29 LILLE & 30

MARCH 2018
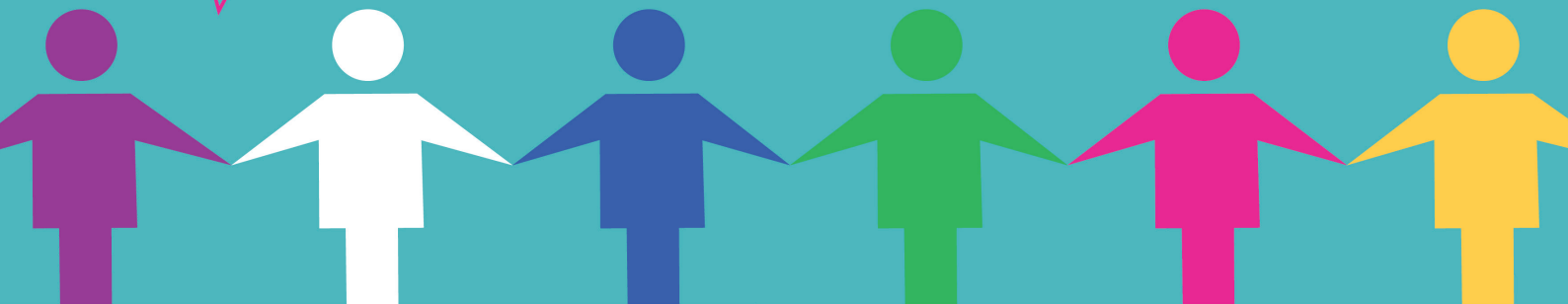
WHOCC INTERNATIONAL MEETING

ACTIVE CITIZENSHIP
&EMPOWERMENT

IN COMMUNITY MENTAL HEALTH

PARTICIPATIVE INNOVATIONS IN FRANCE AND ABROAD

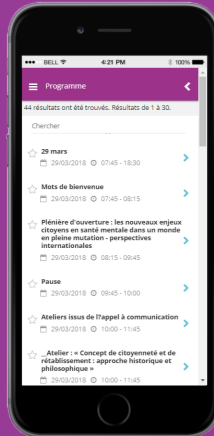## 29 MARCH

service organization, research and training

30 MARCH

e-mental health

EPSM Lille-Métropole

WHO Collaborating Centre for training and research in mental health (Lille, France)

GCS POUR LA RECHERCHE ET LA FORMATION EN SANTÉ MENTALE

Interreg North-West Europe eMEN

MINISTÈRE FRANÇAISE RÉPUBLIQUE FRANÇAISE MINISTÈRE DES SOLIDARITÉS ET DE LA SANTÉ

ars Agence Régionale de Santé Hauts-de-France

CRSA Hauts-de-France

cnsa Caisse nationale de solidarité pour l'autonomie

Santé publique France

Hellemmes la ville à vivre

DOWNLOAD THE APPLICATION
OF WHOCC INTERNATIONAL MEETING

YOU WILL FIND:
- *event's informations*
- *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*

CODE TO ACCESS TO
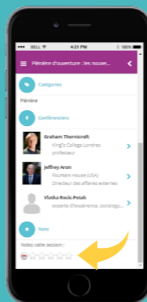THE APPLICATION
CCOMS2018

AN APPLICATION TO EXCHANGE & PARTICIPATE

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.

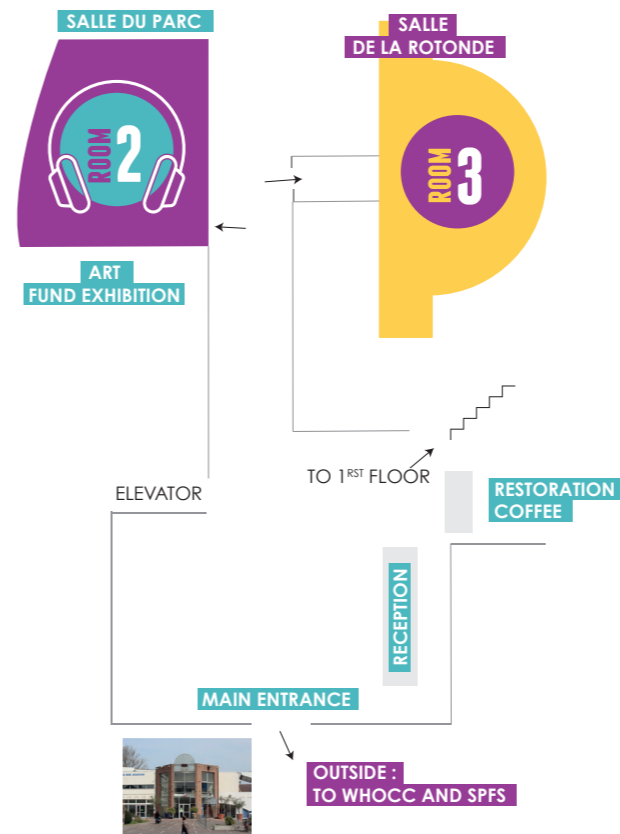*Location: 1st floor hall of the Acacia space.*

ASSESS

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

SALLE DU PARC

SALLE DE LA ROTONDE

ROOM 2

ROOM 3

ART FUND EXHIBITION

ELEVATOR

TO 1RST FLOOR

RESTORATION COFFEE

RECEPTION

MAIN ENTRANCE

OUTSIDE : TO WHOCC AND SPFS

ESPACE DES ACACIAS
1RST FLOOR
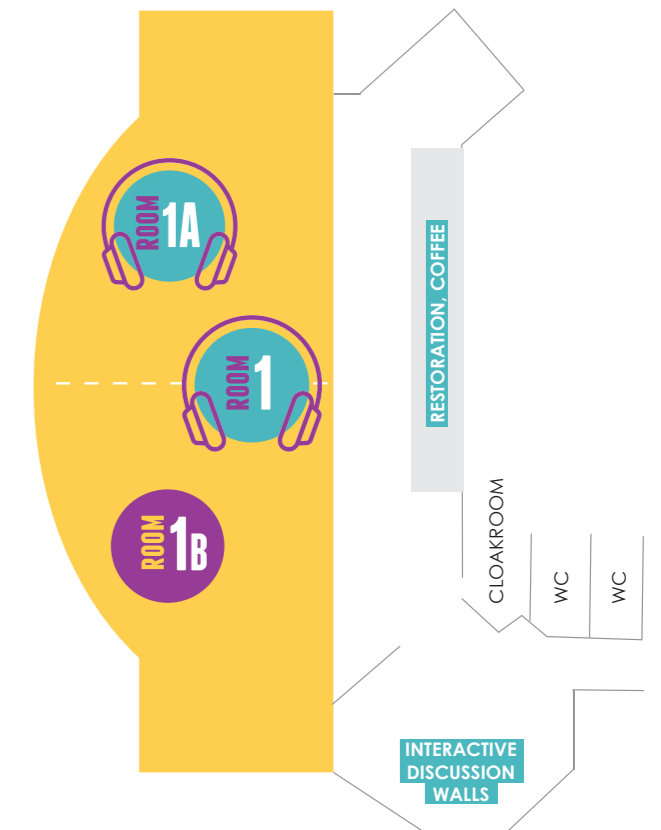155 rue Roger Salengro
Metro Mairie d'Hellemmes

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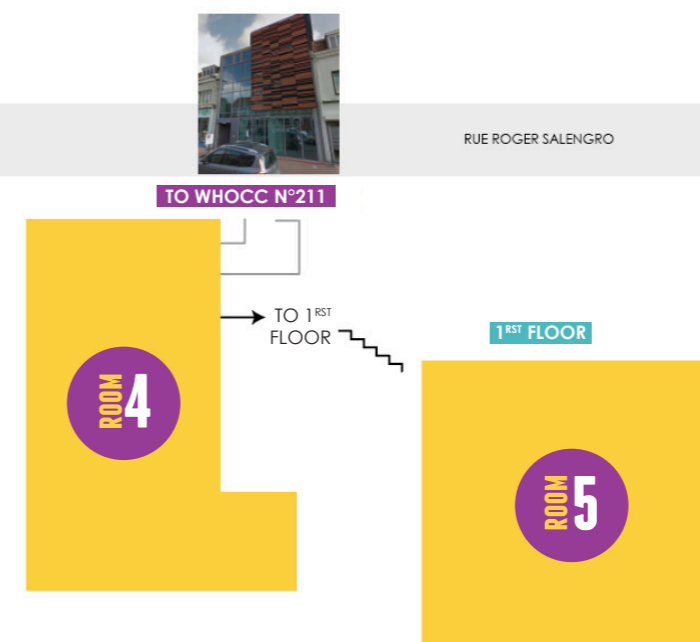

ESPACE DES ACACIAS
GROUND FLOOR
155 rue Roger Salengro
Metro Mairie d'Hellemmes

ROOM 1A

ROOM 1

ROOM 1B

RESTORATION COFFEE

CLOAKROOM

WC

WC

INTERACTIVE DISCUSSION WALLS

GENERAL PLAN

Mairie

ROOM 1

ROOM 2

ROOM 3

ROOM 6

SPFS
152C RUE ROGER SALENGRO

2 MIN 130M

ESPACE DES ACACIAS
155 RUE ROGER SALENGRO

METRO MAIRIE D'HELLEMMES

2 MIN 140M

WHOCC
211 RUE ROGER SALENGRO

ROOM 4

ROOM 5

ROOM'S CAPACITY

ROOM 1 : 400 places
ROOM 1A : 180 places
ROOM 1B : 170 places
ROOM 2 : 150 places
ROOM 3 : 200 places
ROOM4 : 50 places
ROOM 5 : 40 places
ROOM 6 : 30 places

RUE ROGER SALENGRO

TO WHOCC N°211

ROOM 4

TO 1RST FLOOR

1RST FLOOR

ROOM 5

WHOCC
GROUND AND 1RST FLOOR
211 rue Roger Salengro
Metro Mairie d'Hellemmes

- 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).

