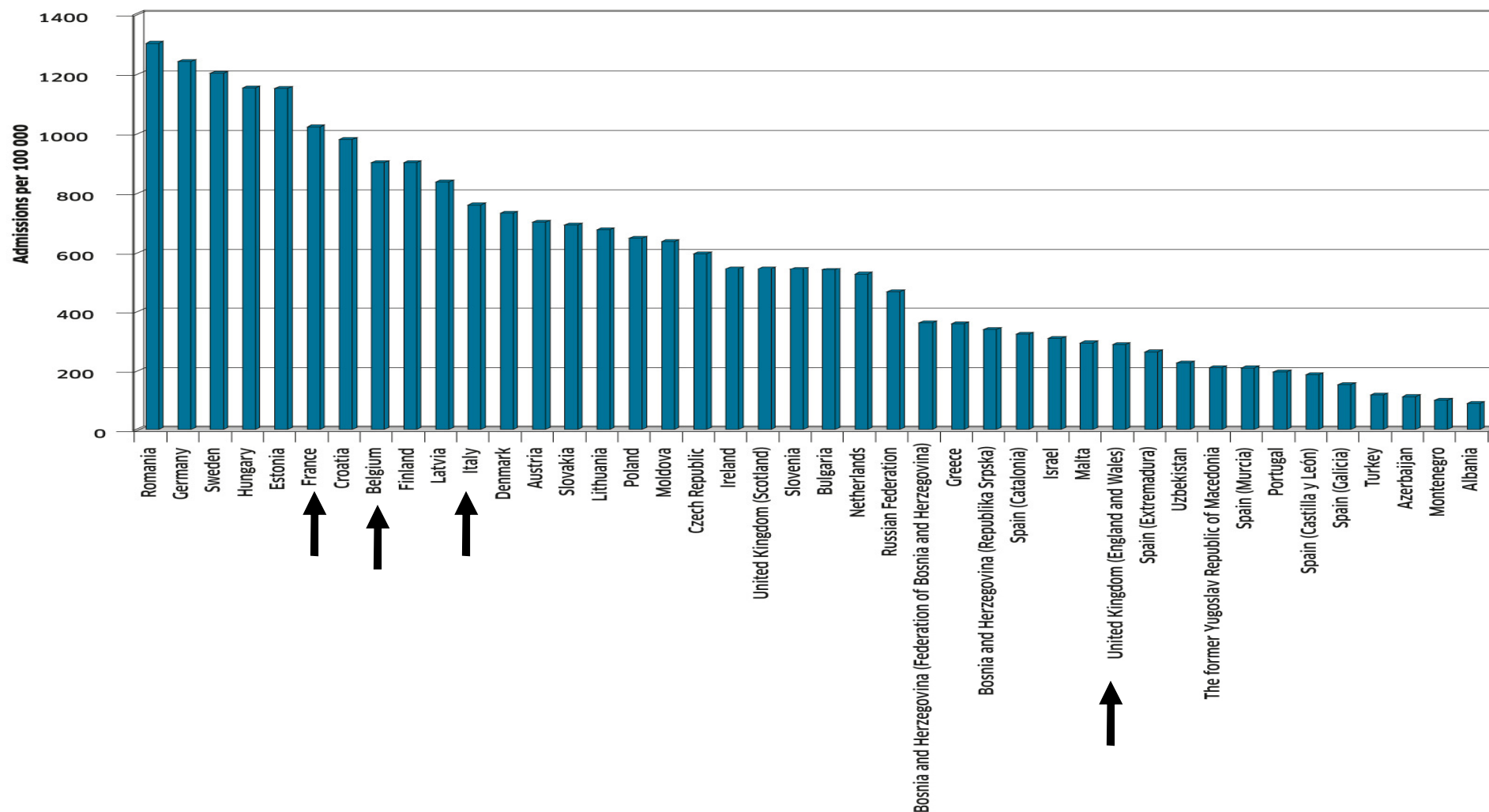


# Number of psychiatric beds for 100 000 inhabitants



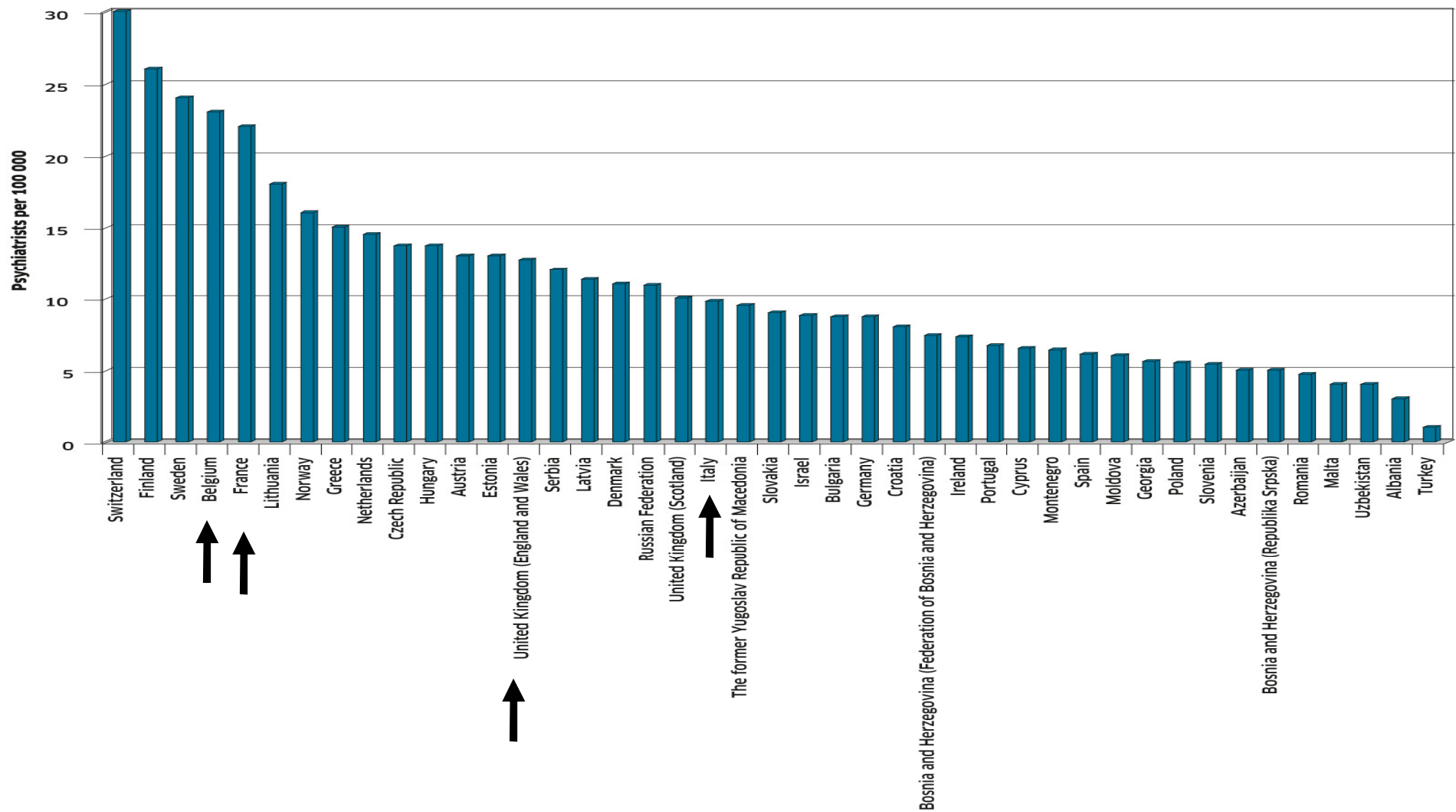
Source : OMS Europe 2008 Policies and Practices for Mental health in Europe – meeting the challenges

