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## **The mental health of minors**

Review of France by the United Nations  
Committee on the Rights of the Child

**July 2020**

## Introductory remarks

A major public health challenge in France, mental health is defined by the World Health Organization (WHO) as: "A state of well-being in which every individual realises his or her own potential, can cope with the normal stresses of life, can work productively and fruitfully, and is able to make a contribution to her or his community<sup>1</sup>". It encompasses a global approach to the person in his or her living environment and can be affected by many factors. In addition to genetic predispositions to certain disorders, they can also be caused e.g. by socio-economic pressures (poverty, unemployment, poor housing, etc.), a dysfunctional or abusive family background, etc.

Childhood and adolescence represent periods of risk during which certain disorders can occur, notably mental retardation, autism and bipolar disorders<sup>2</sup>. Early diagnosis followed by tailored support is essential to prevent situations worsening and leading to serious disabilities. The psychiatric needs of minors must include targeted and specific care procedures as children are not 'mini adults'.

Despite this, the child/youth psychiatry sector remains particularly hard hit in France. Among the main observations:

- A tendency to focus on cures rather than prevention, as illustrated by the lack of support systems in the country;
- Long waiting times to obtain medico-social support in a facility (CMPP, CAMPS, IME, ITEP<sup>3</sup>, etc.);
- Extremely insufficient and unequal child/adolescent psychiatry services;
- A lack of coordination between professionals working with the child.

This report questions the implementation of article 24 of the International Convention on the Rights of the Child whereby "*States Parties recognise the right of the child to the enjoyment of the highest attainable standard of health and to facilities for the treatment of illness and rehabilitation of health (...)*"<sup>4</sup>.

This document seeks to identify violations of the right to health by looking at a particularly vulnerable group i.e. children in care or in the juvenile criminal justice system. And with good reason as this group has a higher risk of developing mental disorders due to difficult family circumstances, and a range of social and economic problems.

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<sup>1</sup> Senate information report on the situation of juvenile psychiatry in France, April 2017.

<sup>2</sup> Report on mental health, Michel Laforcade, October 2016.

<sup>3</sup> Centre Médico-Psycho-Pédagogique (CMPP), Centre d'Action Médico-Sociale Précoce (CAMPS), Institut Médico-Educatif (IME), Institut Thérapeutique Educatif et Pédagogique (ITEP).

<sup>4</sup> [https://www.diplomatie.gouv.fr/IMG/pdf/Conv\\_Droit\\_Enfant.pdf](https://www.diplomatie.gouv.fr/IMG/pdf/Conv_Droit_Enfant.pdf)

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## 1. An inadequate preventative and curative approach to mental disorders in the child welfare sector.

### Too many different preventative support systems

In France, all individuals with a disability (motor, sensory, mental, etc.) are placed within a referral and care system managed by MDPHs (regional homes for disabled persons). Users are allocated an authorisation notification allowing them to access treatment and services. Children and youngsters suffering from a mental illness or presenting learning difficulties must obtain this 'MDPH authorisation' in order to be referred to the right facilities.

This inflexible system creates a segmentation between minors with a recognised physical disability who are able to access suitable care, and others who are suffering with mental issues that are far less visible to the institutions. Access to care without this MDPH authorisation is far more difficult. Moreover, the complexity and number of administrative formalities that must be completed in order to obtain this authorisation leads to the non-use of these rights by many families.

Therefore, CAMPSs (early medico-social action centres) and CMPPs (medico-psychopedagogical centres) play a vital preventative role in terms of mental health. These facilities offer medico-social support regardless of whether a disability has been officially recognised or not<sup>5</sup>. However, these facilities are stretched to breaking point throughout France resulting in waiting lists of several months even in urgent cases. Hence, children with developmental delays or 'mild mental disorders' are not prioritised and do not benefit from preventative monitoring. Some of these children will evolve toward a situation of proven disability, which may have been avoided if timely support had been available at the onset of the disorders.

Children in the care system find themselves (according to them) "at the bottom of the list" as they are already receiving support even though this might not meet their mental health needs. The compartmentalisation of public child welfare/disability policies can lead to a deterioration in the situation of certain young people: the management of their mental health issues is passed on to social workers who have neither the resources nor the skills to prevent the development or worsening of mental disorders.

Finally, other stakeholders playing a major role in prevention are also overstretched. For example, maternal and child welfare (PMI) and school-based medical services<sup>6</sup> have been struggling for years in France due to the lack of qualified doctors and nurses. Numerous institutions have raised the alarm about the collapse of these two sectors, which are no longer able to fulfil their welfare and health promotion missions.

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<sup>5</sup> Children from 0 to six, a welfare policy that respects children's rights, CNAPE's contribution, July 2018.

<sup>6</sup> La Presse Médicale, Volume 47, n° 4P1 pages 309-911, April 2018.

