WHOCC INTERNATIONAL MEETING

ACTIVE CITIZENSHIP & EMPOWERMENT

IN COMMUNITY MENTAL HEALTH

PARTICIPATIVE INNOVATIONS IN FRANCE AND ABROAD

29 MARCH
service organization, research and training

30 MARCH
e-mental health
YOU WILL FIND:
- Event’s information
- Detailed program
- List of speakers and their biographies
- List of participants
- Partners
- Notifications
- Places and routes to get to the workshops
- Workshops you want to participate in adding them as favorites

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OF WHOCC INTERNATIONAL MEETING

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CCOMS2018

INTERACTIVE DISCUSSION WALLS
Interactive discussion walls are available in your application in order to react, discuss each of the topics covered in workshops. Find all the discussions in progress in each of the workshops on the screens located in the hall of the 1st floor of the Espace des Acacias.

Location: 1st floor hall of the Acacia space.

ASSESS
Give us your opinion, do not hesitate to note the plenary sessions and workshops!

ESPACE DES ACACIAS
1ST FLOOR
155 rue Roger Salengro
Metro Mairie d’Hellemmes

NB: Room 1 corresponds to the plenary configuration. Once partitioned, it is transformed into 2 rooms 1A and 1B.

ROOM’S CAPACITY
ROOM 1: 400 places
ROOM 1A: 180 places
ROOM 1B: 170 places
ROOM 2: 150 places
ROOM 3: 200 places
ROOM 4: 50 places
ROOM 6: 30 places

Simultaneous translation provided

● For safety reasons, the wearing of the badge is mandatory throughout the duration of the event.
● Coffee will be at your disposal on ground floor and 1st floor of the Espace Acacias.
● Lunch boxes will be proposed free of charge on the ground floor and the 1st floor of the Espace Acacias during lunch breaks (a vegetarian option will be provided).
**EDITO**

We are very pleased to welcome you in Lille for the 5th International Meetings of the World Health Organization Collaborating Centre (WHOCC) for Research and Training in Mental Health.

Four years after our previous meeting, the desire to exchange and discover practices in the field of citizenship and empowerment in mental health continues, as demonstrated the 85 abstracts for communications addressed to WHOCC, all presentations of rich and varied experiences, in which users and caregivers are strongly involved: they have created or participated in the construction of numerous care and social inclusion programmes. This recent trend is a clear sign of a profound evolution in the field of mental health.

It is exciting to note that these themes, promoted by you and relayed by WHOCC, are stirring so much interest in France and internationally, among health and social inclusion professionals, users, local elected officials, carers, institutional representatives and associations.

Nearly 600 people are gathering to these Meetings and we unfortunately had to turn down a large number of registrations.

This important mobilization constitutes in itself a result: it shows that the recovery of power over their lives by users of mental health services has a strong impact on the organization of mental health services, on training, on research, that it stimulates reflection and modifies practices. These questions have ramifications when we imagine how new technologies can positively impact access to care and information, relationships between users and their family, between users and society, and even the therapeutic relationship itself. Could those technologies end up giving more power to people with mental health problems?

To keep moving forward with rights-respectful practices, which leads to more well-being for users, at a time when the citizenship of people with mental health problems still needs to be reconfirmed, is the purpose of the Lille WHOCC, consistently with WHO and all international recommendations.

We are confident that these meetings will lead to the dissemination of many good ideas that will then turn into good practices in our cities, territories, neighborhoods, hospitals, care and integration services, medical units, to ensure greater dignity and citizenship for mental health users.

We must warmly thank all those who made this event possible: EPSM Lille Metropole, the town hall of Hellemmes, which welcomes us in the Acacias Center and is involved in the inter-cities council of mental health and citizenship, WHO-Geneva for its presence at this event, our financial partners, CNSA, the ARS Hauts-de-France, the Ministry of Health, Santé Publique France, GCS for research and training in mental health and all our other partners, which were all involved in the organization of this event (lst on the last page of this program). Finally, thank you all for your mobilization and your commitment.

Dr Jean-Luc ROELANDT
Head of WHOCC, Lille / EPSM Lille Metropole and GCS, Inserm ECEVE, UMR-1123 team

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8:45 Welcome
9:15 Plenary session: New challenges for citizens in the mental health system - International perspectives
10:45 Coffee-break
11:00 Workshops based on the results of the call for communications - Mental healthcare and social inclusion services
- Citizenship and Recovery Concepts: an Historical and Philosophical Approach
- Local Councils for Mental Health, a citizen-based mental health initiative?
- Citizen-based Organization of Mental Health Services
- Patient Education: towards Recovery and Health Training
- Peer-help and mental health mediation
- Concepts of Citizenship and Recovery: Practical Examples
12:45 Lunch
1:00 > Fountain House presentation by Jeffrey Aron (english)
1:45 Workshops based on the results of the call for communications - User participation in the revision of the International Classification of Diseases, what is at stake?
- Work as an help for recovery
- Redesigning mental health training
- Participatory research in mental health
- The QualityRights program and mental health rights
- Access to and maintenance of housing
3:30 Coffee-break
4:00 Panel discussion - Challenges for citizens in the mental health system - a conceptual revolution?
5:00 Wrap-up and closure
5:30 Exhibition Marco Decorpeliada, Schizometer - Exposition, Conference, Performances

8:45 Opening and welcome: E-mental health project - eMEN
8:55 > Introduction by Valérie Cordy
9:00 Plenary session: E-mental health: interest for the user and poli-co-economic stakes, does it match or not?
10:15 Plenary session: E-mental health: what do users and health professionals think about it? Using digital technology to highlight forces and progress of an individual in his own community: the “Baromètre” project
11:10 > Performance by Valérie Cordy
11:45 Workshops based on the results of the call for communications - E-mental health and Self-Help - 2 workshops
- Technological performance and empowerment
1:00 Lunch - 13h30 : Performance by Valérie Cordy (room 1)
2:00 Workshops based on the results of the call for communications - E-mental health for training and information
- E-mental health for expression and exchange
- Design Thinking “E-Health for dummies: co-constructing an e-mental health device”
- registration required - 35 people maximum
4:00 Wrap-up and closure of the international meeting
4:20 > Performance by Valérie Cordy
4:35 Cocktail & networking
29 March 2018

Active Citizenship & Empowerment

In Community Mental Health

Through Organization of Services, Research and Training
New challenges for citizens in the mental health system - international perspectives.

Empowerment, a voluntary process of gaining power over one’s own life, promotes the construction and the realization of a life project, a path to recovery and to citizen involvement. What are the new challenges related to the recognition of experiential knowledge and the exchange between professionals, users and citizens on mental health and well-being? What are the impacts on the organisation of mental health services, on research and on training? What are the new tools co-constructed or created by users and citizens? International overviews of a “work in progress”.

Katerina Nomidou
- Mental health & human rights practitioner lawyer
- WHO PEPF Champion for Greece
- Secretary general of the Global Alliance of Mental Illness Advocacy Networks GAMA-Europe, Brussels
- Vice president, Association of families/carers for mental health or Alzheimer’s disease and related disorders SOFIPS N.SERRON, Sereg, Greece
- Visiting lecturer at the Faculty of Medicine, University of Crete, Greece

Being an active career to her brother who lives with schizophrenia and seeing the problems faced by families trying to cope with mental illness consequences and the unfairness of the situation service users find themselves in prompted Katerina to become actively involved in the mental health issues that affect vulnerable people and society as a whole. Her area of work tackles, and expertise includes the use of the World Health Organization’s innovative QualityRights tool kit and package of training and guidance modules to assess quality and human rights in mental health and social care facilities, and to build capacity among mental health service users, people with psychosocial, intellectual and cognitive disabilities, people using mental health services, families, care partners and other supporters. NGOs, OPDs and others on how to implement a human rights and recovery approach in the area of mental health in line with the UN Convention of Persons with Disabilities and other international human rights standards.

Following a degree in Italian language and literature at Aristotle University in Thessaloniki-Greece and a degree in Law at Democritus University of Thrace in Komotini-Greece, she received a postgraduate degree in mental health law, health and human rights from Indian Law Society in Pune, India. Alkaterina is a member of the pool of experts of the EC (Chateaux) and has worked with governments and organisations on mental health policies and legislations, including in Afghanistan, Qatar, and United Arab Emirates and Sierra Leone..

Recent publications or related to the themes of the days:
- “Leadership in mental health services: a tool and catalyst for service users engagement”. In The special issue “QualityRights and Mental Health” of the Greek quarterly review SINAPSIS published by HEPAX, University of Patras, University of Extremadura and AECON, the Greek Centre for Epidemiological and Philosophical Studies Association (issue 27, vol. 8, 2012, pp 46-49).

Dr Shekhar Saxena
Director, Department of Mental Health and Substance Abuse, WHO Geneva

Vlatka Rocic-Petak
Professor of Sociology in Croatia, specialising in mental health, experienced expert, president of the Maddnessassociation

Vlatka Rocic-Petak has a personal experience of suffering we tend to call “mentally ill”, but who has experienced several times in a public psychiatric hospital, went to psychotherapy group in the same hospital for seven years. She became acquainted with the health system from the position of user of psychiatric services and has experienced the challenges of the profession and environment as well as other various forms of stigmatization which adversely affect the recovery of people with mental health problems.

These experiences prompted her, together with other seven like-minded people, to establish in 2012 the Maddnessassociation, based on peer to peer principle, where people with psychosocial challenges have the opportunity to realize the need for personal affirmation.

For the last 6 years she facilitates the group of mutual psych support called “Expects by experience”. For the last 4 years, together with her colleague Ksenija Kapej, she is performing an “Active listening” and effective communication workshops with the elements of forum theatre which they’ve designed together. She is the leader of the “Group of Mutual Psych Support” and “Art Therapy” projects, and is also participating in designing writing and implementing numerous projects in the Maddnessassociation.

She attends forums, round tables, conferences and symposiums that deal with mental health problems. In addition, she is collaborating with print media, television and radio with the aim of destigmatization of persons with psychosocial challenges.
MORNING WORKSHOP

11:00

Based on the call for communications

Room 1a
Citizen-based organization of mental health services #1

Room 1b
Local councils for mental health, a citizen-based mental health initiative?

Room 2
Citizen-based organization of mental health services #2

Room 3
Peer-help and mental health mediation

Room 4
Patient education: towards recovery and health training

Room 5
Citizenship and recovery concepts: an historical and philosophical approach

Room 6
Concepts of citizenship and recovery: practical examples

Mental healthcare and social inclusion services: which organisation of mental health services fosters the involvement and consideration of the wishes of users, caregivers and even citizens? Beyond the regulatory representative bodies in health care, medico-social and social structures, what roles and functions for users, carers and citizens in care and inclusion services? How can we get them to participate as close to the field as possible? How to incorporate their voice into the work of care and integration teams? How to guarantee the rights of users and carers in health and social institutions, and in the city?
CITIZENSHIP AND RECOVERY CONCEPTS
AN HISTORICAL AND PHILOSOPHICAL APPROACH

WHAT MARY BARNES HAS TO TELL US ABOUT PEER HELP?
Camille Veill
LAPCOS (EA7278), E3S (1342) (Strasbourg, France)

We can freely innovate not forgetting the past and of what it delivers, retroactively, as a teaching: its successes and its failures. Do not clinic, research and training only advance that way?

That means that we suggest to think about contemporary peer help practices stemming from the teaching of a singular person, Mary Barnes (1929-2001), on English woman, a nurse and then an artist. In the meanwhile she was diagnosed a schizophrenic and was admitted several times in mental institutions. She became at that time a central figure of the antipsychiatry movement and of the counterculture.

Two works let us access to her testimony and to her reflections, retroactively, again, on her path. In particular her writings offer a plethora of perspectives concerning, notably, two issues: (1) the essential function of accompaniment by another one when mental suffering is concerned – a sensitive issue when this dimension is threaten again, because of eg developments concerning self-therapies for individual wellbeing, all the same a therapy without an other one... (2) One of the traps in which every relationship may slide – especially in a caring relationship – that is to say: overtaking of one’s own experience and the other’s.

This very dimension is abundantly showed by the artist. You can see Mary herself sliding along the reef and embark with other people from Kingsley hall, the community home she was staying at: “I can understand you because I went through the same experience and I know how you feel” (Barnes, 2002, p. 332). Would a single day be long enough to study this sentence and worked upon by professionals, tending to boost their “professional knowledge”, as well as by “experts from experience”, necessarily boosting of their “experiential knowledge”?

THE KNOWLEDGE FROM EXPERIENCE:
AN EXAMPLE OF AWARENESS-RAISING
FOR FUTURE PROFESSIONALS
Céline Loubières
PSYCOM (Paris, France)

For several years now, the Psycom has been building awareness-raising actions in a participative dynamic with people affected by mental disorders. We propose these actions to various audiences (elected representatives, donors, mediator, social worker). Recently, we have set it up within psychology and medicine students. Indeed, it seems essential to us to question them on their representations of the people they are brought to meet. To act against the phenomena of stigmatization requires a multi-stage pedagogy: raising awareness, challenging a phenomenon of social injustice and mobilizing to move towards change. The integration of the patients is a priority directly affected by a mental disorder contributes positively to these objectives. On the one hand, because putting a face on a disease often allows the alternative to dehumanization linked to the mechanisms of stigmatization, which distance oneself from the other person who is “different”. And on the other hand, because the narrative of people makes it possible to talk about mental disorders through a singular experience. And thus to avoid the principles of generalization of disease expression, counter-productive in the stigmatization process. However, this participation should be considered:

• In its methodology: by co-constructing the narrative in the service of specific and co-constructed pedagogical objectives.
• In its ethical approach: by questioning an egalitarian relationship of knowledge (professional and experience), the postures of each others, but also in the place left to each one.
• In its progression: there are different levels of participation and co-construction. All of these levels can be necessary and interesting, and you can’t go from passive to stepless co-construction. We will shed light on these issues, building on the actions taken with the Universities of Paris-6, Paris-7 and Paris-8.
PATIENT EXPERIENCE AROUND A CIVIC ACTIVITY IN THE CITY
Lydiennne Mathieu
G13 Pole Part-time Treatment Centre - CATTP (Bobigny, France)

I would like to present to you my civic experience as a patient, after having benefited from a long experience of care in psychiatry and above all, thanks to the exceptional support of the health care teams of the G13 pole CATTP. However, my history is marked by trials, but also by personal achievements, because I was able to gradually acquire autonomy of thought and action. I have regained a sense of my existence by the trust that the teams have placed in me, especially by taking into account the uniqueness of my personal history. Indeed, one of my passions was the practice of a sporting activity, “weightlifting”, before the onset of my illness. I have rediscovered my taste for personal and family life, thanks to the numerous sharing around a mediation proposed by the CATTP, entitled “swimming pool activity”. This weekly activity, which takes place in the social housing neighborhood of my town of residence, allowed me to gradually rediscover my social skills, my civic identity and above all an authentic place for my family. But what is most extraordinary for me is that the team wished to accompany me even further by offering me to take the place of the animator and to supervise and evaluate the nursing students during the swimming pool activity. Today, after two years of regular sessions that I lead in complete serenity, I was able to learn the instructions on pedagogical intervention of this sport that fascinates me. I become a “facilitator-citizen” who brings his knowledge of being and acting to a group of patients, every week for 2 hours. I am proud today to show my ability to live in society and to give advice to others, through the transmission of my experience as a patient, in my town, Bobigny, which gives me hope to see my professional integration in an ordinary environment.

