



Depression scorecard: France

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About the depression scorecard project

The depression scorecard is a tool that aims to support the assessment of national-level performance in key aspects of policy, delivery and care for people with depression. The framework that underpins the scorecard was developed based on an international literature review and consultation with an expert advisory group.

The scorecard framework has been applied initially to four countries: Belgium, France, Italy and Romania, with findings summarised in individual scorecard reports. National-level findings were developed based on in-depth literature review and interviews with leading national experts in depression.

This scorecard focuses on France.

Author and contributor details

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Depression: why it matters

Depression is the most common mental health condition affecting people today.¹ The World Health Organization estimates that depression affects a staggering 4.3% of Europeans – nearly 40 million people.² In light of the psychological effects of the COVID-19 pandemic, this number may now be even higher.³

7.5%

of people in France aged 15–85 are living with depression^{10*}

15%

of France's overall health expenditure is spent on mental health^{12†}

13.2 per 100,000

people in France died from suicide or self-harm¹¹ compared with a European average of 12.9.^{12†} Global estimates indicate depression may have contributed to up to 60% of these deaths⁶

Depression has a devastating impact on the lives of those affected, their families and societies more broadly. It is associated with numerous negative outcomes throughout a person's life, including poorer academic performance, reduced earnings, chronic illness, diminished quality of life and a higher chance of death.^{4,5} It is the leading cause of suicide,² contributing to up to 60% of all suicides worldwide.⁶ Up to 15% of people with untreated depression may die by suicide.¹ Stigma associated with depression may exacerbate suffering and prevent people from seeking and receiving quality care for their illness.⁷⁻⁹ Depression also places a significant socioeconomic toll on European countries.

France has 23 psychiatrists

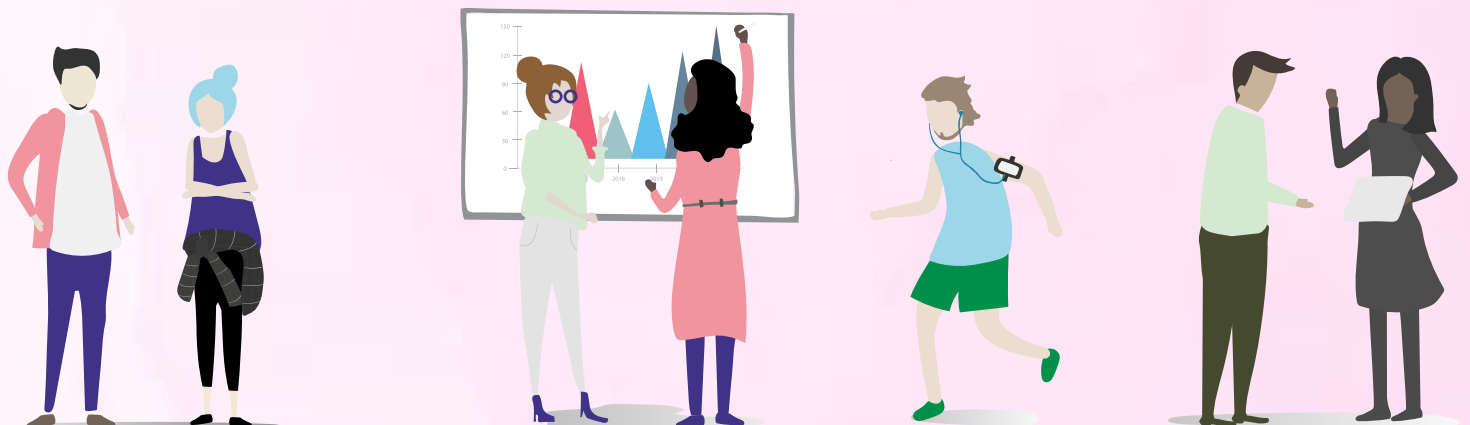
per 100,000 inhabitants, higher than the EU average of 17^{13*}

€109 billion

cost of mental health (direct and indirect) annually^{10*}

3.7%

cost of mental health to annual GDP (direct and indirect expenditure) compared with 4% in the EU overall^{14§}



