Why Child and Adolescent Psychiatrist are repulsed by public health and why they are so wrong

Bruno Falissard, Univ. Paris-Sud
Conflict of interest

Consultant in statistics for most pharmaceutical companies
Public Health

• Deal with health issues at the population level instead of patient’s level
  • Health services (priorities, organization)
  • Prevention
  • Evaluation (medications, psychological treatments, integrative care)
    → Epidemiology, Biostatistics, Economics

• Specific problems in Mental Health?
Why Child and Adolescent Psychiatrist are repulsed by Public Health?

• Strong clinical feeling of singular situations
• Public Health = Money / C&A Care # Money \(\Rightarrow\) Public Health # C&A Care
• Spirit of Finesse versus Spirit of Geometry
• A problem of Superego?
• Less data than in other medical specialties
• Data are misleading / Public Health is unfair (Ugly Duckling Syndrome)
• Lack of a strong theoretical framework
  +: curiosity, need for culture,
  −: incommunicability, *lost in theory and care*
Why they are so wrong

• If you want to be considered as a smart person, you have to speak the language of neurosciences
• If you want to be convincing, you have to speak the language of public health
• (If you want to deal well with your patients you have...)

→ Public Health is a prerequisite for an effective advocacy of C&A psychiatry
Why they are so wrong

1. Should C&A Psychiatry be a Public Health Priority?

2. Health Service Organization
Data *do* show that C&A Psychiatry should be a priority

- Public health problems are considered through their global level of “Burden of Disease”
- DALY (Disability Adjusted Life Year): “number of lost years due to ill health, disability or early death”
  - 16 y.o. adolescent commits suicide at 16 → $80 - 16 = 64$ YLL = 64 DALYs lost
  - 7 y.o. child is diagnosed with ADHD → $25 \times 0.014 = 0.35$ DALY lost
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WHO Burden of Disease Study 2014
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- 7 y.o. child is diagnosed with ADHD → $25 \times 0.014 = 0.35$ DALY lost
  - Person 1: “is hyperactive and has difficulty concentrating, remembering things, and completing tasks.”
  - Person 2: “Chronic asthma”
  - *Who do you think is healthier overall (in terms of having fewer physical or mental limitations on what the person can do in life), the first or the second person?*

- What about the duration of ADHD? (CD?)

- What about care giver burden?
Health Service Organization

• How many
  • C&A Psychiatrists
  • C&A Psychologists
  • Nurses
  • Social workers
  • Specialized teachers, special educators, ...
  • Beds, ...

/ 1000000 youths?
Health Service Organization

• How many C&A Psych-Nurses-S.W.-Beds / 1000000 youths?
• What science says:

“49.5% lifetime prevalence of mental disorders in adolescents (13-18), 22.2% with severe impairment”

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France:
- 5 millions of adolescents 13-18
- A given year: 400000 have a mental disorder
- EBM: psychological treatment + ...
- Treatment volume: 35 hours/week, supervision, 10-30 sessions/patient
- 9500 psychotherapists are needed → 10000 are available (in the country)
Health Service Organization

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• We want to treat optimally the patients we see, we don’t really care of the youths that have real problems and that we don’t see
• Optimal (EBM) care for youths who do need care are not sustainable
Health Service Organization: what can we propose?

• What is the problem, what are the solutions (1)
  • Prevalence of psychiatric disorders: psychiatric epidemiology is not what it is supposed to be
  • Patients come to see you / Epidemiologists go to see subjects
  • About impairment
  • What is a C&A psychiatric patient?
  • C&A Mental health versus C&A Psychiatry versus (Mental) Disability of C&A
  • → Who should be treated by Whom (with which Money)?
  • → Level 1, level 2, level 3, ... bof
  • → We can take the lead (somatic medicine has the same problem)
  • → We have to accept not to take care of all youths

Diagnosis and need for treatment are not the same. RL Spitzer - Archives of general psychiatry, 1998
Health Service Organization: what can we propose?

• What is the problem, what are the solutions (2)
  • Non pharmacological treatments are developed without taking costs and sustainability into account
  • ➔ From Resources to Care (J.N Despland)
  • ➔ Practice Based Evidence ("high-quality scientific evidence that is developed, refined, and implemented first in a variety of real-world settings.")
Conclusion

- In medicine, the population-level analysis is a necessity, especially in C&A psychiatry
- Public Health is necessary for an effective advocacy of C&A psychiatry
- Get rid of the “Ugly Duckling Syndrome”, be fully actors of the evolution medicine
- Care is moving out of medical fold, we have to accompany it
- Statistics are not at the core of Public Health, group-level thinking is. C&A should thus naturally be involved in the game.