

Multidisciplinary call for contributions on

“Organising care in psychiatry”

for the May-June 2016 issue

This call for contributions is addressed to researchers in public health, psychiatry, economics, sociology, philosophy, political science, history, geography, and law, as well as to stakeholders in the field of social protection

Articles should be submitted before **15 October 2015**

Over the last fifty years, there have been a great many changes in the organisation of psychiatric care in the healthcare field. Psychiatric care has changed from being exclusively hospital-based to being an arrangement that combines hospital care and outpatient care, and even support in the home, spread across the whole territory. That change is one of the contributions made by the policy of psychiatric sectorisation. That sectorisation is based on geographical division, and still consists of patients being dealt with by a multidisciplinary team (physicians, nurses, psychologists, social workers, etc.) placed under the authority of a hospital psychiatrist working within a healthcare establishment that is authorised to provide psychiatric care. That system of providing sector-based healthcare has gradually brought together various intra- and extra-hospital structures with or without accommodation (especially medical and psychological centres, part-time therapy centres, etc.). The terms of care provision have become varied: full-time, part-time, and outpatient care, that last approach having become the main one¹.

However, dealing with mental-health problems is not confined to healthcare establishments authorised to provide psychiatric care. Mental-health problems are also dealt with in general medicine and by psychiatrists working in the private sector. Establishments and departments in the social and medical-social sectors also play an important role in accommodating and supporting patients. Finally, peer groups, associations of psychiatric patients, and mental-health networks take part in supporting people with a mental illness. The result is a relatively varied approach to the matter depending on the area².

¹ *La prise en charge de la santé mentale*, Collection Études et Statistiques, co-ordinated by Magali Coldefy, La documentation française, 2007.

² *Les disparités territoriales d'offre et d'organisation des soins en psychiatrie en France : d'une vision segmentée à une approche systémique*, Magali Coldefy, Charlène Le Neindre, Les rapports de l'IRDES, no. 558, December 2014.

During the recent period, the institutional and legislative context has changed with the creation of regional health agencies and health areas by the 2009 law on “*Hôpital, patients, santé et territoires*” (“Hospital, patients, health, and areas”). The psychiatric sector was maintained in its functional dimension, but it must henceforth be linked to the health area and the regional level. Thereafter, the law of 5 July 2011, as amended by the law of 27 September 2013, renewed the terms for dealing with patients undergoing treatment without consent. At the same time, a new “*Psychiatrie et santé mentale*” (“Psychiatry and mental health”) plan, aimed at improving responses by the health system to mental-health problems, was put in place during the period 2011-2015. Currently, the draft law on health plans to use the area-based provision of public healthcare to strengthen an area-based organisation of the mental-health policy that brings together all healthcare, social, and medical-social stakeholders.

This issue will follow on from a seminar on organising psychiatric care organised by DREES (*Direction de la Recherche, des Études, de l'Évaluation et des Statistiques* – Directorate for Research, Studies, Assessment, and Statistics) in 2012. That seminar was held over five sessions, and considered ways of improving the quality and efficiency of psychiatric and mental-health care to enable research subjects to be identified³. We were led to conclude that there was a need to encourage the implementation of work on the organisation of the offer of psychiatric care. As a result, in 2013, DREES published a call for research on that topic⁴. The research teams and the institutions that answered the call or that work more generally on the topic are especially invited to submit an article to the current call for contributions.

It is in that context, which is rich in changes, that the *Revue française des affaires sociales*, in accordance with its previous editorial commitments⁵, wishes to devote a special feature to the organisation of psychiatric activity and care and dealing with mental-health problems.

On that topic, the special issue aims at bringing together:

- reviews of literature on the topics set out in this call
- original and innovative research articles from a range of disciplines (economics, sociology, psychiatry, etc.) on those same topics
- articles that offer a comparative reading of the organisation of psychiatric care in France relative to what exists in other countries

³ The content of work presented during the seminar and during exchanges between participants has been reproduced in a DREES work that is available at the following link:

<http://www.drees.sante.gouv.fr/organisation-de-l-offre-de-soins-en-psychiatrie-et-sante,11294.html>.

⁴ The list of research work financed is available at the following link:

<http://www.drees.sante.gouv.fr/programme-organisation-des-soins-en-psychiatrie-et-sante,11170.html>.

