

# **TOWARDS PUBLIC MENTAL HEALTH:**

**How do mental health services in  
France and around the world adapt?**

## **Call for communications**

Whilst discussions on issues relating to mental health and mental disorders have never been so prominent in public debate and in the media, psychiatry faces mounting pressures and expectations, persistent social and security pressures, an unequal distribution of resources, and ongoing difficulties in attracting staff; at the same time, there is an ever-increasing demand for care and growing needs amongst the population.

Access to care remains difficult, particularly for children and adolescents, and there are excessive disparities in professional practice, not only between institutions but also across psychiatric services. These disparities call into question the organisational models and practices that should be prioritised, and crystallise debates on the 'right' model to implement – hospital-based, community-based, biological, psychosocial... – as well as on bed closures or coercive practices. More broadly, they call into question the capacity of our healthcare system to guarantee, across all regions, equitable access to high-quality care and support that respects people's rights and choices.

Beyond the differing models and debates within psychiatry, it is people living with a mental health condition, their carers and professionals who face the limitations and difficulties of the current system.

Some countries, particularly in Europe, have made strong policy choices, at both national and local levels, to consider the well-being of their populations not merely through the lens of a medical specialism or a dichotomy between mental health and psychiatry, but as part of a continuum and within a public health approach that takes into account all the determinants of mental health. This public mental health approach, based on coordinated action on the determinants of health, prevention, the promotion of mental health, care and support, appears particularly consistent with the guidelines and recommendations of the World Health Organisation.

In France, whilst progress still needs to be made in terms of access to care, continuity of care pathways, deinstitutionalisation and reducing the use of coercive practices, recent advances can nevertheless be noted, particularly in the area of respecting the rights of people receiving care from health services.

These include, amongst others, the establishment, 20 years ago, of the General Inspector of Places of Deprivation of Liberty; the implementation, since 2018, of a national roadmap for mental health and psychiatry; the introduction of the requirement to refer to the Liberty Judge for coercive measures, the creation – with national funding – of Mutual Support Groups in 2005, the significant changes to the criteria used by the High Authority for Health to assess institutions, and the 'zero restraint' target for 2030 recently set by the government.

Other initiatives developed by the WHOCC also reflect a gradual transformation of practices and perceptions. This is particularly true of the development of peer support workers, the roll-out of Local Mental Health Councils, and the growing influence of the WHO's QualityRights programme. These developments are helping to change the position of those affected, to strengthen their participation in decisions that concern them, and to further embed mental health within society. At the same time, professionals on the ground demonstrate their capacity for initiative and adaptability on a daily basis by introducing innovative approaches to service delivery. Everywhere, professionals, service users, their families, community organisations and local authorities are experimenting with new forms of cooperation and organisation, working closely with local communities and addressing the needs of the population. These initiatives provide valuable insights into the future development of our mental health system.

Against this backdrop, the International Conference of the WHO Collaborating Centre for Public Mental Health and Organisational Innovation invites professionals, people concerned with a mental health issue, family members, researchers, representatives of NGOs, institutional stakeholders and decision-makers to **two days of meetings, discussions, debates and the sharing of practices, with a view to exchanging experiences, discussing the transformations currently underway and examining the necessary changes to our policies and organisations, centred on the theme: 'Towards public mental health: what role for psychiatry in France and around the world?'**

# ***The call for communications and case studies is now open!***

**Proposals must address at least one of the following themes:**

## **Implement organisational innovations that support the transformation of care practices**

Faced with changing population needs, rising expectations regarding access to care and quality challenges, psychiatry is undergoing a transformation of its organisations and practices. This evolution encompasses not only intervention methods but also care models, professional collaboration, the integration of experiential knowledge, and new forms of support that promote recovery.

This theme invites the submission of experiences, research and innovations that contribute to the development of psychiatric care practices and organisations. Presentations may, in particular, focus on schemes promoting early access to care, interventions within the person's living environment, coordinated care pathways, recovery-oriented practices, community-based approaches, the participation of those affected, developments in professions and skills, as well as organisational changes enabling a better response to the needs of populations at a local level.

## **Coordinate efforts to support a cross-sectoral approach and address the social determinants of mental health**

Mental health extends far beyond the mere realm of healthcare. Living conditions, education, employment, housing, physical and social environments, participation in community life and exposure to discrimination all have a lasting influence on the mental well-being of individuals and communities. Addressing these determinants requires strengthening cooperation between the health, social, medico-social, educational, cultural and environmental sectors, as well as with local authorities and the people directly concerned.

This theme invites the sharing of research, programmes, public policies, schemes or initiatives that promote an intersectoral approach to mental health. Contributions may focus, in particular, on creating environments conducive to mental health, reducing social inequalities in health, empowering individuals and communities, supporting social inclusion, or governance and partnership models that enable mental health to be sustainably integrated into all public policies.

## **Support the rights of people with a mental health condition to ensure that they have access to appropriate care**

Access to rights is an essential aspect of the recovery process. Despite legislative advances and policies promoting inclusion, people living with a mental health condition continue to face barriers to accessing healthcare, housing, employment, education, social protection, cultural activities and full participation in civic life. Prioritising respect for rights and fighting stigma and discrimination remains a major challenge for the mental health care system.

This theme invites submissions of research, partnership approaches, schemes, professional practices or community initiatives aimed at promoting the effective realisation of the rights of people living with a mental health condition. Contributions may, in particular, focus on access to information and rights, combating discrimination and self-stigmatisation, empowering individuals, as well as ways in which those affected can participate in the design, implementation and evaluation of the services, organisations and policies that concern them, and actions aimed at strengthening a culture of rights within mental health services.

# Eligibility criteria

Proposals for communications may take the form of either a research presentation or a case study based on a completed project.

Proposals must relate to at least one of the three themes set out in this call for communications.

Only initiatives that have actually been launched will be considered under this call for communications (projects that have not actually commenced by the deadline for responding to this call for communications will not be considered).

The call is open to service users, carers, healthcare professionals, organisations, stakeholders in the social and medico-social sectors, representatives of central government, local authorities, research teams, or other stakeholders involved in mental health issues.

**Submission deadline:**  
**Friday 30 October 2026, midnight (Paris time)**

**Notification to authors: 27 November 2026**

**Your paper must be submitted via [this online form](#):**



The submission must include:

- A title (maximum 20 words)
- First name, last name, email address and telephone number of the submitter
- Name of the submitter's organisation
- Role of the presenter(s) (maximum 2 presenters)
- Topic of the submission (multiple options available):
  - Implement organisational innovations that support the transformation of care practices
  - Coordinate efforts to support a cross-sectoral approach and address the social determinants of mental health
  - Support the rights of people with a mental health condition to ensure that they have access to appropriate care
- A full abstract of no more than 300 words
- A short abstract of no more than 120 words
- References, for research presentations (maximum of 4)

**Papers may be submitted in French or English.**

If you have any question, please email: [alain.dannet@ghttpsy-npdc.fr](mailto:alain.dannet@ghttpsy-npdc.fr)

**Please share your achievements  
and/or feedback with us!**