Depression in France

In 2018, 7.5% of people aged 15–85 in France were living with depression.¹⁰ France also has a high burden of suicide, ranking 17th out of 28 European countries.¹⁰ In 2015, there were 25 deaths by suicide per day (compared with 9 deaths per day from road accidents), and 200,000 visits to emergency rooms because of suicide attempts.^{10 15} Global estimates indicate depression may have contributed to up to 60% of these deaths.⁶

France has an impressive array of policies, strategies and programmes to support people with depression, including the latest mental health plan, the *Programme pluriannuel: Psychiatrie et santé mentale 2018-2023*,¹⁶ the overarching health plan¹⁷ and a National Suicide Observatory (ONS) with specific objectives related to suicide prevention.¹⁵ The mental health plan centres around four themes: rights and safety in psychiatry; severe mental illness and chronic cognitive impairments; childhood psychiatry; and 'other themes'.¹⁶ The national health plan has four priorities: promotion of healthy living; tackling inequities in access to health; guaranteeing quality, safety and appropriateness throughout care; and transforming the health system by reaffirming the role of its users.¹⁷

Problems of stigma persist in France with regard to depression and the field of psychiatry.¹⁸⁻²⁰ Depression is less likely to be viewed by the public as an illness requiring medical intervention compared with schizophrenia,²¹ for example, and stigma towards mental illness has negatively affected the public perception of psychiatric professionals.¹⁸ This may in turn make it more difficult for people in need, as the fear of being labelled as mentally ill may be stronger than the will to seek help.¹⁸

Organisation of psychiatric care in France is not well integrated across the different domains of care, with depression services often sitting across public and private systems.²² Poor communication and insufficient shared patient management between primary and secondary care persist.²²⁻²⁵ France aims to re-centre the patient in the health system and improve multidisciplinary, integrated care.^{26 27} This ambition, in addition to specific priorities set out in the country's mental health plan, show promise. However, in order to measure the success of its programmes, France will need to improve monitoring and evaluation of depression care and outcomes.



Assessing depression management: the scorecard

This scorecard was developed to highlight to policymakers where change is most needed to improve the management of depression in France. It is our hope that this document may galvanise policymakers to work in close partnership with all stakeholders to reverse

the course of depression in France, taking a comprehensive and preventive approach to address it in all its complexity.

The scorecard focuses on four key areas, identified as priorities for improvement:

1

Joined-up and comprehensive depression services

Integrated care – that is, a patient-centred system that supports the person with depression throughout their lifetime and with continuity across the health system – is essential to delivering adequate support and treatment. Integrating mental health services into wider health and social care services is convenient and can increase treatment rates, improve comprehensiveness of care and reduce overall costs.²⁸

2

Data to drive improvements in depression care

Collecting and analysing robust and up-to-date data on depression is essential for ensuring the right services are available for everyone who needs them. Monitoring patient outcomes helps to identify and inform good practice, and may give hope to service users that their mental health can improve.²⁸ Data on services can support clinicians, policymakers and people with depression to better understand what treatment options are available and accessible. More transparent data will also facilitate shared learning across all domains of depression care. New digital tools may have the potential to facilitate documentation for transparency and research purposes while retaining the anonymity of the user.²⁸



3

Engaging and empowering people with depression

It is essential that people with depression – along with their families, friends and carers – are actively empowered to participate in depression care plans at all stages. Empowerment involves a person gaining information and control over their own life as well as their capacity to act on what they find important, which in turn will allow them to more optimally manage their depression.²⁹ Peer support, whereby a person who has previously experienced depression offers empathy and hope to others in the same position, can assist both people with depression and their peer supporter in their recovery.³⁰ Social systems, patient advocacy groups and other civil society organisations with access to underserved communities are critical in ensuring mental health services reach everyone, including those who have 'slipped through the net'.²⁸

4

Harnessing technology to improve access to care

Digital platforms such as those which facilitate remote therapy sessions and online prescription requests, as well as other depression-focused software, smartphone applications and virtual platforms, can allow greater choices of treatment for people with depression while supporting them to take more control of self-managing their condition. While virtual sessions cannot replace in-person therapy, they may be a flexible option to support people with depression between regularly scheduled visits. Health and social services may also use digital tools to facilitate data collection and monitor care.^{31 32} In addition, people with depression may find it helpful to use digital tools to connect with others and reduce feelings of isolation.³³



Summary scorecard for France

Joined-up and comprehensive depression services

Is depression included in either the national health plan or a specific plan for mental health?



