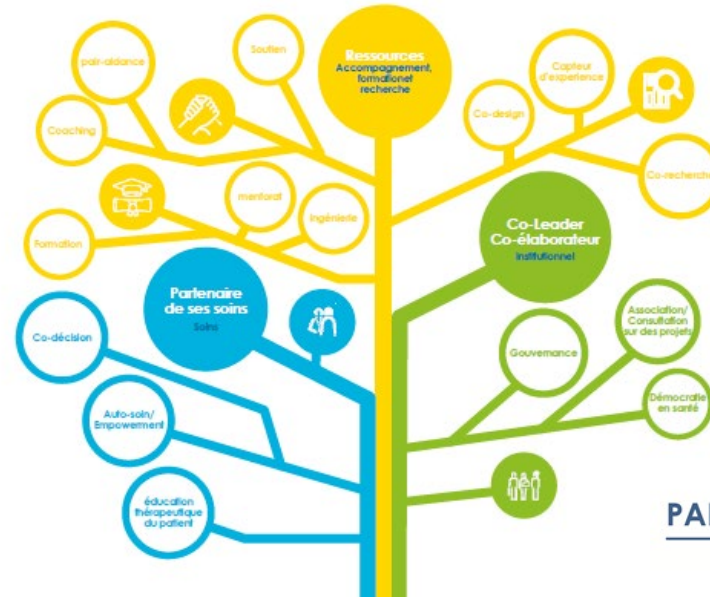




How the Partners in Care Approach Promotes Mental Health in the community and vice-versa:

the example of the Health Partnership project at UHG Paris

Arbre du partenariat en santé



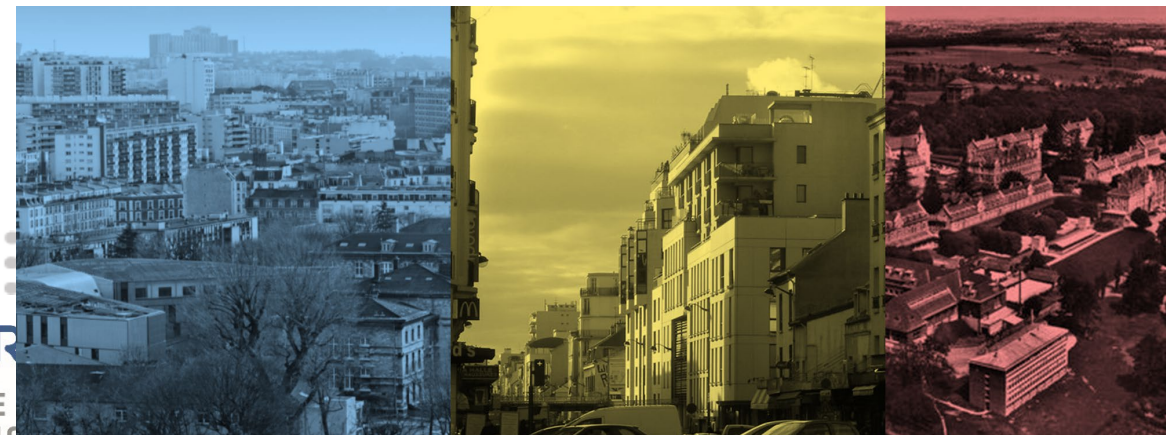
PAROLES D'USAGERS



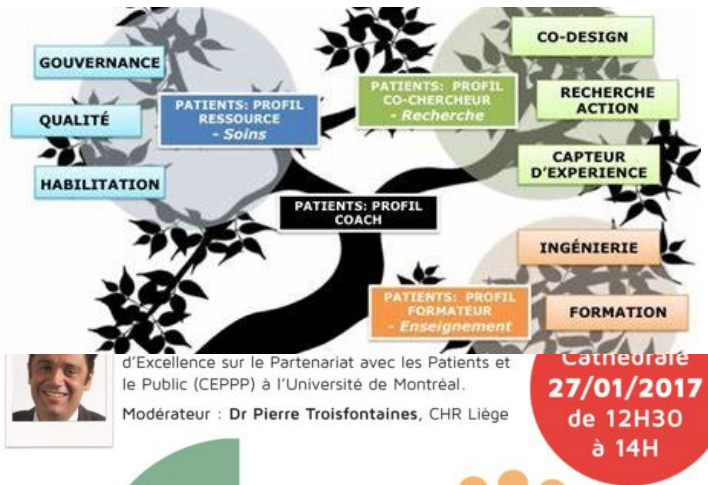
LES FONDEMENTS DU PARTENARIAT PATIENT, PROCHES, USAGERS, PUBLICS

Bienveillance	Respect des droits	Egalité	Qualité des soins	Hospitalité
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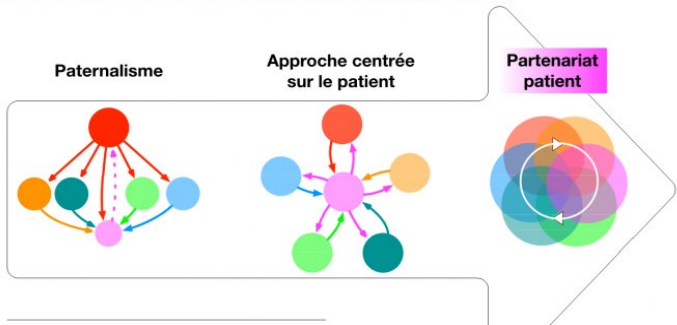
GHU PARIS
PSYCHIATRIE & NEUROSCIENCES



Context



Du paternalisme au partenariat patient



METTEZ DU « PEPS » DANS VOS ÉTABLISSEMENTS DE SANTÉ

HCL CHUM

ENTRETIENS JACQUES CARTIER
3 novembre 2020
par visioconférence

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Pour toute question, vous pouvez contacter les Entretiens Jacques Cartier à l'adresse suivante : ejc@centrejacobscartier.com

En partenariat avec:

UNIVERSITÉ DE LYON, ESPUM, HESPER, Université de Montréal, CHU de recherche en santé publique de la région de la Gaspésie, Université de la Gaspésie.

VERS UN PARTENARIAT USAGERS-ÉQUIPES DE SOINS RÉUSSI POUR AMÉLIORER L'EXPERIENCE DES USAGERS ET DES PROFESSIONNELS

Comment développer le partenariat usagers-professionnels dans les établissements de santé ?

Guide de recrutement de patients-intervenants



PATIENT COMME CO-CHERCHEUR

Expert de la théorie
Expert de son vécu

Véronique Gauthier
Marc Tremblay

Une expérience de patient-partenaire ayant une maladie rare en recherche



HAUTE AUTORITÉ DE SANTÉ

RECOMMANDER LES BONNES PRATIQUES

SYNTHÈSE

Soutenir et encourager l'engagement des usagers dans les secteurs social, médico-social et sanitaire

Validée par le Collège le 23 juillet 2020

Context

For about 40 years, the **involvement of users and relatives in care** has helped initiate health democracy (France and elsewhere) (Gross and Gagnayre, 2017; Merle et al., 2021; Simon et al., 2020; Tourette-Turgis, 2019).

This phenomenon is visible in:

- **research** (Jouet, 2014),
- **healthcare** (Fournier and Troisoeufs, 2018; Gardien, 2018; Pétré et al., 2020),
- **training** (Berkesse et al., 2020; Pétré et al., 2020; Towle, 2019)
- **user control** (related to user skills) (Coirié and Delanoë-Vieux, 2021).

Context

The **general frameworks**, in particular through the multiple recommendations of the World Health Organization (WHO), indicate to decision-makers and actors the directions to follow to implement this vision of a health system irrigated by the eco-systemic participation of its beneficiaries

"WHO's vision is to put the complete needs of individuals and populations, not just diseases, at the center of health systems and to empower people to play a more active role in their own health"
(Coldefy and Maugiron, 2022)

Context

Increasingly robust studies show the positive effects of user participation in care, health, and support systems.