# Nombre d'admissions pour 100 000 habitants



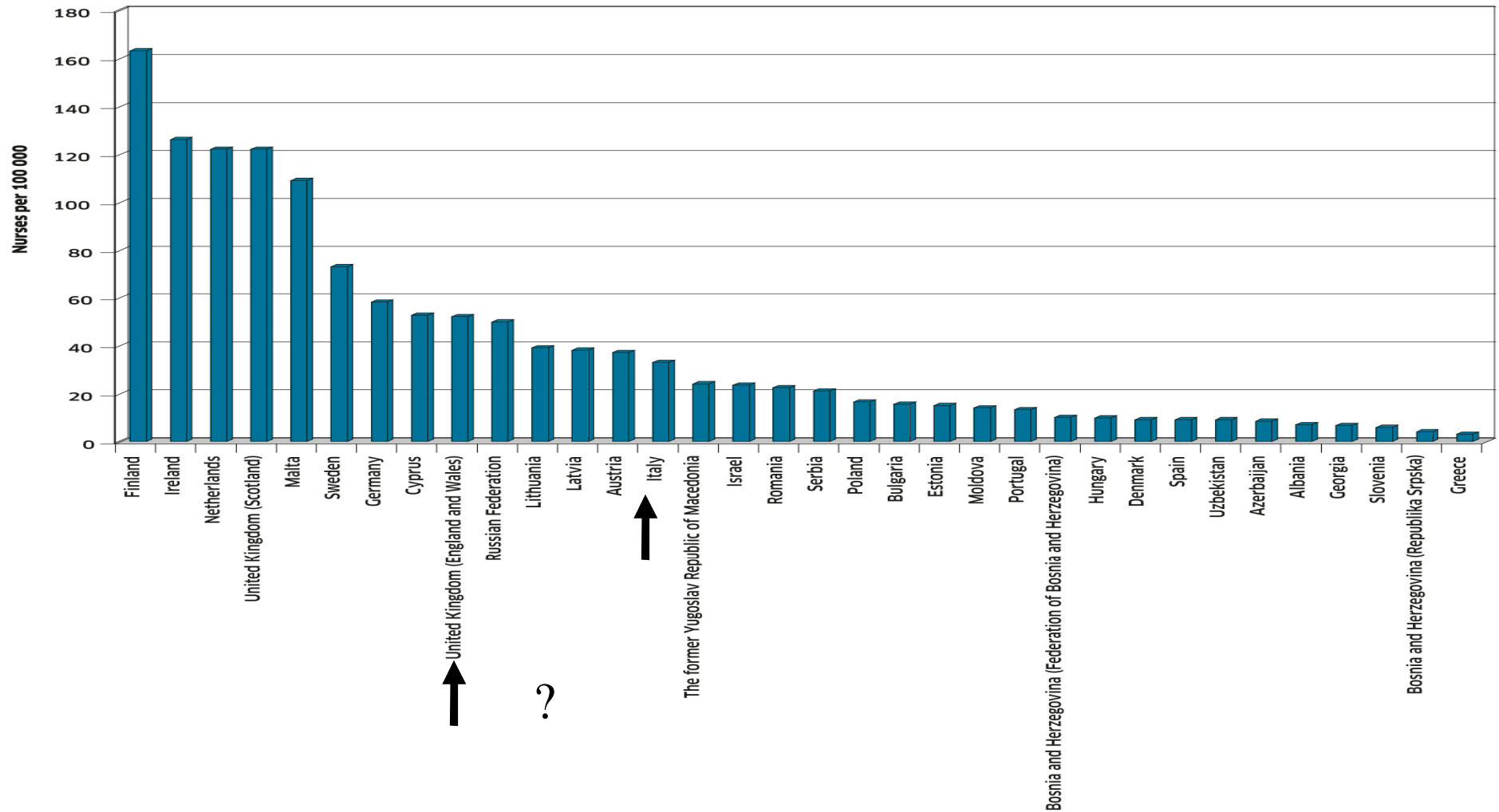
Source : OMS Europe 2008 Policies and Practices for Mental health in Europe – meeting the challenges

# Nombre de psychiatres pour 100 000 habitants



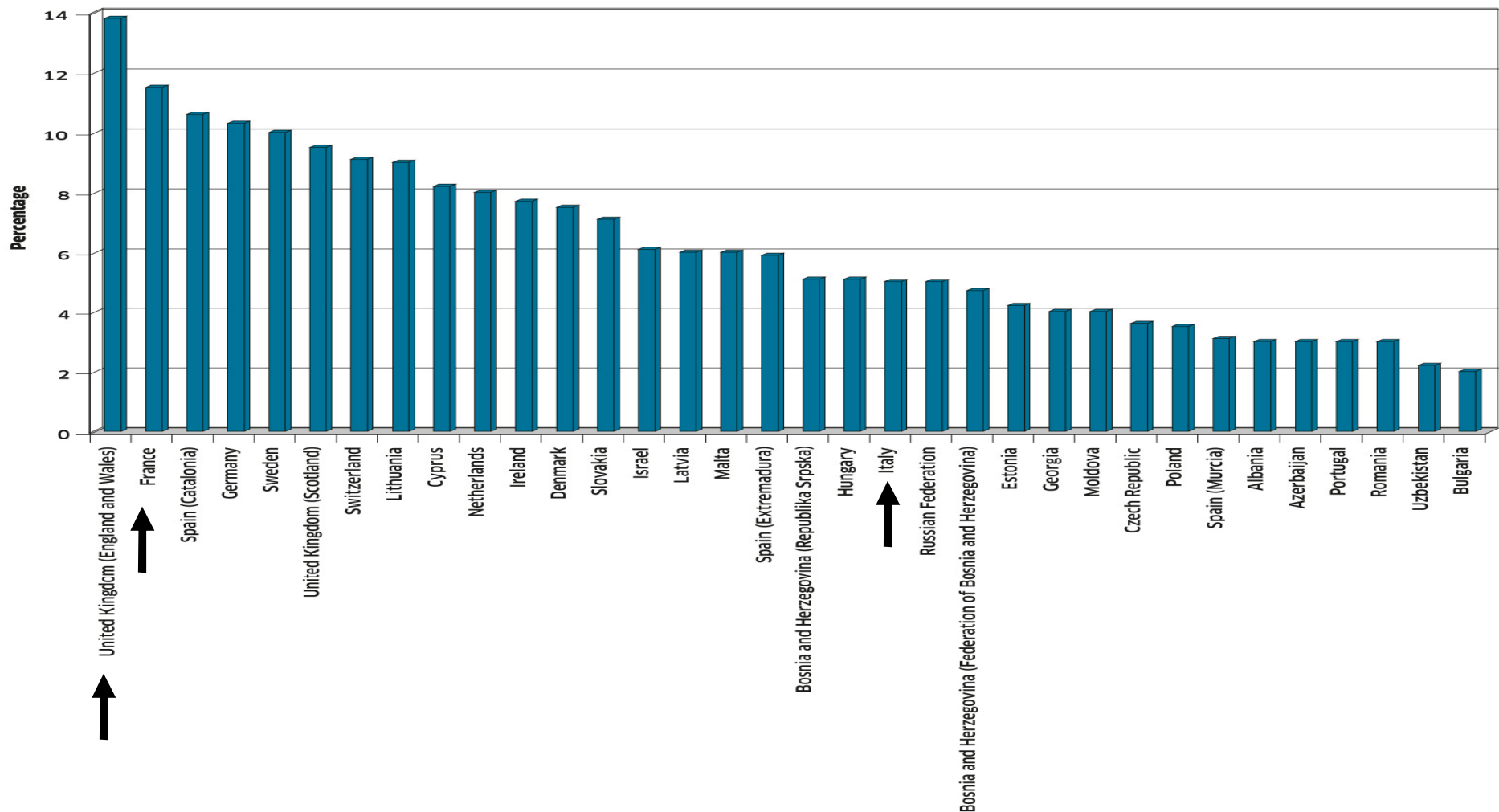
Source : OMS Europe 2008 Policies and Practices for Mental health in Europe – meeting the challenges

