



PSYCHIATRY AND CITY

Les liaisons dangereuses

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LOOKING FOR SOLUTIONS THE EXAMPLE OF THE CITY HEALTH WORKSHOPS

City-Health workshops

In 2000 sensitive districts in France « Urban Contract for Social Cohesion » (CUCS) were developed between the State and the cities.

They integrated health as the fifth pillar of the « City Policy » together with : Public Security, Education, Housing and Integration

City-Health workshops (2)

The « Urban Contract for Social Cohesion » allowed the creation of « City Health Workshops »

They are concertation platforms gathering: State, elected representative/ Inhabitants / Professionnals to define together, the local application of health policies

They are funded by State and city fundings.

They aimed to improve :

- Acces to care
- Sanitary demography
- Prevention





City-Health workshops goals

- 1- Identify specific needs of population facing difficulties
- 2- Facilitate mobilisation and coordination of the actors
- 3- Diversify intervention means
- 4- Increase effective access to sanitary and social public services

City-Health workshops goals (2)

- 5- Develop the active participation of the population during all the program phases
- 6- Promote local networks creation

The main themes of the CHW are :

- Access to care for the most stripped people*
- Mental health*

Integration in mental health can occur if two movements are running :

- Opening of the city to mental health issues
- Opening of the psychiatric staff to the city



ILLUSTRATION IN THE NORTH OF FRANCE

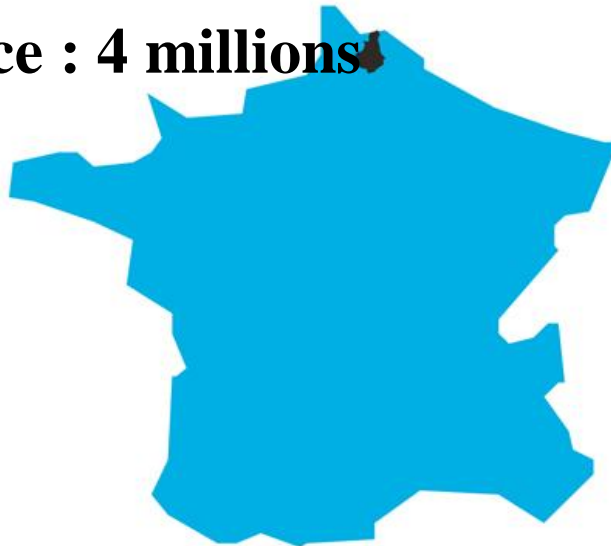


Eastern Lille Suburbs Mental Health Services (France)

- « Citizen psychiatry » in practice.
- Mental health services fully integrated in the City.
- Networking and partnerships with all involved partners: users, carers, families, elected representatives, officials...
- One golden rule : not to "have" partners but to "be" partner
- Mental health issues concern the specialists and the non specialists



Mondial population : 66 milliards
France population : 62 millions
North Region of France : 4 millions
LILLE Est : 85.000



WHERE WE COME FROM

1970

- A big psychiatric Asylum in the suburb of Lille
- 2 500 inpatients / 1000 beds
- 1 Prison Ward (Pavillon de force)
- All services locked 24h/24
- All patients on compulsory admission
- 300 patients per service, including 150 elderly and alcoholics
- Mean length of stay : 180 months
- 400 new admissions per year.



TODAY'S SITUATION

- 10 psychiatric care structures implemented in non specific facilities : GPs clinics, municipal, cultural or sport facilities.
- Intranet and phone permanent regulation system between the 10 care facilities of the service
- 150 places in council flats for patients
- 11 full time hospitalisation beds in an open ward
- 11 Host Family placement instead of hospitalisation
- Mean length of stay : 17 days (hospitalisation or host family)