CREATION OF A DEPARTMENT OF MENTAL HEALTH PROMOTION AND PREVENTION (DPSMP): AN INNOVATIVE APPROACH IN THE GRAND EST REGION INITIATED BY THE NANCY
Lydia Boukhelal
Psychotherapy Centre, Nancy Psychotherapy Centre - CPN (Laxou, France)

Officially set up since June 1, 2015 at the CPN, the DPSMP aims to promote well-being and mental health in the territory covered by the institution and its community, and to contribute to the prevention of mental disorders by implementing specific actions in harmony with international, national and local orientations. To this end, it relies on a steering committee composed of partners from the health, social and associative sectors: ARS (Regional Health Agency), Departmental Council, National Education, Local Missions, ESPORE 54, UNAPAM, AEM, CLSM (Local Councils of Mental Health) of Lunéville and Grand Nancy, Council of the Order of Physicians, professionals of the CPN, thus strengthening community action. The DPSMP is part of a public health approach, it works without hegemony, respecting the words, experience and position of each person. Its vocation in its field is to hear, collect and respond to requests from the community, particularly from users and caregivers. The ambition of the CPN through the DPSMP is to go beyond the position of managing mental disorders to engage in an integrated mental health policy in the city. At the operational level, this includes training steering committee members in the concept of mental health promotion, thus creating a common culture. It will continue through the inclusion of this theme in the institution’s training plan, which will allow practices to evolve towards the community. The anchoring of the DPSMP is based on actions (SISM (Mental Health Information Weeks), colloquia, surveys, needs analysis, ...) involving users, caregivers and partners in their design and implementation. This illustrates the richness of this collaboration and demonstrates the value of expanding the practice of psychiatric professionals in the community. It is the participation and experiential knowledge of users, caregivers and partners that will nourish the mental health promotion policy of the institution.

DEVELOPING MENTAL HEALTH USER PARTICIPATION IN A LOCAL MENTAL HEALTH COUNCIL
Agnès Bensussan
Mental Health Orientation Council of the City of Marseille (Marseille, France)

Since 2015, stakeholders of the Mental Health Orientation Council of the City of Marseille have engaged in a proactive approach aimed at improving the users’ participation in the construction of the local mental health policy. This approach was based on the construction of a partnership with two teams of researchers (InspireSamara, and the LaSSa team). This partnership has produced a model of “user commission”, which will be working in close cooperation with the steering committee of the Mental Health Orientation Council of the City.

CITIZEN PARTICIPATION GROUP WITHIN THE MENTAL HEALTH COUNCIL OF THE CITY OF RENNES (MHCRR)
Nicolas Henry
City of Rennes (Rennes, France)

Created in 2014 within the Mental Health Council of the city of Rennes (MHCRR), a working group initially composed of medico-social services, decided to contribute to the dynamics of the MHCRR by specifically focusing on citizen participation and pursuing the objective of “bringing out favourable conditions to the representation and participation of vulnerable people in their mental health within advisory bodies under ordinary law and in the structures of Rennes”.

If the law of 02-01-2002 promotes the right of users to participate in the governance of medico-social services, the implementation of this participation raises a number of questions similar to those raised by the steering committee of the MHCRR: How to define this participation? What is its temporal? How to enable systematic and sustainable participation and representation? How to promote effective, dynamic and varied participation and representation and avoid the “recurrent user” and/or pretext user? How should the city (elected officials, professionals, volunteers, etc.) adapt to this participation?

Between 2016 and 2018, meetings, workshops, expert consultations, etc. made it possible to integrate new participants (users, the health sector, associations, citizens, etc.) into the approach and to direct future work towards a survey (plotted by a sociology student) whose objective is:
• to observe the different types of citizen participation of vulnerable people in their mental health on the territory of Rennes.
• to examine the practices and the enabling environment for citizen participation of the users on Rennes.
• to highlight existing initiatives and actions. In the medium term, it will be a question of contributing, through this survey and the actions that will result from it, to the development of interactions between participative initiatives on the territory and to the inclusion of users in the various civic bodies of the city and, in priority, those of the MHCRR.
MENTAL HEALTH OF THE ELDERLY: EUROPEAN PROJECT ARPA
Isabelle Tournier
University of Luxembourg (Luxembourg)

ARPA project ("Améliorer les Réseaux de professionnels pour la santé mentale des Personnes Âgées atteintes des troubles psychiques en Europe") is co-funded by the Erasmus+ program of EU (2016-2020: 2016-1-LU01-KA204-013827). It is coordinated by the Luxembourg Institute of Health and includes as participants the University of Luxembourg, the Neuropsychiatric centre of Saint-Martin (Belgium), the Center of Psychological and Pedagogical Support, the University of Crete (Greece), the University of Aurel Vlaicu d'Arad (Romania), the WHCC and the Regional Resource Centre for elderly psychiatry (France).

ARPA aims to model and develop a collaborative web-based platform linked to mental health networks. It clearly appears now that networking work is necessary for a comprehensive approach of the old people as well as for assuring quality and continuity of care. However, it might be difficult for the elderly and their carers to be aware of all the type of professionals and modalities of care. This results in their sentiment to be tossed around from a professional to another, without guaranteeing nor continuity. Professionals themselves, sometimes insufficiently trained to the specific needs of the elderly, can find it difficult to work in a collaborative way.

Through literature reviews and a survey of professional at mental health and/or geriatrics, the project aims at promoting the platform for both the professionals and the services users. Contents and formats will be tested with panels of the future users of the platform.

CO-CONSTRUCTING AND DESTIGMATIZING MENTAL HEALTH: THE ADOLESCENT ACTOR IN HIS SCHOOL PROJECT
Antoine Sallege
EPSM Liége Métropole, S903 sector Liège (France)

When it was founded in 1948, the WHO emancipated health from the concept of illness in order to approach that of well-being. However, 70 years later, citizenship is still not a given in mental health, as if it were possible to combine well-being and exclusion. Thinking of the person as an actor can be a difficult task in the modern institutional landscape. This issue is all the more complex in the case of adolescents and their learning about citizenship. If it is still difficult to obtain recognition of the power to act of a person with a mental disorder, the underage person is given a double penalty.

Working with the adolescent’s consent seems unnecessary when the legislation itself does not require it. And yet, we would like to present a support system in which the adolescent is the main actor of their school project, supported by the mental health service. One of the objectives is to enable a swift resumption and retention in the mainstream school system. For this reason, rather than requiring the adolescent to comply with pre-established pathways, it is the school system that adapts to each adolescent and each situation. This is a unique system in France for resuming schooling and combating exclusion and stigmatisation. This project, infused from the very beginning with human rights, was naturally built to respond to the new challenges that arose when the mental health service was opened up to the community. It represents a unique example at the interface between adolescents, their families, school, health and society. This is an illustration of the concept of empowerment as tools for recovery within a mental health service and we propose to present this device through the experiences of participating teachers and adolescents.

TOUCHING MINDS RAISING DIGNITY, HANDICAP INTERNATIONAL: HUMANITY & INCLUSION
Maximilien Zimmermann
Handicap International (Bruxelles, Belgique)

For the last 4 years, Handicap International: Humanity & Inclusion (HI) has been implementing an international mental health programme in four countries: Lebanon, Madagascar, South Sudan and Togo. The program’s overall objective was to improve the social and community involvement of people living with mental health issues in the 4 countries. It sought to highlight the development processes of civil society organisations (CSOs) which represent people living with mental health issues. Such organizations include support groups, peer groups, community self-help groups or groups of parents whose children are living with mental health issues. The intervention will present the main achievements, lessons learnt and good practices of the Programme after 4 years and the new perspectives for the following phase (2018-2022).

NEIGHBOURHOODS IN SOLIDARITY: THE EFFECT OF A COMMUNITY-BASED INTERVENTION ON SOCIAL COHESION, EMPOWERMENT AND DEPRESSION
Annahita Ehsan
Centre de recherche sur les parcours de vie et les inégalités, Institut des Sciences Sociales, Université de Lausanne (Lausanne, Suisse)

The “Neighbourhoods in Solidarity” (NS) are a group of community-based action-research interventions in Vaud, Switzerland that aim to empower elderly individuals to participate and to improve the quality of life in their neighbourhoods. The NS last approximately 5 years, and with the help of a social worker, encourage elderly individuals to define, plan, and carry out solutions that are in line with their neighbourhood’s goals. The NS have touched over twenty Swiss communities since 2002, and are regarded as sustainable and highly effective in creating communities and empowering elderly individuals. Despite their success, this study is the first quantitative evaluation of the NS, and also the first to look at the NS as an intervention that could impact mental health. This study aims to evaluate differences in social cohesion, empowerment, and depression scores of individuals residing in neighbourhoods with and without the NS intervention, and in individuals with different levels of participation in the NS. The authors conducted a cross-sectional survey in Yverdon-les-Bains, Switzerland in late 2016. Questionnaires were sent to individuals aged 55+ from six different neighbourhoods (3 with and 3 without the intervention). The final sample consisted of 366 individuals (249 men, 314 women, Mage = 68.5 years, SD = 9.05), with an overall response rate of 31.4%. Multiple regression models were built using social cohesion, empowerment, and depression scores as outcome variables. This study found that participation in the NS is associated with higher empowerment scores for individuals who participated in the project, but not for individuals who live in those neighbourhoods but who did not participate. The presence of an NS was not associated with social cohesion or depression, although social cohesion was an important predictor for depression scores. This study highlights the importance of on-going monitoring and evaluation in community-driven and group based interventions.
COMMUNITY BASED SERVICES AND INNOVATIVE PROJECTS IN MENTAL CARE OF REGION FRIULI VENEZIA GIULIA

Giulia Castelpietra
Central Health Directorate of Trieste (Trieste, Italy)

Background: After almost 40 years from the Italian reform law that marked the transition from a hospital-based system to a model of community psychiatry, there are still barriers to community care, such as a large use of private facilities, heterogeneity in the availability of resources throughout Italy and difficulties of Community Mental Health Centers (CMHC) of implementing innovative ways of treatment. Mental care system in Region Friuli Venezia Giulia (FVG) tried to overcome these barriers through a large use of innovative projects and a strong focus on community-based mental health policy.

Methods: The “Regional Mental Health Action Plan, years 2018-2020” was used to describe innovative projects and future objectives on mental health policy. Epidemiological data on FVG mental care were obtained from the Regional Social and Health Information System for years 2013-2015. Results: No private facilities are available in FVG. The mean annual population in charge to FVG mental care was 20,000 users during years 2013-2015. In the same period, the mean rate of hospitalizations was 134 on 1000 users. More than 75% of hospitalizations were in CMHC. The mean rate of involuntary treatments was 8 on 1000 users, the lowest in Italy. A strong focus on individualized Therapeutic-Rehabilitation Plan and Individual Health Budget, in terms of resources and policy, was used to implement innovative projects. Conclusions: A community-based mental health system, such in FVG, can decrease the recourse to hospital beds and involuntary treatment. Further, individualized treatment with a focus on needs of psychiatric modalities, procedures, resources necessary to fulfill social inclusion, may enhance the process of rehabilitation, empowerment and social reintegration.

BEYOND PARTICIPATION: POLITICS AS INCOMMENSURABILITY IN THE EMERGENCE OF MENTAL HEALTH SERVICE USERS’ ACTIVISM

Cristian Montenegro
London School of Economics & Department of Social Participation, (Southend, UK)

Although the organisation of mental health service users and ex-users in Latin America is recent and under-researched phenomenon, global calls for their involvement have penetrated national policy agendas, shaping definitions and expectations about their role in mental health systems. At the same time, in the English speaking world, research from the social sciences has critically described processes of manipulation of service users’ voices and claims, resting on local definitions of genuine engagement. This study draws on Jacques Rancière’s theorisation of “police order” and “politics” to provide a more abstract approach to the emergence of users’ collective identity and activism, highlighting the role of practices of disengagement and rejection in the process. It is based on interviews and participant observation with a collective of users, ex-users and professionals in Chile. The findings show how the group’s aims and self-understandings evolved through hesitations and reflexive engagements with the legal system, the mental health system, and wider society. The notion of a “politics of incommensurability” is proposed to thread together a reflexive rejection of external expectations and definitions and the development of a sense of being “outside” of the intelligibility of the mental health system and its frameworks of observation and proximity. This incommensurability problematises a technical definition of users’ presence and influence and the generalization of normative parameters of engagement rooted in other contexts, calling for approaches that address how these groups constitute themselves meaningfully in specific situations.

DISCOVERY PARTNERS AND DISCOVERY COMMUNITIES

John Jenkins
IMHCN (Exeter, UK)

We work in partnership with young people who have used mental health services for long periods of time and want to make a difference to the way services support them. We have developed partnerships for young people to embark on their discovery journey. The Discovery Partnership achieves this by focusing on peoples unique assets and circumstances and breaking the cycle of hopelessness, dependency and maintenance. We call it discovery, because “recovery” is misunderstood and premises getting something back that has been lost, whereas “discovery” means finding new ways to fulfill a better life for yourself and equiping you to do that.