Is there a government lead on mental health, with cross-ministerial responsibility to support a 'mental health in all plans' approach?



Is collaboration between primary care and mental health services supported and incentivised/encouraged/facilitated?



Are there guidelines on depression care developed jointly by primary care and psychiatry?



Is a range of therapeutic options reimbursed and available to people with depression, such as psychotherapy, counselling and cognitive behavioural therapy?



Are depression services available and tailored for at-risk groups?

- Young people
- Older people
- People in the workplace
- Homeless people



Data to drive improvements in depression care

Are data on people with depression systematically collected by the health system?



Are data on mental health services being used for planning?



Are patient-reported outcomes being measured systematically?



No



Somewhat



Yes



Engaging and empowering people with depression

Do guidelines or care pathways for depression recognise the importance of patient empowerment?



Do guidelines on depression recognise the role of families and carers in making decisions on the planning and delivery of care?



Were patient and carer representatives involved in the most recent national plan or strategy covering depression?



Do carers have access to financial aid to help them support their loved ones with depression?



Is peer support recommended in depression care guidelines?



Are peer support roles reimbursed?



Are there national associations advocating for the rights of:

- people living with depression?
- carers of people living with depression?



Harnessing technology to improve access to care

Can patients access depression support remotely (via telephone or the internet) in addition to services delivered face-to-face?



Do professional societies or guidelines recommend the use of remote services alongside face-to-face services?



Is remote support for depression reimbursed?



Are people with depression able to use telephone or online platforms that allow them to renew their prescriptions from home?



Joined-up and comprehensive depression services

France is strengthening its approach to depression and is looking to move towards more integrated mental health care and targeted services for high-risk groups

The services currently available for people with depression do not always communicate effectively, existing more in parallel silos²² that may result in suboptimal care. There is, however, political will to move towards more integrated care.²³ France's mental health plan (2018–2023) has several objectives to help improve mental health care, such as developing new quality indicators for mental health and moving digital tools to the forefront of care.^{10 16} A ministerial delegate for mental health and psychiatry has been nominated to help implement a roadmap developed in 2018.²⁶ It is hoped that their expertise in multidisciplinary and integrated care will help transform France's approach to psychiatry.²⁶

France's health strategies acknowledge and target groups who may be at greater risk of developing depression.^{16 17} The mental health plan places a significant focus on childhood psychiatry,¹⁶ while the overarching national health strategy includes a priority to help vulnerable individuals access health services, including unskilled young people, unemployed people and people with a low income.¹⁷

France has good accessibility and affordability of depression care in general, provided by national health insurance

France's national health insurance offers relatively good access to depression care, including both medication and a range of types of psychotherapy.^{22 34} Essentially, the entire population is covered by compulsory health insurance schemes, though patients pay a percentage of the fee via co-payments or private health insurance.²⁷

Reimbursement rates for consultations vary, partly by provider but also by age.³⁵ For example, appointments may be reimbursed in full if the visit occurred in a dedicated centre médico-psychologique (CMP; see **Case study 1**).^{34 36} Appointments with psychiatrists in other settings require some level of co-payment, which is lower for people who visit their primary care physician and are referred to a specialist than for those who visit a specialist directly.²⁷ This difference in the co-payment rate does not apply to people under the age of 26, who can go directly to a psychiatrist at the lower co-payment rate.³⁵ There is no reimbursement for psychologists outside of CMPs and other public centres;³⁶ however, pressures from the COVID-19 pandemic are driving changes to reimbursement rules and provide some financial support for a small number of visits to psychologists each year.³⁷

Case study 1. Public mental health centres

France has developed dedicated public mental health centres – centres médico-psychologiques (CMPs) – to better support people with mental health needs, as well as their families.³⁴ The centres employ psychiatrists, psychologists, nurses, social workers and other health professionals, and provide information, guidance and management.³⁴ All consultations are fully funded by national medical insurance.³⁴ CMPs are organised to support catchment areas (specific geographical zones across France),³⁴ working to ensure that every person can access comprehensive mental health care in their own community. There are more than 1,700 CMPs across France,³⁸ and dedicated centres exist for children and adolescents, as well as adults.³⁹