# Nombre d'infirmiers travaillant dans des services de santé mentale pour 100 000 habitants



Source : OMS Europe 2008 Policies and Practices for Mental health in Europe – meeting the challenges

# Mental health budget or expenditure as a proportion of the total health budget or expenditure



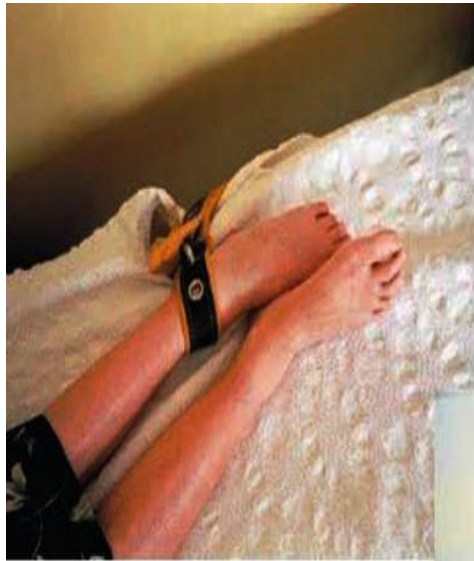
Source : OMS Europe 2008 Policies and Practices for Mental health in Europe – meeting the challenges

	<b>Psychiatrists for 100 000 inhabitants</b>	<b>Beds for 100 000 inhabitants</b>	<b>Admissions for 100 000 inhabitants</b>	<b>Suicidal rate for 100 000 inhabitants</b>	<b>Part in % of MH budget in the Health Budget</b>
<b>Belgium</b>	<b>23</b>	<b>« 152 »</b>	<b>900</b>	<b>19.6</b>	<b>11</b>
<b>France</b>	<b>22</b>	<b>95.2</b>	<b>1020</b>	<b>16.32</b>	<b>12</b>
<b>UK</b>	<b>12.7</b>	<b>23</b>	<b>286</b>	<b>6.38</b>	<b>14</b>
<b>Italy</b>	<b>9.8</b>	<b>8</b>	<b>758</b>	<b>5.98</b>	<b>5</b>
Germany	8.7	75	1240	11.0	11
Sweden	24	54	1200	12.0	10
Spain	6.1 (national)	8 (Galice)	184 (Castille)	7 (national)	7 (national)
Romania	4.7	75	1301	12	3
Greece	15	18	355	3	Non renseigné

*Source : OMS Europe 2008 Policies and Practices for Mental health in Europe – meeting the challenges*



## Psychiatric Hospital of Tripolis, 2003



2009, current psychiatric reform in Greece  
(Life in a long term hostel...)



# People what can we do for you ? ...with you ?



*A picture of the same woman –  
in institutional care, and after community care was provided*

# France 140.6 billions Euros for health in 2000

## REPARTITION

- **Hospital : 45% / MH 60%**
- **Ambulatory : 26% / MH 10%**
- **Treatments + other products : 26% / MH 30%**

## -PAID BY

- **Sécurité sociale / Welfare – Social insurance: 73%**
- **“Complémentaires” Mutuelle de santé : 12%**
- **People : 9,7%**