Introduction

Many young people are using mental health services for long periods of time without significant improvement in their lives. These are people with high level needs and can take up a lot of time and resources including:

- requiring the support of emergency services (police, ambulance, accident and emergency etc.)
- frequent readmissions to acute hospital services
- requiring placements in specialist residential services (including out of their own community and area)
- are a significant proportion of the clients of community mental health teams
- are often subject to repeated sectionsing under the mental health act
- are often seen to be at risk and not in receipt of appropriate support that takes them forward in their lives are at risk of self harm and suicidal intentions.

Mental Health Services invest a great deal of time and resources in finding ways to provide a better, individualised package of care and support for people. However the focus of the care is often on addressing peoples immediate and short term needs. The Whole Life issues that very often lead people to require services in the first place and repeatedly are not fully understood or resolved. Further, the nature of the service can create a cycle of dependency and maintenance for the individual. This is sometimes described as being “stuck”. In spite of significant resources being used for these individuals, it is questionable whether we have found the most effective change, in terms of cost and positive outcomes.

We will describe this approach that has been done in Trieste and is being introduced in the UK. It will show positive outcomes for users and family members.

USERS’ WAY OF SAY: OPENNESS AND AMPLIFICATION, PROSPECTS FOR A RECOVERY-ORIENTED MENTAL HEALTH CENTRE

Mathilde Lobby
EPSM Lille Métropole (Ronchin, France)

The Mons-en-Baroeul, Hellemmes, Lesquin, Lesquin, Ronchon and Faches-Thumesnil mental health pole, which has long been involved in collaboration with psychiatric patients and representatives of associations of people affected by mental disorders, aims to make the valuation of experiential knowledge a key element in the organization of the care it offers. Based on the values of recovery, this system has developed concrete actions, involving a progressive transformation of the organization and professional attitudes, favoring the recognition of the knowledge of those who are accompanied. The integration of peer support workers has played a major role in this evolution. From 2012 onwards, a project for local health democracy emerged, with the creation of participative forums and, subsequently, the election of users’ spokespeople. Noting that the existing institutional bodies were sometimes far removed from daily practices, the objective was to put users and professionals of the pole in direct contact, for the evaluation and construction of services. Through the intervention of a user spokesperson, a peer support worker and a professional, we propose two main lines of presentation:

- The “recovery-oriented” approach: what does it change for practice? What does this mean for professionals?
- Participatory tools: from the collection of users’ opinions to their integration within the practical organization.
In mental health, patient education (PE) allows individuals to conduct normally their daily life through acquisition of competences and knowledge aiming at understanding the disease [1] and its treatment as well as developing strategies for maintaining and improving their quality of life. PE helps playing down the diagnosis and reducing the guiltiness of patients and their family toward a disease often stigmatized. But it needs an action with the families too. For schizophrenia, “familial PE” has shown efficacy after the medical treatment implementation [2]. Although it brings lot of benefits, it remains rarely offered in the healthcare services. Its advantages are better when patients and families intervene during the PE in complement of the healthcare professional and/or educators. These interventions allow talking about topics related to the intimate and personal experiences of the disease, a knowledge that may lack to the medical staff [3]. On this basis, association Promesses, the Territorial Hospital Group “Paris, psychiatry and neuroscience”, and the Education and Health Practices Unit (EA 3412) of Universite Paris 13, are conducting a collaborative research-action aiming of involving in PE interventions parents that are concerned with schizophrenia. This national project includes the training of two/more parents healthcare professionals that would talk in PE programs in a collaborative manner. The training is provided by trained parents, healthcare professionals and educationalists and follows the first interventions of the two/more. Observations and interviews investigate the impacts of the Intervention on the patients and educators. One of the hypothesis of this research is that the training of parents on the PE interventions is a strong sign against stigmatization and toward a more generalized partnership with healthcare professionals.

REFERENCES:


WHAT IS PSÉSAM PROGRAM:
WITHIN A SPECIALLY DEVELOPED HOSPITAL UNIT (UHSA)

In psychiatry, therapeutic education (ETP) is a major focus of the patient empowerment process, which aims to help them acquire the necessary competences to manage their lives with an illness. Within a UHSA (managed care unit), the development of ETP aims at providing patients with the skills to avoid treatment interruption when returning to prison. This work describes the implementation in 2016-2017 of an ETP project on the observation of the benefits of the educational approach and the tools used. It is a question of promoting the empowerment of patients based on the use of their experiential knowledge by relying on the skills of interdisciplinarity. The objectives of the ETP for patients are to know and appropriate their therapeutic pathway, to identify the interest of their treatment and to manage it. The elaboration of the workshops is defined during a session, animated by a pair to identify the objectives of the patient. The workshops were designed to report and work from the “patient experience”. The cornerstone of this approach is the “expression of symptoms” workshop, in the form of a card game with a simple, neutral and harmless graphic design. The art therapist has created about fifty cards representing the different symptoms described by the patients. They were then validated by the patients, the cards facilitate the expression of the patients during the workshops and help them to develop their personal objectives and their experience as a citizen. Indeed the use of image avoids unnecessary descriptions and allows to verbalize more about the feelings and consequences of the disease on their daily lives. The card game brings a relationship of trust based on the patients’ own language and facilitates the exchange with caregivers. The patient allows himself total freedom of expression until he gives his/her own meaning to a card pre-defined symptom. The ETP has also helped to transform nursing practices by reinforcing the importance of patients’ experiential knowledge in the facility and in the care pathway.

COMMITMENT OF PATIENTS AND A HEALTH CARE TEAM IN THERAPEUTIC EDUCATION
WITHIN A SPECIALLY DEVELOPED HOSPITAL UNIT (UHSA)

Julie Zepa
UHSA CHRU Lile (Lille, France)

In psychiatry, therapeutic education (ETP) is a major focus of the patient empowerment process, which aims to help them acquire the necessary competences to manage their lives with an illness. Within a UHSA (managed care unit), the development of ETP aims at providing patients with the skills to avoid treatment interruption when returning to prison. This work describes the implementation in 2016-2017 of an ETP project on the observation of the benefits of the educational approach and the tools used. It is a question of promoting the empowerment of patients based on the use of their experiential knowledge by relying on the skills of interdisciplinarity. The objectives of the ETP for patients are to know and appropriate their therapeutic pathway, to identify the interest of their treatment and to manage it. The elaboration of the workshops is defined during a session, animated by a pair to identify the objectives of the patient. The workshops were designed to report and work from the “patient experience”. The cornerstone of this approach is the “expression of symptoms” workshop, in the form of a card game with a simple, neutral and harmless graphic design. The art therapist has created about fifty cards representing the different symptoms described by the patients. They were then validated by the patients, the cards facilitate the expression of the patients during the workshops and help them to develop their personal objectives and their experience as a citizen. Indeed the use of image avoids unnecessary descriptions and allows to verbalize more about the feelings and consequences of the disease on their daily lives. The card game brings a relationship of trust based on the patients’ own language and facilitates the exchange with caregivers. The patient allows himself total freedom of expression until he gives his/her own meaning to a card pre-defined symptom. The ETP has also helped to transform nursing practices by reinforcing the importance of patients’ experiential knowledge in the facility and in the care pathway.
This paper focuses on participatory dynamics, methods and tools used in peer-support training at the University of Mons (Belgium). The preparation of the training, its contents, its implementation, its evaluation as well as the support mechanisms of the peer-helpers’ training periods in the structures are conceived and co-constructed starting from the knowledge, including experiential knowledge, and competences from a wide range of stakeholders concerned with mental health issues and/or peer support. The theoretical conceptualization and the contents of the training were developed from a Knowledge Production Group (KPG) based on the method of group interviews with feedback. This KPG brought together some thirty people: users, professionals, scientists interested or impacted by mental health issues and allows on the one hand to conceptualize peer-aid, its ins and outs, locations of deployments, goals and on the other hand, to anchor peer-support and training in the contextual realities of Belgium. Peer-support training also uses a participatory work system. Course notes are produced retrospectively in order to integrate the vision and co-construction of the peer from subjects brought by external speakers (social workers, psychologists, psychiatrists, peer-helps, association representatives, etc.). The function and missions of training peer-workers, in mental health facilities, are also prepared with a participatory method between the trainees, the host facility and the training coordination. In addition, several participation training modules are organized: staff of the facilities can come and meet the group of peer-helpers in training to co-construct knowledge around thematic issues related to mental health. Finally, in post-training, peer-helpers have the opportunity to participate in an intervention system where participatory conceptualization starting from field problems is developed with mental health stakeholders.

**PEER SUPPORT AND CITIZENSHIP**

Philippe Maugiron
French-speaking organization of peer support
Everywhere, mental health users are becoming increasingly interested and involved in the life of the city. Here are some examples of the commitment, as citizens, of these new professional actors. With peer support workers in Belgium, professional peer support workers are involved in users councils. In Quebec, certified peer support workers, as well as mentors/recovery peer support workers, are active members of the community life and involved in many institutional committees. In Switzerland, peer support practitioners sit on cantonal committees. In France, peer support workers participate in local councils of mental health. Most of them come from the associative world. This involvement, as citizen, is the follow-up of their associative involvement. In September 2016, four professional peer support organizations from Belgium, Quebec, Switzerland and France met in Brussels for a symposium on peer support. Driven by a desire, an ideal and common needs for co-construction, the various representatives decided to work towards the creation of a transnational movement of professional French-speaking professional helpers. Since then, these organizations, En Route (Wallon Belgium), the Quebec Association for Psychosocial Rehabilitation (AQPR) as well as the Association of peer support workers of Quebec (AAPQG), network the pairs (French-speaking Switzerland) and the French-speaking Association of Peer Health Mediators (AFMSP France), often work together. From Brussels to Lausanne, from Montreal to Paris, landscapes change, accents differ, yet experiencing troubles and recovery remains universal. The first step is to be in an individual and collective recovery process. Then, it is about conquering the community and becoming an active part of it. In order to have a say in places where decisions are made and debated to promote a mental health policy closer to the needs of beneficiaries. Recovery is built on the cornerstone: mental and physical health, social health (work and housing), citizenship (knowing and enforcing one’s rights). By relying on this last cornerstone, we try to have an impact, to contribute to the emergence of a society that imposes inclusion of people with a mental health disorder. We propose to illustrate this with examples of citizen expressions in our different countries.

**TRAINING FOR GEM (MUTUAL AID GROUPS IN FRANCE) ACTORS**

Agathe Soubie
CREA Aquitaine (Bordeaux, France)
The GEM (mutual aid groups in France) is a tool for reintegration, for combating isolation and preventing social inclusion of people in great fragility due to their health. GEMs are based on the philosophy of “peer support”, which means that peers provide support, listening, and sharing experiences to help people with similar problems or life paths. A training action is organized at the national level through a CNIGEM-ANCREAI collaboration, which provides 22 groups with information and training, setting out the principles of organization, operation and partnership required to benefit from the grant allocated by the Regional Health Agencies to create and manage a GEM. This action training has a triple interest:

- Training of a group of GEM members for the self-management of the GEM.
- Training of these members with care, with a profile of volunteer or employed, but also with representatives of sponsors and institutions, with a view to disseminating common information and developing knowledge of each other.
- Training is facilitated by a group of trainers from different fields: a psychologist from Sainte Mentale France, a GEM actor (and vice-president of CNIGEM) and one or two CREA trainers, for their expertise in the medical-social and legal fields, and their experience in leading training groups. Three groups have already been formed. In Bourgogne-Franche-Comté, Brittany and Nouvelle Aquitaine, and have met with great success, both among participants and trainers: it is an experience rich in encounters, exchanges, emotions and acquisition of new knowledge.
EMPOWERMENT IN COMMUNITY MENTAL HEALTH

ACTIVE CITIZENSHIP & MORNING WORKSHOPS
March 29 & 30, 2018 - WHOCC International meeting

CONCEPTS OF CITIZENSHIP AND RECOVERY

PRACTICAL EXAMPLES

EXPERIMENTAL PROJECT FOR A RESPITE PLACE
Malick Diagne
Association JUST (Marseille, France)

The respite place project was born between 2006 and 2010 in a community living space. People directly affected by mental health problems and disabilities (and living on the street) chose to live their difficult moments and crisis outside the usual psychiatric system. The project team obtained the rehabilitation of a building in the city center designed to host people in psychiatric crisis. The building was opened in 2016. Many new people, who have often experienced coercive care and its negative effects, have joined the group and helped to strengthen it. The co-construction of the project by the people directly concerned intensified in 2016, with SOLUA making the building available to the JUST association. The collective then joins JUST and quickly organizes itself through weekly meetings gathering about fifteen “experts of experience”. The collective “Place of respite” was born.

CREATION OF A MOBILE RECOVERY TEAM:
THE JONZAC EXPERIENCE
Julien Bonilla-Guerrero
Hospital of Jonzac (Jonzac, France)

Practices in psychiatry today are changing profoundly in the international as well as the French contexts. This evolution follows the changes in the social representations of psychiatric pathologies, in parallel with the enrichment of scientific models and the demands of users’ initiatives. New terms, until now rarely used in France, are becoming central for the demands of user’s initiatives. New terms, until now rarely used in France, are becoming central for the activities. Practices, as well as what helps and what refrains from their development in the local and regional context.

THE LAB-AH (LABORATORY FOR WELCOMING AND HOSPITALITY) OF THE PARIS TERRITORY HOSPITAL GROUP IN PSYCHIATRY & NEUROSCIENCES OR HOW TO RENEW THE DESIGN OF ENVIRONMENTS AND SERVICES BY INTEGRATING USERS
Carline Delanoe-Vieux
Paris Territory Hospital Group in psychiatry & neurosciences (Paris, France)

Users expect their need to live meaningful experiences that reflect their physical, psychological and emotional integrity to be met. These experiences are linked to a combination of products, services, spaces and information that embody hospitality. In this regard, patients and families express a desire to be actively involved in the design and implementation of services and environments that affect them. This is why the Territory Hospital Group has set up a welcoming and hospitality laboratory (Lab-ah) in 2017, run by design and cultural development professionals. Its vocation is to design new services and environments according to the principles of action of these professional fields: the involvement of upstream to downstream users and creation. The general philosophy of the approach is based on the increasing capacity of professionals and/or users. It is reflected in the method through the implementation of mechanisms within which participants are put in a position to mobilize their creativity, experience and expertise. Similarly, the project aims to reintroduce attention to the sensory and experiential dimension of users in care settings. The quality of attention, nested in the details of the layout, gestures and professional practices, makes up the “sensitive” experience of people. We propose to summarize three concrete examples of the modes of action promoted by the Lab-ah:

• The integration of patients’ experience into the architectural program of the future Neuro Sainte-Anne building.
• Participatory design with the users of three Centres for Mental Health and one household, led to be relocated, of the media for the appropriation of their new environment.
• Hosting a sound design workshop to create new sound and music devices with teams and patients.