Simultaneous translation 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 reaffirmed, 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 (list 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 Métropole and GCS,
Inserm ECEVE, UMR-1123 team

SUMMARY

29 MARCH 2018

ACTIVE CITIZENSHIP & EMPOWERMENT
IN COMMUNITY MENTAL HEALTH

THROUGH ORGANIZATION OF SERVICES, RESEARCH AND TRAINING

30 MARCH 2018

ACTIVE CITIZENSHIP & EMPOWERMENT
IN COMMUNITY MENTAL HEALTH

THROUGH E-MENTAL HEALTH

PROG RAM

Time		Room
8:45	**Welcome**	Room 1
9:15	**Plenary session: New challenges for citizens in the mental health system International perspectives**	Room 1
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	Room 5
	• Local Councils for Mental Health, a citizen-based mental health initiative?	
	• Citizen-based Organization of Mental Health Services	Room 1B
	• Patient Education: towards Recovery and Health Training	Rooms 1A & 2
	• Peer-help and mental health mediation	Room 4
	• Concepts of Citizenship and Recovery: Practical Examples	Room 3
12:45	**Lunch**	Room 6
1:00	*> Fountain House presentation by Jeffrey Aron (english)*	Room 2
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?	Room 4
	• Work as an help for recovery	Room 6
	• Redesigning mental health training	Rooms 1B & 3
	• Participatory research in mental health	Room 2
	• The QualityRights program and mental health rights	Room 5
	• Access to and maintenance of housing	Room 1A
3:30	**Coffee-break**	
4:00	**Panel discussion**	Room 1
	Challenges for citizens in the mental health system a conceptual revolution?	
5:00	**Wrap-up and closure**	Room 1
5:30	**Exhibition Marco Decorpeliada, Schizometer**	Room 4
	Exposition, Conference, Performances	

Time		Room
8:45	**Opening and welcome: E-mental health project - eMEN**	Room 1
8:55	*> Introduction by Valérie Cordy*	
9:00	**Plenary session:** *E-mental health: interest for the user and politico-economic stakes, does it match or not?*	Room 1
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*	Room 1
11:10	*> Performance by Valérie Cordy*	
11:15	**Coffe-break**	
11:45	**Workshops based on the results of the call for communications**	
	• E-mental health and Self-Help - **2 workshops**	
	• Technological performance and empowerment	Rooms 1 & 4
1:00	**Lunch -** *13h30 : Performance by Valérie Cordy (room 1)*	Room 2
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	Room 1
	• Design Thinking "E-Health *for dummies*: co-constructing an e-mental health device"	Room 2
		Rooms 4 & 5
	registration required - 35 people maximum	
4:00	**Wrap-up and closure of the international meeting**	
4:20	*> Performance by Valérie Cordy*	Room 1
4:35	**Cocktail & networking**	

WELCOME

Jean-Luc Roelandt
Director of WHOCC
Franck Gherbi
Mairie de Hellemmes
Valérie Bénéat
Director of EPSM Lille Métropole
Zinna Bessa
Deputy director of Ministery of health

OPENING PLENARY SESSION

8:45

9:15

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".

PRESIDENT Pierre Thomas
Professor of Psychiatry, Faculty of Medicine of the University of Lille

Chairman of the Scientific Council of the Regional Federation for Psychiatric and Mental Health Research (F2RSM) Hauts-de-France and director of a research program on hallucinations. He is Professor of Psychiatry at the Faculty of Medicine of the University of Lille and Head of the Department of Psychiatry, Forensic Medicine and Medicine in the penitentiary at Lille University Hospital. His clinical activity is particularly oriented towards the conditions of access to care for people suffering from psychiatric disorders.

MODERATOR Jeffrey Aron
Director of External Affairs, Fountain House (USA)

Since 1996, Jeffrey Aron has served as Director of External Affairs at Fountain House, a community-based mental health organization in New York City. Fountain House is dedicated to the recovery of men and women with serious mental illness. Recently, under Jeffrey's leadership, the organization won the Conrad N. Hilton Humanitarian Prize, the world's largest and most prestigious humanitarian award, with a $1.5 million honorarium; and created a partnership with the World Health Organization to develop guidelines and best practices for health practitioners working with people with serious mental illness.

Jeff is currently leading the effort in planning Fountain House's Healthier, Longer Lives for People with Serious Mental illness conference to be held in New York City on November 8th-9th, 2018. This important convening represents a platform to raise awareness of the crisis of excess mortality and comorbidities amongst persons with serious mental illness, and to share innovative solutions that are improving and extending lives. Jeff routinely presents at national and international conferences about Fountain House's cost-effective, culturally-sensitive and successful approach.

Jeff was a founder of the Ali Stars Project (ASP) and currently serves on its Board. ASP is a non-partisan, non-profit 501(c)(3) orga-

nization dedicated to promoting human development through the use of an innovative performance-based model. ASP creates outside of school, educational and performing arts activities for thousands of poor and minority young people. He is on the faculty of UX, a program of ASP, which is a free school of continuing education that puts an emphasis on personal development and is open to people of all ages and educational backgrounds. Jeff has graduate degrees from Stanford University (anthropology) and Teachers College, Columbia University (dance education).

1:00 : Fountain House presentation (room2, in english)

Katerina Nomidou
- *Mental health & human rights practising lawyer*
- *WHO PFPS Champion for Greece*
- *Secretary general of the Global Alliance of Mental Illness Advocacy Networks GAMIAN-Europe, Brussels*
- *Vice president, Association of families/carers for mental health, Alzheimer's disease and related disorders SOFPSI N.SERRON, Serres, 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 passion 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 practitioners, people with psychosocial, intellectual and cognitive disabilities, people using mental health services, families, care partners and other supporters, NGOs, DPOs and others on how to implement a human rights and recovery approach in the area of mental health in line with the UN Convention on the Rights 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 and human rights from Indian Law Society in Pune, India.

Aikaterini is a member of the pool of experts of the EC (Chafea) and has worked with governments and organisations on mental health policies and legislations, including in Afghanistan, Qatar, United Arab Emirates and Sierra Leone.

Recent publications or related to the themes of the days:
- Chapter "The leading role of mental health service users" (p.143-151) in the Greek book "Empowerment and Advocacy: for a mental health democracy", published by Topos (ISBN 978-960-499-138-9), March 2016.
- "Standards in mental health facilities – an in depth case study in Greece using the WHO QualityRights tool", 2013. Journal of Public Mental Health, Vol.12 Iss:4, pp.201-211.
- ''Leadership in mental health services: a tool and catalyst for service users and carers to effectively defend their rights'' in the special issue ''Human Rights and Mental Health'' of the Greek quarterly review SINAPSIS published by Koinos Topos of Psychiatry, Neurosciences and Humanities, Historical, Epistemological and Philosophical Studies Association (Issue 27, Vol.8, 2012, pp.46-49).

Graham Thornicroft
Professor of community psychiatry ; King's College London

Sir Graham Thornicroft is Professor of Community Psychiatry at the Institute of Psychiatry, King's College London. He is a Consultant Psychiatrist working in an Early Intervention community mental health team in South London. His areas of expertise include: mental health needs assessment, the development of new outcome scales, cost-effectiveness evaluation of mental health treatments, stigma and discrimination, the development of community-based mental health services, and global mental health. He has published 30 books and 500 peer-reviewed scientific papers.

Recent publications or related to the themes of the days:
- Thornicroft G. Shunned: Discrimination against People with Mental Illness. Oxford: Oxford University Press; 2006.
- Thornicroft G, Brohan E, Rose D, Sartorius N, Leese M. Global pattern of experienced and anticipated discrimination against people with schizophrenia: a cross-sectional survey. Lancet 2009 Jan 20;373;408-15.
- Thornicroft G, Mehta N, Clement S, Evans-Lacko S, Doherty M, Rose D, et al. Evidence for effective interventions to reduce mental-health-related stigma and discrimination. Lancet. 2016;387: 1123–32.

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

Dr Saxena is a psychiatrist by training, working at World Health Organization since 1998 and as the Director of the Department of Mental Health and Substance Abuse since 2010. His responsibilities include providing advice and technical assistance to ministries of health on prevention and management of mental, developmental, neurological and substance use disorders and suicide prevention.

His work also involves establishing partnerships with academic research centers and civil society organizations and global advocacy for mental health, neurology and substance use issues. Dr Saxena is leading WHO's work to implement the Comprehensive Mental Health Action Plan adopted by the World Health Assembly in May 2013 and scaling up care for priority mental, neurological and substance use disorders. He is also responsible for taking forward WHO's commitments on dementia, including the establishment of WHO's Global Dementia Observatory.

Recent publications or related to the themes of the days:
- Plan d'action pour la santé mentale 2013-2020 (www.who.int/mental_health/action_plan_2013/fr/)
- Neuvième réunion du Forum mhGAP de l'OMS (www.who.int/mental_health/mhgap/forum_report_2017/en/)
- Outils d'orientation et de formation au programme QualityRights de l'OMS (www.who.int/mental_health/policy/quality_rights/guidance_training_tools/en/)

Vlatka Rocic-Petak
Professor of Sociology in Croatia, specializing in invalidity pension, experienced expert, president of the Madnessociation

Vlatka Rocic-Petak has a personal experience of suffering we tend to call mental illness, was hospitalized several times at a 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 patronizing relationship between 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 Madnessociation, 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 psychic support called "Experts by experience".

For the last 4 years, together with her colleague Ksenija Kapelj, she is performing an "Active listening and effective communication" workshop, as well as drama workshops with elements of forum theatre which they've designed together. She is the leader of the "Group of Mutual Psychic Support" and "Art Therapy" projects, and is also participating in designing, writing and implementing numerous projects in the Madnessociation.

She attends forums, round tables, conferences and symposiums that are dealing with mental health topics, and is collaborating with print media, television and radios with the aim of destigmatization of persons with psychosocial challenges.

MORNING WORKSHOP

11:00

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?

BASED ON THE CALL FOR COMMUNICATIONS

ROOM 5 CITIZENSHIP AND RECOVERY CONCEPTS: AN HISTORICAL AND PHILOSOPHICAL APPROACH

ROOM 1B LOCAL COUNCILS FOR MENTAL HEALTH, A CITIZEN-BASED MENTAL HEALTH INITIATIVE?

