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Psychiatric aspects of the exchange visit between Bexley Hospital and Centre Hospitalier Specialisé de Ville-Evrard

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The Centre Hospitalier Specialise de Ville-Evrard is situated 17 kms from the centre of Paris and serves an area of approximately a quarter of the north-eastern outskirts of the city. I visited as one of a multidisciplinary party of 20. The visit took place over five days and returned their visit to Bexley Hospital, Kent in South East England, which took place in November 1989. English lessons take place in the hospital as part of the hospital's responsibility for continued education for its employees and they had initiated the visit to England to improve the standard of their English.

The hospital dates from 1868 and at its peak in the 1960s had over 2000 patients, but this number subsequently diminished to approximately 800.

Training of psychiatrists

Medical practitioners train for seven years in France and after this they may specialise in psychiatry. This involves working for a further four years as an 'intern' during which time experience is gained in a variety of settings. They do not have large training rotations as seen in the UK. They must then pass state examinations in order to be fully qualified. There is no further training, and research is discouraged outside of specific research posts within the big cities in France. There are psychiatric colleges but they do not set the examination and it seems they compete for prestige and formulation of ideas on psychiatric issues. Practitioners will then work as assistants for a *chef de service* who is roughly equivalent to our consultant but with more wide-ranging administrative responsibility and powers. Each *chef de service* covers a population of 60,000 people and will have 13 assistants working for him, along with one intern. Some of the assistants will be part-time, working for the rest of their time in private medicine. Overall it works out at eight whole-time equivalent assistants for each consultant. Each consultant provides both medical and psychotherapeutic input along eclectic lines. Many consultants are analytically trained.

The *chefs de service* are responsible for all adults over the age of 18, including the elderly mentally ill. He or she has wide powers to provide a service as he or she sees fit but is responsible to a unit general manager at the hospital who is in overall control of many *chefs*. Once appointed as an assistant is it not usual to change jobs, which are on long-term contracts. Individuals will then decide whether to stay as assistants working full or part-time or to take further examinations to become a *chef de service*.

Provision of service

The large mental hospitals in France are running down their services as community care becomes more developed. The asylums provide both in-patient and day patient care on large wards known as pavilions.

On these wards young psychotic patients will mix with elderly patients. Day patient facilities are scattered throughout the locality and are often on the ground floor of a block of flats, blending nicely into the locality. There are further 'dispensaries' which act as out-patient departments also scattered throughout the region. Some of these are open all night and provide an open walk-in service. As the large mental hospitals are closing there is an increased movement towards smaller psychiatric wards outside the asylums. At present these units are not found within acute district general hospitals but are grouped with geriatric medicine and rehabilitation on the physical side. At these centres it is common to find that only a medical student will be on call during the night with a qualified doctor at home.

Mental Health Act provision

There are three types of admission to a psychiatric hospital: informal, voluntary and under a section. Informal admission is initiated by patients themselves. Voluntary admission involves the family requesting admission but without the person's consent and needing a doctor's agreement. The third type of admission is equivalent to our section and any doctor from any specialty may sign the section papers. It is apparently not uncommon for a surgeon to send the supposed psychiatric patient into hospital under section without prior consultation and for the patient to be discharged the following day with no apparent mental illness. This system is due to change so that two doctors will be needed to complete a section paper.

In each 'pavilion' there are one or two seclusion rooms and the whole ward may be locked if necessary. There are no specific secure facilities such as a permanent locked ward. Services for forensic patients are limited, and patients either find themselves in a prison hospital or in one of the four large secure hospitals scattered throughout France, which are roughly equivalent to our Special Hospitals. For a person to be sent there, either from the court or from hospital, requires a separate section of their mental health act. Most of the sections in the large mental hospitals last for an indefinite period of time, although regular updates of the mental state are required.

Specialist services

Alcoholism is a far greater problem in France than in Britain. Alcoholics are cared for by general physicians in special clinics and have little or no psychiatric input. Services for drug addiction are also poorly developed and again are run very much on medical rather than psychiatric lines. Mentally handicapped individuals are considered neither a medical nor a psychiatric problem and are cared for in small group homes staffed by non-nurses. There are many private mental handicap homes, with the emphasis on the family paying for services provided.

Comments

Overall I found that the service was well funded; in particular, support services, such as the works department, transport, laundry, and particularly catering departments, were especially good. The career stability for psychiatrists after the basic four years training was also good. Each individual consultant has a great deal of control over services provided in his locality and how they are allocated. The provision of local community facilities was extremely good and in a setting which attempts to break down the stigma of attending hospitals. The walk-in 24 hours-a-day clinics were particularly noteworthy.

On the negative side, it seems that the whole system lacks a secure facility and we suspected that many of their more difficult individuals were either poorly looked after within a hospital or were dealt with within a prison setting. The lack of specialist facility overall was surprising, for instance, in the care of the elderly mentally ill. The treatment of alcoholism without recourse to psychiatric treatment seems woefully inadequate. The lack of emphasis on continued education after four years basic training in psychiatry was a further disadvantage and the lack of commitment to research outside of the main research centres was surprising.