March 29 & 30, 2018 - WHOCC International meeting
EXPERIMENTAL KNOWLEDGE IN THE TRAINING OF PROFESSIONALS, USERS AND CARERS: WHERE IS THE PLACE FOR CO-CONSTRUCTION?

Whether initial or vocational training, in the health or social field, which initiatives improve qualifications, facilitating access to fundamental rights or simply the self-confidence of people living with a mental disorder or recovered? How to place the expertise of users in initial and continuing education with mental health professionals? What role can caregivers, politicians and professionals play in this process?

PARTICIPATORY MENTAL HEALTH RESEARCH: DREAM OR REALITY?

Scientific research is a powerful vector for change or evolution of practices. Which innovative research give speech to users and carers on the issues that concern them? How is this involvement and listening organized? Co-built research examples. Place of participatory action research. Operating results.

BASED ON THE CALL FOR COMMUNICATIONS

USER PARTICIPATION IN THE REVISION OF THE INTERNATIONAL CLASSIFICATION OF DISEASES

WORK AS AN HELP FOR RECOVERY

REDESIGNING MENTAL HEALTH TRAINING #1

REDESIGNING MENTAL HEALTH TRAINING #2

PARTICIPATORY RESEARCH IN MENTAL HEALTH

THE QUALITYRIGHTS PROGRAM AND MENTAL HEALTH RIGHTS

ACCESS TO AND MAINTENANCE OF HOUSING
USER PARTICIPATION IN THE REVISION OF THE INTERNATIONAL CLASSIFICATION OF DISEASES

**THE REVISION OF THE WHO ICD: GENDER VARIATIONS (TRANIDENTITY, ETC.) AS AN EXAMPLE OF PARTICIPATORY RESEARCH CONTRIBUTING TO THE TRANSFORMATION OF NON-STIGMATIZING SCHOLARLY AND SOCIAL REPRESENTATIONS**

Marie De La Chenelière, Patrice Desmons

**USERS ?... CARERS ?... WHAT DOES IT MEAN?**

Dalila Bennmessoud

**PRELIMINARY RESULTS OF THE CONTRIBUTION OF USERS OF QUEBEC MENTAL HEALTH SERVICES AND THEIR RELATIVES TO THE REVISION OF CONTEXTUAL FACTORS IN THE INTERNATIONAL CLASSIFICATION OF DISEASES**

Jean-François Pelletier

Montreal University Institute of Mental Health Research Centre (Canada)

**HOW PARTICIPATORY RESEARCH CAN LEAD TO QUESTIONS ABOUT PATIENT INFORMATION AND THE ANNOUNCEMENT OF THE DIAGNOSIS. THE EXAMPLE OF MADAGASCAR**

Mbolatina Michele Raharinivo

Mental health department, Public health ministry


Mbolatina Michele Raharinivo

Mental health department, Public health ministry

The research on the review of ICD 11 by users and carers was aimed at people informed of their diagnosis. However, announcing the diagnosis and informing patients about their disorder is a major challenge for mental health practitioners in Madagascar. Thus, the announcement of the diagnosis of schizophrenia, for example, is confronted not only with the absence of words in the mother tongue to translate it, but also with the level of education of the population to understand the disease. There are a number of factors that limit clear and understandable information. The identification of these different factors is necessary for the implementation of a strategy of individual and community approach to the diagnosis and information of patients about mental disorder.
ETIC: PRACTICES FOR A REDISCOVERED CITIZENSHIP

Elizabeth Duhal
ESAT EtiC (Faches Thumesnil, France)

ESAT EtiC provides individual support to 25 people with psychiatric disabilities in their social and professional inclusion journey in the community. It aims to return them to social participation. To achieve this objective, the EtiC has deployed an organization and practices that promote the empowerment process of everyone, in both its individual and collective dimensions. In its individual dimension, it promotes the autonomy of people in their professional life, in the exercise of their rights and in the actions of daily life. In its collective dimension, EtiC promotes the expression and participation of people in the life of the city. It also supports the collective and militant work of users, to testify and change the way they look at mental illness through the creation of a web magazine. In organizational terms, the choice of an establishment “outside the walls” is a sine qua non condition to ensure the effectiveness of full social participation. The EtiC is thus occupied in the ordinary working environment, respecting each individual’s project and the necessary adjustments. Social-educational support in the city is also a cornerstone of the system. Professional practices are oriented towards strengthening self-esteem and self-confidence, which are protagonists in the empowerment process. The methods of accompaniment require the establishment of a relationship of trust and proximity, the enhancement and positive reinforcement of people. We propose a two-part presentation (professional/user) of the topic, illustrated by the projection of a video shot as part of Mag-n-EtiC, our web magazine.

PSYCHOLOGICAL ASSISTANCE TO ENTREPRENEURS

Nathalie Pernet
APESA France (La Rochelle, France)

96% of French companies are small businesses (2.4 million). They account for two-thirds of jobs. Since the economic crisis of 2008, an increase in the number of companies in difficulty is noted in the Commercial Courts. While the trend is aimed at a “better living in companies”, we tend to forget the entrepreneur who keeps an image of invulnerability and has the mission to take care of its employees. It turns out that there is a psychological distress of the entrepreneur. The commercial courts professionals often can’t provide him with the human help he needs. Public health, according to the APESA designers, must be concerned about these realities: when a person suffers to the point of no longer having the strength to ask for help, and someone spots this suffering, wonder how help should be provided. This is how an innovative initiative has been launched in September 2013. The objectives of APESA: 1/ extend this system to the largest number of commercial courts and consular chambers in France; 2/ communicate on the help provided by this initiative, by training law professionals to become Sentinels, to be able to identify, report and support entrepreneurs in difficulty; 3/ to create and train a network of psychologists and to organize as quickly as possible a local health care. In 2017, 45 APESA initiatives have been set up. 920 sentinels and 620 psychologists trained and 84 entrepreneurs in distress, including artisans, single women with children or pharmacists, bakers have received helped.

PEER-SUPPORT: SOURCE OF INNOVATIVE KNOWLEDGE

Alicia Jovin
French Red Cross (Paris, France)

The priority of the French Red Cross is to constantly improve the response provided to people with disabilities, to always be closer to their needs and their life projects. But life projects are above all spontaneous and varied. This is why resources must adapt by constantly renewing themselves. Peer-support does exist in disabilities, medico-social institutions and all other support organizations must understand and integrate it into their practices because it has a role to play in people pathways, at the professional, personal levels, and in the global well-being as well as within health. Fostering peer intervention means valuing experiential knowledge and opening the door to it. This has a direct impact on people in their life prospects and on their sense of legitimacy, among others, but also on the professionals who accompany them, in the continuing process of skills development, and in the precise evaluation of accompanying solutions. In this sense, we have two missions: to mobilize the network of people with disabilities and of professionals on this recognition of experiential knowledge and we should create a functional toolbox in the context of peer-support.

TEMP’ VOLUNTEER SYSTEM

Sarah Teachout
Espoir 54 - Hope 54 Organization (Nancy, France)

The aim of Espoir 54 is to foster the reception and social and professional integration of people suffering from mental disorders in order to enable them to live as normally as possible in the heart of the city. Espoir 54 works on disability compensation, based on the main principles of psychosocial rehabilitation and recovery. The association also works on accessibility and destigmatization, implementing actions related to the prevention and promotion of mental health. In the city of Nancy, the association is made up of several services: the Social Life Accompaniment Service, the Transition and Accompaniment Facility, the Ordinary Working Environment Integration Facility, the Espoir 54 Specific Supports. Espoir 54 also sponsors a Mental Health Support Group. These various services and sponsored associations are grouped together in the Accompaniment Centre for People with a Psychiatric Disability (MAPH-Psy, Nancy). The “Temporary Volunteers’ system” is an accompanying scheme for the practice of a voluntary activity. It is a tool at the service of MAPH-Psy and people’s life course. The aim of the scheme is to enable people supported by the Espoir 54 organization to carry out a voluntary activity in the heart of the city and thus to respond to the need for a sense of social usefulness of people; enhance and develop their skills; help them integrate into the city; destigmatize mental illness. The scheme has developed a network of partners who call on the voluntary services of the people we accompany. The team of temporary volunteers carries out activities with partner organizations. The allows users of Espoir 54 to volunteer in a safe, group setting and on an ad hoc basis, which is adapted to the fluctuations of psychological disorders. These early experiences of volunteering give some people the desire to get involved in specific and individual projects. We accompany them in the construction of their project, and in their integration within the partner organization. In 2017, we provided 30 people with volunteer experience, including 10 on individual projects.

ACTIVE CITIZENSHIP

& EMPOWERMENT

THURSDAY, MARCH 29

AFTERNOON WORKSHOPS

WORK AS AN HELP FOR RECOVERY

PRESIDENT
Youssof Limane
Health ministry of Mauritania

MODERATOR
Gérard Milleret
President of the medical committee
CH La Carteuse

Youssouf Limane
Health ministry of Mauritania

Gérard Milleret
President of the medical committee
CH La Carteuse

ESAT EtiC (Faches Thumesnil, France)

Elizabeth Duhal
ESAT EtiC (Faches Thumesnil, France)

On March 29th & 30th, 2017, we provided 30 people with volunteer experience, and in their integration within the partner organization. In 2017, we provided 30 people with volunteer experience, including 10 on individual projects.

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**EMILIA: FEEDBACK FROM AMERICA FOR A EUROPEAN PROJECT**

Charles Rice

ACT in mental health and COSME Network (Québec, Canada)

From a practical and scientific perspective, this presentation aims at reporting on the implementation and deployment of the EMILIA program in some fifteen independent mental health organizations acting in the community in Quebec.

The EMILIA project has been developed in the context of the EMILIA consortium, which brings together mental health professionals from around the world. The project is funded by the European Commission, which is supporting the dissemination of EMILIA across Europe.

The EMILIA program is designed to support the implementation of innovative practices in mental health. It focuses on the empowerment of people with mental health problems and their families, and on the development of peer support networks.

The presentation will focus on several innovative elements of the program, including the use of experiential knowledge, peer-involvement, reflective practice, community of practice, active pedagogy and empowerment.

EMILIA is part of the new social practices and allows the community to reconnect with popular education by promoting practices focused on the emancipation of individuals and communities. Finally, it allows the inclusion of empowerment and recovery in mental health in a consciousness-raising action rather than a clinical action.

**NETWORK IN PAIRADVOCACY**

Marie-Claude Saint-Pé

Network in Pairadvocacy (Paris, France)

For the past few years, use of mental health services (members of the Advocacy Citizen Friendly Space) have been involved in the initial training of social and health professionals. More and more often, the testimony of their experiential knowledge is solicited. In the years when the idea of “peer-support” emerged in France, rather in the field of “sensory handicap” and “motor handicap”, the idea of “peer-advocacy” was also developed in mental health. An evaluation will illustrate what has been learnt and now give feedback for deployment of innovative practices in mental health. EMILIA is a training program focused on the development of experiential knowledge in the field of mental health. The program is available in different countries and has been implemented in various settings.

The EMILIA program aims to support the participation of people with mental health problems and their families in decision-making processes. The program is based on the principles of active pedagogy and lifelong learning. It involves the co-construction of knowledge by the participants and the facilitators, and a focus on the development of experiential knowledge.

**EXPERIENTIAL KNOWLEDGE AT THE SERVICE OF THE ACCOMPANIMENT OF YOUNG ADULTS WITH AUTISM IN A MAS (SPECIALIZED CARE HOME)**

Lydie Gibey

Mas du Dr Arnaud, Œuvre Faitrel (Cretié, France)

Since 2 years we collaborate with Kristian Schott, a person with high functioning autism, and PRO AID autism for the training and supervision of the teams of the MAS Dr. Arnaud who accompany 4 adults with autism within a house for people with mental disabilities. The confrontation of experiential knowledge and professional knowledge allows an hybridization of knowledge for daily support and social utility activity. The entire training program is co-constructed with all the stakeholders and adapted to the specific needs of Kristian Schott. He, too, is making intense adaptation efforts to meet the needs of the staff and young adults with autism.

These new contributions profoundly challenge our representations of the needs and resources of adults with autism. He confronts us with our often erroneous representations of the sensory and cognitive functioning of people. This monthly training in the form of supervision of the teams of the MAS of Dr. Arnaud who accompany 6 adults with autism within a house for people with mental disabilities. The confrontation of experiential knowledge and professional knowledge allows an hybridization of knowledge for daily support and social utility activity. The entire training program is co-construc

**RESEARCH-TRAINING COFOR: FEEDBACK AFTER A FIRST YEAR OF IMPLEMENTATION**

Brian Dupont et Djemila Mahmoudi

COFOR (Marseille, France)

Recovery is both a learning of loss and an art of relating. The dynamics mobilized at CoFor, the first French Recovery College in mental health, accompany this movement by the use of peer support and the development of experiential knowledge. Setting up the recovery center out of the mental health care settings allows for a beneficial role change as well as for awareness of the impact of these roles. The co-construction at each stage ensured the adaptation of the initiative to the people concerned and constitutes an element of political transformation. An action-research project has been supporting this project since its earliest beginnings, and ensures that the approach remains participatory at all levels: co-construction, co-decision, and co-evaluation. This research guarantees the highly reflective and adaptive participation on the project. After more than a year of implementation of the project and following the first trimester of training, several issues emerged and this presentation will explain what lies in the core of the participatory approach.

