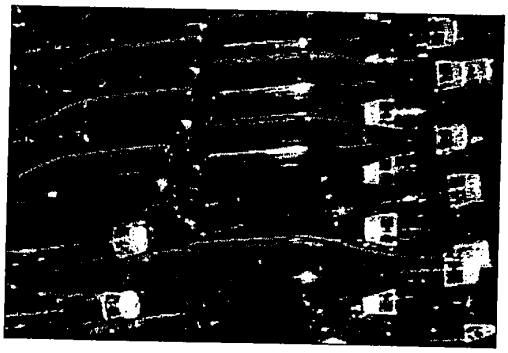
Psykiatri del Trieste

Lene Clausen fra den ungdomspsykiatriske organisation Ung Horisont (www.unghorisont.dk) blev for nylig inviteret til Trieste i Italien i en lille uge. Her blev hun vidne til et psykiatrisk system, som er markant anderledes end det danske.



Af Lene Clausen

I Trieste-området har man ingen tvangsindlæggelser eller domme på tvangsbehandling. I alt råder det psykiatriske hospital i Trieste kun over otte senge, og det er sjældent, at indlæggelser varer mere end tre døgn. Som dansker må man stille sig selv spørgsmålet: Hvordan kan det overhovedet lade sig gøre?

For det første kan psykisk syge komme direkte ind fra gaden og bede om en samtale med en psykiater og sygeplejerske. Det vil de få samme dag – de skal højst sidde og vente lidt, inden de kan få den ønskede samtale. Allerede her adskiller psykiatrien i Trieste sig markant fra den danske, hvor man ofte skal henvises eller – hvis man har taget kontakt til en psykiatrisk skadestue – kun kan få en ganske kort samtale.

Det næste, der sker, er lige så markant anderledes. Under samtalen bliver man enige om, hvad der skal ske inden for de næste få dage, og hvem man skal have kontakt til, så behandlingen bliver et nemt og glidende forløb. F.eks. skal man have fat i familien, arbejdspladsen, boliganvisningen eller andre, der har en væsentlig betydning for patienten og dennes hverdag.
Samtidig arbejdes der ud fra det fælles tillidsgrundlag, at den psykiske syge har et eget ansvar, og at det i højt grad gælder om at finde den enkeltes patients evner og stærke sider, som der kan arbejdes videre med.
Kort sagt: Man sætter hurtigt ind, hvor der kan hjælpes, og man fokuserer på patientens styrker og evner.

Ude i lokalsamfundene har man oprettet en række små centre, hvor brugerne kan komme og modtage daglig hjælp – f.eks. til at skabe kontakt med andre, få hjælp til daglige gøremål eller hjælp til at komme i arbejde.
På disse centre har man ansat en person alene med det ansvar at skabe kontakt med butikker, firmaer og andre relevante steder, hvor de psykisk syge kan komme i praktisk eller få et arbejde.

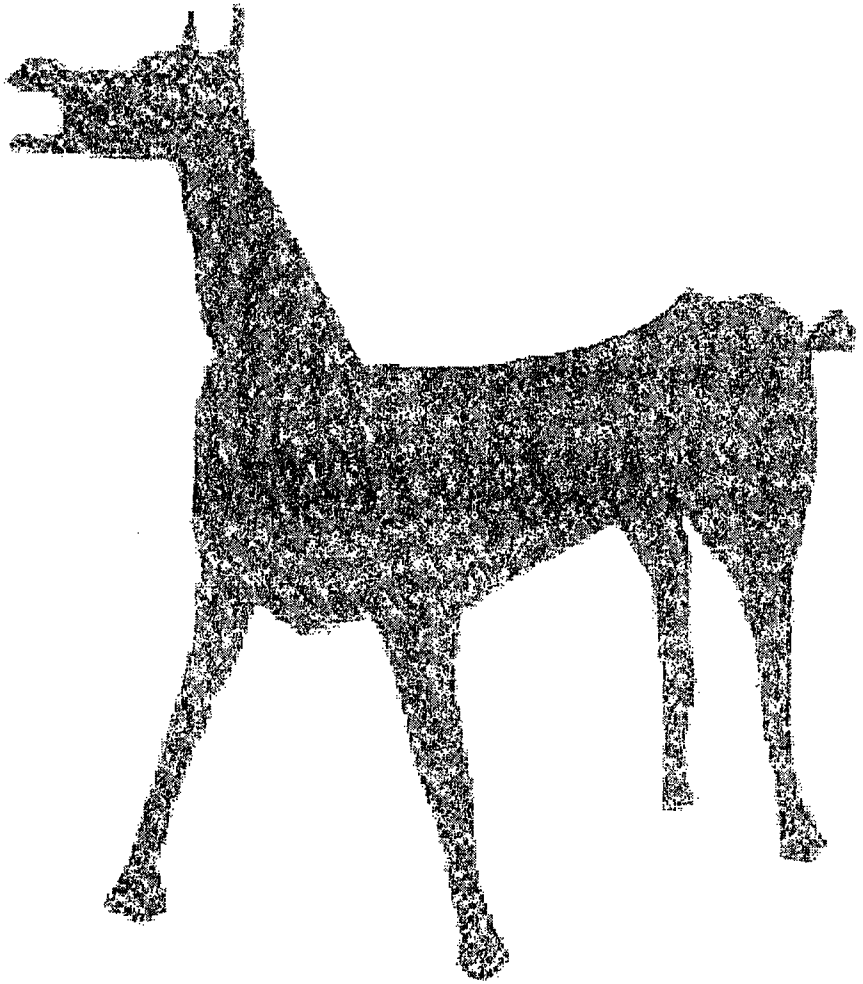
Under praktikken får den psykisk syge en vis løn for sit arbejde, og arbejdsgiveren får ligeledes et vist beløb. Dette kan blandt andet lade sig gøre, fordi pengene stort set følger den psykiske syge. Man bliver i fællesskab enige om, hvor længe praktikken skal være.

På centrene kan man også godt overnatte et enkelt døgn, hvis det brænder på. Lokalbefolkningen har også mulighed for at ringe til centeret, hvis f.eks. en nabo, der er psykisk syg, skaber problemer. Så rykker to medarbejdere fra centeret ud med det samme.

Ud over disse lokale centre han man også det, der hedder co-operativer, steder, hvor den psykisk syge kan få en uddannelse eller et arbejde. På et af disse co-operativer, Cascina Clarabella, fremstiller man eftertragtet champagne og vin. Her kan man bl.a. blive uddannet vindyrker, hvis man ønsker det. Psykiateren på stedet præsenterer sig ikke som psykiater, men som vindyrker!
Herudover laves der energi fra afklippede vinstokke til lokalbefolkningen, der restaureres gamle møbler, der drives gartneri, og der laves marmelade m.m.
De, der arbejder her, får en fast kontrakt, fast løn, og ikke mindst er der krav om, at hvert enkelt område kan tjene sig selv ind eller give overskud. Altså: Alt, hvad der røres ved, skal være en sund forretning og kunne modstå konkurrence fra et hvilket som helst andet firma.