## An alarming lack of child/adolescent psychiatry treatment services

While there has been a strong increase in child/adolescent psychiatry for several decades, the provision of care remains largely insufficient in relation to the needs of the population. The child/adolescent psychiatry sector is the most heavily impacted with a reduction of 48% in the number of child/adolescent psychiatrists since 2007. On average, France has 15 child/adolescent psychiatrists per 100,000 under-20s<sup>7</sup>. Moreover, the distribution of child/adolescent psychiatrists throughout the country is very unequal: certain regions, such as Pas-de-Calais, Southern Corsica, French Guyana and Mayotte, are significantly under-resourced (fewer than 4 child/adolescent psychiatrists per 100,000 under-20s). Conversely, other regions, such as Paris, have around 100 child/adolescent psychiatrists per 100,000 under-20s. These regional differences lead to unequal treatment between children in terms of access to care. Experts estimate that an additional 25% of child/adolescent psychiatrists are needed.

Children cared for in child welfare institutions/facilities are also affected by this lack of health care provision. The vast majority of these facilities are unable to help minors presenting pathologies requiring psychiatric treatment. Often, short-term emergency hospital admissions are used instead. Social workers, forced to deal with mental disorders on a daily basis, tend to administer prescription drugs to tranquillise minors.

Finally, the sheer number of children in difficulty in these establishments clearly exacerbates existing mental health issues. In his report, Michel Laforcade finds: *"An increase in serious mental disorders in ITEPs (therapeutic, educational and pedagogical institute) and MECs (children's homes), which exacerbates the provision of support in these establishments due to a lack of targeted child/adolescent psychiatry services. These establishments have to manage complex cases involving several partners, and must obtain the relevant information from other stakeholders about existing national responses, which are not necessarily known"*<sup>8</sup>.

## A lack of coordination between professionals

The overall lack of coordination between education, health, social and medico-social professionals significantly hampers children's access to mental health services. New professional partnerships are essential: *"so that the young person's feelings of isolation are not met with isolation by the person who perceives the signs"*<sup>9</sup>.

In addition to creating a network of stakeholders, the lack of transparency regarding the mental healthcare system is also regularly flagged by professionals themselves. The 'multi-layered' organisation of care services significantly complicates the identification of resources and possible responses to the problems encountered by families, as well as those in charge of referring them. Therefore, it is imperative to clarify roles and how the various facilities work together.

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<sup>7</sup> Mission bien-être et santé des jeunes (youth well-being and health mission), Marie-Rose Moro and Jean-Louis Brison, November 2016.

<sup>8</sup> Report on mental health, Michel Laforcade, October 2016.

<sup>9</sup> Mission bien-être et santé des jeunes (youth well-being and health mission), Marie-Rose Moro and Jean-Louis Brison, November 2016.

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## 2. Non-adapted responses for young people with criminal and medico-social problems

### A high prevalence of mental disorders in young people placed under juvenile legal protection

The core mission of the PJJ or Protection Judiciaire de la Jeunesse (judicial child protection service) is educational action in the penal framework. The aim is to educate, integrate and protect minors in conflict with the law in order to reduce recidivism. Children and adolescents placed under the supervision of the PJJ constitute a high-risk medico-psychological group due to acts of violence and neglect suffered in childhood. Prevalence studies show high rates of mental and behavioural disorders among these young people, and up to 90% among incarcerated youth.

For example, a recent report in France found that 90% of minors placed in closed educational centres<sup>10</sup> were suffering from at least one mental disorder with a strong predominance for behavioural disorders<sup>11</sup>. This susceptibility was corroborated in a report by Laurant Mucchielli, which found that out of 500 youths monitored by the PJJ, on average 7% had a recognised physical or mental disability<sup>12</sup>.

These figures show that juveniles subject to penal measures are extremely mentally fragile often due to exposure to early trauma and challenging family structures. These disorders have been recognised as an aggravating factor in the deterioration of educational activities carried out among adolescents, which encourages acting out and recidivism. In this respect, it is vital that these young people are given special attention and that responses are tailored to their needs.

### A medico-social sector poorly adapted to issues of delinquency

Following the 2005 law<sup>13</sup>, mental illness is now recognised as a disability in France. Therefore, children with behavioural disorders must be supported by the medico-social sector. However, due to insufficient resources and a lack of trained professionals, the sector has not been able to fully serve the needs of this newly defined group. The response to the commission of offenses by these young people must be both educational and therapeutic. Immediate referral to the judicial authority is not always appropriate especially as a link has regularly been made between the commission of offences and identified mental disorders. However, access to medical and social support is particularly problematic for minors concerned by the dual problem of delinquency and psychiatric health problems.

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<sup>10</sup> Closed educational centres can provide an alternative solution to detention. These centres are operated by the Ministry of Justice and can accommodate a small number of minors having committed a serious offence.

<sup>11</sup> Medico-psychological study on adolescents placed in closed educational centres in France, Guillaume Bronsard, September 2019.

<sup>12</sup> Children and adolescents at the crossroads of disability and delinquency, CNAPE contribution, January 2018.