(Gross, 2017; Heijboer, 2020; Merle et al., 2021; Tourette-Turgis, 2019).

The patient partnership - general definition

"In the field of health care, it refers to a person with a specific mission.

The term 'patient partner' is a fairly general term for people who collaborate with care teams on a regular basis to either improve the quality and safety of care and organizations, or to conduct teaching or take part in research."

Guide HAS – Soutenir et encourager l'engagement des usagers dans les secteurs social, médico-social et sanitaire – 23 juillet 2020

Montreal Model - The patient partnership – Basic Principles

- The construction and value of the **experiential knowledge** of the people concerned by a situation of vulnerability are **recognized and legitimate**;
- The patient becomes a partner in care, i.e. he/she is considered and experiences him/herself as **a person progressively empowered**, in the course of his/her clinical journey, to **make free and informed health choices**;
- The user has become a **caregiver for himself**;
- The partnership relationship between professionals and users has as its main objective **the realization of the patient's life project by recognizing and mobilizing the knowledge of all parties**, including that of the patients/relatives considered as members of the clinical team in the context of their care;
- **Co-construction** is favored to work in partnership: a collaborative method that favors the emergence of a common basis of understanding between patients, family members, stakeholders (health professionals) and managers (administrators);

Montreal Model - The patient partnership – Basic Principles

- Health care partners come **together** and **work together**: all the actors involved in health and social services choose to co-construct the care environments of tomorrow. They may be patients and users, their families, health and medico-social professionals (internal or external to the institutions), and administrative staff in the health and medico-social sectors;
- The individual and collective aim is to encourage **the process of empowerment**;
- It is a perspective that refers to **health** rather than illness (salutogenic versus pathogenic);
- **Recovery** (versus healing) is the basis of care and support practices;
- **Peer support practices** are supported and promoted.

Montreal Model - The patient partnership – Basic Principles

		Patient resource		
		Level 1 - The patient as a partner in his care	Level 2 - The patient trainer, the patient intervener, the patient researcher	Level 3 - The patient co-leader, the patient co-worker
Objectives		The patient is a co-builder of his or her care, his or her care program, his or her life project; the patient caregiver	The patient who has become competent for himself is trained to intervene with others: peer helper, patient trainer, "peer practitioner", patient researcher	The patient is involved in hospital governance and health democracy, the patient as co-worker
Roles		<ul style="list-style-type: none"> >> Receive information about their illness and its consequences, be able to question it, >> To make their opinion known on therapeutic choices and their preferences in order to reach a mutual agreement on care; to share the decision, >> To benefit from personalized care, >> To be trained in self-care and to practice it >> Complete advance directives and joint crisis plans, >> Participate in education programs, >> Participate in caregiver/caregiver meetings. 	<ul style="list-style-type: none"> >> Become a peer helper, peer health mediator >> Co-produce and animate ETP programs >> Co-produce and lead training programs for patients, professionals and future professionals >> Participate in research and evaluation 	<ul style="list-style-type: none"> >> Participate in the governance of the hospital and in health democracy >> Participate in the hospital's decision-making processes (steering groups and thematic work) >> To intervene as an expert/resource on specific projects

Montreal Model - The partnership with carers – Basic Principles



The carers involved in the accompaniment of a patient also have a role to play at all levels.



Reminder: what is UHG Paris?



Psychiatrie Secteurs Adulte

- Site d'hospitalisation
- Urgences
- Centres médico-psychologiques
- Centres d'accueil thérapeutique à temps partiel
- Hôpital de jour
- Unité de Soins Spécifiques
- Accueil Familial Thérapeutique
- Atelier Thérapeutique
- Consultations
- Médecine Générale
- Foyers de post-cure
- Structure d'addictions
- Structure pour la précarité