Den italienske lovgivning er lidt anderledes end vores, og man kan bestemt heller ikke komme uden om de kulturelle forskelle. Men med lidt tilpasning kunne co-operativtanken sagtens overføres til Danmark – bare med andre produkter. ■

25 years of experience of a whole life approach in Trieste

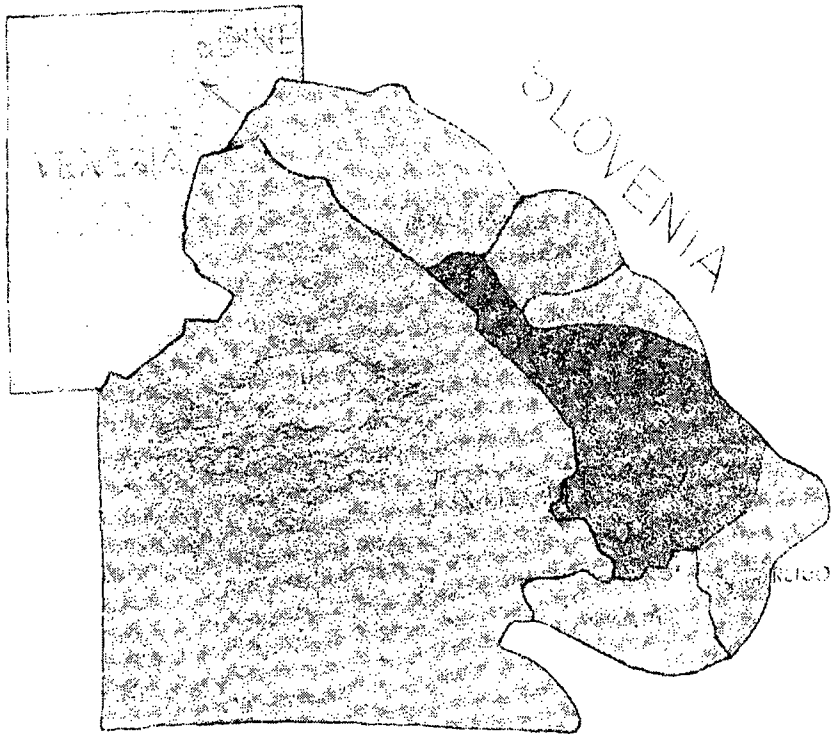


Roberto Mezzina

Edingworth, UK, April 21 2005

Trieste: Organisation

- The Mental Health Department in Trieste, the town where Franco Basaglia operated from 1971 to 1980, serves a catchment area of 242.000 inhabitants.



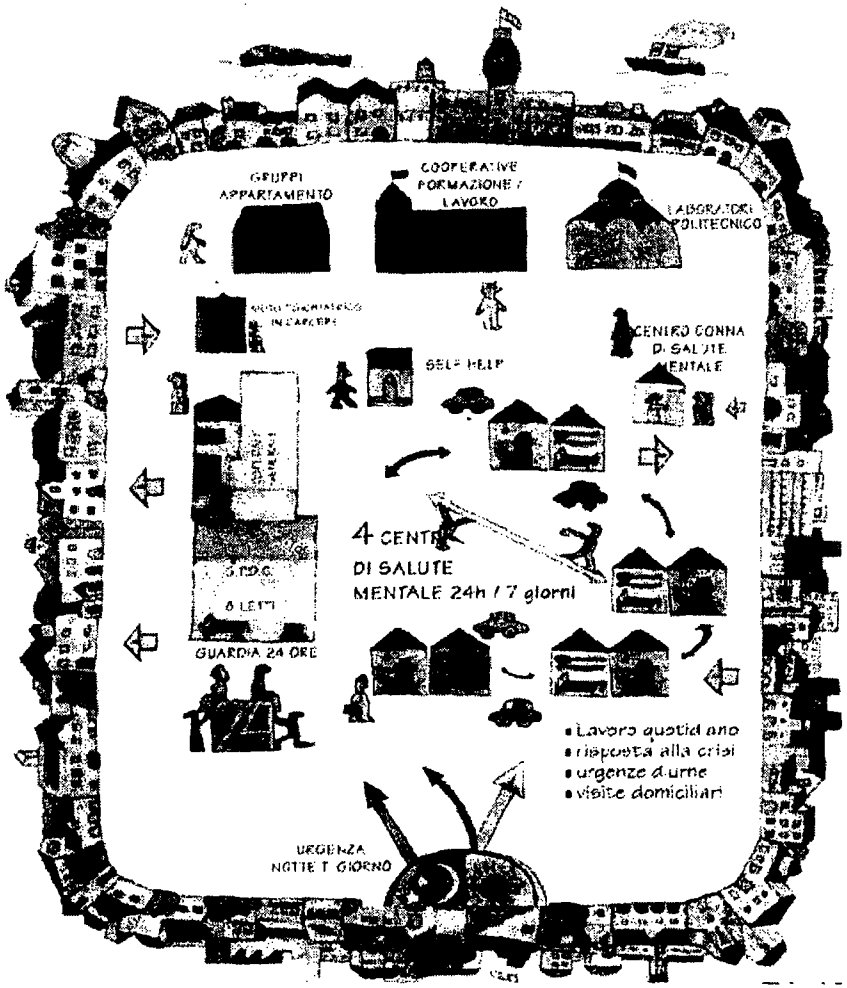
Today's features are:

Facilities:

- **4 Mental Health Centres (equipped with 8 beds each and open around the clock) plus the University Clinic 4 beds,**
- **1 small Unit in the General Hospital with 8 emergency beds,**
- **Service for Rehabilitation and Residential Support (12 group-homes with a total of 72 beds, provided by staff at different levels;**
- **Day Centre including training programs and workshops);**
- **13 accredited Social Co-operatives.**
- **Families and users associations, clubs and recovery homes.**

Staff:

- **237 people (28 psychiatrists, 7 psychologists, 180 nurses, 10 social workers, 6 psychosocial rehabilitation workers).**



Where are the "beds" today?

