



Experimenting locally with a stepped-care approach for the treatment of mild to moderate mental disorders in France: Challenges and opportunities[☆]

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ABSTRACT

In France, publicly funded mental care services are mostly hospital-based and focused on treating severe illnesses. Mild to moderate mental disorders are typically managed by general practitioners (GP) who often lack specific training to treat these conditions. Antidepressant prescribing levels for mild to moderate conditions are inadequately high. Public reimbursement for psychotherapies provided by psychologists is generally not available. This paper presents a local experiment with a stepped-care approach for the treatment of mild to moderate mental disorders in four French *départements* launched in 2018. The experiment includes the introduction of a standardized assessment protocol for GPs, clear referral guidelines, and full reimbursement of visits to psychologists upon GP referral. Seemingly simple, the policy raises several issues related to the regulation, training and reimbursement of psychologists, and illustrates the need for careful preparation and workforce planning to ensure success and stakeholder support. An independent evaluation of the local experiments is planned, which provides the opportunity to fine-tune the policy before any broader rollout. The issues raised in France and the on-going debate is relevant for other countries preparing similar policies for improving mental care.

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1. Introduction

In France, as in other European countries, mental disorders represent a significant epidemiological and economic burden. It is estimated that 11% of disability-adjusted life years [1] and 14% of the social health insurance (SHI) spending (€23 billion) [2] are linked to mental health problems. In 2016, in France 7 million individuals had a contact with the health system for mental disorders (public and private hospitals and physicians under contract with the SHI) or had a prescription for psychotropic drugs [2]. France has one of the highest rates of prescription for these drugs in Europe [3]. Depressive disorders represent more than a quarter of the disease burden associated with mental illnesses [1], and depression is the most common reason for seeking mental healthcare [4].

Mild to moderate mental health problems, while they can vary in severity and frequency, correspond to those when a person has a small number of symptoms that have a rather limited effect on their daily life. They mostly include depression, general anxiety disorders or adjustment disorders, and in France they are typically managed by general practitioners (GPs) [5–8]. Guidelines issued by the national health authority regarding the management of these disorders in primary care settings recommend psychotherapy as the first-line treatment, either directly provided by GPs or through referral of patients to a psychiatrist or a psychologist. The prescription of antidepressant drugs is not recommended as a first-line treatment for mild disorders but can be associated to psychotherapy for moderate disorders [9]. Psychotherapy consists of repetitive sessions based on dialogue between the patient and the therapist in order to identify the problem and modify detrimental thoughts and behavioural patterns [10]. Main approaches vary from supportive psychotherapy, which is a non-directive relational therapy based on empathy, trust and support, with active listening from the therapist, to structured psychotherapies which include defined therapy techniques such as cognitive-behavioural therapy (CBT),

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psychodynamic therapy, interpersonal therapy and family therapy [11]. The effectiveness of these approaches is demonstrated by a broad evidence base [12–14]. The French guidelines, which mirror those developed in other countries [15], were issued in the context of increasing concerns about the benefit/risk ratio of psychotropic drugs for mildly or moderately affected patients. These drugs do not always lead to conclusive improvements in patients' mental health and are associated with numerous side effects [16,17].

However, access to psychotherapy for mild to moderate mental disorders in France faces several barriers. First, the public mental health system is particularly hospital-centric and is largely focused on the treatment of severe disorders. Second, the access to psychotherapy in ambulatory settings is quite difficult since only a few GPs are trained to provide such care [9] and private psychiatrists are mostly clustered in urban centres which results in long waiting times and distances for access to care [18,19]. Third, the treatment by private psychiatrists can be costly for patients even if it can be reimbursed by the SHI fund. In order to benefit from a maximum rate of reimbursement (70%), patients need to have a referral from their GP [20], except when they are younger than 25 years old, while the remaining costs can be covered by private complementary health insurances (CHI) [20,21]. However, one third of psychiatrists are allowed by the SHI to charge their patients more than the regulated tariffs. The extra fees of these psychiatrists may or may not be covered by the CHI depending on the contract, which can result in high out-of-pocket payment for patients. Psychiatrists have the highest rates of extra billing across all medical specialties in France [22].