- Recognition of experiential knowledge and expertise
- Recognition of new posts, new jobs
- Increase in skills and professionalization of peers
- Participation and place of the people who are concerned
- Innovation and resistance to change
- Dynamics of self-support and recovery
- Action research and co-construction dynamics
- Literacy

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Marie-Claude Saint-Pé

Network in Pairadvocacy (Paris, France)

For the past few years, users of mental health services (members of the Advocacy Citizen Friendly Space) have been involved in the initial training of social and health professionals. More and more often, the testimony of their experiential knowledge is solicited. In the years when the idea of “peer-support” emerged in France, rather in the field of “sensory handicap” and “motor handicap”, the idea of “peer-advocacy” was also developed in mental health. A research-action was conducted with people using both of these approaches. These new contributions profoundly challenge our representations of the needs and resources of adults with autism. He confronts us with our often erroneous representations of the sensory and cognitive functioning of people. This monthly training in the form of supervision of the teams of the MAS of Dr. Arnaud who accompany 6 adults with autism within a house for people with mental disabilities. The confrontation of experiential knowledge and professional knowledge allows an hybridization of knowledge for daily support and social utility activity. The entire training program is co-construc
March 29 & 30, 2018 - WHOCC International meeting

REDRESSING MENTAL HEALTH TRAINING #1

THE CAREGIVERS / USERS PARTNERSHIP
AT THE SERVICE OF THE EVOLUTION OF KNOWLEDGE AND PRACTICES IN MENTAL HEALTH. WHAT BENEFITS TO DRAW FROM THE LIVED EXPERIENCE?

Sylvie Tricard
Resource Center Professions and Skills in Psychiatry – Patients University of Grenoble Center for Psychosocial Rehabilitation and Cognitive Remediation (Lyon-Grenoble, France)

Capitulating on 250 years of experience of mental disorders, this is the challenge that brought together the CRMC [*1] and the UDPG [*2]. The first training co-constructed with the ‘resource patients’ was completed in November 2017. One of its challenges lies precisely in the implementation of this knowledge resulting from experience in practices, care, support, research and innovative actions. This program promotes health democracy in mental health, still poorly developed. In the Auvergne Rhône-Alpes region, the first pool of resource persons who also wants to be a ‘pool of trainers’ and lecturers has become operational. The group identified desirable and necessary ‘intervention zones’. By way of example, in the human medical practices by training physicians to the universe of patients as partners; added value of the patient resource. His/her experiential knowledge becomes a source of knowledge. Beyond the testimony, he/she represents users and becomes an actor of change. In our region, patient-doctor pairs co-construct a teaching for medical students. Another example, the first training module for all professionals, on Recovery, is in preparation, built with these trained users and caregivers. This process of inclusion of experiential knowledge becomes transposable. Using the methodology of the co-construction, we invite you to a workshop in which users, professionals, elected representatives, etc. will be the authors of proposals in valuing the experiential knowledge.

[1] CRMC (Lyon, France)
[2] UDPG (Lyon, France)

FEEDBACK ON A MENTAL HEALTH PROMOTION INTERVENTION CARRIED OUT AT THE REQUEST OF TERMINAL STUDENTS

Jean-Pierre Kahn et Alexandra Tubiana Pollez
Psychotherapy Center of Nancy, University of Lorraine, Nancy University Hospital (Nancy, France)

The Saving and Empowering Young Lives in Europe study (SÉVILLE) compared 3 programs for mental health promotion and suicide prevention in 10 European countries in 2009/2010. It brought together 12,365 students from 14 to 16 years old. One of these interventions, the Youth Aware of Mental Health (YAM) program, was designed to educate students about mental health and provide them with the means to be involved: choices that can be made in situations of stress, how to cope, etc. This intervention is done in the form of role plays (3 hours) and interactive discussions (2 hours) focusing on the problems of everyday life, stress, crisis situations, depression, suicidality, etc. A booklet is given to the students as well as an information card listing the places and resource persons in mental health available locally. Well received in the SÉVILLE study, the YAM program initiated a request for intervention in a Nancy high school. This request, coming from the students themselves, was put in place within the framework of the activities of the Committee on Education for Citizenship and Health. At the end of the 2-hour sessions titled “Stress Management and Self-Esteem” based on YAM material and methodology, praised by the students, the intervention is renewed every year for 5 years. This positive local experience shows students who have formalized and expressed specific needs in mental health and get an appropriate response from the staff of the institution.

PATIENT-PARTNER, AN EPHEMERAL PRACTICE IN THE QUEBEC NETWORK?

Bernard Saulnier
Institut universitaire en santé mentale de Montréal (Montréal, Canada)

On January 2011, the policy on the involvement of patient-partners and their families in clinical-administrative committees and destigmatization activities of the “Institut universitaire en santé mentale” of Montréal came into force. This policy is part of the objective to encourage the appropriation of power by the user and the recognition of his or her experiential knowledge on the recovery process, on the disease and on the health network as a source of innovation, privileged to improve services. Since the implementation of the policy, more than 230 initiatives have been implemented and patient partners have been able to provide input, for example, on isolation-contention measures, suicide prevention and clinical programming committees. They have also been involved in destigmatization activities with employees and the general public. The participation of patients in the various committees has made it possible to improve the organization and quality of services. For managers and stakeholders, the presence of patient partners in the committees changed their perception of the committees and made them more likely to be full-fledged citizens. For partner patients, their participation in these committees reduces their self-stigmatization, restores self-confidence and contributes to their recovery. The policy provides with remuneration the patient partners for their preparation and participation in activities. This achievement is increasingly being discussed at a time of major transformations in the “Réseau de la santé québécois”. Despite their experiential knowledge and significant contributions, do patient partners remain stigmatized? Can patient-partner activities be continued without compensation? The communication will be presented mainly by two patient partners.

TRAINING OF THE INDIVIDUALS CONCERNED: A TOOL FOR A MORE INCLUSIVE SOCIETY

Philippe Charlot et William Centille
AMAHC (Lyon, France)

You can create an inclusive society with a paradigmatic shift; or rely on universality of human rights; applicable without ambiguity to the persons with mental disorders; or referring to the law protecting and coercive by essence; the participation of the persons with mental disorders and/or with disabilities to anything of their concern is not an option anymore. It should be organized. But to do so in an effective participation or want an expelled one, the concerned persons should be empowered. At AMAHC, we think that training is needed for building capacities (knowledge, abilities, self-confidence). AMAHC offers training cursus (law, disability, citizenship) with immediate effects; the thirty persons already trained know better the system in which they live, they identify the means that legitimate their demand to use their whole rights, and their self-esteem is restored. From now on, they do. First, for themselves: eg one can argument calmly with her psychiatrist in order to change her pharmaceutical treatment that she was suffering until now. But they also do for others. In AMHC, six persons are representative of their pairs and four are members of the board. Plenty of them participate in every internal commity of the association. Further, two of them participate to the definition of the administrative area (departement) mental health network strategies. In the mutual-help group (GBM) “GEMOTION”, the administrators took seriously their role and now structure the governance of their association. This still bourgeoning initiative seems to bring radical changes in the manner that environment (public, professionals, institutions) considers the persons with mental disorders. But also in the past these persons will play in the institutional changes that will bring more inclusion and better outcomes for everyone. It’s the first step of a new scheme that plans to create the conditions that will allow the persons concerned to organize themselves in order to become unavoidable stakeholders in the definition of anything concerning them, especially in the dialogues with the institutions and decision-makers.
Mental Health Reform is the national coalition, advocating for improved mental health services and the social inclusion of people with mental health difficulties in Ireland. In 2015, MHR commenced a three-year project in partnership with one of Ireland’s leading homeless organisations (Dublin Simon Community) to support a group of individuals with experience of homelessness to advocate for better mental health services to meet their needs. Despite the high prevalence of mental health difficulties among the homeless population, there are considerable barriers for such individuals in accessing timely and appropriate mental health services. In the first year of the project, MHR conducted a participatory research project with homeless people to document their history and experience of trying to access mental health supports. Building on this evidence-base, in the second year, MHR provided capacity-building training to a group of people (with experience of homelessness) in collective advocacy skills. The purpose of this training was to empower the group partners to become advocates for Government and its agencies for improved mental health services to meet their identified needs. Now in its third year, MHR is supporting the group to implement their advocacy strategy. As part of this strategy, the group have produced a video documentary to share their experiences and campaign aims with decision-makers, peers, members of the public, and other key stakeholders. The project has facilitated valuable learning for participants – members of the group have highlighted the benefits of both individual and collective empowerment and the opportunity the project has provided in advocating for change to improve the mental health outcomes for homeless people. Outcomes of the project, to date, have been fruitful, including the appointment of group members to a national Health Service Executive (HSE) advisory committee on the development of mental health services for people experiencing homelessness.

In 2017, the “mental health information weeks” (SISM) had for theme “mental health and work”. In this context, an original initiative from citizens arose in the psychosocial rehabilitation centre of Saint-Etienne. A group of service-users wanted to bring ideas and actions for the SSM 2017. They gathered within the “free speech” group active in the centre since September 2016 and oriented toward rehabilitation, recovery, and citizenship. In this group work emerged the importance of valuing the speech of service-users about their personal experiences linked to work and workplace. They built a questionnaire to collect these first-person accounts. Some accounts have also been recorded and broadcasted through radio during the SSM. This users-lead work was the basis of an interdisciplinary qualitative research project focusing on the role of professional insertion and Social Inclusion in the recovery processes of people with severe mental disorders. We will first present the group work of the SSM before the results of the qualitative research. We will also see how the users-lead actions contribute to scientific research and experiential knowledge sharing and building. Finally, we will talk about the possibilities of co-construction of mental health research projects, on the basis of the present experiences and qualitative methods.

Over the last two years, a participatory mental health action research project initiated by Advocacy France and funded by the CNSA and FIRAH has been conducted on two sites. This research was a first of its kind in France. It was inspired by Disability Studies, based on the involvement of people with disabilities themselves both to identify the determinants that could be acted upon and to initiate change dynamics. It involved volunteers from mental health support groups, who were designated as researchers-actors, and researchers with an experience in this type of approach, to explore the difficulties encountered by people said to be psychologically disabled. In the context of their relations with various public institutions (social inclusion, rights, discrimination, access to prevention and care). Goals: to give back their place, rights and voice to the people concerned by the mental illness, through the production of knowledge related to the exercise of their rights; to ensure that this questioning capacity is taken into account by the involved public institutions and other concerned stakeholders; finally, to bring out prospects for change to improve the situation of these people. The commitment of people’s “power to act”, the mobilisation of their “experiential knowledge” and the dynamic of empowerment in which they fit were at the heart of the process. To develop on the main results of this research, this presentation will associate professional researchers and researchers-actors who will testify about how they experienced the process. It will be based on the projection of a short film reporting on the research process; constitution of the focus groups, identification and exploration of themes based on experiential experience, co-development of interview guides, training and preparation for the interviews, the interviews, and collective validation of survey results.
In 2012, WHO published the QualityRights program, which aims to support countries in improving the quality of services and the respect of mental health rights. The program is based on the United Nations Convention on the Rights of Persons with Disabilities, ratified by France in 2010. The operational objectives include providing technical support for the assessment of quality and respect for rights, proposing training modules for users of mental health services, carers and professionals, developing a network of associations and to support mental health policy reforms in order to move towards international standards and recommendations. The WHO Collaborating Center for Research and Training in Mental Health (WHOCC, Lille) has been mandated by WHO to coordinate the implementation of the QualityRights program in France and in French-speaking countries. The WHOCC has translated the technical support documents of the QualityRights Tool kit and is currently finalizing the translation of about 15 training modules on related topics (Mental Health Rights, Recovery Orientation, Alternatives to Coercive Practices, etc.).

This workshop will be an opportunity to present three points of view on the practical implementation of the QualityRights program in facilities:

- Marie-Josée Froideval is an expert by experience and active in the community sector and associations
- Roselyne Touroude is Vice-President of UNAFAM (National Union of Families and Friends of Ill and/or Psychologically Disabled Persons)
- Mauro Carta is Professor of Psychiatry in Cagliari

All three have used the program in in mental health services, and will share their experience.

MENTAL HEALTH CONSUMERS’ PARTICIPATION IN DEBATES AND RESEARCH ON THEIR RIGHTS: EXPERIENCE OF AN INNOVATIVE CAPDROITS PROGRAM (“RIGHTS FOCUSED” PROGRAM)

Iuliia Taran
CNRS - Max Weber centre (Paris, France)

Mental health users’ participation and access to citizenship are major issues in democratic life and current public policies. For people with psychiatric disabilities, their full and effective participation in society is recognized as general principles of the United Nations Convention on the Rights of Persons with Disabilities, ratified by France in 2010. However, the direct participation of mental health users in academic or professional forums on the issue of rights remains difficult, especially with regard to debates on the protection of vulnerable persons (legal protection, care without consent in psychiatry). We would like to present the experience of a group of mental health users who have been reflecting on their rights for the past year as part of an innovative Capdroits program. The Capdroits action aims to support the participation of vulnerable people in debates on their rights, to promote experiential knowledge from the people most directly concerned to actors in the field of research and public authorities and to conduct research on the exercise of rights with the direct participation of users. Based on the principle of “crossing of knowledge”, the Capdroits method consists in accompanying the advertising of personal experience in order to make it a collective expertise. Built on the basis of a sharing with peers of personal experiences in mental health and in the community and their collective analyses, the expertise of mental health users then enters into dialogue with caregivers, professionals and researchers during public forums. The discussions of the Capdroits groups focus in particularly on the recognition of the psychological handicap and its impact, the different forms of accompaniment and the relationships between the stakeholders.
EMPOWERMENT IN PRACTICE: WHICH CONCRETE TOOLS ARE AVAILABLE?