ROOM 1A CITIZEN-BASED ORGANIZATION OF MENTAL HEALTH SERVICES #1

ROOM 2 CITIZEN-BASED ORGANIZATION OF MENTAL HEALTH SERVICES #2

ROOM 4 PATIENT EDUCATION: TOWARDS RECOVERY AND HEALTH TRAINING

ROOM 3 PEER-HELP AND MENTAL HEALTH MEDIATION

ROOM 6 CONCEPTS OF CITIZENSHIP AND RECOVERY: PRACTICAL EXAMPLES

CITIZENSHIP AND RECOVERY CONCEPTS
AN HISTORICAL AND PHILOSOPHICAL APPROACH

PRESIDENT
Christine Lajugie
Head of Sector Sector 59G07
Psychiatrist
EPSM Lille métropole

MODERATOR
Antoine Lazarus
Professor of public health

METANOIA

Alexandrine Cremel
Mental Health support-group L'Oiseau Lyre (Nancy, France)

The mental health support-group L'Oiseau Lyre welcomes people who suffer from mental illness: they can be pensioners, people who cannot find a job, people who lack self-confidence, people who are excluded from society because they went through hardships and have not been able to bounce back, people who are rebuilding themselves, people who have an atypical career, people with forces that are revealed little by little, people who want to feel good in the world in which they live. Within the mental health support-group, spaces for talking, listening and reflecting are offered: some people expressed that sometimes / often, they were afraid of the way others looked at them, a way they felt as stigmatizing. They are stigmatized because they do not correspond to what society expects of them because of the differences of their lives. (Work, inclusion, family, stable life, physical image...). Others expressed that they had never felt this type of negative looking over them, but they knew they had stigmatized people in the past (the homeless, the rich, the obese person...). In each of these stigmatizing or stigmatized situations, they realize they stayed in a prison of comfort: a space that protects them from the looks and reactions of others, which also protects them from their own questioning about the acceptance of difference. By creating for themselves a so-called space of security, they were prevented from opening to the outside world. What all the members got from this exchange is that there is a look of malevolence about otherness, a societal conditioning that means that we do not want to accept others with all that they are. By taking this step, the members wanted to know if they themselves and if others, had the desire to leave the heavy chains which enclose them and prevent them from going through the group with the others, whether they are different or similar. It would mean a new awareness of friendship, respect, fraternity, between human beings and would ask the question: "Is the world as dangerous as I think, am I still able to return? Contact with each other? To achieve this goal and to answer these questions, the members organized, in 2017, a walk and some participative creation workshops; spaces without claims, without struggles but with words, knowledge, understanding, discovery, intelligence, where everyone would find its place in the expression of all of its differences and similarities. This walk bore the name of Metanoia.

CITIZENSHIP OR EMPOWERMENT: A PHILOSOPHIC QUESTION

Patrice Desmons
WHOCC (Lille, France)

Those last years, the word "empowerment" has turned into a colloquial term in the sphere of mental health field, and, more widely, in the social and health domains.
Even the title in itself of those Days of the CCOMS demonstrates: this English word untranslated into French, is often used with the other word: "citizenship" with which it probably share some meaning. But why does this word: "empowerment" is still used in English even when we speak French?
What is «untranslatable » into French in this word? What this translation resistance is the sign, or possibly, the symptom of? It could be suggested here, at least as an hypothesis to be discussed, that this "symptom" may be a way of questioning the usual conceptions about citizenship: « spontaneous » conceptions. But also the philosophic, politics and scholar ones, that come from the Enlightenment. These conceptions might be shaken by the current citizen-based mental health practices.

WHAT MARY BARNES HAS TO TELL US ABOUT PEER HELP?

Camille Veit
LAPCOS (EA7278), E3S (1342) (Strasbourg, France)

We can freely innovate not forgetting the past and of what it delivers, retroactively, as a teaching: in its successes and in 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), an 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 reflexions, 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: overlapping 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. 352). 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"?

(1) Barnes, M. et Berke, J. (1971) Mary Barnes, un voyage à travers la folie. Paris : Le Seuil, 2002.
(2) Barnes, M. et Scott, A. Something sacred, conversations writings paintings. London : Free Association Books, 1989.

THE KNOWLEDGE FROM EXPERIENCE IN THE FIGHT AGAINST STIGMATISATION: 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, mediators, social workers). 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. It is a slow and complex process that must use different levers. Integrating the expertise of a person directly affected by a mental disorder contributes positively to these objectives. On the one hand, because putting a face on a disease offers an 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 destigmatization 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.

LOCAL COUNCILS FOR MENTAL HEALTH
A CITIZEN-BASED MENTAL HEALTH INITIATIVE?

PRESIDENT
Magali Coldefy
Senior Researcher
Institut de recherche et documentation
en économie de la santé (IRDES)

MODERATOR
Marie-Annick Benatre
Health Assistant, Public Health,
precariousness and extreme poverty
Nantes Town Hall

PATIENT EXPERIENCE AROUND A CIVIC ACTIVITY IN THE CITY

Lydienne 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 accompaniment into the animation of this sporting mediation that fascinates me. I became 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 Boukhetaia
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, ESPOIR 54, UNAFAM, AEIM, 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 positioning 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 psychiatry 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 pro-active 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 (Orspere Samdarra, 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 (MHCR)

Nicolas Henry
City of Rennes (Rennes, France)

Created in 2014 within the Mental Health Council of the city of Rennes (MHCR), a working group initially composed of medico-social services decided to contribute to the dynamics of the MHCR 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 MHCR: How to define this participation? What is its temporality? 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 (piloted 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 MHCR.

CITIZEN-BASED ORGANIZATION OF MENTAL HEALTH SERVICES #1

PRESIDENT
Ionela Petrea
Head of department
Trimbos International

MODERATOR
Marie-José Froideval
Vice-president
of GEM les Ch'tis Bonheurs

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 de troubles psychiques en Europe") is co-funded by the Eramus+ program of EU (2016-2020; 2016-1-LU01-KA204-013827). It is coordinate 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 WHOCC 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 coherency 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 of 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 Baleige
EPSM Lille Métropole, 59I03 sector (Lille, 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 organizations (CSO) 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 566 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.

CITIZEN-BASED ORGANIZATION OF MENTAL HEALTH SERVICES #2

PRESIDENT
Laurent Defromont
Head of mental health service for the towns:
Mons en Baroeul, Hellemmes, Lezennes,
Ronchin, Faches Thumesnil, Lesquin
EPSM Lille métropole

MODERATOR
Marianne Auffret
Deputy Mayor of the 14th
arrondissement of Paris
Vice President of ESPT

COMMUNITY BASED SERVICES AND INNOVATIVE PROJECTS IN MENTAL CARE OF REGION FRIULI VENEZIA GIULIA PRIMARY CARE SERVICE AREA

Giulio 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 CMHCs. The mean rate of involuntary treatments was 8 on1000 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 users, defining objectives, 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 a 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 this 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' 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 significant improvements to their mental health and their lives. We provide the essential time and space required for people to embark on their discovery journey. The Discovery Partnership achieves this by focussing on peoples unique assets and circumstances and breaking the cycle of hopelessness, dependency and maintenance. We call it discovery, because "recovery" is misunderstood and presumes getting something back that has been lost, whereas "discovery" means finding new ways to fulfill a better life for yourself and equipping 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 sectioning 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 people being "stuck". In spite of significant resources being used for these individuals, it is questionable whether we have found the most effective response, 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/SAY: OPENNESS AND AMPLIFICATION, PROSPECTS FOR A RECOVERY-ORIENTED MENTAL HEALTH CENTRE

Mathilde Labbey
EPSM Lille Métropole (Ronchin, France)

The Mons-en-Baroeul, Hellemmes, Lesquin, Lesquin, Lezennes, Ronchin 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 valorization 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' spokespersons. 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 users? What does this mean for professionals?
• Participatory tools: from the collection of users' opinions to their integration within the practical organization.

PATIENT EDUCATION
TOWARDS RECOVERY AND HEALTH TRAINING

PRESIDENT
Simon Vasseur Bacle
Mission manager
WHOCC

MODERATOR
Vincent Demassiet
President of the network Rev. France
President of the Mental Health
Support Group "Ch'tis bonheurs"

PSÉSAM PROGRAM: FOR A COLLABORATION BETWEEN PARENTS AND CARERS IN THE PATIENT EDUCATION PROGRAMS

Jean-Charles Verheye
Université Paris 13 (Bobigny, France)

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 benefices, 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 Hospitals Group "Paris, psychiatry and neurosciences", and the Educations and Health Practices Unit (EA 3412) of University Paris 13, are conducting a collaborative research-action aiming at involving in PE interventions parents that are concerned with schizophrenia. This national project includes the training of twosome parents-healthcare professionals that would talk in PE programs in a collaborative manner. This training is provided by trained parents, healthcare professionals and educationalists and follows the first interventions of the twosomes. Observations and interviews investigate the impacts of the intervention on beneficiaries and educators. One of the hypotheses of this research is that the involvement of parents on the PE interventions is a strong sign against stigmatization and toward a more generalized partnership with healthcare professionals.

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[3] Verheye JC; Devos C. Participation des patients à la formation continue des professionnels. Soins ; 2017 (812) : 39-42

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

Julie Rzepa
UHSA CHRU Lille (Seclin, France)

In psychiatry, therapeutic education (ETP) is a major focus of the patient empowerment process, which aims to help them acquire or maintain the skills they need 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 a ETP project on the observance of treatment through the educational approach and the tools used. It is a question of promoting the empowerment of patients based on their experience of the disease and their experiential knowledge by relying on the skills of interdisciplinarity. The objectives of the ETP for patients are to know and appropriate their pathology, 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 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 out a relationship of trust and facilitates the exchange with caregivers. The patient allows himself total freedom of expression until he/she gives his/her own meaning to a card beyond the pre-identified 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.

REGAINING CITIZENSHIP: EMPOWERING THE MENTAL HEALTH USER TO ACT AS A CITIZEN

Fabrice Gentner
EPSAN (Brumath, France)

Often, mental health users identify themselves through their pathology before who they are as a person. This program of Therapeutic Patient Education (ETP) has the ambition to give them certain keys to open doors of social inclusion and citizenship. It takes place in the city, outside the walls of the hospital, which diversifies the supply of mental health services in psychiatry. Targeting user's representations on the idea of citizenship, identifying needs on legal matters, refocusing on oneself, working on social interactions have become areas of development: the goal is to place the user at the center of its care in a dynamic of social inclusion and empowerment, and offer him the opportunity to take a singular and fundamental place in community life. Each participant develops with a caregiver its own objectives during an individual session, through an educational evaluation. The caregiver accompanies the user in his reflection and helps him/her to uncover his/her potential, the strengths and individual skills that will lead to the success of the project. The program is divided in 5 collective and thematic sessions: «Who am I in this society», «History of Rights and Duties», «To love oneself to live better with oneself», «To live better with others» and «I am, so I get involved». Each session is animated by 2 professionals. The last is carried out in co-animation with 2 persons involved in a local mental health support group, and are all realized in premises outside the hospital. The first results are encouraging: It seems that the program allows to clarify socio-professional perspectives for people, either through an associative, training or a professional project. To receive eco-citizen advice, to complete legal knowledge, but also to feel in connection with people, to feel revalued, appear at this point as issues addressed as well as goals achieved.