Year 1971:

- 1200 beds in Psychiatric Hospital

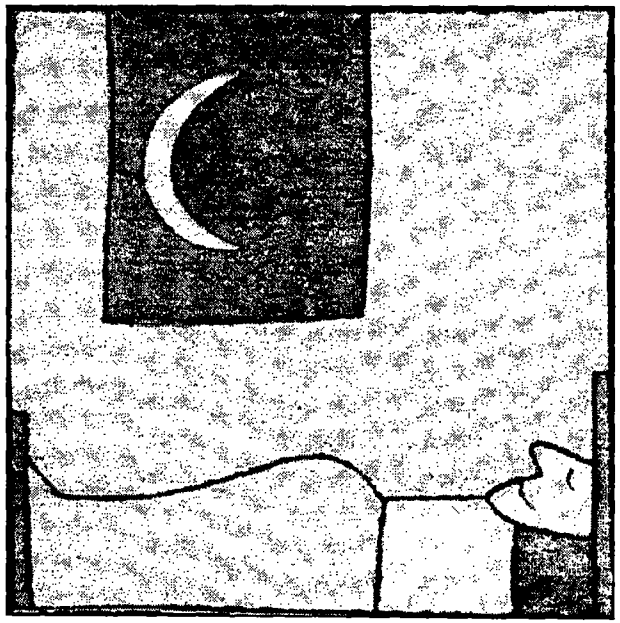
Year 2004:

- 114 beds of different kind in the community:

34 community crisis beds available 24 hrs. Mental Health Centres (14 / 100.000 inhabitants)

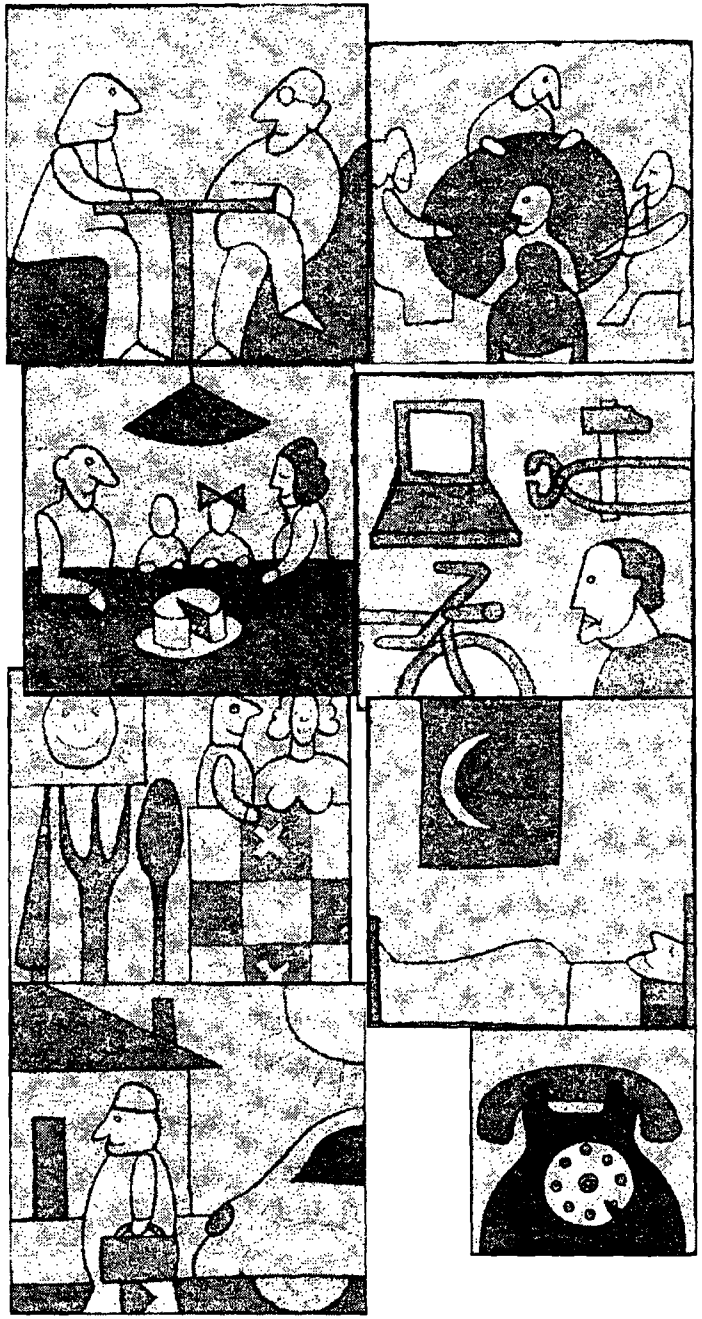
8 acute beds in General Hospital (3 / 100.000)

72 places in group-homes (23 / 100.000)



Some relevant outcomes

- In 2004, only 16 persons under involuntary treatments (7 / 100.000 inhabitants), the lowest in Italy (national ratio: 30 / 100.000); 2 / 3 are done within the 24 hrs. CMHC;
- Open doors, no restraint, no ECT in every place including hospital Unit;
- No psychiatric users are homeless;
- Social cooperatives employ 400 disadvantaged persons, of which 30% suffered from a psychosis;
- Every year 150 trainees in Social Coops and open employment, of which 30 became employees;
- The suicide prevention programme lowered suicide ratio 30% in the last 8 years (average measures);
- One person in the year in Forensic Hospital.



Outcomes (crisis)

- No involuntary treatments in Barcola
- Reduction of nights in acute service in the general hospital
- Even reduction of bed use in the Centre (to ¼) in 20 years
- Reduction of people arriving at the emergency call (118) and casualty dept. (50% in 20 years) – because of work carried out by CMHC
- Acute presentations not so frequent anymore – less disorganised
- Long-term care only in the community (at home, in the centres and group-homes), not in hospital
- Available alternatives e.g. woman recovery home

The East Lille Mental Health Service experience: Citizen Psychiatry integrated in the city.

Jean Luc Roelandt[1]
Nicolas Daumerie[2]
Aude Caria[3]
Paula Bastow[4]

Abstract :

This article describes the care structures set up progressively, over the past 30 years in the Eastern Lille Public Psychiatric sector. This innovative set up conforms to WHO recommendations ("Facing the challenges, building solutions" Mental Health Ministerial Conference Helsinki 2005). The essential priority is to avoid resorting to traditional hospitalisation, by integrating the entire health system into the city, via a network involving all interested partners: users, carers, families and elected representatives. The ambition of this socially inclusive service is to ensure the adaptation and non-exclusion of persons requiring Mental Health care and to tackle stigma and discrimination. It gives a new perception of psychiatry: innovative and experimental, observing Human Rights: citizen psychiatry.

In 1998, the psychiatry service of Eastern Lille suburbs EPSM Lille Métropole was promoted as a « Pilot site for Community Mental Health » by the World Health Organisation (WHO) Mental Health Department.

Since 2001, it has hosted the French WHO Collaborating Centre for research and training in Mental Health. In January 2006, it was re-designated by the WHO on the basis of its findings and its development programme.
www.epsm-lille-metropole.fr =) CCOMS

It is one of the founding members of the International Mental Health Collaborating Network, created in 2001 in Birmingham, for the promotion of international cooperation in the field of pilot experiences in community Mental Health. The IMHCN International NGO was founded in Lille in 2006. www.imhcn.com

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OVERALL PRESENTATION

For thirty years, we have done everything to integrate Psychiatry into the field of medicine, and Mental Health into the health field. Mental Health has become everyone's business: psychiatry and social exclusion specialists and non-specialists are united in fighting against mental disorders. Information about diseases and treatments, prevention and psychosocial rehabilitation are part of the patients' rights and society's duties.