Christopher Hennebelle, Jean-Marc Tournemaine
ACT-Un Chez Soi d’Aboird (Lille, France)

We would like to present tools for user participation and empowerment in mental health services by sharing our feedback on the ACT-Un Chez Soi d’Aboird Grand-Lille (a housing experience in mental health community care). In relation with the empowerment inherent in recovery-based professional practice, the team sought to encourage service users’ participation. To do this, we rely on different tools and actions:• Writing workshop: tell the story of one’s life through self-biographical writing exercises led by a writer. These are co-participating exercises. They allow you to learn to speak about yourself and your life. • Wellness Recovery Action Plan: tool used individually or collectively. It makes it possible to define well-being and a crisis plan, to understand one’s illness and emotions. • Training in schools (especially social work school): service users intervene in schools and they share the experience of street life, illness and recovery. Valuing experiential knowledge: “I give a course to future professionals when I don’t even have a secondary school certificate but a life and difficulties certificate”. These different workshops make it possible to “say things, write your life, and remember your dreams. They help to know how to talk about oneself. Going through self-writing allows for free expression. We can tell everything. This empties the bag and gives a feeling of being delivered”. The objective of this workshop would be to discuss the practical application of participation and empowerment on a daily basis. How to foster empowerment and participation? What are the existing tools?

WELCOME TO THE PHOENIX SOLIDARITY BOUTIQUE

Cécile Lacroix-Tenant
Périgueux Hospital Centre - Dordogne (Périgueux, France)

ThePhoenix Association for Mental Health Care is part of the medical project of the Adult Psychiatry Department of the Périgueux Hospital Centre in Dordogne. Its main objective is to help patients in the sector to re-socialize by emphasizing responsibility, initiative, commitment and openness to the outside world. Its very organization is shared between care-givers and care: This legal structure governs various therapeutic workshops involving social skills (catering, writing, creative, secretarial and accounting services of the organization, solidarity shop...). These workshops, which support social interactions, constitute a real lever for the psychosocial rehabilitation of patients severely hampered by psychological disorders. One of the workshops “Solidarity Boutique” has just opened in the city in a room provided by the municipality of Excideuil (Dordogne). It took 2 years of work in a therapeutic workshop with a group of patients to build this project and then 3 years of opening at the medical and psychological centre before it could be emancipated. It is managed by patients and open to the general public. Articles coming from donations (clothing, accessories, shoes, dishes, books...) are sold at a very low price for the benefit of the organization. This Boutique, associated with a cafeteria, is a place of welcome and conviviality. This creative and innovative project, taking part in the denaturalisation of mental disorders, was awarded first prize in the PetitsOrs (PetriCare) competition organised by the Périgueux Hospital Centre (grouping together the 4 establishments in Dordogne) and second Petri Intermédé (organized by the journal “Santé Mentale” “Mental Health”). We plan to come accompanied by 2 patients from the Solidarity Boutique workshop to communicate about this project.

ACCESS TO AND MAINTENANCE OF HOUSING

Raghnia Chabane
Deputy mayor
City of Mons-en-Baroeul

Access to housing for individuals with severe mental health disorders is a major concern. In recent years, there has been an increased focus on providing housing supports that allow individuals to maintain their living situations in the community. This has been particularly evident in the development of recovery-oriented systems of care, which emphasize the importance of housing in the overall recovery process. In this session, we will explore the role of housing in recovery-oriented systems of care and discuss some of the challenges and opportunities associated with providing housing supports for individuals with severe mental health disorders. We will also examine some of the innovative approaches that have been developed to support the access to and maintenance of housing for this population.

HEALTH AND SOCIAL SUPPORT PROJECT PASS VERS

Virginie Bulot
Dr. Baam’s Adult Psychiatry Department (Versailles, France)

With the aim of supporting users towards recovery, 78G17 sector, the city of Versailles, the Department of Social Action of the department and l’Œuvre Falret have developed the project PASS VERS (Versailles Health and Social Support Project) designed to work in collaboration with people suffering from schizophrenia to accompany them in the realization of their life projects. This system is directly inspired from the recommendations of the Proof Center in Psychiatry and Mental Health which report aim to reduce the obstacles to recovery, by associating referral social workers working in the community with the healthcare pathway of the Centres for Mental Health patients. This tightened team includes the user (centre of this system and decision maker of the course to be followed), their relatives (if possible), a social worker (from the city of Versailles, the department or l’Œuvre Falret) and a nurse. The psychiatrist and the patient’s referral team at the Centre for Mental Health remain committed to care, but care is no longer at the centre of patient care: it becomes a means to support the recovery process. This system was recently implemented in our sector in November 2017. It involves the use of tools for the elaboration of the life project, the evaluation of the subject's resources, as well as various clinical and social evaluations necessary for the initial assessment and subsequent evaluation of the impact of this system in terms of rehabilitation and recovery. This project is therefore a real clinical research project, the results of which could lead to recommendations on the accompaniment of patients suffering from severe mental disorders. The purpose of this presentation is to give a feedback on our experience of the beginning of the implementation of this system in routine care.

A FIELD EXPERIENCE WITH HOMELESS YOUTH USING SOLVENT INHALANTS IN MEXICO CITY

Arturo Ortiz
National Institute of Psychiatry Ramon de la Fuente Murrieta (Mexico City)

The causes of homelessness in Mexico have components related to economy, culture and individual choices, among others. Most of the members of street populations consume drugs. The most consumed one by street youth in Mexico City is toluene. Unfortunately, it is a ‘population that is rarely enters treatment centers, and when it does, it does not show adherence to treatment and soon leaves the center’. This is because there are no treatment programs specifically designed for their care, and because their motivation to change is very volatile. The Mexican National Institute of Psychiatry has conducted research with marginal groups for 40 years and recently, with funding from the US Department of State, carried out an intervention with 30 young users of inhalable solvents living in the streets of the Historic Center of Mexico City, in places such as public parks, sidewalks and abandoned buildings. The axes of the intervention were: environmental enrichment, the restructuring and strengthening of individual and social identities, the development of skills such as long-term thinking, therapeutic micro-interventions, healthcare support and links with health and education institutions. The application of these axes was carried out in the streets and in a participatory manner, with the street groups deciding on the course and activities of the 4-month intervention. Results show that the level of consumption decreased markedly in the first weeks, which allowed young people to generate life projects through self-management; others decided to “get out of the street” either by returning to their families, going into treatment (with the help of the intervention team) or looking for a space of their own that they could afford to pay with self-employment.
**Challenges for citizens in the mental health system a conceptual revolution?**

**PRESIDENT**

**Gabriel Ivbijaro**

Medical Director, Waldorf Community Health & Family Services Health '<?xml:namespace prefix = st1 ns = "urn:schemas-microsoft-com:office:smarttags" >/n

Gabriel Ivbijaro is visiting professor of Population Health at NOVA University, Lisbon, Portugal and a specialist in integrated care and primary care mental health, with a focus on psychoanalysis. He co-edited ‘Integrating Mental Health into Primary Care’ and is a member of the Core Team in the inter-communication with World Health Organization and Organization of Family Doctors in 2008 and has participated as a member of the steering committee in several projects including being the Royal College of General Practitioners representative on the Royal College of Psychiatrists Intercollegiate Mental Health section. He was the Program Committee Chair of the European Mental Health Congress in 2013.

Ivbijaro has presented papers on the subject of primary care mental health care and integration and collaborative care at many local and international conferences and has published a range of articles in peer reviewed journals on the subject. He was an editor of the ‘Companion to Core Primary Care Mental Health’, an international collaboration of 110 authors from all continents of the world, published by Doody’s Review and aims to promote access and delivery of evidence based practice in primary care mental health care.

His contribution to the UK National Health Service was recognised in 2013 when he was appointed an MBE (Member of the Order of the British Empire) by Her Majesty the Queen. Professor Ivbijaro is an International Distinguished Fellow of the American Psychiatric Association, a World Health Organization (WHO) Expert, a member of the American College of Psychiatrists, Chair of the World Dignity Project and Past President of the World Federation for Mental Health 2015-2017.

**Recent publications or related to the themes of the days:**


**MODÉRATRICE**

**Charlotte Marchandise-Franquet**

President, French WHO Healthy Cities Network

Charlotte Marchandise-Franquet has been working as communication officer and project manager in the corporate world and social and environmental NGOs. She is a consultant in various fields and with different publics (politicians, public health stake-holders, migrants, doctors, volunteers, students, seniors...).

In 2014, she was elected as city-society Deputy Mayor for Health of the city of Rennes, France and President of the French WHO Healthy Cities Network. She is an active member of the European WHO Healthy Cities Political Action Group (PAG).

She defends a whole-of-government approach and the creation of a network of totally alternative community services. She developed the 24-hour VH-City model of mental health service in France. Her ambition is to create a new model of care in which the patient involvement in the 90’s; he ended up the process of reformation of all former psychiatric hospital faculties in Trieste toward independent living. Past Secretary of Société Trivinitra de Psychiatrie démocratique (1986-1988). Travelling Professor for the Royal College of Psychiatrists of Australia and New Zealand (2012), has been invited for Innovative Practice at Zero Project of Vienna based in 2016 in September 2016 he received the prestigious “European Personality Award” by Gomina Europe.

Recent publications or related to the themes of the days:


- Marguerite Walker joined EUFAMI as Executive Director in January 2017. A committed public affairs and association management professional, Margaret has more than 15 years’ experience in the field and has worked with both scientific and patient umbrella associations, at European and international level. Margaret has a Postgraduate Certificate in Humanities, a Bachelor of Arts (Hons) in Humanities, as well as a Certificate in Project Management. Margaret is currently working as Research Assistant at the University of Eastern England. Margaret oversees the day to day operation of the network and works to ensure its mission, to represent all family members of persons affected by severe mental illness at European level so that their rights and interests are protected and is fulfilled.

**Recent publications or related to the themes of the days:**


ACTIVE CITIZENSHIP & EMPOWERMENT
IN COMMUNITY MENTAL HEALTH
VIA E-MENTAL HEALTH
The recent publications or related to the themes of the days:


**OPENING AND WELCOME**

**Déborah Sebbane**
Psychiatrist, working at the Medical & Psychological Service of the Annoeullin Penitentiary Center,
University Hospital of Lille, WHOCC

**Bianca De Rosario**
Mission manager
WHOCC

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**PLENARY SESSION**

**8h55**
Performance by Valérie Cordy

**9h00**

**E-mental health: Interest for the user and politico-economic stakes, does it match or not?**

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**Alison Cameron**

User / Survivor

**Alywellesblog**

Alison is a graduate in Russian who ran international development projects mainly in the countries most affected by the Chernobyl nuclear disaster in the former USSR. She also administered her City’s connections in Europe particularly with the City of Clermont-Ferrand in the Auvergne. Her career was cut short when she was diagnosed with Post Traumatic Stress Disorder after her colleagues were killed in the course of her work. The consequences included homelessness, multiple admissions to hospital and identity loss. She now advises NGO’s, housing and social care organisations on how to work in genuine co-production with citizens involving speaking at conferences, teaching, training, and writing. After many years of isolation, and apparent denial of the right to active citizenship, social media proved the catalyst to her starting to rebuild an active life and gradually reclaim the right to her place in her community and beyond. She has been named one of 50 Inspirational Women in Healthcare in the UK by the Health Service Journal.

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**Bernadette Devictor**

President, French national health conference

Bernadette Devictor is a statistical engineer and strategy consultant in information and communication technologies. Since June 2011, Bernadette Devictor has been chairing the national health conference. Since 2004, she has also been president of the inter-associative health collective (Ciss) Rhône-Alpes, which brings together more than 110 health user organizations and more than 550 user representatives. As such, it represents users in numerous regional or territorial bodies for consultation, planning and organization of the health system. Her community involvement in the health sector has also focused on HIV-AIDS prevention and regional or territorial bodies for consultation, planning and organization of the health system. Her community involvement in the health sector has also focused on HIV-AIDS prevention and Alzheimer’s disease. She submitted several reports to the Minister of Health, Marisol Touraine, and regional or territorial bodies for consultation, planning and organization of the health system.

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**Gàëlle Regnault**

Family carer, Founder of LearnEnjoy

Gaëlle Regnault created LearnEnjoy, a social enterprise crossing pedagogical, technological and social innovation. Her work facilitates differentiated teaching in classrooms and democratises access to the best educational strategies for all pupils without exception, which in particular revolutionizes the education of autistic children in France. These formerly neglected students are paving the way for responsible digital uses for the benefit of all students. LearnEnjoy has 40,000 users of adapted teaching aids. The association has helped to accompany and train 650 families so far and 2,000 professionals. Today LearnEnjoy has an evaluation system recognized by the national education system.
E-mental health: What do users and health professionals think about it?

- Results of EUtME Study (Qualitative Study of the Expectations, Needs and Uses of M-Health - eHealth Technology in Mental Health - by All Stakeholders) by WHOCC

- Using digital technology to highlight forces and progress of an individual in his own community: the “Baromètre” project

Pierre-Luc Bossé
Coordinator of the Baromètre project
University Institute of Primary Health and Social Services - CIUSS de l’Estrie – CHUS (Quebec, Canada)

Pierre-Luc Bossé is the coordinator of Projet Baromètre, at Institut universitaire de première ligne en santé et services sociaux (University Institute of Primary Health and Social Services) du CIUSS de l’Estrie – CHUS (Quebec, Canada). He is also lecturer – The Strengths Approaches In Mental Health Services – at the School of social work from Université de Sherbrooke. Since 2012, Mr. Bossé is in charge of the process of creation and coproduction of Baromètre: a digital, collaborative and participatory tool that highlights the strengths and progress of people. Formerly, he worked as social worker in the context of mental health and collaborated closely in the implementation of a project on neighborhood interventions in districts with high level of social and economic disadvantage. Finally, as of September 2018, Mr. Bossé will be PhD candidate in the Health Sciences Program at Université de Sherbrooke.

Recent publications or related to the themes of the days:


Olivier Devaux
User of Baromètre project

Sebastien Carrier
Professor of Social Work
University of Sherbrooke (Quebec, Canada)

Sébastien Carrier, professor in the department of Social Work at University of Sherbrooke and assistant scientific director of the CIUSS Estrie University Institute of Health and Social Services - CHUS (Quebec, Canada). Specializing in the analysis of organizational and professional practices, he works on the theme of the personalization of social services. On this theme, he directed a collective work France / Quebec. He has also led two research projects closely related to the Barometer Project. A first SHRC grant (2012-2015) was designed to critically analyze approaches that have developed outcome indicators focused on the person in the field of social services. A second fund supported by the FQRSC (2015-2018) aimed to evaluate the effects that help and support services provide for people with mental health problems. He is responsible for the scientific direction of the Project Baromètre in Quebec and France.