THE EMPOWERMENT CHALLENGES THE PATIENT EDUCATION: FEEDBACK ON AN ACTION-ORIENTED RESEARCH SEMINAR

Vincent Demassiet, Jean-Baptiste Hazo
WHOCC (Lille, France)

In France, more than 80% of the Patient Education (PE) programs are implemented in hospitals and target specific pathologies such as diabetes or heart failure. Patients, caregivers, trainers and researchers agree on the malfunctioning of an however ambitious system.
Based on this basis, the University Paris VII Denis Diderot, the National Institute for Health Research (INSERM UMR-S 1123 ECEVE) and the School of Public Health (EHESP) organised a research-action seminar dedicated to the theme on the 21st and 22nd September 2017 in Paris, the preparation process was based on listening to patients/users first, then they draw together the recommendations with patients/users, caregivers, professionals and researchers during the seminar gathering 140 concerned people.
Faced with the universality of the topic of patient empowerment within the framework of patient education, the true originality of the project lies in a transversal thinking carried out jointly by patients and professionals around four vulnerable populations: children and adolescents suffering from frequent or rare diseases, people with mental disorders, and very old people (more than 75 years old).
In addition to the emergence of a qualified network of reflection involving all the above-mentioned actors, the major objective of the seminar was to draw up concrete recommendations, in order to promote at the national level programs more attuned to the needs of patients and really empowering them. The restitution of the results of the seminar on January 31, 2018 to the Ministry of Health made it possible to present the transversal findings to the four populations, then those that are population-specific and the associated recommendations. Our presentation at the WHOCC 2018 congress will covers the methodology and results of this initiative.

HEALTH SUPPORT CONSULTATION

Jean-François Besnard
Guillaume Régnier Hospital Center (Rennes, France)

Context: numerous international publications have shown that people with serious mental illness such as schizophrenia, bipolar disorder and major depression have a 20-year decrease in life expectancy compared to the general population, most of whom are associated with somatic comorbidities. They have great difficulty in accessing care and prevention advice. Question: what can we do to improve the life expectancy and quality of life of these people? Here, we propose an innovative approach by developing the patient's involvement in his or her health journey. Methodology: we have designed a protocol, coordinated by a nurse, focused on prevention care where each caregiver contact is an opportunity to strengthen patient empowerment. The feasibility study includes: inclusion, data collection, priority setting by the medical team and finally patient validation. The targeted collection of patient health data is based on the recommendations of the senior health authority. The specificity of this work is the promotion of the empowerment of the patient who chooses his/her own objectives among the individualized proposals to his state of health. The nurses are trained in Patient Therapeutic Education (40 hours of training). They play a central role in this process. After three to six months of support, the nurses update the data collection to document the evolution. This graphic presentation makes it possible to quickly identify the points remaining to be improved in a global multi-organ view. Results: since January 2017, 25 patients have been included. We recognize that this innovative approach requires new communication practices within the health care team. This new system has been progressively st up and is now stabilized. We are now planning to extend it more widely to people being followed at the Guillaume Régnier Hospital Center.

PEER- HELP
AND MENTAL HEALTH MEDIATION

PRESIDENT
Edvick Elia
Medical director
President of CME
EPSM Lille-Métropole

MODERATOR
Valérie Brilleman
Mediator of peer-help
EPSM Lille-Métropole

PEER-SUPPORT TRAINING: DESIGN, IMPLEMENTATION, EVALUATION AND PARTICIPATION ISSUES

Lolita Sandron
UMONS - Department of Family Sciences (Mons, Belgium)

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 (GPS) based on the method of group interviews with feedback. This GPS 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 group from subjects brought by external speakers (social workers, psychologists, psychiatrists, peer-helpers, association representatives, etc.). The function and missions of training peer-workers, in mental health facilities, are also prepared with a participatory method between the trainee, the host facility and the training coordinators. In addition, several participatory 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 intervision system where participatory conceptualization starting from field problems is developed with mental health stakeholders.

"HOP, OF YOU GO! LET'S DE-STIGMATIZE OURSELVES!"

Joanie Pellet
Institute and School of Health of La Source (Lausanne, Switzerland)

When people have a mental health problem, they can be confronted to the dilemma: talk about it or keep it secret? While hiding their disease can be a way of being protected from stigmatisation and discrimination, revealing it allows empowerment, strengthening of self-esteem, and fight against stereotypes and self-stigmatisation. Self-stigma means that people are aware, agree with, apply to themselves, and interiorise the stereotypes of their disease. It is heavily hindering the recovery process with harmful consequences in all the domains of life. Short group intervention, HOP! – for Honest, Open, Ready (Prêt) – use the unveiling as a weapon against self-stigmatisation. During three sessions, participants talk about pro and cons of unveiling her or his disease, the levels of unveiling, and the different manners to talk about the disease according to the interlocutors. Participants develop strategies to tackle stigmatizing situations, and learn to unveil in order to diminish the impacts of stereotypes. Innovative program created by Patrick Corrigan and co-developed with service users and lead by peer support workers, HOP! has been translated and adapted to the Francophone context. The presentation will show a Swiss experimentation of the program with peer support workers involvement in research, and used as facilitators of knowledge transfer toward clinic practices through training of other peer support workers.

PEER SUPPORT AND CITIZENSHIP

Philippe Maugiron
French-speaking organization of peer

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 called 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 commissions. 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 natural 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 (Walloon Belgium), the Quebec Association for Psychosocial Rehabilitation (AQRP) as well as the Association of peer mentors-support workers of Quebec (AMPAQ), network Re-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 three cornerstones: 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 promotes the 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
CREAI 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 partnerships 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 carer, 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 Santé Mentale France, a GEM actor (and vice-president of CNIGEM) and one or two CREAI 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.

CONCEPTS OF CITIZEN SHIP AND RECOVERY
PRACTICAL EXAMPLES

PRESIDENT
Massimo Marsili
Psychiatrist
Medical Manager Diogene
EPSM Lille métropole

MODERATOR
Bernard Pruvost
Volunteer
French association of family carers
of people mental health problems
UNAFAM

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 psychic 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 SOLIHA 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 user's initiatives. New terms, until now rarely used in France, are becoming central for the redefinition of practices: empowerment, recovery, and also the notion of psychological disability and its systemic approach (WHO, 2001). These novelties, which are not a detail, are fundamentally refounding the therapeutic targets in the daily clinical approach. More recently, the therapeutic targets of social participation and recovery have emerged: more centered on the person and its future than on the disease, those goals imply what B. Pachoud (2012) calls "a new hierarchy of values". Therefore, they bring out new issues about the organization of daily clinical practices, especially multi-professional practices, by integrating the people concerned by the psychological disability as the main actors of the approach, and by proposing a response of geographical proximity. We will present a feedback on the process of developing a "Mobile Recovery Team" in the context of the adult psychiatry pole of the Jonzac hospital. From an Evidence-based Practice perspective, we will first present the theoretical foundations and results of the international literature which organize the practices of this mobile team. We will then explain these 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
Carine Delanoe-Vieux
Paris Territory Hospital Group in psychiatry & neurosciences Paris psychiatry & neurosciences (Paris, France)

Users expect their need to live meaningful experiences that reflect respect for 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.

AFTERNOOM WORKSHOPS

1:45

BASED ON THE CALL FOR COMMUNICATIONS

Experiential 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 speach 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.

ROOM 4 — USER PARTICIPATION IN THE REVISION OF THE INTERNATIONAL CLASSIFICATION OF DISEASES

ROOM 6 — WORK AS AN HELP FOR RECOVERY

ROOM 1B — REDESIGNING MENTAL HEALTH TRAINING #1

ROOM 3 — REDESIGNING MENTAL HEALTH TRAINING #2

ROOM 2 — PARTICIPATORY RESEARCH IN MENTAL HEALTH

ROOM 5 — THE QUALITYRIGHTS PROGRAM AND MENTAL HEALTH RIGHTS

ROOM 1A — ACCESS TO AND MAINTENANCE OF HOUSING

USER PARTICIPATION IN THE REVISION OF THE INTERNATIONAL CLASSIFICATION OF DISEASES

PRESIDENT
Mario Colucci
Psychiatrist
Mental health centre of Trieste,
Region Friuli Venezia Giulia

MODERATOR
Vincent Demassiet
President of the network Rev. France
President of the Mental Health
Support Group "Ch'tis bonheurs"

Challenges of user and caregiver participation in the revision of the International Classification of Diseases (ICD)
WHO has included the participation of all stakeholders involved in ICD in its review process, including users and carers.
This workshop examines different issues of participation in different countries: Algeria, Madagascar, Canada and France.
Two communications concern the re-reading of the essential characteristics of depressive episode and schizophrenia. The first shows how this participation enabled Algerian "users" and "carers" to meet, for the first time, terms concerning them. The second, based on the case of Madagascar, illustrates how participatory research can lead to questions about patient information and the announcement of the diagnosis (M. Raharinivo et al.).
The revision also includes the revision of contextual factors (Z-factors). A study conducted in Canada gathered feedback from consumers and their families on contextual factors influencing health status and reasons for using health services (J. F. Pelletier)
Finally, one of the challenges of the revision is to "un-psychiatrize" transsexuality, while allowing the care of the users concerned. A participatory study conducted in France enabled users to assess the merits of this revision. The last paper highlights the interest (and sometimes the difficulty) of participatory research (M. de la Chenelière and P. Desmons).

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

Marie De La Chenelière, Patrice Desmons
WHOCC and Collectif Trans Hauts de France (Lille, France)

WHO initiated a revision of ICD 10 in 2011, which is expected to be endorsed in 2018. In this context, gender identity issues (M / F) with "disorders" classified in Chapter F64 under "Mental Disorders", are being re-elaborated and are the subject of a reclassification project aimed at depsychiatrization, massively desired by the people concerned and by a growing number of professionals, who emphasized the deleterious and iatrogenic effects of this classification, and the barriers to access to care that it has very often produced. A research was conducted by the WHOCC Lille France to assess the validity of this revision with trans people, and solicit these people, as well as associations and health professionals from the Hauts de France region on this issue. We will present this approach, its results, its perspectives, and how this experience illustrates the interest (and sometimes the difficulty) of a participative research actively including the different stakeholders, which supposes a joint transformation of the social and scholarly representations, in the co-construction of new forms of knowledge and expertise.

