



PRESS RELEASE

21 March 2023

Communication to the Social Affairs Committee of the National Assembly

CHILD PSYCHIATRY

Access to and provision of care to be reorganised

In the member countries of the Organisation for Economic Co-operation and Development (OECD), about 13% of children and adolescents have at least one mental disorder, i.e. a condition that affects mental health and can take many different forms and expressions. Although the lack of data on the French situation makes it difficult to estimate the numbers involved, it can nevertheless be estimated that around 1.6 million children and adolescents suffer from a mental disorder. As in other OECD countries, the Covid-19 epidemic has resulted in a significant increase in mental health problems in children aged 10 and over and in adolescents. The report published today by the Court of Accounts aims to quantify the need for child and adolescent mental healthcare by assessing the prevalence of disorders and the available provision, and to analyse the organisation of the supply of care, its distribution over the territory and its cost to public finances.

Psychological care provision not adapted to the needs of young people

Between 750,000 and 850,000 children and adolescents receive child psychiatric care from specialised professionals each year in different ways (outpatient, partial and full hospitalisation). However, the Court notes that in the current state of the organisation of care, and in particular in the child and adolescent medical-psychological centres (CMP-IJ), some of the patients followed only suffer from mild disorders, to the detriment of the care of children suffering from more severe disorders. In terms of the supply of facilities, both outpatient and inpatient, France is in the middle of the pack among European countries and is marked by high regional inequalities. Furthermore, the crisis in medical demography, with the number of child psychiatrists falling by 34% between 2010 and 2022, makes access to child and adolescent psychological care even more difficult. Expenditure dedicated to their care in healthcare institutions in 2019 is estimated at €1.8 billion and is concentrated in the public sector.

An insufficiently graded care pathway and a saturated supply

The child psychiatry care pathway is based on a supply organised in child and adolescent "sectors", whose assigned tasks are very broad. Upstream of the process, the public authorities have tried to develop an approach to preventing psychological disorders in mothers and infants with the "1,000 first days" national project. But this effort is not as strongly pursued in schools - national education psychologists are often referred to school counselling. In towns and cities,

private professionals are still too unfamiliar with the characteristics of psychological disorders in children and adolescents and therefore do not play their role sufficiently as the gateway to care. In particular, the Court recommends that their training be improved. On the other hand, psychologists and advanced practice nurses, in large and growing numbers, are destined to gradually take their place in the care pathway. In this context, the CMP-IJs have been progressively overwhelmed by various requests, ranging from mild to severe disorders, making it difficult to fully carry out their task of monitoring the most severe psychological disorders.

In addition to the existing structures, an experiment with children's and young people's centres could help to ensure more effective front-line care. In this renewed landscape, the CMP-IJs could thus devote themselves to the monitoring of moderate to severe disorders, to the coordination of pathways and fully assume their role as centres of expertise. Lastly, in order to anticipate and limit the use of emergency services when a patient is in crisis, mobile and liaison teams should become a basic facility in each reference territory.

A clear desire to improve the organisation of child and adolescent mental healthcare, but governance that is not very operational

The Ministry of Health has shown a willingness to strengthen access to child and adolescent mental healthcare since 2018, notably with the adoption of the mental health roadmap. However, the latter does not set clear objectives or a timetable for implementation. Moreover, although the establishment of a ministerial delegate for mental health and psychiatry (DMSMP) has improved the legibility of the policy, its role and place must be extended to child psychiatry and brought to an interministerial level. The regional administrative organisation of child psychiatry also suffers from a lack of operational vision. The financing of child psychiatry is subject to the same regime as that of psychiatry, but the allocations renewed each year do not take into account the evolution of activity and are little adapted to the local specificities of institutions, with the exception of new measures and calls for projects.

The need to enhance the attractiveness of child and adolescent care professions

There are still shortcomings in the provision of child psychiatry care, both in terms of quantity and quality. The entire sector must therefore be revitalised, in particular by making child and adolescent mental healthcare professions more attractive. This is based on enhancing the value of hospital and university courses, supporting French research in the field and improving the recognition of clinical practice in institutions and private practice. Lastly, the Court recommends that the child's doctors and paediatricians be placed at the heart of the reception and referral of patients, in order to improve the care pathway and its gradation.

[Read the report](#)

PRESS CONTACT:

Julie Poissier ■ Head of Press Relations ■ T +33 (0)1 42 98 97 43 ■ +33 (0)6 87 36 52 21 ■ julie.poissier@ccomptes.fr



@Courdescomptes



ccomptes



Cour des comptes



Cour des comptes