**Comparison 2000/2003, from the sector reports filled in by  
the department heads (Source DREES)**

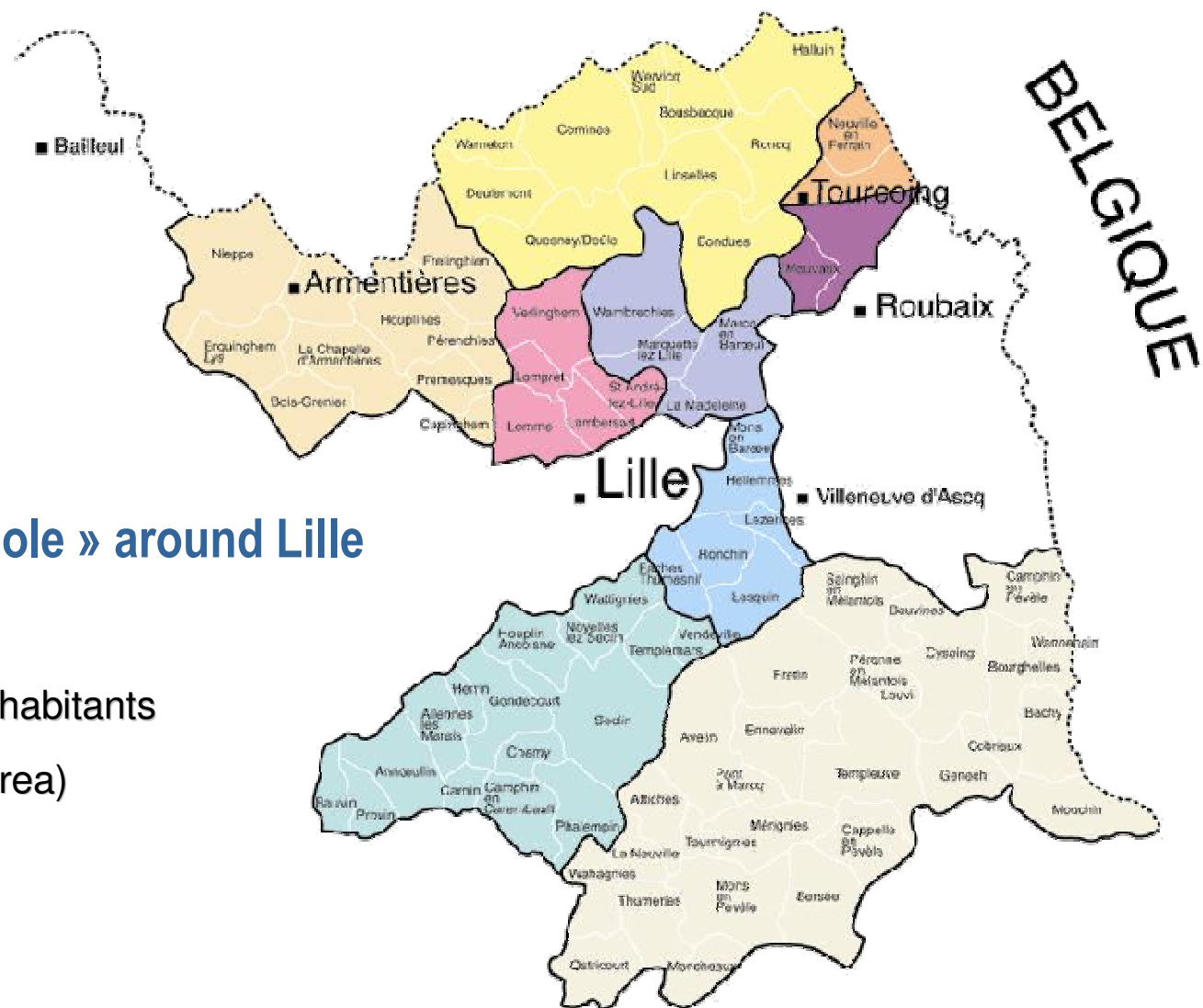
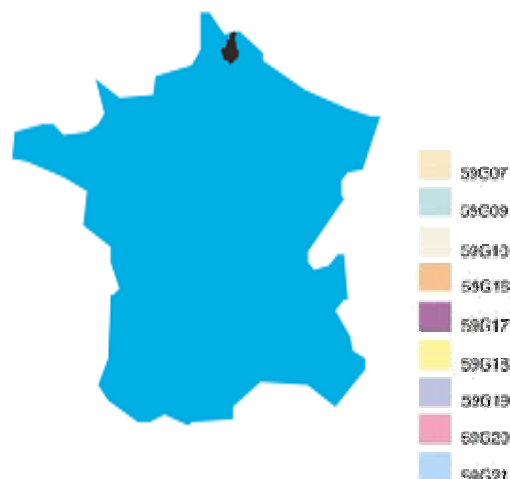
**% French sectors meeting the criterion**

	2000	2003
<b>No locked hospitalisation service</b>	<b>27 %</b>	<b>29 %</b>
<b>More than 60% staff is extra hospital staff</b>	<b>30 %</b>	<b>30 %</b>
<b>Constant telephone answering service (response from a carer of the sector: 30%)</b>	<b>69 %</b>	<b>71 %</b>
<b>Service always in link with general practitioners</b>	<b>22 %</b>	<b>21 %</b>
<b>One meeting per month at least, with consumers and family associations</b>	<b>10 %</b>	<b>5 %</b>
<b>Response to emergency</b>	<b>85 %</b>	<b>82 %</b>

**2003: 23 sectors out of 830 met 5 criteria**  
**3 sectors out of 830 met 6 criteria**

Concrete examples of community based  
services (mobile team and networking)  
running in the MH sectors of the PMHT  
Lille Metropole



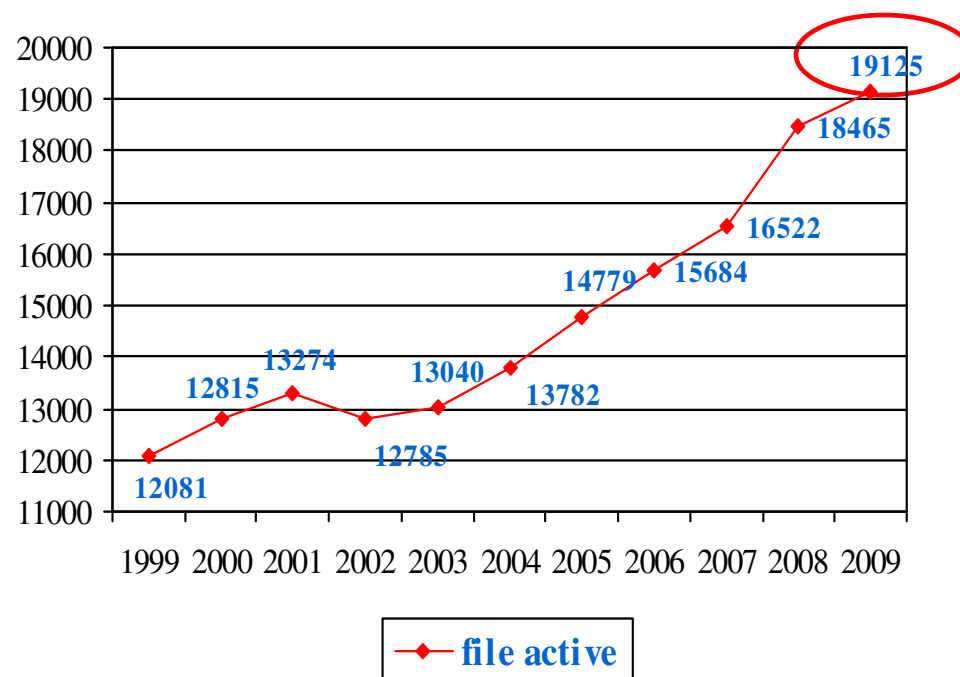


## Health Territory « Metropole » around Lille 606 km<sup>2</sup>

- **9** adult sectors : 700 000 inhabitants  
(24% of the North of France Area)
- **82** municipalities

## ➡ A wide range of care for 700 000 inhabitants

- 437 beds (Medico Social (178) and  
Full time in MH Hospital (259)



### - More than 70 out patient devices – proximity is essential

- ✓ 12 Post-time therapy centers and their local facilities,
- ✓ 111 Daytime out patient beds,
- ✓ 146 Places in sheltered housing, jointly managed by  
PMHT Lille-Metropole and local community services,
- ✓ 25 Places in supportive care foster homes,
- ✓ 33 Places in host families short term
- ✓ 12 mental healthcare main centres and their local clinics,
- ✓ 10 Places in rehabilitation hostels

In 2009:

- ✓ 2.757 users in full time care
- ✓ 2.059 users in part time care
- ✓ 18.346 users in ambulatory care



# A culture of Quality

« This is not the abundance but excellence which makes the Wealth »