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

Dalila Benmessaoud
EHS Psychiatrie M. BOUCEBCI (Chéraga, Alger, Algeria)

The WHO Collaborating Centre in Lille has recently conducted a multi-centred research project whose main objective is to describe how users, having experienced a diagnosis of depressive episode or schizophrenia, and their carers, understand and perceive the essential characteristics suggested by ICD-11 for these diagnoses.
It is a participatory research that integrates the notion of user and carer expertise in mental health.
Through our participation in this study, we propose to see how it has enabled Algerian "users" and "carers" to meet, for the first time, terms concerning themselves which are new to them and legitimize their existence, despite their "WHO" seal.

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)

The International Classification of Diseases (ICD), now in its 10th version, is the international standard for reporting mortality and morbidity data. It organizes and codes the health information that is used for statistics and epidemiology, care provision, resources allocation, monitoring, evaluation and research. Diagnosis of mental and behavioural disorders is described in Chapter V of ICD-10. These are categories F00 to F99, which are used in particular by the Régie de l' assurance maladie du Québec and the Institut national de santé publique du Québec. For the first time, however, users and families are invited to take part in the ICD-10 review process and thus in the preparation of the ICD-11. This paper presents and discusses the preliminary results of a participatory research project in which Quebec users with a category F diagnosis and their relatives took part in the ICD review. For this project, they were asked to comment on the contextual factors influencing health status and reasons for using health services, the categories of Chapter XXI of ICD-10. These categories Z00 to Z99 are intended for the registration of grounds for health service use. Common to all disorders, Z factors are additional elements that have been developed to be taken into account when the subject receives care for illness or trauma. Participants (N=60) responded to a questionnaire of 18 questions corresponding to the 18 main current Z factors (beta version). They were asked to indicate the extent to which they felt the various Z factors could or did have an influence; (a) on the occurrence of a mental health problem; (b) on the recurrence of a mental health problem; and (c) on their recovery. Of these three dimensions, recovery was considered to be particularly associated with Z factors, while among the factors mental health services themselves are associated with disease induction, especially for women.

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

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.

WORK
AS AN HELP FOR RECOVERY

PRESIDENT
Youssouf Limane
*Health ministry
of Mauritania*

MODERATOR
Gérard Milleret
*President of the medical commitee
CH La Cartreuse*

TEMP' VOLUNTEER SYSTEM

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

The aim of Espoir 54 is to foster the reception, accompaniment, 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 association 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. This 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.

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 service. It also supports the collective and militant will 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 workstations are thus occupied in the ordinary working environment, respecting each individual's project and the necessary adjustments. Socio-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 prolegomena 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 GOING THOUGH EXTREME DISTRESS

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 aims for 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, warns us, 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 social, 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.

REDESIGNING
MENTAL HEALTH TRAINING #1

PRESIDENT
Frédérique Zimmer
Director of ALFAPSY

MODERATOR
Céline Letailleur
COFOR

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 reliving. 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 this 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 postures, 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

NETWORK IN PAIRADVOCACY

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, health and legal 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 practices. Concrete actions of access to rights and care were mobilizing more and more people to a public in connection with mental health services and medico-social services throughout the French territory. Peer-advocacy practice training should support practitioners. Rather than a service, the idea is to develop a citizen approach to law, conceived as a resource, allowing these people to be their own advocate. In an inter-associative and inter-sectoral context (health, social, civic education), a co-training space has developed in peer-advocacy practices. The training program is based on associative expertise in these different areas and is aimed at users and family carers as well as professionals.

EMILIA: FEEDBACK FROM AMERICA FOR A EUROPEAN PROJECT

Charles Rice
ACT in mental health and COSME Network (Quebec, 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, organizations that would be similar to French mutual self-help groups (GEMs). An evaluation will illustrate what has been learnt and now give feedback for implementation of innovative practices in mental health. EMILIA is a training program for empowerment and recovery, based on approaches such as active pedagogy and lifelong learning. Imported from Europe, EMILIA is the acronym for "Empowerment of Mental Illness Service Users through Life-Long Learning Integration and Action". Funded by the European Commission (€ 3.4m), this project was deployed in 12 different countries between 2005 and 2010. The Quebec version of EMILIA currently has six modules, with a total of 150 hours. Over a period of one year, some 150 users participated in the EMILIA program in one of the 14 sites in which it operates. The theoretical content accounts for 20% of the modules, and other 80% consist of exercises, simulations and exchanges in small groups. Training is provided in tandem (a professional-facilitator and a peer facilitator). In addition to benefiting from four days of training, the facilitators participate in communities of practice led by the AGIR, and are thus able to discuss their practices and provide input to the content of the EMILIA modules. To implement EMILIA, a new partnership has been concluded with an Adult Education Center that financially supports the dissemination of the program. This opens up a new field of intersectoral cooperation in mental health in which adult education can contribute. The EMILIA program is also subject to scientific scrutiny while the GRIOSE-SM Research Group carries out the mandate of documenting the implementation, operation and experience of participation in EMILIA. In addition, the presentation will focus on several innovative elements of the program: valuing experiential knowledge, peer-caregiver 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.

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 Falret (Créteil, France)

Since 2 years we collaborate with Krystian schott, a person with high functionning autism, and PRO AID autism for the training and 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-constructed with all the stakeholders and adapted to the specific needs of Krystian 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 theoretical input and direct supervision provides a co-constructed expertise that significantly improves the quality of life of people with autism, but requires both sides to share their knowledge and to leave their comfort zone.

REDESIGNING MENTAL HEALTH TRAINING #1

PRESIDENT
Aude Caria
Director
Psycom

MODERATOR
Olivier Las Vergnas
Professor, head of the Department
of Adult Education and Training Sciences
and the Language Insertion and Science
Centre of the CIREL-Trigone Laboratory (EA 4354)
University of Lille - Science and Technology

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

Capitalizing 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 "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 goal 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, (re) humanize 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 source of proposals in valuing the experiential knowledge.

*(*1) Centre Régional Ressource Métiers et Compétences en psychiatrie.*
*(*2) Université des Patients de Grenoble.*

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

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

The Saving and Empowering Young Lives in Europe study (SEYLE) compared 3 programs for mental health promotion and suicide prevention in 10 European countries in 2009/2010. It brought together 12,395 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 SEYLE 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. All final year students are invited to 2-hours workshops 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 ommittees 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 information privileged to improve services. Since the implementation of the policy, more than 250 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 Chaize et William Cenille
AMAHC (Lyon, France)

You can create an inclusive society with a paradigmatic shift; or rely on universality of humans 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 avoid a non effective participation or, worst, an exploited 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 AMAHC, six persons are representative of their pairs and four are members of the board. Plenty of them participate in every internal comity of the association. Further, two of them participate to the definition of the administrative area (département) mental health network strategies. In the mutual-help group (GEM) "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, and institutions) considers the persons with mental disorders. But also in the part these persons will play in the institutional changes that will bring more inclusion and better outcomes for everyone. It is 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.

PARTICIPATORY RESEARCH IN MENTAL HEALTH

PRESIDENT
David Crépaz
*Head of Empowerment
and Social Inclusion
Mental Health Foundation*

MODERATOR
Giulio Castelpietra
*Psychiatrist
Mental health centre of Trieste,
Region Friuli Venezia Giulia*

HOMELESS ADULTS SPEAK OUT ON MENTAL HEALTH: A SYNOPSIS OF A PARTICIPATORY RESEARCH PROJECT

Kate Mitchell
Mental Health Reform (Dublin, Republic of Ireland)

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 participants to advocate to 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 asks 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.

SERVICE USER INVOLVEMENT IN MENTAL HEALTH RESEARCH: BUILDING A RESEARCH PROJECT FROM A CITIZENS' INITIATIVE IN A REHABILITATION CENTRE

Sophie Cervello
Resources centre in psychosocial rehabilitation and Cognitive remediation therapy, Hospital Centre of Le Vinatier (Lyon, France)

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 SISM 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 services-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 SISM. This users-lead work was the basis of an interdisciplinary qualitative research project focusing on the role of professional insertion and work in the recovery processes of people with severe mental disorders. We will first present the group work of the SISM 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.

RESULTS AND FEEDBACK FROM PARTICIPATORY ACTION RESEARCH IN MENTAL HEALTH CONDUCTED BY GEM MEMBERS OF ADVOCACY FRANCE

Isabelle Maillard
Advocacy France (Paris, France)

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 mobilization 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.

THE JOINT CRISIS PLAN: A SHARED DECISION SUPPORT TOOL IN PSYCHIATRY

Caroline Suter
University of Health La Source (Lausanne, Switzerland)

Despite an international consensus on the ethical imperative of implementing recovery-oriented practices that include the shared decision-making process in mental health and psychiatry, their application remains an important challenge. This paradigm shift requires the questioning of the balance of power between patients and caregivers in favor of a partnership approach. This is not always obvious in everyday practice as the use of old references is tenacious. Negotiated and drafted jointly with patients, professionals and even with relatives, the Joint Crisis Plan (CCP) is one of the innovative tools promoting this partnership. It is also a powerful lever of user empowerment. Despite its relevance and its positive impact on the perceived stress, the therapeutic alliance, the use of resources, the re-hospitalizations and the costs of care, it remains not well known and disseminated. An exploratory study of the practices and contents of the CCP in French-speaking Switzerland has therefore been launched to examine the existing obstacles. After having defined what is a joint crisis plan and specified its added-value, this presentation will be an opportunity to present the results of this study, its context, its objectives and the recommendations for an effective implementation in the future. It will also highlight how peer support workers have been integrated into the research process and the training mechanism for this tool with care teams.

THE QUALITYRIGHTS PROGRAM AND MENTAL HEALTH RIGHTS

PRESIDENT
Eliane Bourgeois
Care Director
EPSM Lille métropole

MODERATOR
Claude Ethuin
Volunteer
Advocacy France

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.

ACCESS TO AND MAINTENANCE OF HOUSING

PRESIDENT
Raghnia Chabane
Deputy mayor
City of Mons-en-Baroeul

MODERATOR
Pascale Estecahandy
National Technical Coordinator of the "Housing First" program DIHAL

EMPOWERMENT IN PRACTICE: WHICH CONCRETE TOOLS ARE AVAILABLE?