<sup>13</sup> Law n° 2005-102 dated 11 February 2005 on the equal rights and opportunities, inclusion and citizenship of disabled persons.

In the field, many medico-social facilities find themselves powerless to act in the face of young people who commit offenses and upset the running of the facility (due to violence, crises, rejection of authority, sexual problems, radicalisation, etc.). Many establishments end up "passing the buck" i.e. frequently moving the young person from one facility to another due to a lack of suitable care options. This exacerbates the young person's problems, often pushing them to commit offenses and being incarcerated as a result.

Moreover, penal and medico-social care approaches are often incompatible. A youth subject to criminal procedures may be placed in a PJJ facility for a short period of time in a location far from his/her home. The care made necessary by the presence of psychological disorders requires protracted follow-up involving a global approach to a range of aspects of the young person's life e.g. family context and environment.

### **A high level of stigmatisation for minors committing offenses**

There are high levels of stigmatisation of young people monitored in the criminal context. The reluctance of establishments to take charge of youngsters in this situation results in exclusion, which is detrimental to the proper development of the minors in question. The medico-social sector, whose support services are already stretched throughout the country, is reluctant to take on the care of minors with delinquency problems. This is also true for the child welfare sector, which is not at all equipped to manage these types of cases. Another example: several directors of closed educational centres talk about the difficulties they encounter when they try to enrol these youngsters in middle or high school.

The current system has been designed to 'neutralise' minors who have committed criminal offenses with the aim being, first and foremost, to restore public peace and prevent recidivism. These objectives take precedence over the need for the timely management of mental disorders. However, there are solutions to these public health challenges e.g. ISEMA (socio-educational medical boarding facility for adolescents): these were created to care for adolescents with a range of problems e.g. psychological, psychiatric, educational, school, family and legal. ISEMA pilot schemes have demonstrated that it is possible to envisage a better future for these youngsters and many successful support programmes have been completed.<sup>14</sup> This type of approach should be deployed throughout France.

Guillaume Bronsard's report recommends, as a minimum, formalising partnerships between closed educational centres and adolescent mental health departments. It states: "*a need for specific support with special attention to be given to the recognition of disabilities and suitable treatments*". Naturally, this would require investment in targeted medico-psychiatric resources for this group of the population.

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<sup>14</sup> A study on the journeys of minors placed in the Institut Socio-Educatif Médicalisé pour Adolescents d'Illiers-Combray, as a result of the order dated 2 February 1945; October 2013.

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## Conclusion

The mental health care system in France has many shortcomings in terms of providing support and access to care for children with mental disorders. The lack of care options for minors does not allow the implementation of a preventive and adapted treatment programme. Treatment inequalities are also caused by national disparities in medico-social and health care provision. Therefore, article 24 of the International Convention on the Rights of the Child can not, under these circumstances, be effectively implemented.

The public authorities have long been aware of some of the issues outlined in this document. For several years, mental health professionals have been reporting on the saturation of medico-social systems (CMPP, CAMPS, etc.), and the lack of child/adolescent psychiatrists. Despite the recommendations made to France by the United Nations Committee on the Rights of the Child in its last review, the mental health sector for minors remains stretched to breaking point.

**This is why CNAPE considers that it is essential to include issues relating to minors' mental health on the list of points to be discussed (which will be communicated to France).**

While all children are affected by these issues, those placed in care or under judicial youth protection are subject to greater psychological fragility, which is hardly surprising given the multiple traumas they suffer that increase the risk of developing disorders and the need for adult psychiatry in the future. Specific actions must target these youngsters who, due to their vulnerability, find it harder to access their rights. France must provide tangible responses to all these challenges in order to comply with its international commitment, and its duty of care in terms of public health. Preventing disorders is a key priority area and one which requires substantial investment.

Finally, the Corona virus health crisis has had a range of negative impacts on children supported in the social and medico-social sectors: being locked down in at-risk households, disruption of their care and schooling, halting of cultural and leisure activities, loss of bearings and isolation, etc. Therefore, assessing and monitoring their mental health is a crucial step in the coming months and one requiring the full attention of the public authorities.

Founded in **1948**, CNAPE is the national child welfare federation. It has:  
**124 associations,**  
**11 federations and movements**  
of qualified professionals and a national network of users.  
It has almost **8,000 volunteers** and  
**28,000 professionals** who, each year, care for  
over **250,000 children**, adolescents  
and adults in difficulty.

Child welfare child must be understood in its broadest sense: it covers the entire field as defined by the laws of 5 March 2007 reforming child welfare, and of 14 March 2016 on child welfare.

It concerns welfare in general and, in particular, the prevention of situations of risk and danger for the child, providing support for families facing various difficulties affecting the child, administrative and judicial protection actions for children living with a disability, adolescents in the juvenile criminal justice system or in a situation of social vulnerability, or facing integration difficulties. Some of these actions can also be extended to young adults.

CNAPE was recognised as being of public interest by the decree of 17 September 1982.

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