This comprehensive policy of healthcare resources transformation, that we called **citizen psychiatry**, is based on the **5 following principles**, which were developed over time:

1) Human and civic rights are inalienable. Psychiatric disorders can never invalidate them.

2) Justice and psychiatry, prison and hospital, imprisonment and care must no longer be confused.

3) Society, and therefore Mental Health services, has to adjust to patients' needs, not the other way round.

4) Citizen Psychiatry supercedes the strategy of French sectorisation, in force since 1945, as it promotes the closure of medical and social exclusion places like asylums and large institutions.

5) Fighting against stigmatisation and discrimination is essential: raising the population's awareness in order to modify the prejudices of danger, misunderstanding and incurability against people with mental problems.

The application of these principles to the functioning of a healthcare service implies fundamental practice changes that can be summarized as follows:

1) **Change of paradigm**: psychiatric services should no longer **have** partners but **be** a partner.

2) **Liaison of the psychiatry sector** with Mental Health participants: users, families, towns' health and social leaders.

3) **Coordination of responses to the population's needs in healthcare** requires the involvement of local elected officials, in order to give coherence to a global and non segregated position, between health, social and cultural services.

4) **Involvement and integration of users and families** in healthcare and its management.

SOCIO-DEMOGRAPHIC CONTEXT OF THE PSYCHIATRY SECTOR IN EAST LILLE

The psychiatry sector of East Lille covers an area of 2653 hectares in the south-eastern area of the metropolis of Lille, i.e. 6 towns of the Eastern suburb[5], which has a population of 86,000 inhabitants living in the urban zone. The E.P.S.M[6]. Lille-Métropole, whose administrative headquarters are located in Armentières 25 km West of Lille, is in charge of the service administrative management. The regional context leaves its mark on the sector: the Nord-Pas-de-Calais region is indeed the youngest one in France, 4.2% of the population is of foreign origin, unemployment is a particularly severe problem (15.6% vs. a national average of 11.1%), leading to a significant precariousness of the population. Health statistics show an abnormally high death rate, the shortest life expectancy in France and an under resourced health system. The general health under-funding of the Nord-Pas-de-Calais region contrasts with asylum concentrations historically located around Lille (4 big Mental Hospitals), whose psychiatry units started to integrate themselves closer in to the community 10 years ago.

HISTORY

In 1977 Doctor Jean-Luc Roelandt, a young head of service at that time, took responsibility for this adult psychiatry sector. He managed 6 units in the Mental Hospital at Armentières hosting over 300 chronic mentally ill people, among them about 60 "restless" people coming from the whole region and the Loos Lez Lille prison, restricted to the regional units for compulsory treatment, and 15 tuberculosis patients. This state of affairs behind closed doors has shifted considerably during the past thirty years[7].

To help the transformation, the Medico-Psycho-Social Association (AMPS: Association Médico-Psycho-Sociale) was created early in 1977. It is a private association, which gathered all good will of that time to change the asylum system and to develop psychiatric sectorisation. In conjunction with the hospital of Armentières, the AMPS gathered the elected officials of the 6 towns in the sector, care professionals, social partners and people interested in the implementation of the sectorisation policy in East Lille. To begin with, it brought about the opening of the Maison Antonin Artaud (CMP: medico-psychological centre) and favoured the free acquisition of the premises by the municipality of Hellemmes. It was the lever for all the subsequent development that was carried out.

The first mission of the AMPS was to raise the population's awareness about Mental Health issues and the importance of integrating people suffering from Mental Health problems into the City. Numerous meetings were organised in the neighbourhoods. Then, research was carried out to study more precisely the stereotypes of "mental illness" and "madness" and the stigmatisation "mentally ill" or "mad" people suffer from.

This research work, supported by the Nord-Pas-de-Calais Regional Council early in 1979, then enabled the implementation of a real policy of integration and education, through common work between the psychiatry team and local artists, keeping as an objective the fight against the negative image of madness and mental illnesses by the population in the towns of the sector. Several cultural and artistic programmes brought together the psychiatry teams and municipal authorities.

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[5] East Lille comprises the following towns: Faches-Thumesnil, Hellemmes-Lille, Lesquin, Lezennes, Mons-en-Barœul and Ronchin.

[6] Former Psychiatric hospital of Armentières renamed Etablissement Public de Santé Mentale Lille Métropole (Public Mental Health Institute Lille Métropole)

[7] For further details about the history, see "Manuel de Psychiatrie citoyenne" Roelandt and Desmons, 2001, Eds InPress

In 1982, AGORA, a centre of housing and deinstitutionalisation, specialising in the rehabilitation of long term patients, was created. Its employees are paid by the AMPS. This experience initiated first contacts with social landlords, for the setting up of an associative and 'therapeutic flat', then for access to dispersed associative housing facilities.

These thirty years of common work within the association with health and social authorities enabled the changes, which constitute today the psychiatry sector of the Eastern suburb of Lille. The change occurred in 2 essential steps:

The first step (1975-1995) was the shift from the psychiatric hospital to the community, by the development of sectorisation with the help of the global budget. In 1975, 98% of the budget was devoted to full-time hospitalisation (i.e. 300 beds in Armentières), 30km away from the people's homes.

In 2005, 70% of professional staff were assigned to the city, while 30% remained assigned to full-time hospitalisation (26 beds, unoccupied some days). Today's care structures of the East Lille sector are thus spread within the cities, in a dozen different places, always in contact with one another, which facilitates the patient's moves between each unit. These supported places are rented most of the time or put at the disposal of patients by the towns, and are located closest to the treated population.

The second step (1995-2006) consisted of decentralising and opening the psychiatry service by integrating team professionals in the health, social and cultural services of the towns. This integration increased the partners' participation (users, families, professionals and elected officials) in the decisions of the psychiatry service. The overall objective is that the psychiatry team goes out of its ghetto and thus professionals become "nice to know" by the population. **Structures cannot be set up without the local elected officials' legal agreement.** The overall philosophy is one of care and support. The practice is open and multi-faceted.

CARING PLACES: ACCESSIBILITY AND CONTINUITY

Consultations

The psychiatric consultation centre "Maison Antonin Artaud" is located in a municipal house in Hellemmes. This place also hosts social receptions of the Unité Territoriale de Prévention et d'Aide Sociale d'Hellemmes (Territorial unit of prevention and social help / General Council) and the support service for gypsies.

The Van Belleghem medico-social centre is located in a Communal Centre of Social Action (in Faches-Thumesnil). This centre also hosts consultations for Maternal and Child Welfare, the Alfred Binet child psychiatry centre, sports medicine and social services.