There are no clear care pathways for people with depression, and management may depend on whom the person first consults within the health system

Unlike many other disease areas, depression is not strictly managed through primary care. A referral is not required to see a psychiatrist,^{27 35} so a person may choose to make an appointment directly with a specialist, or visit a CMP in their community, rather than first visiting their primary care physician. The absence of a clear care pathway for depression means that the choice of where a person with depression first seeks care may then determine which healthcare professional manages their long-term care, and a recent survey indicates that only 23% of people may actually know whom to consult regarding mental health issues.¹⁹ This is because, unlike those with other health conditions, people with depression are not usually referred back to primary care.²² While capacity challenges in primary care may be making some physicians reluctant to accept returning patients,²² failures of communication and a lack of coordinated approach to depression care are likely also to blame for this inconsistent approach to case management.

Primary care physicians can, however, play a role in coordinating long-term care for people with mild to moderate depression. They may diagnose depression and refer people onwards for specialist care if their depression is resistant to first- or second-line treatment. In one 2017 study, primary care physicians were able to detect approximately 60% of cases of depression and effectively refer patients to appropriate specialist care.⁴⁰

Primary care physicians are supported in their management of depression by joint guidelines developed by a range of stakeholders, including psychiatrists.⁴¹ However, gaps in understanding of depression persist in primary care, and primary care physicians may struggle with limited capacity and limited access to training on mental illness.²³ A training course on depression has recently been developed by the government and is now being integrated into continuing professional development schemes. Primary care physicians are a particular focus for the course, which aims to assist in the effective identification of people at risk of suicide and help them access appropriate support.⁴²

Efforts are underway to address the lack of coordination in the delivery of mental health services in France. Local-level frameworks (projet territorial en santé mentale, PTSM) aim to support effective mental health prevention, diagnosis, care and rehabilitation. They do this by supporting the coordination of services between different public and private providers,⁴³ including in primary care. There are currently over 50 PTSMs in place and, while specific arrangements are made at the local level, they are guided by a set of common priorities, including early diagnosis and access to appropriate psychiatric care within a framework of a referral system that facilitates effective support from primary care.⁴⁴



Data to drive improvements in depression care

Despite the strengths of the national health data system, there is no systematic collection of detailed data on depression

Santé Publique France, the national public health body, collected information on depression during its periodic survey for the *Baromètre santé 2017*.⁴⁵ However, there does not appear to be any detailed, systematic data collection specific to depression, for example through a disease registry. The *Système National des Données de Santé* (SNDS) covers approximately 99% of the population⁴⁶ and collects a range of data. As of 2017, this database is publicly accessible with authorisation, provided the individual or organisation can prove a purpose of study, research or public interest.⁴⁷ Acquiring access is difficult, complicated and time-consuming, however,^{23 48} and the information collected by this comprehensive system is likely not yet being used to its fullest potential.²² Changes to funding for psychiatry in 2021 may place a greater focus on data collection and analysis of statistics in the field.^{49 50}

The absence of information related to depression, including demographic trends in prevalence and incidence, service and treatment usage and effectiveness, patient-reported indicators and long-term outcomes, is a missed opportunity to better understand the trends in depression in France. Given the breadth of coverage afforded by the SNDS, it should be feasible for France to improve its monitoring and evaluation of depression.

Developing quality indicators on mental health is a policy priority, but these do not appear to be sufficiently specific to target depression

One of the five overarching themes of France's latest mental health plan is the development of new quality indicators (IQSS) on psychiatry and mental health.¹⁶ However, none of the proposed indicators appear to have a specific focus on depression.¹⁶ Specific indicators on depression, including patient-reported outcomes and service usage and effectiveness, would help inform health system planning for healthcare decision-makers, as well as providing information for people with depression and their care team to evaluate their treatment choices.