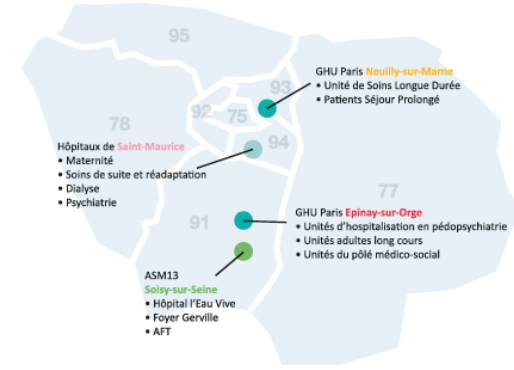
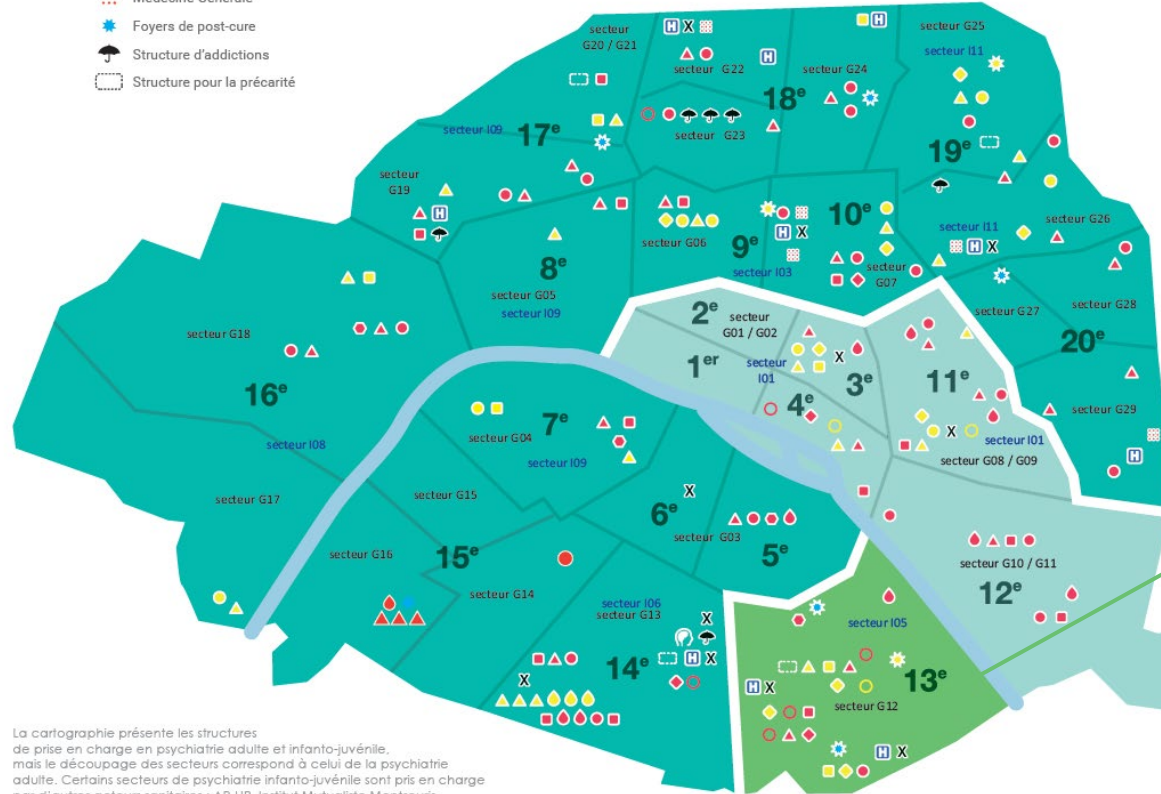
Psychiatrie Secteurs Enfant

- Site d'hospitalisation
- Urgences
- Centres médico-psychologiques
- Centres d'accueil thérapeutique à temps partiel
- Hôpital de jour
- Unité petite enfance
- Espace ado
- Unité de Soins Spécifiques
- Consultations



Neuro-Sainte-Anne

- Hospitalisation
- Urgences
- Consultations
- Plateau technique
- Télé expertise



170 FACILITIES FOR 2.2 MILLIONS PARISIANS

La cartographie présente les structures de prise en charge en psychiatrie adulte et infanto-juvénile, mais le découpage des secteurs correspond à celui de la psychiatrie adulte. Certains secteurs de psychiatrie infanto-juvénile sont pris en charge par d'autres acteurs sanitaires : AP-HP, Institut Mutualiste Montsouris.