⁵ The RFAS (*Revue Française des Affaires Sociales*) previously covered psychiatric care in a 2004 issue given over to “*Psychiatrie et santé mentale, Innovations dans le système de soins et de prise en charge*” (“Psychiatry and mental health: innovations in the care and support system”), and in 2009 to “*Handicap psychique et vie quotidienne*” (“Psychic handicap and daily life”).

- statistical studies made possible by changes in psychiatry information systems (especially RIM-P, PMSI-MCO, SAE, RAPSY, and SNIRRAM⁶) and that now allow a better response to knowledge requirements.

Contributions on the following topics are particularly awaited:

- the psychiatric-care offer, as well as correlation with care needs and recourse to care
- the psychiatric-care pathway
- the link between all professionals, healthcare, medical-social, and social departments and establishments, and non-professionals.

Topic 1: Psychiatric-care offer, as well as correlation with care needs and recourse to care

This first topic relates to describing the offer and the organisation of psychiatric care, and correlating the offer with care needs and recourse to care.

Description of the mental-health care offer

In France, dealing with mental-health problems within the healthcare context is marked by a great variety of actors and organisations (public and private health establishments, whether sector-based or not; self-employed professionals, whether specialists or not). The description of that offer across a range of areas, its current changes, and its historic local roots, is part of the contributions that are hoped for. How can that offer be characterised? What is its variety across national territory? How is it different from what exists in other countries?

Mental-health care needs

The consideration given to the “optimal” offer and organisation of psychiatric care doubtless calls for taking the measure of the population that is likely to benefit from provision of care, and for quantifying care needs. Which people are likely to benefit from provision of mental-health care? What do those people have in the way of care needs and support needs? What needs would justify the provision of healthcare? What type of provision (inpatient, full-time, part-time, outpatient, community-based professionals) should be favoured? What needs justify social provision, whether or not combined with psychiatric provision?

⁶ *Recueil d'information médicalisé en psychiatrie* (RIM-P – Medicalised Compendium of Psychiatric Information), *programme de médicalisation des systèmes d'information en médecine, chirurgie, obstétrique et odontologie* (PMSI-MCO - Programme for Medicalising Information Systems in Medicine, Surgery, Obstetrics, and Dentistry), *statistique annuelle des établissements de santé* (SAE – Annual Health-Establishment Statistics), *rapports d'activité de psychiatrie* (RAPSY – Reports on Activity in Psychiatry), *système national d'information inter régimes de l'assurance maladie* (SNIIR-AM – National Inter-Regime Information System for Health Insurance).

Recourse to care

It is also important to ask how care needs differ from recourse to care; those two notions cannot be overlapped. Non-recourse to care on the one hand, and non-relevant recourse to care on the other hand, explain the gaps between those two notions. That distinction between the two notions is all the more significant in psychiatry since denial of illness, stigmatisation, and exclusion can accentuate non-recourse to care relative to other healthcare sectors. Articles submitted may consider the reasons for non-recourse to care. Are those reasons on the demand side (financial reasons, denial of illness, fear of being stigmatised, social exclusion, etc.) or on the offer side (geographic accessibility, time spent waiting for access to tailored care, etc.)?

Correlation between care needs, recourse to care, and care offer

The analysis of care needs and recourse to care based on the environment and the social context, and their greater or lesser correlation with the offer, will thus allow the following questions to be answered: Is the care offer tailored to the different needs of populations and areas? Are the disparities in the offer observed between areas linked to specific populations, thus being justified, or do they reveal inequality of access to high-quality care? In return, do the various organisations making the offer between areas and the care offered have an impact on the expression of the demand, thus on the recourse to care?

Topic 2: Psychiatric-care pathway

Articles that describe psychiatric-care pathways, especially those that present particular sequences, are requested by this call for contributions.

Description of care pathways

Articles may deal with standard mental-health care pathways. Those descriptions could cover a specific pathology or a set of pathologies. Contributions could also determine factors that explain those pathways. Contributions should mainly consider the influence of the care offer on pathways, but can also address the impact of patients' socio-demographic characteristics on their pathways and on the place of caregivers and the entourage, who are often key partners in implementing arrangements for providing care and support to patients.