The National Suicide Observatory has put a spotlight on data and research related to suicide

The National Suicide Observatory (ONS) was established in 2013 with a four-year mandate, which was renewed in 2018 for another five years.¹⁵ The ONS manages data from various sources, coordinates research, promotes dissemination of findings to policymakers and the public, offers recommendations to strengthen information systems and research, and defines the monitoring indicators for the suicide prevention policy.¹⁵ Its most recent report, published in mid-2020, examined the relationship between suicide, work and unemployment.⁵¹ Since the ONS began its work, the national suicide rate has been reducing.⁵²

Engaging and empowering people with depression

Efforts to engage and empower people with depression are slowly advancing

The national health strategy aims to re-centre the patient in the health system,²⁷ though shared decision-making is not yet the norm.^{22 23} The relationship between healthcare professionals and patients is one where the clinician may see themselves as the expert and lead decision-maker in care.²² More collaborative models of care might recognise a greater role for people with depression in making decisions about their own care. Some healthcare professionals do value and seek a relationship and shared learning with the person with depression, but this is not universal.²³ Recognition of the value of patient insights has led to the development of formal peer-support workers (see **Case study 2**), professionals recovered from mental illness who may be best placed to offer empathy and support based on their own experiences with depression.

Case study 2. Peer support from Médiateur de santé pair

Peer support from the Médiateurs de santé pair programme helps people with depression to have hope by engaging with others who have also experienced depression. The programme began with pilot projects in 2012. It is a growing initiative to encourage people who have recovered from mental illness to use their expertise in supporting others to manage the effects of psychiatric issues on daily living, including managing the significant challenge of social stigma.^{53 54} Peer supporters must undergo specific training and meet a set of criteria, including education to a degree level.⁵³ Programmes such as these have been successful not only in reintegrating people who have faced chronic mental illness into the workforce, but also in improving patient outcomes.²⁸ Data on active peer supporters are scarce, but their last recorded number was around 30 in 2015.⁵⁵

There is increasing acknowledgement of the role of carers and families in supporting people with depression, but their role needs to be better integrated and supported

There is recognition of the potential benefits of engaging the carers and families of people with depression in consultations and treatment planning, but this is not standard across care providers.^{23 34 56}

Although there is no direct financial support from the French government for carers of people with depression, patient and carer associations such as Fnapsy⁵⁷, Unafam⁵⁸ and Psycom⁵⁹ are typically leaders in providing resources and other support.²³

Stigma remains a barrier to accessing mental health care

Problems of stigma persist around depression and psychiatry.¹⁸ Public perceptions of mental illness have led to the stigmatisation of psychiatry as a medical field.¹⁸ There are also preconceived notions around which mental disorders may be seen as illnesses, with depression less likely to be viewed as requiring medical intervention than schizophrenia, for example.²¹ Prevailing attitudes towards psychiatry in general – and depression as an illness more specifically – may be a significant barrier to seeking care. People in need of support may find that their fear of being labelled as mentally ill is stronger than their will to seek help.¹⁸



Harnessing technology to improve access to care

Mainstreaming eHealth and digital technology is a priority for mental health services to enhance support available to people with depression

France's mental health plan prioritises eHealth and mainstreaming the use of digital technology, with the aim of improving these services for people living with conditions such as depression.¹⁶ As part of the European eMEN project,⁶⁰ France aims to increase use of eHealth and digital tools among people with mental illness and mental health providers, from below 1% to approximately 15%.¹⁰ eHealth in this context is defined broadly and includes smartphone applications, telemedicine, virtual reality, artificial intelligence and other domains.¹⁰ France also aims to participate in a European knowledge-sharing platform of digital tools for mental health which is accessible to healthcare users, carers, healthcare professionals, researchers and industry.¹⁰

Remote consultations are growing in popularity, but concerns remain over their delivery

In 2018, France's social health insurance aligned the price and insurance coverage of remote consultations and tele-expertise with face-to-face consultations.²⁷ Remote consultations, sometimes called teleconsultations, have subsequently grown quickly.²⁷ Dedicated video-based platforms for remote consultations exist, although some clinicians may choose to communicate over more generic platforms such as Skype.⁶¹ The French association of private psychiatrists and national union of private psychiatrists (AFPEP-SNPP) has a list of practical resources and information for starting telemedicine services;⁶¹ however, it is not apparent that any formal professional skills upgrades or training are offered.