***Joseph Joubert***

**Coming from**

  **Quality Management**

**Going to**

  **Management by Quality**

**Entering into**

 **Quality Culture, Quality Philosophy**



# What does it mean to be integrated?

- Replace Mental Health in **global** Health (primary care, prevention, other specialities)
- The care propositions have to be diversified, professional, evaluated: **proximity is essential**
- **Mental health issues concern the specialists and the non specialists:** networking and partnerships with all involved partners (citizens (users or not), carers, families, elected officials, professionals...)
- One golden rule : **not to “have” partners but to “be” partner**
- One aim: **never let a situation becoming critical** (facilitate detection, access to care and care continuity)

# NETWORKING with Primary care (clinical partnerships)

- Integration in usual **socio sanitary networks** (addictions, AIDS, Mother and Child services...) with official agreement of partnership
- **Gerontology** local networking with social and sanitary services: nursing and rest homes, gerontology services in general hospital – official agreement of partnership
- **Maternity and pediatric hospitals** daily contacts (detection, orientation, care) with official agreement of partnership
- **GP** prescribes (systematic letter), **community nurses** and **pharmacists** deliver treatments. Answer and first observation at GP's demand in 24 h
- Mental health of **homeless and people in high precariousness**  
« Diogène » device : 7 teams of LILLE are working with 17 social shelters and in the street with the emergency mobile medico social service (SAMU Social – Homeless Rescue Services)
- **Emergency** : Contact every day with all emergency structures (Public and Private General Hospitals, Crisis Centre...) with immediate assessment of emergencies, orientation and care plan proposition.

# Community MH Mobile Teams (MT)

## 24/24h - 7/7d

- Home hospitalisation – intensive care MT (with GP, carers, other professionals social, sanitary, justice...)
  - Home visits and community MT
  - Residential facilities MT: users with long term troubles living in associative flats, house or therapeutic flats ACT
  - Teenagers MT: early detection - care, assertive care at home, networking
  - Perinatal – early childhood MT (project)
  - Gerontology MT : networking, assessment, care in officially agreed rest and nurse homes, services in general hospital
  - Diogene MT for homeless (street, official agreement of partnership with social shelters)
- =) *Linkage between emergency unit, General Hospital, GPs, families and psychiatric services), Rest homes, Maternity hospitals...: prevention, detection - assessment, orientation, follow up, casemanagement*

# Consultations offer integrated in primary care and social services

- MH Consultations Centres in the municipalities opened to other professionals
- GP surgery,
- Social health services,
- Sport health services,
- Social cities services
- Social shelters, general hospital services, pediatric services, gerontology, maternity... **with official agreement of partnership**

*=) Facilitate access to care and care continuity. Intersectoriality. Mixity of professionals and users*

# Training, detection, education and MH promotion

- Training **with** (interview) and **for** GP's, social workers, nurses, teachers, associations, school nurses and doctors, social sanitary professional (pediatric, adult, geriatry) in **detection, orientation, networking, stigma issues, suicide prevention, suicide crisis skills and responses...**
- « **Psycho education** » for and with users and carers with various professionals and users and carers ngos
- **MH Promotion and Information** in secondary schools, police departments...
- *Stigma tackling and MH promotion* with all partners (f.ex. Organisation of events during the National Information Week on MH

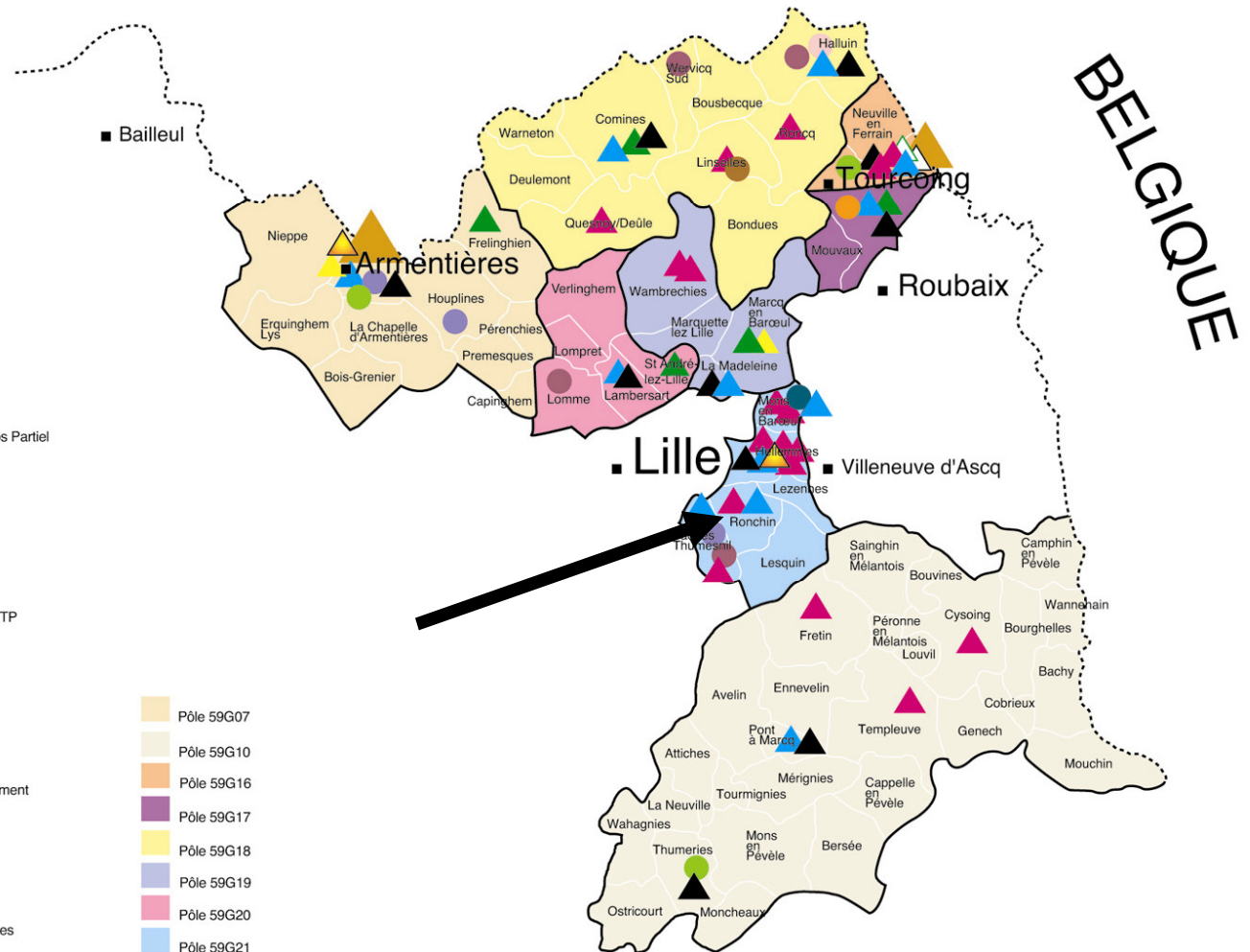
# Sectorisation Psychiatrique Générale - Structures Extérieures