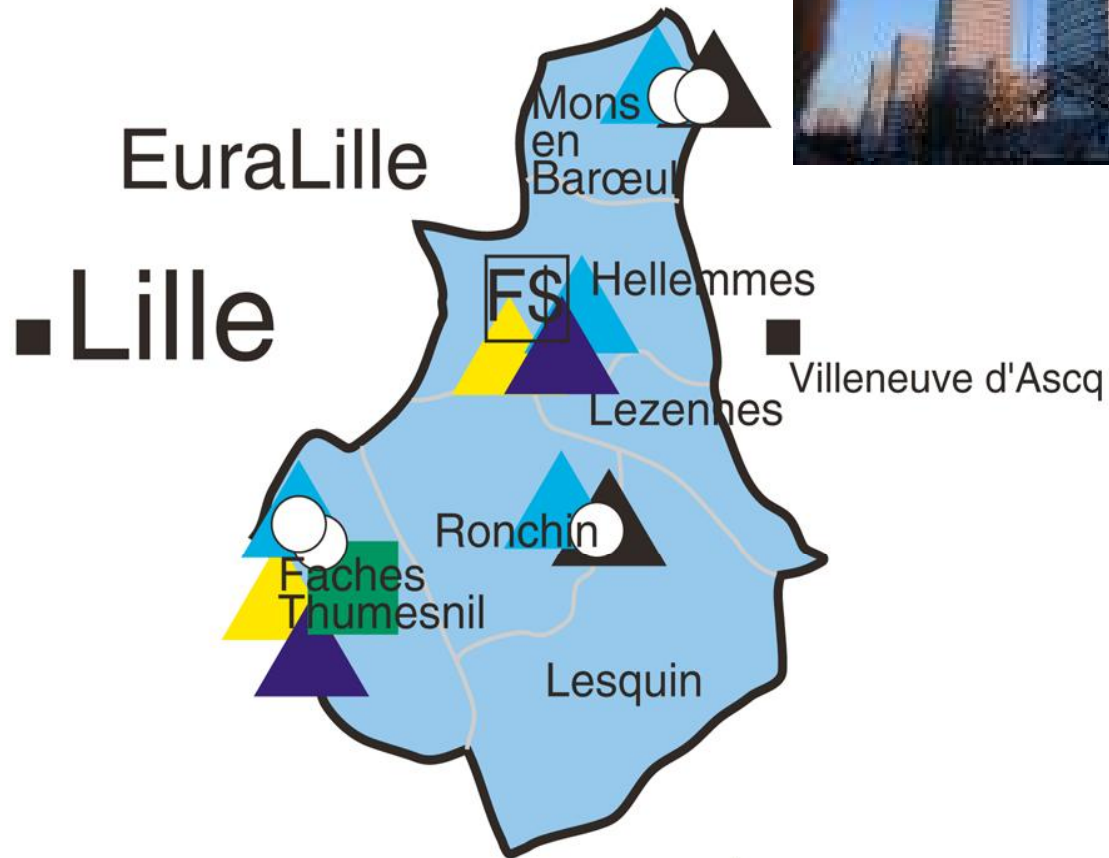
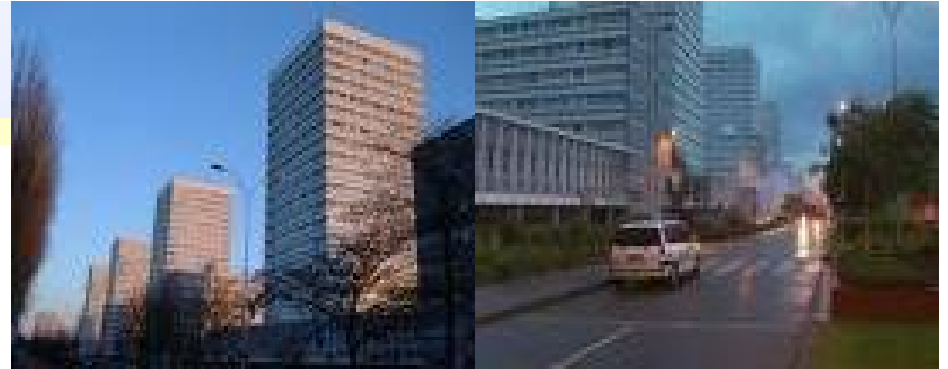
TODAY (2)

- A 24h/24 and 7days a week home care service
- Intensive home care (5 places)
- Systematic and individual network with GPs
- Psychiatric Facilities totally integrated in the cities
- A psychiatric service council open to users, local mayors and social workers
- A specific system to allow psychic handicapped persons to get back to work, in associations or municipalities facilities (60 places available).
- 2000 persons in care per year (87% never hospitalized)




THE LONG WAY TO CHANGE

- Continuous socio-anthropological and epidemiological surveys in general population, including local mayors, families, users and citizens.
- Continuous partnerships with local artists to fight against stigma and to promote mental health and social integration of patients.
- Continuous exchanges and visits with foreign experiences, (WHO collaborative centers network and Leading practices international network).
- Continuous networking with the general population, in order to open the trial of Madness.



- ▲ Atelier Thérapeutique et CAVA et Atelier protégé
- ▲ Domiciles Associatifs et Thérapeutiques
- Filière appartement S. Beckett
- ▲ Centres Médico-Psychologiques

- ▲ Centres d'Accueil Thérapeutique à Temps Partiel
- F\$ Centre Frontière\$ plein temps
- O Réseau Culturel



Stays and entries number reduction for the full time hospitalizations related to Host Families and home care treatment development.

	2002	2003	2004	2005	2006	2007
Full time hospitalization entries	497	398	348	380	342	345
Number of days realised	6950	5661	4807	4495	3245	2498
Length of stay	13.98	14.22	13.81	11.83	9.49	7.24 (National : 41 days in 2003)
Host Families entries	91	86	83	85	87	84
Number of days in Host Families	2646	2171	2351	2633	2829	3095
Length of stay in HF	29.08	25.24	28.33	30.98	32.51	21
Home care treatment entries					98	120 L.O.S : 15 d

INTERNATIONAL NETWORKING : A SOURCE OF INSPIRATION



- 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 2005

NETWORKING

- Concertation platform with local elected, users, families and professionals via an NGO regarding : housing, work, leisure...
- Integration in actual socio sanitary networks (addiction, AIDS...)]
- Gerontology network
- Health City Council for the 6 cities of the mental health territory. No decision regarding services creation and care organisations in the city without inhabitants consultation
- Founding members of the International Mental Health Collaborating Network : Mental Health and Citizenship (www.imhc.org)]

CONCLUSIONS

- Prevention and health promotion must be the common goals of inhabitants, elected and health and social services
- The shift from hospitalisation towards services to the population must be done in concertation with the city policies.
- We must work again and again for the convergence of double movements:
 - Psychiatry to the city
 - City to the psychiatry