Christopher Hennebelle, Jean-Marc Tournemaine
ACT- Un Chez Soi d'Abord (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'abord 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 where they share their 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 freer 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)

The Phoenix 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, autonomy and openness to the outside world. Its very organization is shared between caregivers and carers. This legal structure governs various therapeutic workshops involving social skills (cafeteria, 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 destigmatization of mental disorders, was awarded first prize in the Péri'soins (Péri'Care) competition organised by the Périgueux Hospital Centre (grouping together the 4 establishments in Dordogne) and second Prix Infirmier organised 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.

HEALTH AND SOCIAL SUPPORT PROJECT PASS VERS

Virginie Bulot
Dr. Bazin'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 derived from the recommendations of the Proof Center in Psychiatry and Mental Health's report which 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 naturalistic 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 Muñiz (Mexico City)

The causes of homelessness in Mexico have components related to economy, culture and individual choice, 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 50 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.

PANEL DISCUSSION

Challenges for citizens in the mental health system a conceptual revolution?

< **4:00**

PRÉSIDENT Gabriel Ivbijaro

Medical Director, Waltham Forest Community & Family Health Services

Professor Ivbijaro is Visiting Professor of Population Health at NOVA University, Lisbon, Portugal and a specialist in Integrated Care and Primary Care Mental Health, with expertise in service re-design. He co-edited 'Integrating Mental Health Into Primary Care: A Global Perspective' in collaboration with World Health Organization and World Organization of Family Doctors in 2008 and has participated in a range of mental health transformation projects including being the Royal College of General Practitioners representative on the Royal College of Psychiatrists Intercollegiate SOC Committee that produced the 'Good Practice Guidelines for the Assessment and

Treatment of Gender Dysphoria' in 2013. He was a Member of the European Platform for Mental Health from 2008 to 2009, London Regional General Practice Adviser for the Improving Access to Psychological Therapies Programme from 2010 to 2012, Chair of the Long Term Mental Health Conditions Clinical Expert Panel for NHS London from 2010 to 2012 and Clinical Chair for Waltham Forest Federated GP Commissioning Consortium from 2011 to 2013.
Professor Ivbijaro has presented papers and original thinking on primary care mental health integration and collaborative care at many local and international conferences and has published a range of articles in peer reviewed journals. He was editor of the 'Companion to

Primary Care Mental Health,' an international collaboration of 110 authors from all continents of the world which received a five star (100%) Doody's Review and aims to promote access and delivery of evidence based practice in primary care.
His contribution to the UK National Health Service was recognised in 2012 when he was awarded 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 Wonca Fellow, 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:
- G. Ivbijaro (Ed). Compagnon de la santé mentale en soins primaires. Publié chez Radcliffe Publishing, 2012 (ISBN: 13: 978 184619 9769)
- Ivbijaro G, Patel V, Chisholm D, Goldberg D, Khoja TAM, Edwards TM, Enum Y, Kolkiewicz LA (2015). Informer les politiques et les services de santé mentale dans la DME: rentabilité du déploiement des ressources humaines pour offrir des soins communautaires intégrés. Publié dans Journal OMS de la santé de la Méditerranée orientale (supplément). 21 (7): 486-492
- Ivbijaro G, Enum Y, Khan AA, Lam SS, Gabzdyl G. (2014) Soins de santé collaboratifs : des modèles pour le traitement des patients atteints de troubles médicaux-psychiatriques complexes. Publié dans Rapports psychiatriques actuels. 16: 506 DO1 10.1007 / s11920-014-0506-4

MODÉRATRICE
Charlotte Marchandise-Franquet

President, French WHO Healthy Cities Network

Charlotte Marchandise has been working as coordinator, communication officer and project manager in the corporate world and social and environmental NGO's. She is a consultant in various fields and with different publics (politicians, public health stake-holders, migrants, doctors, volunteers, students, seniors…).
In 2014, she has been elected as civil 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 Vision Group
She defends a whole-of-government and whole-of-society approach. She advocates on sharing responsibility for health amongst all sectors.
She works at organizing cooperation in between the cities and with the ministries, the universities and the grassroots mouvements. She believes in collective intelligence, and wish to share the stakes of health promotion, health equity and environmental health at the largest scale, with a systematic democratic point of view in order to empower inhabitants.
She chairs the Rennes Mental Health Council.

José Miguel Caldas de Almeida

Professor of Psychiatry and Mental Health,
Faculty of Medical Sciences, Nova University, Lisbon

José Miguel Caldas de Almeida is a Professor of Psychiatry and Mental Health at the Faculty of Medical Sciences, Nova University, Lisbon. He was Head of the Mental Health Program of the Pan American Health Organization, in the Regional Office of the World Health Organization for the Americas, in Washington DC (2000-2005), and Leader of the EU Joint Action on Mental Health and Wellbeing (2013-2016).

Recent publications or related to the themes of the days:
- Caldas de Almeida JM. Mental health services and public mental health: challenges and opportunities. World Psychiatry. 2015 Feb;14(1):51-3. doi: 10.1002/wps.20184.
- Caldas de Almeida JM, Horvitz-Lennon M. Mental health care reforms in Latin America: An overview of mental health care reforms in Latin America and the Caribbean. Psychiatr Serv. 2010 Mar;61(3):218-21.
- Killaspy H, Cardoso G, White S, Wright C, Caldas de Almeida JM, Turton P, Taylor TL, Schützwohl M, Schuster M, Cervilla JA, Brangier P, Raboch J, Kalisova L, Onchev G, Alexiev S, Mezzina R, Ridente P, Wiersma D, Visser E, Kiejna A, Adamowski T, Ploumpidis D, Gonidakis F, King M. Quality of care and its determinants in longer term mental health facilities across Europe; a cross-sectional analysis. BMC Psychiatry. 2016 Feb 11;16:31.

Roberto Mezzina

Director, Mental Health Department, WHO Lead CC, Trieste (Italy)

Roberto Mezzina, psychiatrist, is from 2012 the Director of the Department of Mental Health in Trieste, which inspired the Italian Mental Health Reform Law of 1978, with the closure of the psychiatric hospital and the creation of a network of totally alternative community services. He developed especially the 24-hour-CMH Centre model and the first Italian experience of user involvement in the 90's; he ended up the process of reconversion of all former psychiatric hospital facilities in Trieste toward independent living and he has opened the first open door forensic unit in Italy in 2015. For 2009 he is Head of the WHO Collaborating Centre for Research and Training of Trieste, which aim is to support deinstitutionalization and development of community based services worldwide and to support National Governments for reform policies. He also promoted from 2001 the International Mental Health Collaborating Network, of whom he is currently the President. His professional experience and scientific production includes about 200 papers and 2 books and many activities as teacher, keynote speaker and expert in more than 30 countries. Past Secretary of Società Triveneta di Psichiatria Democratica (1986-1988), Travelling Professor for the Royal College of Psychiatrists of Australia and New Zealand (2012), has been prized for Innovative Practice by Zero Project at UN in Vienna, 2014. In September 2017 he received the prestigious "European Personality Award" by Gamian Europe.

Recent publications or related to the themes of the days:
- Mezzina R Creating mental health services without exclusion or restraint but with open doors. Trieste, Italy. La santé mentale en France et dans le monde. L'Information psychiatrique 2016 ; 92 (9) : 747-54
- Mezzina R. Community mental healthcare in Trieste and beyond. An "Open Door-No Restraint" system of care for recovery and citizenship. J Nerv Ment Dis 2014 ; 202 : 440-5.
- Sashidharan, S. P., White, R., Mezzina, R., Jansen, S., & Gishoma, D. (2016). Global mental health in high-income countries. The British Journal of Psychiatry, 209(1), 3-5.

Rene Keet

Psychiatrist and director of care development and implementation at the community mental health service, Chair of EUCOMS

René Keet is a psychiatrist and director of care development and implementation at the community mental health service GGZ-Noord-Holland-Noord. This service integrates the care provided by Flexible Assertive Community Treatment (F-ACT) teams and specialized ambulatory teams in a catchment area of 600.000 inhabitants in the North-West of The Netherlands. The service includes activity centers, consumer run companies and sheltered living facilities.

His specialization is in integrated recovery oriented treatment of persons with severe mental illness. He leads the FIT Academy (Flexible, Innovative Top-ambulatory), that provides training to support reform of community mental health care.
He is chair of the European Community Mental Health Services network (EuCoMS), a network of services and their clients in 20 European countries (Pieters et al., 2017)
His research experience is in the European First Episode Schizophrenia Trial (EUFEST), a naturalistic trial on the effectiveness of

antipsychotic medication in a naturalistic community setting (Kahn et al., 2008). He was the coordinator of Family Motivational Intervention (FMI), in which it was shown that it is feasible and effective to train family members in motivational interviewing (Smeerdijk et al., 2015). He did research on the evaluation of the introduction of Flexible Assertive Community Treatment in a new region in the Netherlands (Nugter, Engelsbel, Bähler, Keet, & van Veldhuizen, 2016).

Recent publications or related to the themes of the days:
- Kahn, R. S., Fleischhacker, W. W., Boter, H., Davidson, M., Vergouwe, Y., Keet, I. P., … Grobbee, D. E. (2008). Effectiveness of antipsychotic drugs in first-episode schizophrenia and schizophreniform disorder: an open randomised clinical trial. The Lancet, 371(9618), 1085–1097. http://doi.org/10.1016/S0140-6736(08)60486-9
- Nugter, M. A., Engelsbel, F., Bähler, M., Keet, R., & van Veldhuizen, R. (2016). Outcomes of FLEXIBLE Assertive Community Treatment (FACT) Implementation: A Prospective Real Life Study. Community Mental Health Journal, 52(8). http://doi.org/10.1007/s10597-015-9831-2
- Pieters, G., Ruud, T., van Weeghel, J., Bahler, M., Shields, L., & Keet, R. (2017). Recovery for all in the Community. Retrieved from https://assets-sites.trimbos.nl/docs/3297941c-f835-4f16-9b45-c4f1e02cf154.pdf
- Smeerdijk, M., Keet, R., van Raaij, B., Koeter, M., Linszen, D., de Haan, L., & Schippers, G. (2015). Motivational interviewing and interaction skills training for parents of young adults with recent-onset schizophrenia and co-occurring cannabis use: 15-month follow-up. Psychol Med. 1–10. http://doi.org/10.1017/S0033291715000793

Margaret Walker

Executive Director, European Federation of Associations of Families of People with Mental Illness (EUFAMI)

Margaret 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 BA (Hons) in Humanities, as well as a Diploma in Gender and Development. She is a member of the UK's Royal Society for Public Health. At EUFAMI 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 ill health at European level so that their rights and interests are recognised and protected, is fulfilled.