## EPSM LILLE - METROPOLE



- Hôpitaux de jour
- Centres Médico-Psychologiques
- Centres d'Accueil Thérapeutiques à Temps Partiel
- Antennes
- Ateliers Thérapeutiques
- Galeries d'Art
- Dispositif d'Accueil et de Crise
- Dispositif d'Accueil et de Crise, CMP, CATTP
- Accueil Familial Thérapeutique
- Hébergement Thérapeutique Transitoire
- Maisons relais
- Maisons communautaires
- Appartements associatifs / Filière Appartement
- Appartements thérapeutiques
- Résidence thérapeutique
- Foyer de post cure
- Etablissement Public de Santé, Armentières
- Unités Tourquennoises de Psychiatrie

- Pôle 59G07
- Pôle 59G10
- Pôle 59G16
- Pôle 59G17
- Pôle 59G18
- Pôle 59G19
- Pôle 59G20
- Pôle 59G21



# Results of the survey "Mental Health in General Population" (2007)

*Epidemiological and use of care and support data in the territory  
(6 suburbs cities)*

Nb of inhabitants (East Suburbs of Lille)	85.300
Nb inhabitants > 18 yrs	65.100
<b>Nb person with at least one psychiatric dsd</b>	<b>23.176</b>
Impact perceived on daylife	<b>11.320</b>
Feeling of being ill	<b>5.700</b>
<b>Use of care and support</b>	
Use of Gps	<b>15.450</b>
Use of support of relatives (friends and family)	<b>14.970</b>
<b>Nb people in care in the psychiatric service in the community, in 2007</b>	<b>2.145</b>
Nb people hospitalised in 2007	<b>230</b>

# FROM ASYLUM TO COMMUNITY CARE

*Hospital care is an alternative to community care for  
85 300 inhabitants*

1972

- 300 beds in closed wards
- All compulsory treatments

2010

- ✓ 10 beds at the hospital, open ward
- ✓ Ambulatory community care first (82% of the staff, mobile teams)
- ✓ Variety of full time care in the community (home care, host families, acute home treatment...)
- ✓ Social inclusion together with all community partners (ie: 87 places in therapeutic/associative flats)



# FROM ASYLUM TO COMMUNITY CARE

85 000 inhabitants (Eastern Suburbs of Lille)  
1972-2009

	1971	2002	2009
<b>Total people in care</b>	589	1677	2507
<b>Ambulatory care</b>	0	23478	34700
<b>Hospitalisation</b>			
Nb of admissions	145	444	322
Compulsory care - HO - HDT	145 (100%)	99 (22%)	73(22%)
Mean lenght of stay (days)	± 213	14,5	8
Average occupation (beds/yr)	± 314	17,5	7
Number of beds	290	26	12

# Application of the good practices criteria in the Eastern Lille Suburbs MH territory

*Criteria Elaborated by the IMHCN and WHO-CC Lille, based on WHO recommendations*

Recommendations	Eastern Lille MH territory
1- No locked ward	Even for people coming from prisons with compulsory care status
2- More than 60% of the workforce in the community	78%
3- Permanent phone answer by a carer of the team	Achieved
4- Continuous link with GPs	Systematic letter and treatments prescribe by GPs
5- At least one meeting per month with users, families and local elected	Creation of a mental health local council
6- Emergencies response 24/7	Mobile team

# Hospital resources transferred in a wide panel of integrated and community based cares

- **Presence 24/7 of the MH teams in the area (6 cities):**
    - Nurses and psychiatrists on call
    - Every professional is mobile
    - Daily contacts with emergencies services in general hospitals
    - Answer at every medical demand
    - Coordination of the whole teams and facilities:
      - » **Daily phone conference between all teams/facilities, morning and evening**
      - » **Whole staff meeting once a week**
      - » **Medical answer 24/7 : coordination, emergencies management and orientation**
      - » **Email networking – Electronic forum – Secured user electronic files accessible everywhere – Electronic Agenda for every professionals**
- ⇒ **Never let a situation becoming severe**

# Alternatives to hospitalisation for 85 000 inhabitants 2500 in care / year

Psychiatrists – 8.5 FT => 9/100 000 – national average is 22

Psychiatre coordinateur – Head of service 0.5 = Dr Roelandt JL

- Clinique J Bosch – Acute unit : 10 lits – 8j DMS – occupation moyenne 7 usagers  
=> mobile team intra extra – 2.5 FT
- Intensive at home / host family / crisis MT Usagers: 10 + 12 + EMERGENCIES : 24  
1.2 FT
- Transition Housing – Associative Housing Management : 0.2 FT Usagers: 4 / 89
- Community mobile teams + ACT for the Associative Housing System : 2.3 ETP =>  
Usagers 2500 (including the 89 in associative flats)
- MT Diogene homeless and high precarity : 1 ETP
- MT for activities, leisures, sports, arts, culture access... Frontiere\$ : 0.3 ETP

# MOYENS HUMAINS 2010

## 85.685 habitants

### ⇒ **Secteur : 107 personnes**

- 6 ETP psychiatre + 2 internes en psychiatre (8 médecins 100 000 hab. (moyenne *nationale*: 22))

- 1 cadre supérieur de santé

- 3 cadres de santé

- 2 cadres socio-éducatif

- 59 Infirmiers

⇒ 6 agents de services hospitaliers

⇒ 8.5 éducateurs spécialisés

⇒ 1 moniteur éducateur

⇒ 3.75 animateur (dont artistes et galeriste)

⇒ 1 jardinier

⇒ 6.5 ETP psychologues

⇒ 1 ergothérapeute

⇒ 4 psychomotriciens

⇒ 1.75 secrétaires médicales et 6.5 adjoints administratifs

⇒ 0.5 coordinatrice Association Intercommunale Santé Citoyenneté

-----  
⇒ 6 Familles Thérapeutique Alternatif à l'Hospitalisation (AFTAH) (7 places) + 2 Familles long terme (3 places)

⇒ **Centre Collaborateur de l'OMS (8 ETP)**

1.3 ETP psychiatre – 1.25 TP secrétaire – 2 TP Chargés de mission – 2.8 ETP Chargés de mission (psychologues)

⇒ **DIOGENE (2.3 ETP) soit 1 ETP Psychiatre + 0.5 ETP infirmier + 0.80 Secrétaire**

⇒ **DIRM : 0.5 ETP psychiatre**



A top-down photograph showing approximately ten hands of different skin tones (ranging from light to dark brown) pressed together in a circle on a sandy surface. The hands are arranged in a ring, with fingers pointing towards the center. The sand is light-colored and textured. The text "Tools and means for change" is overlaid in the center of the image in a white, serif font.