Psychiatric consultations are available within the Sports-Medical Centre located in the premises of the swimming pool in Ronchin.

They are also available in the premises of the Territorial unit of prevention and social action of Hellemmes and Mons-en-Baroeul, which deals with elderly people and children (Maternal and Child Welfare) and is in charge of the follow-up of people in a precarious situation in the towns served.

Finally, they are available in the Medical House (Maison Médicale) of Mons-en-Baroeul, where one of the offices is rented to the sector team.

In all these places, consultations are offered. Besides psychiatrists of the sector, psychologists, psychomotility therapists and psychoanalysts offer diverse techniques such as psychoanalytic, cognitive-behavioural or systematic therapies.

Any person wishing to have a psychiatric consultation in our service, automatically see his/her general practitioner first, who provides an introductory liaison letter. These people are welcomed within 24h by a nurse of the sector, who assesses the situation and the emergency level, according to the attending physician and the result of the nurse assessment. If need be, the patient is seen on the very same day by a psychiatrist. For cases that are judged as non urgent, an interdisciplinary meeting is organised at least once a week, in order to provide patients with better guidance.

Services of inclusion and care activities integrated in the City

Centres of therapeutic activities are called services of inclusion and care activities integrated in the City. A devoted team organises inclusion and care activities in all artistic, sport and cultural places in the 6 towns of the sector and in the Frontière$ centre (see further).

Altogether, 48 different activities are offered per week, with 60% of them taking place in 21 places outside the service (association, social centre, maison folie, media library, retirement home, sports facilities, etc.).

In this system, activities are made upon medical prescription and reviewed regularly with users. They are all carried out in municipal structures, in conjunction with the local associative network, and are led by professionals (49 hours of weekly time paid by the EPSM Lille-Métropole). Plastic arts workshop, aesthetics workshop, media library, sports, dance, music, singing and video activities, as well as psycho bodily activities (body awareness "vécu corporel", stimulation, aquarelax).

Also, a therapeutic workshop has been developed at the FRONTIERE$ Centre in Hellemmes. This artistic centre in the inner city is co-located with a contemporary art gallery, financially supported by the Regional Direction of Cultural Action (Direction Régionale de l'Action Culturelle), which organises monthly exhibitions. The planning is meant to be diverse, open towards inhabitants' leisure and daily life. No matter where they take place, activities are above all designed as a springboard to support the users' integration into local life and to give them the tools to break their social isolation. These activities include the possibility to have one's meal in municipal restaurants or in a municipal room with meals delivered by a caterer.

The psychosocial rehabilitation teams (apartment service, activities service, work placement service), lead inclusion activities and are also in charge of home visits, scheduled nurse interviews, and socio-educative guidance in conjunction with the City's services. Whether at home or in a unit, the multidisciplinary team offers a personalised follow-up, with adapted intensity and frequency, in conjunction with the psychiatrist in charge.

Over 500 patients benefit from this type of fluid support every year, for more than 350 places available within activities. These latter are more and more mixed (no longer with just "cured" people but also with "all comers").

Full-time hospitalisation

The historic part of the local services, the Jérôme Bosh Clinic, a full-time in-patient unit, remains located in EPSM Lille-Métropole at Armentières, which is 25 km away from Lille (about a 30 to 40 minutes drive from the towns of East-Lille). This in-patient service will be transferred to the Lille General Hospital in the near future.

In these fully renovated premises, 20 patients can be hospitalised and benefit from the intensive care programme. In 2006, the mean occupancy was 10 beds out of 20 for a mean length of stay of 8 days.

During hospitalisation, besides medical, psychological, nurse and socio-educational interviews, the patient benefits from artistic therapeutic activities (plastic arts, video, music) and from bodily support (psychomotility, hydrotherapy, relaxation, dietetics, aesthetics). The unit is completely open (doors are not locked, a person at the entry is in charge of watching entries and exits), whatever the kind of placement is: compulsory (HO), by a third person request (HDT) or free (HL). Patients have access to the information applicable to them, including their medical treatment (the Vidal® dictionary of medicines is at their disposal). They also attend meetings between carers and 'cured' people, twice a week. There is a close articulation with the teams of the sector, which establishes first contact with the patient during hospitalisation, to consider his/her discharge. Some hospitalised people are also taken to the FRONTIERE$ Centre, in order to benefit from therapeutic activities, and meals in the Concorde room (in a municipal town), with patients in day care.

Alternatives to hospitalisation

Therapeutic host family as an alternative to hospitalisation

Therapeutic host families as an alternative to hospitalisation were established in 2000 and there are currently 12 beds already available. In this case, the patient in an acute situation is sent to the family either directly, after a consultation, or secondarily after a hospitalisation, for some days or some weeks.

The instructions given to families are to host the person, not to cure him/her. A nurse and the social and medical team take care of support during home visits (management of treatment, link with therapeutic activities and consultations with the sector, in order to develop the individual project). Support is similar to that offered within the full-time hospitalisation unit located in the hospital: medication, hydrotherapy and therapeutic activities carried out in the city in consultation centres and the towns' activity centres.

Families are paid up to 1036 euros per patient/month by the EPSM Lille-Métropole. They are an integral part of the psychiatry sector team. They provide attention and support which are important for patients. In family stays as an alternative to hospitalisation, the average length of stay is 17 days.

The host family is therapeutic through the family dynamics and this, complemented by the professional team, enables personalised care of good quality.

Intensive care integrated in the City as an alternative to hospitalisation

This unit of 5 beds organises reinforced follow-up of people who need it, during a repeatable period of 8 days. This follow-up takes into account the close circle of supporters and the patients' needs for a brief time, and for a reinforced follow-up (nurse interview, psychiatry, psychological consultations, relaxation, activities, etc.). This mode of intervention involves all carers (private nurses, general practitioner, local pharmacist, etc.) and all the person's de facto caregivers (family, friends, circle, etc.). It is the same team, along with the psychiatrist on call in the sector, which can be mobilised 24h/24 for people in the care of the service. It responds to post emergency situations, in order to guarantee total continuity of care and to guide patients.

Reduction in stays and admissions for full time hospitalisations related to Host families and development of home care treatment. (85 300 inhabitants. 2138 people in care in 2007)

	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	26.44	36.84
Home care treatment entries					98	120 LOS : 15 days

INCLUSION AND REHABILITATION : "DARE TO CARE"

The aim of the social inclusion programme is to combine inclusion and care by the integration of the user in the city, continuity of the initial social and health project and the regularisation of the administrative, financial and social situation of the user. It is essential for us to develop and combine these three components in order to reach the overall objective: housing; employment; leisure, arts and culture.