Despite the availability of technology and resources, professional uptake may be limited by poor understanding and awareness of the value of these approaches to delivering care.²²

As of 2019, some 50 companies were in the market of remote consultations in the French health system.²⁷ While this may bode well for lowering out-of-pocket payments, concerns have been raised about these services being delivered by platforms without any links to local health professionals,²⁷ perhaps over fears that this could result in siloed, separate streams of care without communication or a common care plan. There is also an absence of information on the quality of different telemedicine platforms and applications.²³ Healthcare practitioners would therefore benefit from a central, easy-to-access resource with information on all aspects of integrating specific, evaluated digital tools into their daily work.²²

Telepharmacy is not yet available

People with depression may benefit from telepharmacy, including the ability to remotely renew prescriptions, collect medication without bringing in a physical copy of their prescription and have medication delivered to their homes. Because depression can cause extreme fatigue and even memory loss, attending an in-person appointment with a physician and delivering a physical prescription to a pharmacy may be beyond the abilities of a person in the midst of a severe depressive episode. Although telepharmacy service is not currently available, it is encouraging that there appears to be an active dialogue in France around it.^{62 63} More needs to be done to make it as easy as possible for people with depression to renew and access the treatments they need in order to manage and recover from their illness.



Conclusion and recommendations

France seems to have a vision for improving mental health care, including the desire to move towards integrated and multidisciplinary services that promote shared decision-making and harness the benefits of digital tools. Strengths of current service delivery include the comprehensive and free-of-cost care available at CMPs, as well as the established peer-support programme, Médiateurs de santé pair, which offers compassionate care and empathy to people with depression and other mental illnesses.

'France has very good doctors, well-trained clinically – that is not where the problem is. The problem exists in knowing that the patient has something to say about their experience, and the important role that carers, family and friends play as well, especially with depression. We need to listen when they raise concerns.'

Marie-Jeanne Richard
UNAFAM

Gaps remain in integration of care across sectors, as communication and care delivery can be quite disconnected. Furthermore, while France has robust data collection systems, there is limited focus on indicators for depression, and the data which are being collected can be quite challenging to access. Finally, engagement and empowerment are not yet mainstream concepts, and not all practitioners take a shared decision-making approach to depression management, which may hinder long-term outcomes.

France has a particular focus on suicide, and has seen improvements in the national suicide rate. With similar efforts applied towards reducing stigma, encouraging people with depression to seek care before their illness becomes too severe, and offering comprehensive, coordinated services, France might see similar success in addressing the burden of depression more broadly.

Priority recommendations

Joined-up and comprehensive depression services

- Develop and standardise a recommended care pathway for people with depression to ensure that every person receives the highest-quality care available, regardless of where they seek care in the health system or their geographical location. This could include scaling up existing training on depression for primary care physicians and encouraging the implementation of existing clinical guidelines.
- Continue to support the roll-out and implementation of local-level frameworks (PTSMs), which can facilitate improved communication and coordination between public and private providers of mental health care.

Data to drive improvements in depression care

- Mandate standardised data collection on depression in the Système National des Données de Santé (SNDS), including of clinical, occupational, programme evaluation and patient-reported data, which can be used by policymakers and healthcare managers to effectively plan, monitor and evaluate services for people with depression.
- Collect data on effectiveness, acceptability and adherence of available treatments for depression in France, and make this information available to people with depression and their carers, to help inform care decisions.

Engaging and empowering people with depression

- Increase efforts to develop patient-centred models of care that recognise the importance of shared decision-making and empowerment of people with depression, their carers and families, including expansion of the Médiateur de santé pair programme.
- Expand awareness-raising on depression and mental wellness to reduce stigma and encourage people with depression to seek care.

Harnessing technology to improve access to care

- Improve linkages between digital platforms and local healthcare services to ensure care is delivered with a coordinated, patient-centred approach, and offer training to improve understanding and awareness of these tools as well as uptake.
- Offer telepharmacy options, including remote prescription renewals, to allow people with depression to more easily access and renew their treatments.

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