# Tools and means for change



# INTERNATIONAL NETWORKING : A SOURCE OF INSPIRATION

Founding member of the International Mental Health Collaborating Network : Mental Health and Citizenship (IMHCN)

- From asylum to the city (Trieste example, 1976) – Lille, 1977
- Family placement instead of hospitalisation 1 family = 1 bed (Madison, USA 1998) – Lille, 2000
- Home Care Service 7j/7 (Birmingham, 2000) – Lille, 2005
- Totally open wards (Merzig, 1997) – Lille, 1999
- Nurses in first line (Mauritania, 2001) – Lille, 2003
- Crisis centre 72 hours in Lille University Hospital, 2001
- Network with Gps (Oviedo, 2002) – Lille 2003
- Access to work by cooperatives (Trieste, 2003) – Lille 2007
- Clubs and volunteers (Quebec 1987, Luthon and Monaghan 2005) Lille 2006
- Peer support program (Canada 2008, USA 2009, UK 2009) Lille 2010



# Creation of a *mental health local council* for Eastern Suburbs Lille Territory

*A discussion platform gathering 6 towns' mayors, citizens users or not, families, artists, cultural services, Low Income Housing services, curators, social services, sanitary services, psychiatric services*

- No decision regarding services creation and care organisation in the city without inhabitants consultation : **Local elected and citizens involvement in the local health and social policies application**
- Information and prevention activities with all partners in the cities **local network and citizens involvement** (ie. Participation in the National MH Information Week)

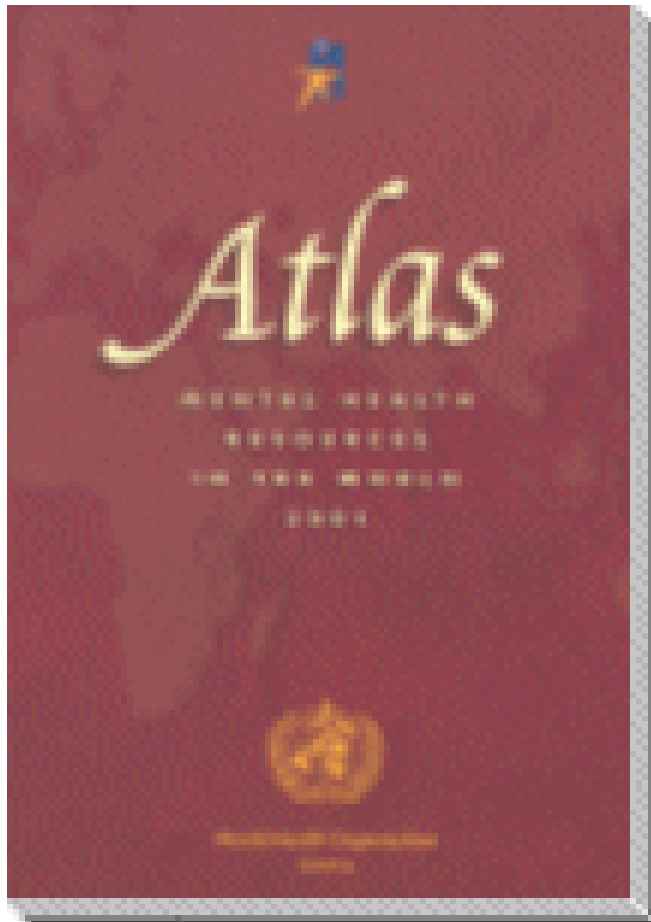


# Role of the Mental Health Local Council (MHLC)

Examples of action developed with the MHLC :

- Housing access
- A Common reflexion on some specific users' complex situation
- Open conferences on mental health questions and issues
- Training and information group for the population, run with users
- City actors training to suicide prevention and community health
- Cross training and mutual interventions (psychiatry, social workers, police, justice, education...)
- Stigma tackling with artists and cultural services

# Project ATLAS 2001



*Atlas: Mental health resources in  
the world*

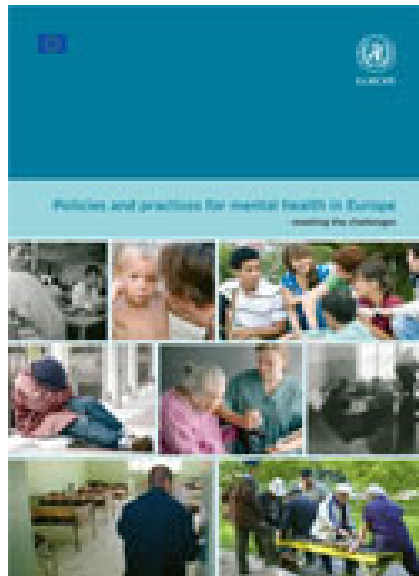
[www.who.int](http://www.who.int)

# Rapport final de la conférence d'Helsinki (2005)

<http://www.euro.who.int>



## Policies and practices for mental health in Europe (2008)



[http://www.euro.who.int/InformationSources/Publications/Catalogue/20081009\\_1?language=french](http://www.euro.who.int/InformationSources/Publications/Catalogue/20081009_1?language=french)