Particular attention could be paid to the problem-detection phase before starting along the care pathway. Which factors make detection easier or delay detection (factors that characterise the patient, factors that characterise the care offer, contextual factors, etc.)?

Pathways with particular sequences

Articles that seek to describe and understand pathways that include specific sequences (stays that are particularly long, repeated hospitalisation, stoppages in care provision, breaks in care provision, pathways arising from emergencies, pathways marked by a suicide attempt, etc.) are welcome. Those pathways with particular sequences must be contrasted with the characteristics of the care offer. To what extent do the offer and organisation of care explain those pathways with special sequences, what is the impact of patients' socio-demographic characteristics, and what are the roles of caregivers (whether professional or not) or the impact of their absence from those pathways, etc.? Are there care-provision arrangements that are likely to improve the pathways in such a way as to encourage continuity of care? Can one compare organisation of care that has different effects on patients' trajectories (how appointments are made, structures' opening times, link between professionals, etc.)?

Topic 3: Link between all professionals, healthcare, medical-social, and social departments and establishments, and non-professionals

This third topic looks at the link between the various care or reception structures in the healthcare, medical-social, and social sectors, between the various professionals, as well as between professionals and non-professionals dealing with people with mental-health problems. In particular, what is the role of general physicians in identifying mental problems, and possibly in monitoring people? At the end of a period of hospitalisation, how are people dealt with? Is it taken up by a medical-psychological centre, by monitoring outpatient structures, by consultations with community-based psychiatrists, by voluntary structures, etc.? Or by a combination of those various ways of dealing with the situation? When people do not return home, in what structures (whether medicalised or not) are they accommodated?

Mental-health care provided by general physicians

Given their central place in the arrangement for access to care, articles that cover the provision of mental-health care by general physicians are especially requested. The difficulties faced by those professionals to identify and deal with mental-health problems are regularly highlighted. What factors impede or help general physicians in identifying mental-health problems (insufficient training, length of consultation, existence of a network with psychiatry, etc.)? How do general physicians relate to psychiatry? What are their relationships with specialists (psychiatrists, psychologists, etc.) and other professionals (psychotherapists, etc.)? Do general physicians adapt their practices (prescriptions for psychotherapies or medical treatments, referring patients to specialists or to the hospital) depending on local organisation of psychiatric care, in particular depending on the local density of professionals

in the private sector? Furthermore, what are their relationships with healthcare establishments that work in psychiatry, or with the professionals of those establishments?

Care provision by community-based specialists

France has a significant level of specialists (psychiatrists, psychologists, etc.) working in the private sector. Thus, the provision of mental-health care by those professionals calls for consideration of the organisation of the care system between specialist community-based medicine and the hospital. What is the link between care provided by specialist community-based medicine and care provided by healthcare establishments? How is the link between the two established?

Nexus of care provision by the healthcare, social, and medical-social systems

It is often observed that there is a division between the healthcare, social, and medical-social sectors in providing care to people who present psychiatric problems. However, although difficulties in communication between healthcare and social professionals are often put forward as being an impediment to developing co-operation that is favourable to improving patient pathways, the specific causes of those difficulties (professional culture, terms of co-operation, etc.) are rarely explored. The social and medical-social offer consists of specialist reception structures that offer accommodation and home-based support. What is the link between the care work done by psychiatry professionals and that done by social and medical-social professionals? Are interventions by one or other group complementary, or do they overlap? What factors favour patients' transition from provision of psychiatric care to provision of social or medical-social support?

In addition to professionals, other stakeholders play a role in supporting people with mental-health problems. In particular, those stakeholders include mutual-support groups, local mental-health advisory services, and associations of patients and their close relatives. What is the role of those stakeholders in people's care pathways? How do those stakeholders intervene in a manner that is complementary to professionals? Based on the variety of care and support offered, consideration may also be given to the place of families.

Additional information on the content of this call for contributions can be obtained from Daniel Bénamouzig or Valérie Ulrich, who are tasked with preparing the issue. They can be reached at:

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The journal's ethics charter and instructions to authors (including editorial standards) are available at:

<http://www.drees.sante.gouv.fr/recommandations-aux-auteurs-rfas,10913.html>