Recent publications or related to the themes of the days:

- Carrier, S., Morin, P., Gros, D. and De La Tribonnière (2017). The engagement of persons in the services of health and social services. Regards croisés France-Quebec, Presses de l’Université de Québec.


Vincent Demassiet
Co-founder of the network Nappe Paranoïa and President of the Mental Health Support Group “Ch’tis Bonheur”

Vincent Demassiet hears voices. For years, his voices yelled insults at his ears. Thanks to a group of speakers from the REV (French Hearing Voices Network), he managed to tame them. Vincent is now President of the REV France. He is also co-founder of the network Nappe Paranoïa and President of the Mental Health Support Group “Ch’tis Bonheur” (I’m happy).

Margot Morgiève
Researcher on societal mental health, Fondation FondaMental, WHOCC

Margot has a triple clinical, neuroscientific and sociological experience. After practicing as a clinical psychologist, she joined a research team in neuroscience (BEBG-ICM) in which she conducted an ethnographic study on the process of making scientific knowledge and representations of mental disorders (cross-views of people who suffer from it, their relatives, clinicians and the general public). She later led a program aimed at developing innovative and personalized solutions for the compensation of mental handicap (AHATIC) enrolled in a participatory innovation movement aimed at involving users-experts in the design of these solutions (Cermes3 & BEBG Team -ICM). She has more recently conducted a Qualitative Study of the expectations and uses of m-Health by all stakeholders (EUtME) with the Collaborating Center of the World Health Organization - WHOCC. EMPS Lille Métropole. She is currently working on a smartphone application aimed at evaluating, predicting and preventing the risk of suicidal relapse according to a participative conception method (Foundation FondaMental-Chair of Excellence in Suicide prevention, directed by Dr. Courtet) and the participate in the development of a national strategy for Online Adolescence and Young Adult Suicide prevention programme (FRSM-Popagation Program).

Recent publications or related to the themes of the days:


MORNING WORKSHOPS

11:45

BASED ON THE CALL FOR COMMUNICATIONS

E-MENTAL HEALTH AND SELF-HELP #1
E-MENTAL HEALTH AND SELF-HELP #2
TECHNOLOGICAL PERFORMANCE AND EMPOWERMENT

THURSDAY, MARCH 29 MORNING WORKSHOPS
**BLUE BUDDY: AN APP AGAINST ANOREXIA AND BULEMIA**

Sophie Criquillion  
CMME, Saint-Anne Hospital (Paris, France)

In France, 300 to 450 000 patients between 12 and 35 of age are affected by eating disorders such as anorexia, bulimia or binge eating disorder. More than half do not use healthcare because of lack of information about them, lack of specialized structures and trained professionals, lack of availability because of geographic distance. This lack of healthcare has harmful consequences on health, social, professional and familial life of the concerned people. The objective of Blue Buddy app is to raise awareness, encourage them to use healthcare, and, for those already in treatment, to support them between two consultations or, after an hospital discharge, to create a close relationship with the medical staff in order to diminish relapses and improve quality of life. The app includes an alimentation journal, support and patient education texts, health information and quiz as well as therapeutic strategies adapted to the users situations (craving, restrictions, vomiting...) also some cognitive-behavioural therapy elements, a tool box with immediate resources available and serious games...

The aims are to relax the psychological structure, change some patterns and improving self-esteem. Weekly and monthly recap of the progresses and objectives checked are also provided. Data are strictly confidential but can be shared with the medical staff if the user wants so. Development of such app would increase the rate of healthcare use when needed and to complete the existing one, especially around the hospital care, in order to reduce short-term relapses risks. The app has been designed by patients of Sainte Anne hospital, psychiatrists, psychologists and developers that are also carers. Blue Buddy received the Education Thérapeutique Prize (Challenge de l’Innovation en Santé des patients of Sainte Anne hospital, psychiatrists, psychologists and developers that are also carers. Blue Buddy received the Education Thérapeutique Prize (Challenge de l’Innovation en Santé).

**THE MIND PROJECT: CO-DEVELOPMENT OF PROTOTYPES TO IMPROVE PWD’S QUALITY OF LIFE**

Mathilde Lamotte  
INSIDE, Université du Luxembourg (Esch-sur-Alzette, Luxembourg)

The MIND project is a European project that aims at supporting and improving the quality of life of people with dementia. More precisely, the MIND project focuses on how to support both people with dementia and their carers to improve social engagement and inclusion through tools that support self-reflection (mindfulness). This project is thus a collaborative and interdisciplinary project as it includes people with dementia, informal and professional carers, people with dementia, informal and professional carers to determine areas of priority. From this, an assessment in terms of feasibility provided suggestions to start design development. Important issues that were identified from this work included social engagement and inclusion: the importance of information and advice following diagnosis; and the strong wish of people with dementia and carers to be actively involved in the design process. Based on these concept ideas, we are now working with an interdisciplinary team of researchers, designers, architects, social workers and medical professionals on two prototypes to be tested in ecological situations by the end-users. At each step of the design development, feedback and assessment from end-users are brought into the process to keep the prototypes as close as possible to the expressed needs.

**E-MENTAL HEALTH AND SELF-HELP #1**

**PRESIDENT**  
Pierre Coubelle  
Volunteer ARGOS 2001

**MODERATOR**  
Joyce Van Der Niet  
E-Health consultant in national and international implementation projects  
Arq Foundation

**« APP NOO, ME WITH YOU »**

Didier De Riemaecker  
WeLL (Wallonia eHealth Living Lab) (Namur, Belgium)

NOO is an application that helps mental health users to boost their recovery. This application combines 4 functionalities:

- Network Map: a tool to help you visualize and describe a person’s network;
- Resources: images, videos, songs, favorite quotes to boost self-esteem;
- Contacts Directory: people to help one’s own recovery;
- Crisis call: a click to have a person at the end of the call.

Thanks to the Network map, the Contacts Directory and the Crisis call included in the NOO application, people identify and is in contact with those who can help them in their recovery. Thanks to the Resources, the user has at his disposal at all times photos, videos, music, quotations, etc. that are good for him, even in case of crisis. These features are based on two tools developed in Belgium with the Réseau Santé Namur: the Carte-réseau and the Plan de crise (more information: http://www.reseausantennamur.be/).

The development of the NOO application was done in collaboration of the Réseau Santé Namur and the WeLL (Wallonia eHealth Living Lab, more information: http://well-livinglab.be/). But above all, it has benefited from the ideas and expertise of many mental health users, professionals and those close to mental health users who have been involved in all phases of conception and development.
EMPOWERMENT IN COMMUNITY MENTAL HEALTH
ACTIVE CITIZENSHIP

PHOENIX: A SMARTPHONE APPLICATION TO HELP MANAGING CRAVING IN ADDICTIONS
Chloé Lucet
Sainte Anne Hospital (Paris, France)
Craving is “an irresistible urge to consume” and is considered the cardinal symptom of addictive behaviors. This moment of vulnerability represents a major risk of loss of control and relapse. Conventional effective therapies exist but costs, time and geographical barriers limit access to care. Our patients have difficulties with managing their craving on their own and require daily support.

The idea of the PHOENIX scheme (www.get-phoenix.com) was born from these findings. Thanks to the New Health Association (www.newhealth.fr), our multidisciplinary team in substance abuse was able to participate in the 2016 Innovation Challenge. This event allowed us to meet developers and designers from the HETIC school (www.hetic.net), in order to train our current team and create a prototype, rewarded with the prize “Best Treatment Project”. The PHOENIX smartphone application provides real-time support for patients wishing to reduce or stop their consumption. Used between two consultations, its main target is the management of craving, without being specific to a product or addictive behavior. When the patient feels a craving, PHOENIX identifies the situation and suggests the most appropriate strategy to avoid using substances. Strategies are personalized, prepared in advance with the caregiver and then cross-referenced to the craving context and patient profile using machine learning algorithms. The application also provides statistics on the user’s addictive behavior and uses principles of positive psychology and psychoeducation to support the user. It is linked to a healthcare interface (website) that allows each professional involved to follow the evolution and progress of a patient. PHOENIX is currently being tested in our service with very positive feedback from users. The collaboration with our patients in these first tests has already enabled us to improve the device. In the medium term, we would like to prove the effectiveness of the application (prospective study) and eventually deploy it in other addiction centers, so that it can benefit as many people as possible.

COLLABORATIVE DEVELOPMENT OF A SMARTPHONE APPLICATION FOR THE MANAGEMENT OF SLEEP DISORDERS AND ADDICTIONS
Benjamin Pitrat
Robert Debré Hospital (Paris, France)
Sleep disorders are a major co-morbidity in the management of addictions. Sleep and consumption diaries are nowadays largely underestimated in addictology, although they can make a considerable contribution to monitoring. The widespread use of smartphones allows the development of inexpensive tools to facilitate the collection of clinical data “in real life”. Quality applications are generally developed within the framework of research programmes or by private actors with a marketing or profit purpose. We present a non-profit application realized on a collaborative mode and which proposes a sleep and consumption agenda as well as, in the long term, a data export function for research. This application can be used by the patient alone or as part of a follow-up with a healthcare professional. It is already available for free for users (ASC - Sleep and Behaviour Calendar). This application is developed according to the philosophy of free software by volunteers and is built around the collaboration of users, health professionals and new technologies (developers, specialists in human-machine interfaces). We would like to present the application and the research protocol that we are conducting with the Assistance Publique Hôpitaux de Paris to carry out its clinical evaluation as part of the consultations.
TECHNOLOGICAL PERFORMANCE AND EMPOWERMENT

ROOM 2

Conversational Artificial Intelligence (Chatbot) and Mental Health: What is the Benefit for Patients with a Depressive Disorder?

Jean-Pierre Korwin Zmijowski
University Paris Descartes (Paris, France)

According to recent statistics (Inserm, 2017), on average, one in five French people (aged 15-75) has presented or will present a depressive disorder during their lifetime with, each year, 5 to 8% of French people affected by this pathology. Despite a wide range of care options, these disorders remain difficult to treat and relapses are frequent, making them a real public health issue. The explosion in the supply of mobile platforms or applications dedicated to depression is easily understandable given the prevalence of this disorder and the difficulties encountered by patients and clinicians in treating it effectively, as well as the growing desire of patients to be fully responsible of their health. Despite a significant number of clinical studies (more than one hundred) on web platforms and applications dedicated to depression showing a positive effect on symptom reduction, involvement in therapy and behavioral activation, no studies have yet been carried out on conversational artificial intelligences (chatbot) within a clinical population. In addition, studies on platforms and applications underline the lack of adaptation, interactivity and in particular the impossibility of dialogue with the tool, leading to a disinterest on the part of the user. The purpose of this preliminary research is to evaluate the interest of adding a chatbot - previously conceived with the users - to the cognitive-behavioral therapy (CBT) of adult patients (18-59 years) followed in ambulatory therapy and presenting a depressive disorder (test group, n=15) compared to a group only followed in CBT therapy (control group, n=15). We hypothesize an effect of the use of the chatbot on reducing the intensity of depressive symptomatology, reducing dysfunctional thoughts, increasing the therapeutic alliance between patient and therapist and increasing behavioral activation within the test group.

CO-CONSTRUCTION OF A DIGITAL/HUMAN EMPLOYMENT SUPPORT PROGRAMME

Clara Falata-Séchet
AsperTeam (Paris, France)

AsperTeam is a social enterprise whose mission is to facilitate access to sustainable employment for people with autism. To this end, we are working with a group of users and caregivers to develop a connected device that aims to compensate two difficulties related to disability: 1) altered perception of stress; 2) difficulties in communication and interaction. The device consists of a stress level detecting bracelet coupled to a mobile application characterized by a platform with digital and human resources. Our project consists also in creating a platform of resources created by the users themselves (videos of exchanges of good practices between professionals with autism) aimed empowering the users.

VIRTUAL REALITY FOR HELPING CARERS

Jean-Pierre Korwin Zmijowski
EPS Barthélémy Durand (Étampes, France)

Barthélemy Durand hospital offers since September 2014 a patient education (EP) program toward patients with schizophrenia and their carer. The program has been created with UNAFAM (the National representatives of carers in mental health). It offers eight different workshops alternating, including one dedicated to carer that is co-lead by a member of UNAFAM. Under the initiative of head of the nursing school, who has experience in healthcare simulation, we gathered for the present project: the nursing school with its university support (hospital-university of Kremlin-Bicêtre), the EP team with the UNAFAM partnership. We seek to use VR to put carers in possible situations, study their possible reactions and look with them for the best strategies to adopt. Three scenarios will be developed to be used by the carers workshop, the student nurses, and also the patients of the workshop “Live with the disease”, to allow them to better understand their close ones reactions. This project matches at least two themes of the CCOMS days, if not three. Indeed, participation of the users and carers to our PE program modified our hospital policies, with eg the idea of creating a social rehabilitation unit combining cognitive mediation therapy and PE. With this project, our UNAFAM representative will participate to the teaching in the nursing school and to research involving VR in mental health. Last, the project would increase the use of e-health solutions by patients and carers.
EMPOWERMENT IN COMMUNITY MENTAL HEALTH
ACTIVE CITIZENSHIP

March 29 & 30, 2018 - WHOCC International meeting

THURSDAY, MARCH 29 MORNING WORKSHOPS

11:00 - 12:00

E-MENTAL HEALTH FOR TRAINING AND INFORMATION
E-MENTAL HEALTH FOR EXPRESSION AND EXCHANGE
DESIGN THINKING WORKSHOPS
registration required - 35 people maximum

2:00

With Eudes Menager, president of the association "applications citoyennes" and of "club médical numérique francophone et innovation santé".