# THE ESSENTIAL PACKAGE FOR MENTAL HEALTH POLICY, PLAN AND SERVICES





Integrating  
mental health  
into primary care  
*A global perspective*



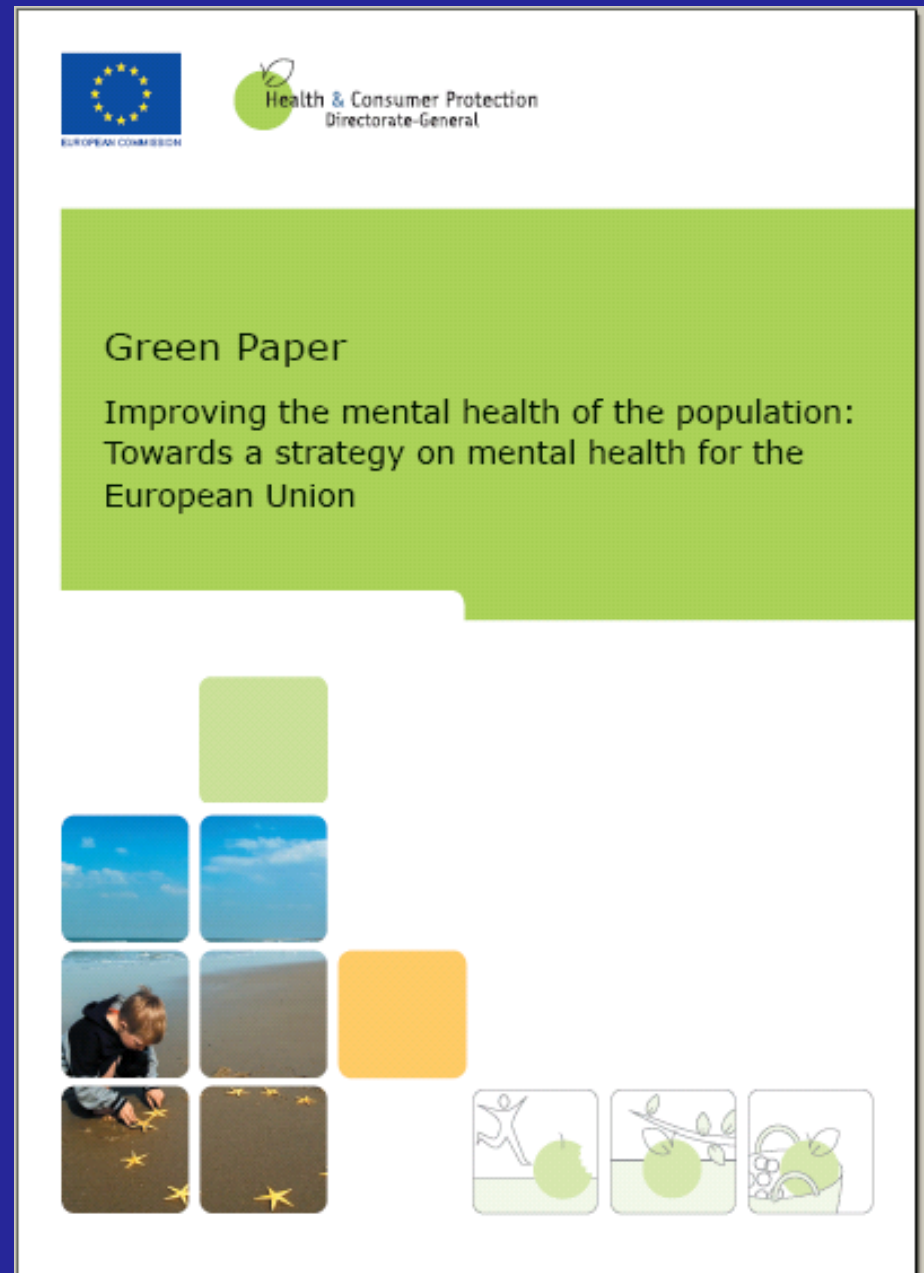
World Health  
Organization



Wonca  
World family doctors. Caring for people.

# European Commission Green Paper on Mental Health :

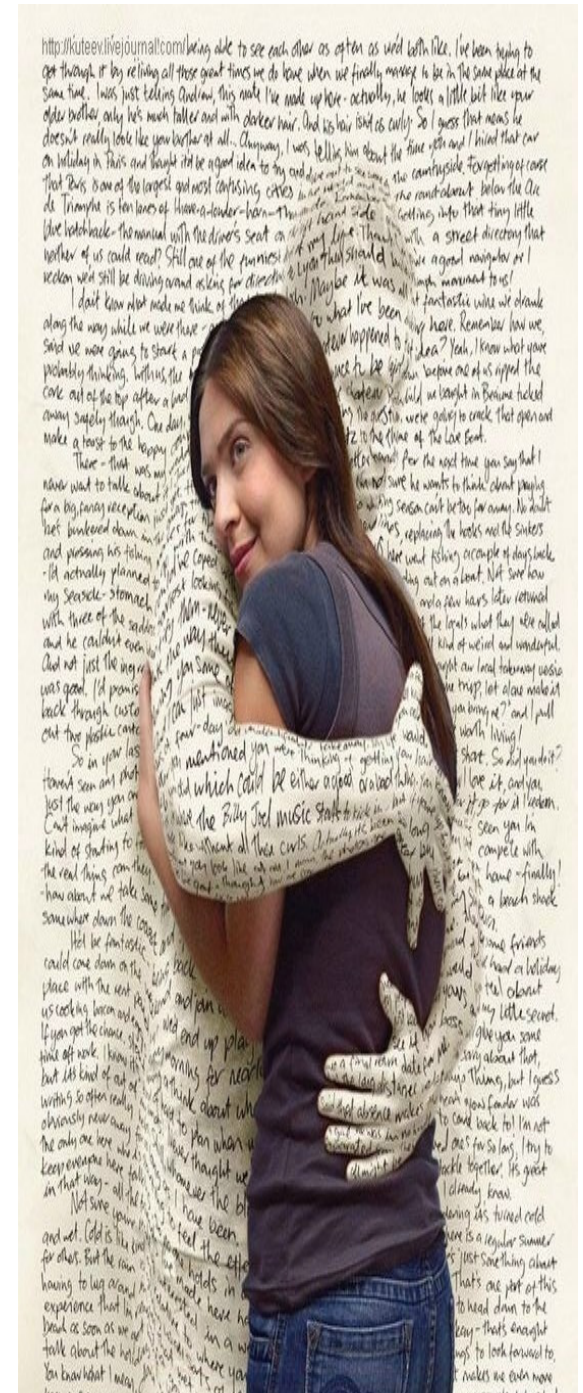
1. Promoting mental health and prevent mental disorders
2. Social inclusion of mentally ill or disabled people and protecting their rights and dignity
3. Improving information and knowledge on mental health in the EU



# CRPD

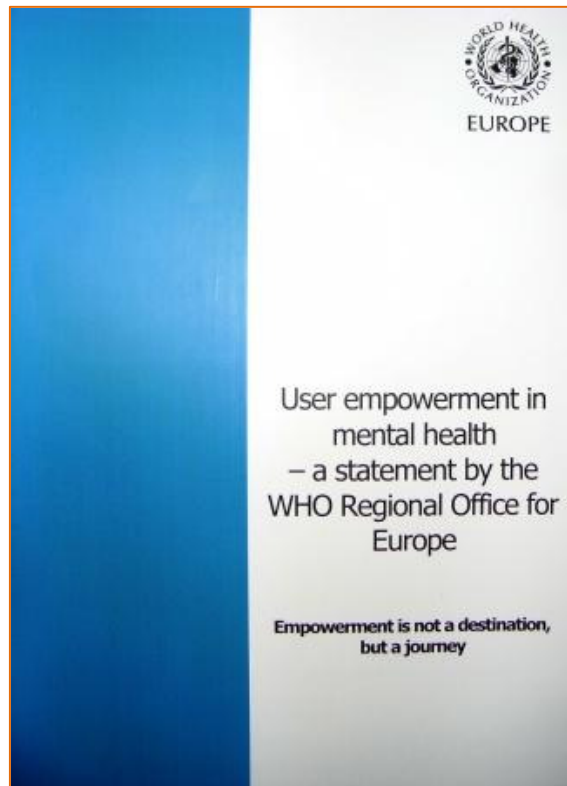
**CRPD = Convention on the rights of people with disabilities.**

**Purpose: To promote, protect and ensure the full and equal enjoyment of all human rights and fundamental freedoms by all persons with disabilities, and to promote respect for their inherent dignity**





# WHO Statement on empowerment in mental health



**Meaning of empowerment**

**User and carer perspectives**

**Recommendations for action**

**More information on the WHO EURO**

**Web Site :** [http://www.euro.who.int/mentalhealth/topics/20061129\\_2](http://www.euro.who.int/mentalhealth/topics/20061129_2)

With support of the EC Health and Consumers DG



# Conclusions

L'organisation des soins de **proximité adapté, intégrés** dans la cité, **intersectoriels** et des actions **d'information** et de **prévention locales** ont un effet direct sur les facteurs de risque :

- **Accès** aux soins, **continuité** des soins
- **Limite** l'exposition à la **victimisation**, à **l'exclusion** et au **repli**

Les bonnes pratiques des professionnels influencent positivement les perceptions et représentations sociales et réduisent la stigmatisation et la discrimination

So...

**DON'T HAVE PARTNERS BE A PARTNER !**

**ITS US NOT THEM...**



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