

# The French Center for Evidence in Psychiatry and Mental Health

Hardy-Baylé's report: How to improve the pathway of healthcare and life for an individual living with a severe and persistent mental disorder?

Pr Christine Passerieux

Versailles General Hospital –Versailles Saint-Quentin-en-Yvelines  
University

Center for Evidence Scientific Officer

# The French Center for Evidence in Psychiatry and Mental Health

*From a culture based on opinions to  
a culture integrating evidence data*

*A public decision-making support*

## The French Center for Evidence in Psychiatry and Mental Health

- A political will to create "Center for Evidence in Health", through an agreement between High Authority for Health (*Haute Autorité en Santé- HAS*) / Universities
- The French Center for Evidence in Psychiatry and Mental Health: an independent organization in partnership with the *HAS*, created in 2014 – Creation of a public interest grouping (*groupement d'intérêt public, GIP*) between Versailles Saint-Quentin-en-Yvelines University and Versailles General Hospital in progress
- The first topic to be covered: healthcare pathways for individuals living with a schizophrenia
- End of 2016: pathways for individuals with addictive disorders.

# The Center for Evidence in Psychiatry and Mental Health: 3 missions (1)

- To be a force of proposal : writing of a report
  - Confrontation of literature data (reading group) with the actual state of the art in France (hearing of experts / monitoring committee) to identify avenues for improving, taking into account their applicability
- The double risk of evidence:
  - The tyranny of evidence ... For complex objects: more than evidence, the scientific convergence and the common characteristics of efficient organizations
  - The tyranny of evidence use... better than a turnkey model, flexible implementation of common features, imposing an evaluative approach

## The Center for Evidence in Psychiatry and Mental Health: 3 missions (2)

- Knowledge broadcasting and support for change
  - The report is only a first step : it is a guide to support change
  - Actions to support the process of gains appropriation and improvements implementation
    - Communication actions. Ex : the workshop of October 2017, the 20th : «From proposal to the implementation of health programs oriented toward recovery for individuals leaving with a schizophrenic disorder». PARIS – FIAP
    - **A technical support system: the best way for appropriation / implementation of change for stakeholders**

## The Center for Evidence in Psychiatry and Mental Health: 3 missions (2)

- Knowledge updating
  - The Center for Evidence Scientific Committee ensures a bibliographic monitoring
  - The Monitoring Committee is responsible for keeping track of innovation implemented in France

How to improve healthcare and life pathways for someone living with a psychiatric disability induced by a severe and persistent mental disorder (schizophrenia) ?

# The recovery perspective is a new goal for organizations

- How to define recovery as a guide for reorganizations ?
  - An organization of offer centered on the patient's life plan, embedded in her/his natural environment: the patient takes part in the decision process
  - A contract perspective (empowerment) : the care/support plan is negotiated and contracted (with paper) with the patient and her/his close contacts
  - A scope of action which respects the patient natural environment : the perimeter of the psychiatry sector is the most adjusted



## AN INTEGRATED HEALTH PROGRAMM

*To avoid hospitalizations and engage into healthcare: ambulatory healthcare are provided by sector teams, from the common to the intensive follow-up and are built around the excellence of prescriptions and rehabilitation care*

*A geopotential responsibility for the social follow-up since the beginning of the pathway, **assumed by social or medico-social stakeholders***

### *The common features*

*Continuity in the care and social follow-up / Maintenance in the natural environment of the individual / an ambulatory offer*

***Case management is provided by the local social and healthcare team (social referent and sector team)***

*The territorial level provides resources that the local social and healthcare team does not have*

1<sup>st</sup> proposition :

Continuity in the social follow-up which is provided by  
the social or medico-social sector

# The missions of the « social referent »

- She/he ensures continuity of the social follow-up, according to circumstances, since the beginning of the disorders, with a geo populational responsibility
- She/he meets the patient at her/his place or at places that the patient prefers
- She/he has extended missions: advocacy to access to rights and services, everyday life and recovery support, encourage healthcare ....
- Whatever the patient's housing is (even for patients housed in medico-social institutions)
- The patient has only ONE social referent (a team) all along her/his pathway