BASED ON THE CALL FOR COMMUNICATIONS
ONLINE INTERVENTIONS IN ADDICTION AND MENTAL HEALTH AT THE NATIONAL INSTITUTE OF PSYCHIATRY IN MEXICO CITY

Asuncion Lara
National Institute of Psychiatry Ramón de la Fuente Muñiz (Mexico)

As in many other countries, mental health problems, including substance abuse are prevalent in Mexico but treatment alternatives are still scarce. The potential use of the Internet is being explored to expand the availability of treatment, to integrate e-health strategies into everyday clinical practice and community work and evaluate its efficacy and effectiveness. The National Institute of Psychiatry in Mexico has developed community intervention models in addictions and mental health (CIMAMH) based on the research carried out during the last three decades in Mexican population that has demonstrated favorable results. The Institute has also encouraged the development of on line self-help interventions directed at populations at-risk. In this respect, the present paper aims at describing: a) a dissemination strategy to train mental health professionals working in the community, b) the development and evaluation of different web-based self-help interventions to reduce substance abuse, depressive symptoms and improve coping strategies to deal with addictions within the family, and c) the use of telerehabilitation in supervising mental health providers in primary care community health services. We expect these interventions will contribute to provide a mental health approach, overcome treatment barriers by increasing availability, reducing stigma, shortening distances, and cutting down treatment costs.

COMBATING MENTAL ILLNESS STIGMA IN HEALTHCARE IN MEXICO

Jazmín Mora-Ríos
National Institute of Psychiatry Ramón de la Fuente Muñiz (Mexico)

Stigma and discrimination constitute one of the main barriers to treatment for mental health problems worldwide.1. In the United Kingdom, approximately nine out of ten people have experienced discrimination and in one out of three cases, the occur at health centers.2 The objective of this proposal is to outline an online anti-stigma intervention program aimed at health personnel working in primary health care. The program, called, “Mental health, an issue for everyone. For stigma-free care”, is designed to provide a culturally relevant intervention for the population in Mexico. It aims to reduce stigmatizing attitudes towards people with psychiatric conditions in order to promote a more inclusive approach in issues related to diversity, citizenship and human rights that promote new, stigma-free practices in care services. The intervention is derived from a broader cross-cultural study based on mixed methods involving research teams in Canada3 and Mexico.4 The contents of the intervention were developed on the basis of the information obtained in Mexico in a sample comparing 457 respondents (people diagnosed with a serious mental disorder, family members, members of the general population and health personnel from various disciplines working in mental health care). The article ends by analyzing the scope and limitations of this proposal, as well as the challenges to improving the quality of mental health care in Mexico.

E-MENTAL HEALTH
FOR TRAINING AND INFORMATION

PRESIDENT
Tom Van Daele
Head of the Expertise Unit Psychology, Technology & Society (PsYTS)
Thomas More University

MAG-N-ETIC: A TOOL FOR EMPOWERMENT AND CITIZENSHIP

Elizabeth Duhal
ESAT EtiC, EPSM Lille Métropole - (Faches Thumesnil, France)

The Conseil de Vie Sociale (social board) of the 12 December 2015 started the present initiative of a website. Some members of the ESAT (workbased support centre) EtiC wanted to de-stigmatise the mental diseases, communicate, tell their stories, change the perceptions and give hope to people concerned by mental disease. Mag-n-ETIC was created as a communication tool. In the first editorial, one can read: “Over time, working and being active gave us the spirit of citizenship. Today, we feel stakeholders and not only services users. It is time for us to be part of a collective project that will strengthen this citizenship, that is the purpose of Mag-n-ETIC.” The editorial board is constituted of a dozen services users who take care by small groups of a part of the website. We welcome new voluntary at any time. This activists initiative spread a new dynamic in the ESAT in terms of empowerment, participation and expression of the patients. Since then, members of the projects partially lead the Conseil de Vie Sociale. The website also encourages an equalitarian relationship between professionals and patients of the ESAT. Some editorial members of the website are now taking at conferences, events, forums etc. in order to de-stigmatise mental disease and mental disabilities. After few months of existence and two issues released, the website counts 1200 views, we truly believe that de-stigmatising through the internet is on march – up and running!

WHEN PATIENTS TEACH RECOVERY: A PRELIMINARY ASSESSMENT OF THE FIRST ONLINE TRAINING COURSE IN PEER MENTORING FOR PEERS SUPPORT WORKERS

Jean-François Pelletier
University of Montréal (Canada)

The Faculty of Medicine at the University of Montréal is very active in promoting patient partnerships to change the relationship between patients, family, care the medical community and society. Societal factors driving this change include the dramatic increase in chronic diseases, noncompliance and even very high distress of treatment and public access to medical knowledge. All this shows the need not only for greater autonomy for people living with diseases, but also for the integration of their experience in training health professionals.

VIDEO AND WEB 2.0 FOR SERVING MENTAL HEALTH INFORMATION

Iannis McCluskey
Laboratoire d’Enseignement et de Recherche en Santé Mentale et Psychiatrie (LER SMP), Institut et Haute École de la Santé La Source, Haute École Spécialisée de Suisse Occidentale (Lausanne, Switzerland)

Although the numeric revolution spread access to knowledge, innovation and knowledge in mental health and psychiatry are still not well known by the concerned people – clinicians, trainers, researchers as well as patients and families. ePsys project – launched in May 2017 thanks to the support of the presentation’s institution – aims at disseminating questions and innovative practices in terms of users involvement, collaboration and mutual help. Eventually, we want to support a citizen-based, humanistic and democratic approach of psychiatry. In that end, short video clips are regularly broadcasted through different vector: websites, mailing, social media. Voice is equally shared between professionals and services users and their families in order to allow the crossing of perspectives. They come from diverse socio-geographic contexts, ePsys met a good audience on the Internets, 2800 subscribers to the Facebook page, viewers come back frequently which sign a real enthusiasm for the initiative. According to these promising signs, the pilot phase, ending in May 2018, will hopefully bring positive results as well as a fertile field for the proper project launching. In June, everyone is invited to judge the project by oneself at: www.epsys.org.

Because the experience of recovery in mental health is not the same as that of recovery, it is particularly conducive to sharing among peers who are or have been faced with similar challenges and who can share coping and wellness strategies with each other. For example, a new mentoring training program for Peers support workers was launched at the University of Montréal’s Faculty of Medicine. Inspired and adapted from the recognized CanMEDS medical training standards, this inverted classroom medical pedagogy formula is based on the active participation of several users and family members who take part in the teaching as experts. Their role is to help better understand and integrate the relational and subjective dimensions of the recovery experience in mental and physical health. This is part of an overall health perspective that pays particular attention to (a) the physical health of people with mental disorders (e.g., physical inactivity and schizophrenia) and (b) the mental health of people with chronic physical illness (e.g., anxiety in oncology patients). This presentation provides an initial overview of the online training of Peers support workers in Montreal that began in the fall of 2017.
A blog aimed at facilitating exchange
HTTP/S:JaJa.Jack0.WIXSITE.COM/MONSITE

Jacques Fraschini
HOPE54 (Chaligny, France)

A strong conviction is the basis: Any professional identity cannot exist without relying on a professional capital. A project idea serving this conviction: set up a blog specifically dedicated to GEM (mutual aid groups in France) professionals, in free access, with the objective of presenting the variety and complexity of the professional skills needed in the field. Why this project? Victim of a professional burn-out, I am very grateful to the GEM “Parados” who, during my ongoing discharge from psychiatric hospitalization, offered me the framework, kindness and support I needed to face the hard situation and overcoming it... I am now part of a process of counter-donation (and resilience?) by conceiving, designing and disseminating the blog to all GEM professionals. The project sees seven phases over three years: 1- Design / 2- Construction / 3- Implementation / 4- Recruitment / 5- Dissemination / 6- Exchange / 7- Long term sustainability promotion, State of play: Phase 4 is currently underway (Search for individual, associative and institutional support). Phase 5 should start in March 2018 (Contact personally the 400 GEMS likely to be interested in the project and/or likely to feed the blog in France). Three goals for this blog are foreseen: to convince people to share / propose models, methods / offer a space for sharing. Four outcomes are expected:
• Promoting the emergence of a strong professional identity by highlighting GEM’s professional capital, i.e. all practices, successes and failures, solutions devised and validated in the field
• Sharing this expertise which is patiently built, day by day, in the field, with all those who are starting out or seeking to open up to train themselves
• Avoiding to start from scratch when launching an activity or project
• Providing opportunities for exchange and cooperation with other GEM professionals

HOW INTERNET GAVE ME A VOICE
Laurence Martin
(Namur, Belgium)

The text explains that from sick and mute young girl, Internet (forums and blogs) gave me back a voice and confidence in me. I first wrote a diary, for myself alone, and then decided to copy it on the internet. In order to destigmatize mental problems. Then, the blog became a place of reflection on psychiatry and schizophrenia, and also on recovery, it is a place to testify that recovery is possible.

INTERACTIVE BLOG ART/PEERS BLOG
Natacha Guillier
(Paris, France)

As a long-standing patient, I have been able to benefit from hospitalized care in more or less hospitable conditions. Currently in the process of recovery and as a visual artist and author, I created in 2014 an online platform to develop an international community of mutual aid between patients and the general public: https://essen-g.blogspot.fr/. At the same time, I published my medical file, my diaries and my multi-media artistic creations. Thus, various forms of narration took place around my path as a sick person, inviting other people to be inspired by art practices in a way to recover to witness their own attempts and stories... For me, it was a space to tell my story, hidden for many years, on the recommendation of my entourage. I could not initiate my personal recovery without breaking the silence of 15 years, which this blog allowed. By the way, the mental health care system does not really work, and I am confronted beyond my own censorship to the variety and complexity of the professional skills needed in the field. Why this project? Victim of a professional burn-out, I am very grateful to the GEM “Parados” who, during my ongoing discharge from psychiatric hospitalization, offered me the framework, kindness and support I needed to face the hard situation and overcoming it... I am now part of a process of counter-donation (and resilience?) by conceiving, designing and disseminating the blog to all GEM professionals. The project sees seven phases over three years: 1- Design / 2- Construction / 3- Implementation / 4- Recruitment / 5- Dissemination / 6- Exchange / 7- Long term sustainability promotion, State of play: Phase 4 is currently underway (Search for individual, associative and institutional support). Phase 5 should start in March 2018 (Contact personally the 400 GEMS likely to be interested in the project and/or likely to feed the blog in France). Three goals for this blog are foreseen: to convince people to share / propose models, methods / offer a space for sharing. Four outcomes are expected:
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• Avoiding to start from scratch when launching an activity or project
• Providing opportunities for exchange and cooperation with other GEM professionals

THE CONTRIBUTION OF ICT/SOCIAL NETWORKS FOR PEOPLE WITH EATING DISORDERS
Sabrina Palumbo
Corps et Âme en Éveil (Clamart, France)

This text is a reflection on the contribution of ICT/social networks for people with eating disorders. I take a double look because I myself have suffered from anorexia and bulimia. As a “sick person” I have benefited from virtual forms of mutual aid. I was part of dedicated forums that allowed me to interact with other Sabrina more or less advanced on the road to recovery, read tips and listen to people with whom I could share my hopes, doubts, moments of discouragement and everything. I didn’t have the opportunity to talk about elsewhere! I also attended a group that had formed online: “the winners” group. “The winners” (that’s the name we had given ourselves) met about once a month for a drink or to share a lunch. From virtual to real that’s only one step... It is on my use of ICT during my 13 years of illness and their benefits that I come back at the beginning of this text. Recovered, enriched by a significant associative experience and the feedback of the people I now help, I then share my point of view in favor of the ICT as a “tool for empowerment and empowerment” by supporting my reflection with concrete examples:
• The “SabrinaCIFP” experience (association for the fight against eating disorders which I founded and which was sponsored by Prof. Michel Lejoyeux) is very interesting because of the groups of people which allow to inform, welcome, support and invite to benefit from care (this was part of the object and missions of the association).
• The examples of the young Alexia Savoy (author, entrepreneur, anorexia) is interesting in view of the community she has succeeded in forming around a carrying message: hope to heal one day!
WRAP-UP AND CLOSURE
OF THE 5TH WHOCC INTERNATIONAL MEETING

4:00 > Cocktail and networking
Reception hall, Espace des Acacias

VALÉRIE CORDY'S PERFORMANCES
March 30 in red thread throughout the day and during lunch from 1:30 to 1:45 pm, Room 1.

Valérie Cordy is an artist and director specializing in new writing involving technology and digital cultures. She has created numerous shows and multimedia presentations in the theater, mixing literary texts, video images and music. She is also a professor of network arts at ENSAV / La Cambre. Since 2013, she has been director of the Theater Factory / Provincial Performing Arts Service of the Province of Hainaut (Belgium).

PIERRE SADOUL, pedo psychiatrist, desaliéniste, caricaturist, informed observer of the evolutions in the field of mental health, will illustrate by staggered drawings the reflections of these days.

A CONTEMPORARY ART COLLECTION
March 29 and 30 in red thread throughout the day, Room 2.

The contemporary art collection known as « Frontieres » comprises works on paper base (originals and productions) from various sources. Some of the works presented are from a private collection connected with the editor Alain Buyse (donations to Gérard Duchêne) some are works produced within the psychiatric sector and some are donations from artists. This amounted in 2018 to 700 works on paper base.

This collection does not set out to give an overall picture of what is at present happening in the world of contemporary art, it merely intends to present a faithful as possible an approach to one line of production and thought. There are presented without any distinction.

These various paths concern us all because they are connected with day-to-day experience. There was no aesthetic option as such, but a gathering together of works that have something to say about the present.

It is carried by the Inter-municipal Association of Health, Mental Health and Citizenship and the mental health center of the towns of Hellemmes, Faches Thumesnil, Mons Baroeul, Lesquin, Lezennes and Ronchin.

Presentation of Fountain House, by Jeffrey Aron
March 29th during lunch from 1 pm to 1:30 pm, Room 2.

FOUNTAIN HOUSE
Inspiring Communities for Mental Health
Fountain House, recipient of the Conrad N. Hilton Humanitarian Prize, is an innovative mental health recovery center created in 1948 by and for people living with serious mental illness, including schizophrenia, bipolar disorder, and major depression. Members, working side-by-side with staff, run the organization day-to-day, helping create and contribute to the success of its education, employment, housing, artistic, and health and wellness programs.

Fountain House uses a strength-based approach grounded in the belief that people with serious mental illness can be active participants in their own recovery. Our working community prides itself on its inherent humanity, social inclusivity, message of personal empowerment, and innovation.

Today, Fountain House touches the lives of 1,600 members annually in New York City. Programs modeled after Fountain House exist in 34 US states and in 30 countries, reaching over 100,000 individuals.

Learn more at: www.fountainhouse.org

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