Why work on the public patient partnership at UHG Paris?

- An **international dynamic** (Quebec, Belgium, Great Britain, United States, Switzerland, Catalonia...)
- **Increasingly present in French public policies** (Law on the modernization of the Health System 2016, HAS recommendations July 2020, Ma santé 2022, ...)
- Who is starting to find practical variations in **France** (University of Patients, Patient-Partner Program of the Institut Curie ...),
- Which is based, in psychiatry, on a new approach to care: **recovery**,
- Which has objective effects on the **quality and organization of care**.



The objectives of the project

The objectives of the implementation of the public patient partnership at the UHG

- **Improving the quality of care:** "There is no possible optimization of the quality of care and support without the active participation of the people concerned"* and in particular: Improve people's experience and experience when they are accompanied by the GHU: satisfaction to see their preferences taken into consideration, less suffering related to poorly lived practices, etc.
- **Promote the empowerment of users**, i.e. strengthen their ability to acquire greater control over decisions and actions affecting their health
- **Improve the GHU care offer and pathways** through better alignment with the needs and expectations of users
- **Improve the working conditions of professionals**, in particular by improving caregiver/patient relationships

* Source : HAS – Projet stratégique 2019-2024



Methodology and timetable

Methodology and timetable



Action Plan

Public Patient Partnership Action Plan 2021



February

March

April- May

June

Drafting of a
proposal for
an action
plan

Collective
work on the
action plan
within the
framework of
COFIL

Validation by
the Strategic
Committee

Validation by
instances
Integration
into the GHU
General
Project

Discussion with the different stakeholders and partners to co-build the project and its modalities



Adoption of the 2021-2025 establishment project
A course: better patient care and improved quality of life at work

Public Patient Partnership Action Plan 2022

- **Some illustrations of the actions that will be integrated into the action plan:**
 - ✓ Training of Health professionals in patient partnership,
 - ✓ Strengthening Public Patient Partnership programs involving patients at all stages: design, facilitation, evaluation,
 - ✓ The deployment of health peer supports in the services,
 - ✓ The involvement of patients in decision-making spaces and projects

Comments

- Favorable conjunction, with the support of the medical community, strong institutional support and the presence of competent professionals already invested in these issues;
- At the beginning of the process of this cultural transformation;

Comments

- **Inside the hospital:**

- the presence of motivated professionals committed to this partnership dynamic is not yet the norm → the dissemination in the training of future health professionals is only a few years old and not totally disseminate in the French universities;
- The appropriation of these new models implies changes in practices and social representations that it is essential to accompany with a reflexive look

Comments

- **Inside the hospital:**

- Despite the presence of associations, their roles are still very limited to the representation and the fight for rights (complementary but different from the health partnership)
- Representations still very focused on the disease (even if a lot of change with the effects of covid on awareness)
- Still many doubts about the legitimacy, value and place of experiential knowledge in institutions
- At the moment: health professionals career crisis, lack of nurses and psychiatrists, decrease of beds without a dynamic and structured health community policy + Fragile governance of public health between primary, secondary and medico-social care



- **Outside the hospital:**

- Links with municipalities, care in the city and city medicine: always difficult
- Patient partnership:
 - a model too focused in illness and not health, too close to the medical knowledge, (the name: patients, try to have it called patients and the publics...)
 - lack of people and culture diversity (cultural communities, LGBTI communities, ageing communities not so much taken into account in the model at this stage)
 - Not addressing the main issues such as coercion, seclusion, human rights...
 - Leaving groups of people behind: programs not adapted to specific needs
 - Risk of tokenism and staying at the surface



Question for the future:

Links with the communities:

Obstacles? Facilitators? For the partnership