Housing

Associative apartments

Access to associative apartments spread in the social fabric of the town is one of the major components of inclusion work. An **"apartment committee"** gathers the members of the Medico-Psycho-Social Association (AMPS: Association Médico-Psycho-Sociale), the representatives of public housing offices (HLM: Habitation à Loyer Modéré), social landlords, caregivers, the representatives of users and family associations and trustees. This committee decides on the allocation of apartments located in the public housing stock of the sector towns. The president is a local elected official. **The AMPS** covers the deposit; the patients cover the rent and the general expenses, with the help, if need be, of the trustee or the guardian and the team. **The caring and socio-educational team** is in charge of medical and socio-educational follow-ups. The therapeutic programme comprises regular consultations with the psychiatrist in charge, the treatment taken, nurse interviews and schedules of therapeutic activities.

Since the creation of the Committee, 150 apartments have been put at the disposal of patients, mostly as a co-tenancy of two or three people, with the presence of one student per apartment, who is hosted ex gratia to share the tenants' lives.

Currently, 57 apartments are supported by the "apartment channels" and 95 people, who accepted a contract of social inclusion and care, benefit from this method of housing allocation.

Résidence André Breton

This associative and therapeutic residence is another form of access to accommodation, again within the framework of the public housing system. It is located in Faches Thumesnil and comprises six sheltered apartments and a large therapeutic apartment which hosts six people with severe handicap. The residence is completed by 5 social accommodation facilities entirely managed by the municipality. This accommodation is made possible by the constant presence of hospital staff (care assistants, health education assistants, education assistants and hospital service agents). Each patient is the tenant of his/her apartment. It is a genuine alternative to the concentration of the severely handicapped in specialised homes, which is a new form of handicap segregation. Assistance is given to the person which enables a good mix of the population, rather than segregation.

Housing as an alternative to hospitalisation

The Résidence Ambroise Paré, located in a block of low-rent accommodation, comprises two studios, one of which is occupied by a student, one 3-room apartment occupied by two users residents, and a 4-

room apartment housing a student and 2 residents. This scheme is part of a very social programme of low rent accommodation approved by the municipality of Lille and social landlords.

The Résidence Samuel Beckett is a former centre for housing and social rehabilitation, for patients from the sector, settled here as a first step to change the service (discharge of patients who have stayed in hospital for a long time). This centre, which is owned by the municipality of Fâches Thumesnil, hosted the hospital day-activity and the regional centre for the setting up of basketball boards in the cities. Today, the structure, which is put at disposal by the EPSM Lille-Métropole, hosts:

✓ an apartment accommodating a therapeutic host family providing an alternative to hospitalisation, with a user hosted for a mean period of six months, which corresponds to the rehabilitation period. The family also insures supervision duties in exchange of free accommodation.

✓ a second 5-room apartment, next to the first one, which is a therapeutic, associative, social and transitional hosting place, for patients who are medically stabilised and in transit for sheltered accommodation, a private or social apartment, a retirement home or any other accommodation facility. A student is also accommodated with the beneficiaries.

There is a housekeeper in the transitional apartment premises. The educational team is there during evenings and weekends. It observes and assesses the people's self-sufficiency and ability to live alone or in a shared apartment and to manage their daily life on their own. The sector nursing staff is in charge of visits and monitors therapeutic treatments.

Partnership with the Centre d'Adaptation à la Vie Active (CAVA - Centre for adaptation to working life)

The CAVA located in Fâches-Thumesnil, is an association through the French law of 1901 (*Association de Handicapés de Fâches Thumesnil*: Association of disabled people of Fâches Thumesnil), which is part of the field of inclusion through economic activities. Its purpose is to promote access to the job market for people with major difficulties of social and professional exclusion (recipients of minimal social income, long-term unemployed people). It has 20 places via a *contrat d'Accompagnement dans l'Emploi* (C.A.E.) (supervised work placement) or via a *contrat d'avenir*.

The partnership with the sector leads to:

– The provision of 15 places within a specific setting, reserved for users referred to the centre by a sector psychiatrist. The aim is to "reboot" professional abilities (working patterns, professional relationships, team working, etc.). Patients are referred to the centre either directly or after an assessment by the occupational therapist of the therapeutic workshop in the Frontière$ Centre, which was set up within the CAVA premises during 2006.

– The implementation of a socio-professional inclusion scheme for the disabled (DISPHP: *Dispositif d'Insertion Socioprofessionnelle en direction des Personnes Handicapées*), which offers applicants a personalised and tailored course of socio-professional inclusion. This latter comprises successive steps: first, in training centres, in order to define the person's professional level and to validate it through work experience. Then, according to identified abilities and needs, the person is referred to qualifying training, possibly to a sheltered environment or, for most people, to the ordinary environment, via a *contrat d'accompagnement dans l'emploi* (CAE)(supervised work placement), within municipalities, local communities or partner associations.

The establishment of vocational rehabilitation integrated in the city

Following a three-year study carried out by a committee of experts, an experimental project was created, led by the municipality of Lezennes in the framework of the AMPS, composed of representatives of users

and family associations, and associations of professionals in the field of economic inclusion. It is "integrated in the city" insofar as it is devoid of any production unit; all handicapped workers practise their professional activity within municipalities, local communities and partner associations, via the Work Centre. It enables people who are unable to integrate normally into the ordinary environment, who can however find their place in conditions adjusted to their handicap.

Therapeutic work

In 2006, we added a new project to this scheme: "therapeutic work", whose purpose is to renovate and to furnish associative apartments, which needed furnishing or improvements to the living spaces. It is based on the principle of voluntary service and self-help by and for users, and it is led by a workshop supervisor, and an occupational therapist, assisted by an artist. It is a first step towards the return to employment, through the help of active groups.

Art, culture and leisure

The Frontiere$ Centre

The Frontiere$ Centre initiates artistic activities, in the framework of a hospital/culture partnership, which was created 18 years ago. It started with the rehabilitation of the J. Bosch Clinic, a former unit for compulsory treatment, by the patients who had stayed there, with the help of an architect. A scale model of the Centre was presented during a cultural week *Pavillon 11 – Procès de la folie* in 1984. At that time, we wanted the Centre to be located in the city. This was impossible because of local political and medical pressures, which wanted employment linked to "madness" to remain at the site in Armentières.

The sector was part of the "Health, Culture and Musical practice in institutions" mission, organised in 1983-84 by the French Ministry of Culture and the French Ministry of Health.

Since then, 49 hours of cultural work per week have been implemented by the EPSM Lille-Métropole for artistic activities. Full-time artistic participation was created two years ago. For over a year, an arts professor has been hired by the E.P.S.M. Lille-Métropole as an artist and cultural correspondent. All cultural structures of the sector, or the city of Lille, are entrusted with these activities; groups are led by artists and supervised by nurses. For activities carried out by the school of body practice in Villeneuve d'Ascq and the Dance association in Lille, groups are organised by these institutions and gather psychiatry users and resident users in these artistic schools.