WRAP-UP AND CLOSURE

Laurent El Ghozi
President of ESPT

< **5:00**

5:30 >

GALERIE FRONTIÈRES - 211 RUE R. SALENGRO - 59260 HELLEMMES

SCHIZOMETER

MARCO DECORPELIADA

Exhibition Marco Decorpeliada, Schizometer

VISIBLE EXHIBITION FROM MARCH 29 TO APRIL 6, 2018, FROM 2 TO 6 PM

Schizometer focuses on its name the essence of Marco Decorpeliada's rebelion against psychiatric diagnoses. When being labelled by the coded diagnoses of the DSM (THE reference book in modern psychiatry), Decorpeliada found out that the 20.2: constant catatonic schizophrenia diagnosis corresponds to the 20.2 : whole cooked prawns in Picard frozen produce's catalogue. Greatly relieved by the significant connection between DSM and Picard codes, he undertook the project to confront the two coded systems in an exhaustive way: he wrote down on carpenter's rulers the results of his correspondances and used freezer doors to visualize the several occurrences when one code failed to correspond to another. Through this practical attempt to index DSM and Picard codes, Marco Decorpeliada defrosts in an artistic way a frozen psychiatry and also points out the limits of any kind of process based on a systematic approach, such as is clearly at work in the DSM. Although Decorpeliada

was soon refered to as an outsider artist, he managed to set himself free from this stifling position since he conceived an artistic conceptual gesture which blurs all the borders between the different art categories. Beyond the work of declassification and deconstruction, we can ask ourselves to what extent the work of Decorpeliada draws the lines of a new way of perceiving the world and what the impact of such an initiative could bring to contemporary thinking. These questions will be answered by the best experts of Marco Decorpeliada's life and work. *Marcel Bénabou*, historian, writer, member of the famous literary association known as OULIPO (OUvroir de LIttérature POtentielle) ; *Baptiste Brun*, lecturer in art history ; *Dominique de Liège*, pschychoanalyst ; *Yan Pélissier*, pschychoanalyst ; *Olivier Vidal*, lecturer in accountancy science ; *Jean-Luc Deschamps*, moderator.

OPENING AND WELCOME

ROOM 1

< 8:45

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

Bianca De Rosario
Mission manager WHOCC

8h55
Performance by Valérie Cordy

9:00 >

PLENARY SESSION

ROOM 1

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

PRESIDENT **Karine Chevreul**
Deputy director, ECEVE (INSERM UMR1123)

After a cursus at the London School of Economics and Political Sciences where she then worked and began her PhD in collaboration with the European Observatory of Health Systems, Karine joined the public hospital. She conducted medical and economic studies before joining IRDES. As an health economics researcher, she has participated in several international comparative studies on health policy and the organization of care. Later, her activity as technical advisor to the Minister of Health and the Minister of Social Security allowed her to become familiar with the medico-social system. She then joined the URC ECO, where she collaborated with Isabelle DURAND-ZALESKI to supervise the team, and became deputy director of ECEVE (unit INSERM UMR1123) at its creation.

Recent publications or related to the themes of the days:
- The REFINEMENT Glossary of Terms: An International Terminology for Mental Health Systems Assessment. (Montagni I, Salvador-Carulla L, Mcdaid D, Straßmayr C, Endel F, Näätänen P, Kalseth J, Kalseth B, Matosevic T, Donisi V, Chevreul K, Prigent A, Sfectu R, Pauna C, Gutiérrez-Colosia MR, Amaddeo F, Katschnig H.) - Adm Policy Ment Health. 2017 Sep 16.
- National funding for mental health research in Finland, France, Spain and the United Kingdom. (Hazo JB, Gandré C, Leboyer M, Obradors-Tarragó C, Belli S, McDaid D, Park A-La, Maliandi MV, Wahlbeck K, Wykes T, van Os J, Haro JM, Chevreul K ; ROAMER consortium) - European Neuropsychopharmacology. 2017 June 21.

Alison Cameron
User / Survivor
Allywritesblog

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 NHS, 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.

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 Alzheimer's disease. She submitted several reports to the Minister of Health, Marisol Touraine, including a report calling for the emergence of a territorial public health service (S. P. T. S.) and the restoration of the hospital public service (S. P. H.).

Gaële Regnault
Family carer, Founder of LearnEnjoy

Gaele Regnault created LearnEnjoy, a social enterprise crossing pedagogical, technological and social innovation.
Her work facilitates differentiated teaching in classrooms and democratizes 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 600 families so far and 2,000 professionals. Today LearnEnjoy has an evaluation system recognized by the national education system.

PLENARY SESSION

10:15 >

E-mental health:
What do users and health professionals think about it?

- *Results of EQUME 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*

11h10 - Performance of Valérie Cordy

Vincent Demassiet
Co-founder of the network Nappe Paranoïa and President of the Mental Health Support Group "Ch'tis Bonheurs"

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 Bonheurs" ('lil happiness).

Pierre-Luc Bossé
Coordinator of Barometre project
University Institute of Primary Health and Social Services - CIUSSS de l'Estrie – CHUS (Quebec, Canada)

Pierre-Luc Bossé is the coordinator of Projet Barometre, at Institut universitaire de première ligne en santé et services sociaux [University Institute of Primary Health and Social Services] du CIUSSS de l'Estrie – CHUS (Quebec, Canada). He is also lecturer – The Strengths Approachs 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 Barometre: a clinical, digital, and collaborative intervention 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 implantation 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:
- Bossé, P.-L., Morin, P., Farrese, A., Carrier, S., Garon, S., Lambert, A. et E. Ducreux (2017). « Projet Baromètre : Améliorer sa qualité de vie. Un outil numérique québécois au service de la personnalisation en santé et services sociaux », dans Carrier, S., Morin, P., Gross, O. et De La Tribonnière, La participation des personnes dans les soins de santé et de services sociaux. Regards croisés France-Québec, Québec, Presses de l'Université du Québec.
- Bossé, P.-L., Bossé, A, Morin, P., Ramonet, M. et A. Marcuzzi (2016). Le projet Baromètre, un vecteur d'empowerment. Revue Santé mentale, numéro 212, novembre 2016, p.60-66.

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

Déborah Sebbane is a psychiatrist, working at the Medical & Psychological Service of the Annoeullin Penitentiary Center, linked to the Univeristy Hospital of Lille. She is vice-president of the AYPYA (Association of Young Psychiatrists and Young Addictologists) and a member of the Youth Commission and Innovation Commission of the French Congress of Psychiatry and Neurology. Former President of FFPS (French Federation of Psychiatric Students) from 2012 to 2014, she has also been co-president of the European working group "Recruitment and positive image of psychiatry" in 2015-2016. She holds a Master's Degree in Pedagogical strategies in medical education (Paris 13 University). Her areas of interest and research focus include fight against stigmatization, community mental health, pedagogy innovations and new pedagogical techniques through simulation.

Recent publications or related to the themes of the days:
- Sebbane D, De Rosario B., Roelandt JL, La promotion de la santé mentale : un enjeu individuel, collectif et citoyen, INPES La Santé en Action n°437, 2017
- Sebbane D. Les internes de psychiatrie vus par leurs confrères : jugés de près mais préjugés. . .. L'Information psychiatrique 2015 ; x : 1-10 ; doi:10.1684/ipe.2015.1349
- Sebbane D., Berger A., Merchin C., Jeammet P., Devenir psychiatre en France : regard de l'interne, ADSP (Actualités et Dossiers en Santé pubique) sept 2013 num 84

Olivier Devaux
User of Barometre project

Margot Morgiève
Researcher on sociology of 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 (AHATOC) 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 the all stakeholders (EQUME) with the Collaborating Center of the World Health Organization - WHOCC, EPSM 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(Fondation FondaMental-Chair of Excellence in Suicidal prevention, directed by Pr. Courtet) and she participate in the development of a national strategy for Online Adolescence and Young Adult Suicide prevention programme (F2RSM-Papageno Program).

Recent publications or related to the themes of the days:
- Briffault X. & Morgiève, M. (2017). François Vatel se serait-il suicidé s'il avait eu un smartphone? PSN, 15(3), 47-70.
- Gehamy C, Morgiève M & Briffault X. (2017) Design participatif en santé mentale : le cas des troubles obsessionnels compulsifs, Sciences du design, N°6.

Sébastien 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 CIUSSS 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 SSHRC 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 funded by the FRQSC (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 Projet Baromètre in Quebec and France.

Recent publications or related to the themes of the days:
- Carrier, S., Morin, P., Gross, O. et De La Tribonnière (2017). L'engagement des personnes dans les soins de santé et de services sociaux. Regards croisés France-Québec, Presses de l'Université du Québec.
- Carrier, S., Lambert, A., Garon, S., Morin, P., Gagné, A.-A. et Bossé, P.-L. (2015). Évaluer les effets que produisent les services sociaux dans la vie des personnes usagères : proposition d'un cadre d'analyse, Intervention, 142, 17-27.

MORNING WORKSHOPS

BASED ON THE CALL FOR COMMUNICATIONS

11:45

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

ROOM 4 E-MENTAL HEALTH AND SELF-HELP #2

ROOM 2 TECHNOLOGICAL PERFORMANCE AND EMPOWERMENT

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

BLUE BUDDY: AN APP AGAINST ANOREXIA AND BULEMIA

Sophie Criquillion

CMME, Saint-Anne Hospital (Paris, France)

In France, 300 to 600 000 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 recaps 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 New Health 2016).

« 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.reseausantenamur.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.

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, [in]formal carers and experts in the domain of dementia care and design. As end users, especially people with dementia, are often not included in design studies, we began with data collection from people with dementia (thanks to interviews) to determine which elements they thought are important to improve. Using these data, we organized focus groups with experts (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 #2

PRESIDENT
Claude Finkelstein
President
National Federation
of Psychiatry Users'
Organizations (FNAPSY)

MODERATOR
Frédéric Khidichian
Psychiatrist, hospital practitioner
and head of the Central Paris Unit,
President of the Hospital Medical
Commission (CME), Saint Maurice hospital

PHOENIX : A SMARTPHONE APPLICATION TO HELP MANAGING CRAVING IN ADDICTIONS

Chloé Lucet
Sainte Anne Hospital (Paris, France)

Craving is "an irrepressible 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 underused 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

PRESIDENT
Christophe Recasens
Psychiatrist
IME Armonia

MODERATOR
Lizette Cazellet
President
FORMATIC Santé association

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 for 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 Falala-Séchet
AsperTeam (Paris, France)

AsperTeam is a social entreprise 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 at 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 Barthélemy Durand (Etampes, France)

Barthelemy 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 height 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.