## Does this social follow-up already exist?

- Social workers in psychiatry sectors does not have the resources to provide this demanding social follow-up
- The different social support services are compartmentalized in time and space
- The access to specific benefits is determined by disability recognition (law 2005 and Department Houses for Disability)
- The organization implies sequential procedures like support against dependence more than disability prevention

## De l'évaluation des besoins de la personne à l'accès au logement et à l'insertion

- The social referent should be able to use territorial resources
  - To complete residential services, especially in community
    - Housing should be not too big and be implemented in community and the personal housing should be developed (*place and train*)
    - Supported employment Services : to develop inordinary employment : Individual placement and support or job coaching (*place and train*)
- He's a way to fluent life pathway and to desinstitutionalise long-term living in facilities offering psychiatric and social care

2<sup>nd</sup> proposition :

## Ambulatory care : definition, limits and feasibility conditions

# Ambulatory care : for what?

- To limit hospitalizations and involve patient in care :
  - Out-patient care is more efficient than hospitalisations in terms of general improvement and of compliance
  - .... Even (and most) for most severe patients (symptomatic instability, revolving door syndrom and repeated hospitalizations, poor compliance and poor insight on disorders); at the condition of « intensive care »

# Ambulatory care

- Barriers :
  - You have to believe in it! ...
    - For every patients who don't want to be hospitalized, not dangerous for them or someone, if they accept the contract for recovery-oriented care
  - You have to get ressources for « intensive care »
    - Data indicate that one team delivere ordinary care and intensive care (as FACT model)
    - Importance of a social follow-up



# Ambulatory care : what care ?

- From the chlorpromazine revolution (to get out hospital) to a « rehabilitation care » revolution (to limit functional deficits and to permit to stay at home)
- Ambulatory care
  - Excellent management of psychotropic drugs
  - To procure patients efficient care and enhance reintegration into the community :
    - Therapeutic patient education (patient and famille)
    - Cognitive remediation (after evaluation)
    - Social skills training
  - ... **at the local or the territorial level**
  - Possibilité of territorial support for the evaluation: functional, of care project and of life project (evaluation team specialized in the psychic impairment evaluation)

3<sup>rd</sup> proposition :  
« Case management » by the local social and medical team

The local social and medical team :  
a social team (2 to 4 social workers) made available to the  
psychiatric community team

- This social and medical team develop a « personalized program for intervention », negotiated with the person and his/her close contacts, planning care and social supports by the social team
- The team meets at least 3 times a year and as often as necessary
- The project is written in a social and sanitary file, shared by the team and the patient.

# How to implement those propositions in reality of health territories?

## How to implement those propositions in reality of health territories? A Strong political will

- Health public instances (CNSM / DGOS) et social instances (Comité Interministériel du Handicap / DGOS) converge :
  - Two reports oriente legislative and legal decisions : Laforcade's report and Center for Evidence / Hardy-Baylé's report
  - The implementation with specific funding of a coordinated pathways for someone living with a or at risk to psychiatric disability (call for proposals launched by Regional Health Agencies / shared specification)

## How to implement those propositions in reality of health territories? The community-level actors's engagement and support

- The Technical assistance device of the Center for Evidence : *le report is not enough to oriente and implement change*
- Request of support by services / opportunity of the new Health law and of the territorial health contracts

## How to implement those propositions in reality of health territories? The community-level actors's engagement and support

- The Technical assistance device of the Center for Evidence acts on site
  - It co-constructs with actors and write proposals of change for local organizations.
  - It uses report as referent utilise le rapport comme référentiel d'intervention mais adapts proposals to the local situation
  - It provides educational missions : Distribution of the knowledges as closely as possible to their utility/ Knowledges as support for change
  - Presentation during the day of October 20th of a mission conducted in the French Aude department
- Example of the implementation of the program into the South Yvelines

## For more information ...

- **Website** : <http://cdppsm.fr>
  - Report « Données de preuves en vue d'améliorer le parcours de soins et de vie des personnes présentant un handicap psychique sous-tendu par un trouble schizophrénique » « How to improve the pathway of healthcare and life for an individual living with a severe and persistent mental disorder? (French and english version)
  - Progress report
  - Documents / Communications
- [Email address : centredepreuves@ch-versailles.fr](mailto:centredepreuves@ch-versailles.fr)