Art has the particular faculty of establishing equality between patients and non-patients for artistic production. It allows evaluation and social acceptance. Contemporary art at least, the spearhead of our work in the sector, like mental disorders, requires interpretation, it cannot be understood immediately. The integration of artists into the psychiatric sector contributes to the production of imaginative works: its creativity reaches beyond the stigmatisation that people with mental disorders suffer from[8].

[8] As is suggested in this brief description, it is not Art Therapy: The purpose is not to "cure through art", but rather to enable non-stigmatisation thanks to art and contact with artists. For a further reflection about this issue, see "Manuel de Psychiatrie Citoyenne" Roelandt et Desmons, 2001, Eds InPress.

NETWORK: NO LONGER HAVE PARTNERS, BUT BE A PARTNER

In addition to the multiplicity of care facilities and their integration into the urban fabric, the originality of the East Lille sector is its diversity of links established with the different partners, within a real network.

The elected officials

The elected officials lead this partnership and are committed to social inclusion by making housing facilities, consultation places, municipal rooms for catering and therapeutic activities available. Approached by the AMPS early in 1977, they agreed to think of the attitudes to mental illness, to put up "A la folie" posters – a campaign for the promotion of Mental Health, which exhibits artworks chosen by a jury including elected officials, art and health professionals and with the help of the poster designer "Dauphin". All posters displayed in the municipalities on billboards, and in public were the subject of a vernissage (reception for opening of an art exhibition) organised by the mayor.

By making use of their networks of relationships, they opened doors and smoothed difficulties in order to provide their fellow citizens, suffering from mental illness, with a real place in the community.

Social institutions

Social institutions are other essential partners: social workers, a communal centre of social action and the general Council are often included in the support, and guarantee people's rights. Using these services, in collaboration with educational associations ensures housing provision and solutions to problems of financial resources and rehabilitation.

The cornerstone of this collaboration can be illustrated by the sharing of the General Council's premises in the Centres for Prevention and Social Action of Mons en Baroeul and Hellemmes, for psychiatric consultation. In addition, special links have been established via formal agreement with the associations in Lille devoted to the homeless, in collaboration with 6 other general psychiatry sectors. This service has been the promoter and partner of a mobile team concerned with Mental Health and homelessness, called DIOGENE, which meets homeless people in the area of Lille, and can refer them to a public psychiatric facility if need be.

Cultural institutions

The National Lille Orchestra, the theatrical association QUANTA, the Nieke Swennen company, independent artists, plastics technicians, photographers and musicians have made it possible to offer therapeutic activities that are fully integrated into the local cultural landscape. Going to a concert, creating a ballet and taking part in an exhibition preview are new experiences for some patients, and a factor facilitating better contact with others and with the real world. The Frontiere$ gallery was managed for years by the artist Gérard Duchêne, and is now run by David Ritzinger. Its window onto the street displays this alliance between care and art.

Users and family groups

Users and ex-user groups are favoured partners, which we consider as "experience experts" in the field of Mental Health. These associations, members of the FNAP-Psy[9], develop a programme of representation and training for users. They are actively associated to our research programmes.

Representatives from UNAFAM[10] (national union of families and friends of mentally ill people) sit on the Commission for allocating accommodation, and are called upon more and more to take part in events organised by the sector and in its projects.

Self-help groups (GEM: Groupes d'Entraide Mutuelle), meeting and self-help centres managed by users, have become essential partners for rehabilitation and the fight against social isolation. They were created in 2005 through government funding. These groups certainly do fight against isolation, yet they tend, above all, to become bridges allowing users to progressively leave the psychiatric care system. There are currently 2 Self-help groups in the sector: ***Amitié et Partage*** in Mons-en-Baroeul and ***Les Ch'tis Bonheurs*** in Ronchin, which both have their own premises.

A close partnership set up with the self-help group offers to the people we are following-up a place of conviviality and leisure, whose impact is very important in their recovery process (for further details, see history in Annexe).

Health partners in the towns

Last but not least, another long-standing partnership has been established with the other local care providers. First of all **general practitioners** in the urban districts in the sector, who are essential collaborators in all follow-up. Close relationships with all of them have been established for a long time. They enable the referral of a patient to a CMP (medico-psychological centre) consultation and receive regular reports for each consultation or hospitalisation. Outside hospitalisation, the GPs are the only prescribers for patients, nominated by the consultant psychiatrist. The frequency of exchanges in mail, phone calls and meetings enable constant discussion on the way a patient should be catered for, given that, as family doctors, GPs are closest to the patients' daily life. This close collaboration has been confirmed this year by the establishment of a remote psychiatric consultation office of the Antonin Artaud CMP in a medical surgery in Mons en Baroeul.

Several **pharmacists** are also part of this partnership, so that medication can be delivered to chemist's offices, in accordance with the need for proximity and routine observance of prescribed treatments.

Private nurses are also often called upon to visit patients' homes, providing medications and for nursing and hygiene care on medical prescription.

Very close links have been established with the **Meeting and Crisis Centre** (CAC: Centre d'Accueil et de Crise) in the regional university hospital in Lille. This unit takes in patients in an acute state of distress for 72 hours. When a patient from the sector is hospitalised, contact is made with the sector team, which routinely goes to the CAC to decide with the patients and the referring physician how the patient is to be supported in the sector, with a view of continuity between this emergency unit and short to medium term care in the sector. Usually it leads to intensive follow-up in the city and/or to care in a host family. Those links are currently being developed with the emergency service of St Vincent.

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[9] *Fédération Nationale des associations d'(ex-) patients en psychiatrie (National Federation of associations for psychiatry (ex-)patients*

[10] *Union Nationale des Amis et Familles des Malades psychiques (National Union of Friends and Families of people with psychiatric disorders)*

Role of the international and national network of good practices in psychiatry in the reorganisation of the psychiatry service in East Lille (EPSM Lille Métropole)

How did the psychiatry sector of East Lille, and by extension its referral institute EPSM Lille Métropole, benefit from International Network and include it in its future plans for 2006/2012 ? We owe this mainly to experiences drawn from the international network, training visits organised by the hospital for the whole staff of the East-Lille service in different European and national sites, consequently introducing new practices to Lille which seemed interesting and positive for the support of the population in the towns of our sector :