AFTERNOON WORKSHOPS
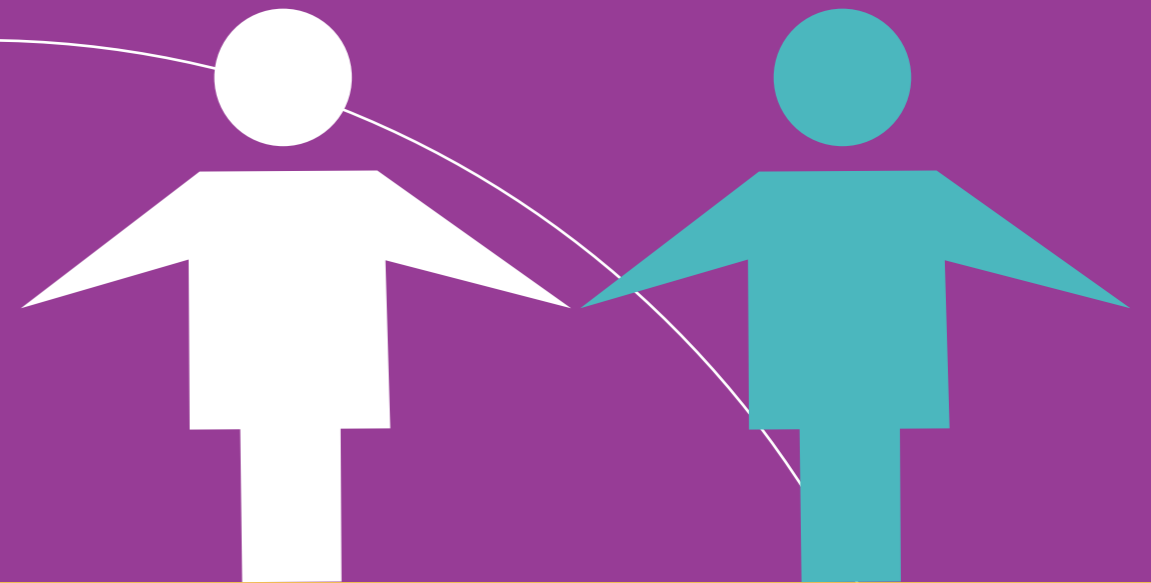
BASED ON THE CALL FOR COMMUNICATIONS

2:00

SALLE 1 E-MENTAL HEALTH FOR TRAINING AND INFORMATION

SALLE 2 E-MENTAL HEALTH FOR EXPRESSION AND EXCHANGE

SALLE 4 **SALLE 5** DESIGN THINKING WORKSHOPS
registration required - 35 people maximum

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

E-MENTAL HEALTH
FOR TRAINING AND INFORMATION

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

MODERATOR
Russel Cummins
Mental health foundation GGZ inGeest

ONLINE INTERVENTIONS IN ADDICTIONS AND MENTAL HEALTH AT THE NATIONAL INSTITUTE OF PSYCHIATRY IN MEXICO CITY

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

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 eHealth 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 is aims at describing: a) a dissemination strategy to bring training to 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 telemedicine in supervising mental health providers in primary care community health services. We expect these interventions will contribute to provide a community mental health approach, overcome treatment barriers by increasing availability, reducing stigma, shortening distances, and cutting down treatment costs.

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 webzine. Some members of the ESAT (work-based 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 webzine. 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 webzine also encourages an equalitarian relationship between professionals and patients of the ESAT.
Some editorial members of the webzine are now talking at conferences, events, forums etc. in order to de-stigmatize mental disease and mental disabilities.
After few months of existence and two issues released, the webzine counts 1300 views, we truly believe that de-stigmatizing through the internets is en marche – up and running!

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. ePsyl project – launched in May 2017 thanks to the support of the presentation's institution – aims at disseminating questions and innovating 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 vectors: 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. ePsyl met a good audience on the internets, 2800 subscribers to the Facebook page. Visitors 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.epsyl.org.

COMBATING MENTAL ILLNESS STIGMA IN HEALTHCARE IN MEXICO

Jazmín Mora-Rios
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 worldwide1. In the United Kingdom, approximately nine out of ten people have experienced discrimination and in one out of three cases, this occurs at health centers2. 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"3, is designed to provided 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 at 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 Canada4 and Mexico5. The contents of the intervention were developed on the basis of the information obtained in Mexico in a sample comprising 637 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.

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

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 carer, the medical community and society. Societal factors driving this change include the dramatic increase in chronic diseases, noncompliance and even very high distrust 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.

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 techno-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.

E-MENTAL HEALTH
FOR EXPRESSION AND EXCHANGE

PRESIDENT
Carole Di Maggio
Psychiatrist
Hospital-University Unit of Adult Psychiatry
at the Guillaume Régnier Hospital Centre - Rennes

MODERATOR
Alain Goulet
President
GEM La Belle Journée

A BLOG AIMED AT FACILITATING EXCHANGE
HTTPS://PAPAJACK0.WIXSITE.COM/MONSITE

Jacques Fraschini
HOPE54 (Chaligny, France)

A strong conviction is the basis: Any professional identity cannot express itself 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 "Parasol" who, during my agonizing discharge from psychiatric hospitalization, offered me the framework, kindness and support I needed to face this hard situation and overcoming it... I am now part of a process of counter-donation (and resilience?) by conceiving, designing and disseminating this blog to all GEMs. 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 could start in March 2018 (Contact personally the 400 GEMs likely to be interested in the content 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 mutic 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 Guiller
(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 2016 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 as 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 censorship of all the structures to which I present the project: my approach remains in the shadows and appreciated by a minority of friends... This experience raises questions about the right of vulnerable and marginalized people to express themselves, as well as the possibilities of reintegration when they deploy a mad energy to try to reintegrate, and are subjected to rejection, ignorance or even contempt by the very structures that are supposed to accompany these particularly fragile individuals.

THE CONTRIBUTION OF ICT/SOCIAL NETWORKS FOR PEOPLE WITH EATING DISORDERS
Sabrina Palumbo
Corps et Ame en Eveil (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 there is 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 "Sabrinatca92" 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 incite to benefit from care (this was part of the object and missions of the association).
- The example of the young Alexia Savey (author, entrepreneur, anorexia) is interesting in view of the community she has succeeded in forming around a carrying message: hope to heal one day!

DIGITAL INNOVATION IN MENTAL HEALTH: CESM PROJECT (ONLINE CENTRE FOR EMPOWERMENT)
Agathe Martin
Laboratory FER Maison Blanche (Paris, France)

The research laboratory of the Maison Blanche Hospital, in collaboration with the mental health services, housing and social support services, caregiver organizations and public health information centers in the north-east of Paris, is creating a Centre for Empowerment in Mental Health using both face-to-face training and virtual tools to give all citizens access to knowledge and skills related to mental health. Key themes include: mental health promotion, well-being and resilience; the development of mental health throughout life; coping with specific mental health issues for users, caregivers and the general public. A dedicated website will provide not only information, but also

online training on mental health, mental illness and recovery, in participatory ways and in a co-construction dynamic. The aim will be to build a virtual and real learning community. The programme will be evaluated through an interventional research approach in education: by collecting information from people who have used the Online Empowerment Centre, on their use of mental health services, in their daily life, on the problems encountered, in order to readjust the training objectives by taking into account both these feedbacks and new scientific results and training approaches developed in international programmes, such as those produced in the international ENTER Mental Health network and that they can be promoted in the ENTER Academy.

WRAP-UP AND CLOSURE

ROOM 1

OF THE 5TH WHOCC INTERNATIONAL MEETING

Olivier Las Vergnas
professor, head of the Department of Adult Education and Training Sciences and the Language Insertion and Science Centre of the CIREL-Trigone Laboratory (EA 4354) University of Lille - Science and Technology
Jean-Luc Roelandt
Director of WHOCC

4:00

4:30 > Cocktail and networking
Reception hall, Espace des Acacias

EXTRAS

Presentation of Fontain 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

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 « Frontiere$ » 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 witout any distinction.
These various paths concern us all because they are connected whith 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.
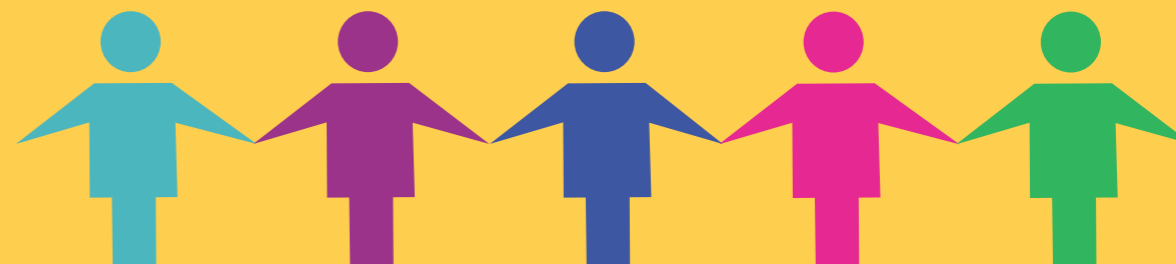
THANK YOU

TO THE WHOCC SCIENTIFIC COUNCIL

TO THE ORGANIZATION LOCAL COMMITEE

- Sara d'Andrea *(interne de spécialité)*
- Pierre Coubelle, *bénévole administrateur, ARGOS 2001*
- Laurent Defromont, *chef de pôle de santé mentale, EPSM Lille métropole*
- Elisabeth Duhal, *ESAT ETIC*
- Edvick Elia, *présidente de la CME, EPSM Lille métropole*
- Eric Kieffer, *ESAT ETIC*
- Géry Kruhelski, *Cadre Supérieur de Santé, EPSM Lille métropole*
- Laurent Lauwerier, *président de la CME, EPSM Val de Lys*
- Marina Lazzari, *CLSM Lille*
- Bernard Pruvost, *UNAFAM*

TO THE PARTNERS

GEM Les Ch'tis Bonheurs

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