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IMPROVING THE PSYCHIATRIC CARE PATHWAY

In France, one in five people suffer from mental disorders. More than a quarter of the population uses anxiolytics, antidepressants and sleeping pills. Psychiatric illnesses are the leading cause of disability and the second most common reason for sick leave. No category of the population is immune to these disorders, which are increasing in prevalence at an alarming rate. Mental health and psychiatric care is the largest expenditure item for the French health insurance system, which spends 23 billion euros on it each year. The overall economic and social cost of mental disorders to society is estimated at €109 billion per year.

For 60 years, public psychiatric services have been described as “fragmentary”. Their main principles – the obligation to accept all requests for care, the provision of comprehensive treatment by a local, multidisciplinary team – have lost none of their relevance. They were reaffirmed by the 2016 law on the modernisation of the health system. Today, 80% of patients are treated exclusively on an outpatient basis, whether it involves day hospitalisations, consultations or home visits. However, the positive effects of this ‘de-institutionalisation’ were much stronger between 1970 and 1990 than in recent years, which were marked by a sharp increase in unmet needs.

The reality, as experienced by the people involved and their families, is far below the initial objectives, and the health crisis has increased the urgent need for a response. Access to these fragmentary services is in practice extremely difficult. Wait times for an initial appointment with public psychiatric services are discouraging. Private outpatient options (general practitioners, psychiatrists and psychologists) are unevenly distributed and not always affordable. At the same time, the capacity for full-time inpatient psychiatric care has decreased significantly.

While early intervention is imperative to avoid worsening or chronic disorders, entry into care is delayed. Too often, it relies on the already overcrowded hospital emergency services. Use of the compulsory admission procedure is increasing. Short hospitalisations fragment certain pathways. All too many other patients are hospitalised for lengthy periods, because no alternative solution can be offered that is less costly and more in line with the objectives of inclusion and proximity. Psychiatry for the elderly is underdeveloped. Multiple barriers prevent the formation of a comprehensive response. Inappropriate care is increasingly prevalent and accentuates the risk of decompensation, which in turn perpetuates stigmatising conceptions of mental



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illness that act as a powerful obstacle to entry into care. This situation is alarming because it leads to violations of people’s right to health care. It also weighs heavily on family members, as the disorder significantly impacts their family and professional life, as well as their own health.

THE ESEC'S RECOMMENDATIONS

This opinion is a continuation of the ESEC's previous work and is based on the firm conviction that protecting the rights and dignity of individuals and ensuring the participation of patients and their caregivers are essential for effective care and support. The ESEC calls for a comprehensive response organised around three priorities.

IMPROVING AWARENESS AND CONCEPTIONS OF MENTAL HEALTH

- conduct mental health awareness campaigns targeted toward the general public and specific groups in their living and working environments;
- no person should be included in police or intelligence records solely because he or she is, has been, or may be suffering from a psychiatric disorder;
- increase mental health first-aid training;
- provide better information to the public on disorders, treatments, care, therapeutic education programmes and support services;
- support the creation and regular external assessment of support groups;
- recognise and involve caregivers more, starting from the diagnosis and continuing throughout the process, through information, psycho-educational programmes, meeting centres and support groups.

ENCOURAGING EARLIER ENTRY INTO CARE

- consolidate the pivotal role of general practitioners: strengthen their psychiatric training, require them to intern at a care or support service during their studies, improve the screening tools available to them, improve coordination with psychiatrists;
- establish new partnerships based on the principle of "outreach", combining psychiatry with health, social and social service workers in the field;
- strengthen preventive medicine and health promotion services;
- accelerate the process for reimbursing check-ups with psychologists: create a fourth occupational group, validate training and skills and incorporate psychotherapy into the coordinated care pathway;
- improve hospital care by developing an emergency psychiatric plan that will compensate for excessive under-investment, safeguard psychiatric budgets and ensure lasting funding in line with needs;
- strengthen psychiatric training for all health care professions and create a "psychiatry and psychopathology" specialisation for nurses;
- invest in child psychiatry to train more child psychiatrists, focus on early diagnosis and allow for treatment up to the age of 18.

ENSURING SYNERGY BETWEEN CARE AND SUPPORT

- evaluate Local Mental Health Projects in relation to three priorities: the inclusion of all actors, local coverage and the involvement of patients and their families;
- set up local cross-training involving health, social and social service workers as well as patients and caregivers;
- increase the participation of mental health professionals in multi-disciplinary practice communities (CPTSs, health centres, care homes, etc.);
- create pathway representatives, who will be responsible for coordinating care;
- strengthen geriatric coordination to better identify psychological vulnerability in the elderly and better manage somatic disorders in elderly patients with psychiatric disorders;
- support research: increase funding; encourage crossdisciplinarity; ensure the participation of patients and their families.