- After studying all good practice in Trieste, 1976 –> implementation in east Lille suburb in 1977.
- Host families as an alternative to hospitalisation (one family= one bed), during a conference with all alternative global experiences in Trieste in 1986 (example taken from Madison USA 1998) –> implemented in Lille in 2000.
- Home care 7 days a week with a mobile team: seen in Birmingham in 2000 –> and implemented in Lille in 2005.
- Totally open psychiatric wards: Merzig, 1997 – Trieste, 1995 –> implemented in Lille in 1999.
- Nurses in the front line for welcoming patients, using appropriate tools: seen in Mauritania in 2001 –> implemented in Lille in 2003 in the whole sector.
- Crisis centres for 72h Centre Hospitalier Universitaire de Lille (University Health Centre), 2001
- Operational networks with the attending physicians Oviedo, 2002 –> implemented in Lille in 2003 with a network of GPs.
- Cooperatives to access work seen in Trieste in 2003 –> set up in Lille in 2007 in an experimental programme with municipalities.
- Clubs and volunteers in Quebec 1987, in Luthon and Monaghan 2005 –> implemented in Lille in 2005 thanks to the law about Self-help groups (GEM: Groupements d'Entraide Mutuelle)

The East Lille Mental Health sector is one of the founding members of the International Mental Health Collaborating Network, created in 2001 in Birmingham, for the promotion of international cooperation in the field of pilot programmes in community Mental Health. The IMHCN "Mental Health and citizenship" International NGO was founded in Lille in 2006. More information on our web site: www.imhcn.com

FIGURES AND DATA

Activities 2007 (85 300 inhabitants) :

- 2138 people in care (1700 in 2002, 1935 in 2005)
  - 88% never hospitalised
  - Readmission rate for 2007 : 32% (idem in 2006). The readmission rate for the 7 other sectors of the Lille Metropole is 46 % with a 5 times higher LOS of full time hospitalisation

- 25 279 care acts at home
- 25 865 ambulatory consultations in 2006 (2002: 20,350)
- 12 places in therapeutic host families
- 5 to 8 places in intensive care integrated in the City (home care treatment)

The team of the psychiatry sector

Composition of the staff. 2007(102 FTE) :

- 5 psychiatrists + 4 GP assistant psychiatrists (9 psychiatrists 100 000 inh. *(national average : 22)*
- 61 full time nurses
- 1 senior nurse manager
- 6 full time nurse managers
- 7 socio-educational staff
- 3 orderlies
- 4.4 psychomotricians/occupational health practitioners
- 5.8 clinical psychologists
- 1 occupational therapist
- 1 art professor
- 1 social cultural animator
- 6.5 secretaries
- 50h a week of arts or sports teachers in social centres

- Medico social residence : 7 orderlies, 1 nurse manager, 3 agents de service hospitalier
- WHO C.C. : 1 Director (0.2 FTE) - 1 secretary – 2.4 ETP project manager (5 persons)
- 10 host families as an alternative to hospitalisation
- 1.5 FTE for Diogène – Mobile team for high precariousness and homeless people (secretary and nurse)

Other means:
- 1 telephone conference every morning and evening between facilities
- 1 general staff meeting weekly
- Message Network – Forum – LotusNotes diary to link all professionals in each facility

Nowadays, our service accounts for 101.65 FTE, i.e. a figure lower than the national average. There are 6 hospital practitioners, 2 general and specialist assistants and 1 intern (including DIOGENE and the WHOCC). (It is important to note that there are only 2 private psychiatrists in the sector, including one who is mainly a psychotherapist).

For paramedical staff, this corresponds to a quota of 1.18‰ per inhabitant, which is below the national average (1.32‰ in 1998). This national rate was the base for the sectors of the Nord-Pas-de-Calais region, before the implementation of the 35 hours system. Today it must be closer to 1.45 ‰ for the EPSM (Public Institute for Mental Health). The number of psychiatrists in the public sector (7) and in the private sector (2) corresponds to 10.5 per 100 000 inhabitants, the national average being 22 for 100 000. However the sector patients also use the rich resource in Lille.

In 2004, 35 inhabitants of a sector town stayed in the regional private clinic (located in one of the towns of the sector), where they were admitted after a waiting period of one month (so in a non urgent situation). Some of these people are followed up in the sector and referred there by us, on their request, within after care.

In 2006, 214 patients were admitted, which represents 303 entries (17 HO (compulsory hospitalisation), 81 HDT (hospitalisation by a third person request), 205 HL (free hospitalisation) and 17 entries by the other hospital centre (1 HO, 9 HDT, 7 HL). The mean length of stay is 13 days. The mean length of stay per patient is 17 days and the readmission rate is 32%.

These exceptional figures are due to the efficiency of the sectorial system and the network.

Participation in DIOGENE: Psychiatry and high risk:

The DIOGENE system for people in a situation of high risk and suffering from psychiatric disorders was implemented by all sectors of Lille. It enables support to homeless people in their living environment or in the structures hosting them, and to give access to psychiatric care jointly with the different general psychiatry sectors and their attending physician, in order to guarantee continuity of care despite their social isolation.

If need be, people are hospitalised (in turns, in all sectors, per birth date) and then taken care of by the psychiatry sector welcoming them.

This system is particularly efficient, and only possible thanks to the joint work between the 17 participating social facilities for homeless people in Lille and the 8 psychiatry sectors of Lille and its area.

THE FUTURE OF CITIZEN PSYCHIATRY ?

It is perfectly possible to implement the WHO recommendations in France by centralising services for emergencies and short term instability, and no longer having a separate purely psychiatric service. Instead our services are truly integrated into the community with the active support of local elected representatives.

For that purpose, it is essential to go beyond hospital-centrism and to clearly shift from "psychiatry hospital services" to "individual health and social services", in the person's living environment. Networking is essential and efficient.

For thirty years, the psychiatry service of East-Lille has evolved from the isolationism of Armentières to the Eastern suburb of Lille, fully integrated in the urban fabric, becoming more complex and more flexible. With the municipalities and the EPSM Lille-Métropole, we set up all the structures. We only have to transfer the beds of the former psychiatric hospital, which have been almost empty since then, into a caring structure for the city; the ideal would be a general hospital. This is planned for 2009 as a 10 bed unit, close to the CHR (Regional Hospital Centre) of Lille.

Developing this project required reaching several intermediate objectives:

- An increase in advanced consultations (general practitioners' offices, centres for social care)
- The formalisation of networks with caring partners of the towns (this objective has been reached)
- Intensive development of therapeutic host families as an alternative to hospitalisation
- 24 hours a day attendance of the carers of the sector, which will be increased
- The evolution of the vocational rehabilitation centre for part-time work (CATTP: Centre d'Aide par le Travail à Temps Partiel) towards services of inclusive activities and care integrated in the city with mixed populations
- The evolution of hospitalisation into intensive care integrated in the city (SIIC: Soins Intensifs Intégrés dans la Cité) and host families as an alternative to hospitalisation
- Full integration in the towns' structures.

In this perspective, the integration of Mental Health into general health psychiatry in medicine is almost achieved, and it is logical to change the last psychiatric beds into a general hospital.

The re-localisation of in-patient beds closer to the affected population will definitely mark the end of psychiatric imprisonment and isolation in asylums. This is 21st century psychiatry, which started thirty years ago, a psychiatry in favour of users, integrated in the community, that is to say, for the people.

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