Private psychologists, three times more numerous than psychiatrists, could support the small number of GPs who can provide mental healthcare and reduce barriers to access to specialized care [23,24]. Since 2010 the provision of psychotherapy by non-medical professionals is regulated by law. It has to be provided by either clinical psychologists listed in the national registry of health professionals (ADELI), or non-medical psychotherapists accredited by the regional health agencies upon presentation of adequate training or experience [25]. However those psychologists, who are trained in university but not in the specialized medical tracks, are not considered to be health or allied health professionals and the treatments they provide are not reimbursed by the SHI [20].

In this context, a pilot project was launched in January 2018 in order to test a stepped-care approach for the psychological treatment of mild to moderate mental disorders in France. The pilots allow in particular an alternative public funding mechanism for psychotherapies provided by psychologists. We present this experimentation using Walt and Gilson's policy analysis framework which recognizes that policy content is not simply technical but reflects what is feasible in a context at the time of policy. The framework emphasizes the role of actors involved and the influence of values and interest groups in shaping policy process [26].

2. Purpose and content of the experimentation

The experimentation of a stepped-care approach for mental care, initiated by the French SHI fund, in association with the Ministry of Health, aims to improve the psychological treatment of mild to moderate mental health problems in adult patients (aged 18 to 60). The stepped-care approach corresponds to the provision of treatments of gradually increasing intensity based on the patient's response to the previous step. This approach, which requires strong coordination between primary and specialist mental care providers, is developing around the world [27,28]. It aims to warrant appropriate care for people suffering from mild to moderate mental disorders in line with clinical guidelines, and reduce

inappropriate prescription of psychotropic drugs, as well as workplace sick leaves related to mental health issues.

The pilots have been launched in four French *départements* (Morbihan, Bouches-du-Rhône, Haute-Garonne and Landes) which were selected among those where regional health agencies (ARS) and local health insurance funds volunteered to participate in the experimentation. The selection was meant to capture the diversity of French territories and was based on several criteria, including the estimated number of patients that will be covered, the level of urbanisation and the density of health professionals (in particular the density of psychologists which varies from 21 to 68 per 100,000 inhabitants in the selected areas) [11,29]. They started to recruit patients between spring and autumn 2018.

Several features of the stepped-care approach are expected to improve access to appropriate treatment for patients with mild to moderate mental health problems. First, the stepped-care model is supposed to improve GPs practice by providing them a standardized protocol for identifying and referring patients with mild to moderate mental health problems. A stronger involvement of primary care physicians ("*médecins traitants*") in patient referral is consistent with the framework of coordinated healthcare pathways in France [20]. Within the pilots, the GPs are given clear guidelines and common tools (standardized mental health questionnaires and a practical referral guide) to decide which patients will need supportive psychotherapy or structured psychotherapy, and to see if they should be referred to a psychologist or a psychiatrist (based on patients' scores). It is indicated that there should be no referral if the disorder severity is low, referral to a psychologist for supportive psychotherapy for mild to moderate disorders, referral to a psychologist for structured psychotherapy if the supportive therapy has not been sufficient and referral to a psychiatrist if the level of severity is high. Moreover, in order to facilitate the referral process, the GPs will be able to access an interactive map of eligible psychologists and non-medical accredited psychotherapists participating in the pilot. Second, the stepped-care approach is expected to improve the communication between involved professionals. In particular psychologists have to provide their assessment of treatment outcomes to the referring physician (GP), and GPs need to consult with a psychiatrist before any referral for structured psychotherapy. Psychiatrists can also be consulted by other involved professionals at any stage of the process. Finally, within the pilots patients will not have any out-of-pocket payments for receiving psychotherapy. Psychologists will be paid directly by their local health insurance fund based on fixed tariffs. Charging extra fees to patients is not permitted. Each patient can only enrol once for a treatment not exceeding 12 months. The content of the stepped-care approach is summarized in Fig. 1.

The pilots will continue over three years with a number of patients expected to reach at least 10,000 [2]. Participation of the different professionals will remain voluntary. A scientific evaluation of the impact of pilots will be carried out by an independent research team before deciding on the generalisation of the scheme. The SHI fund announced that the overall evaluation should cover the evaluation of the process of implementation, the effectiveness of the care provided and the societal and economic impacts of the pilots. Administrative claims data as well as ad hoc quantitative and qualitative surveys of patients and professionals will be used in the evaluation [11].

3. Political context for the experimentation

3.1. National context

The stepped-care pilots are a response to the growing prevalence and costs of mental health problems which is an issue gaining importance on the French political agenda. The SHI fund has been

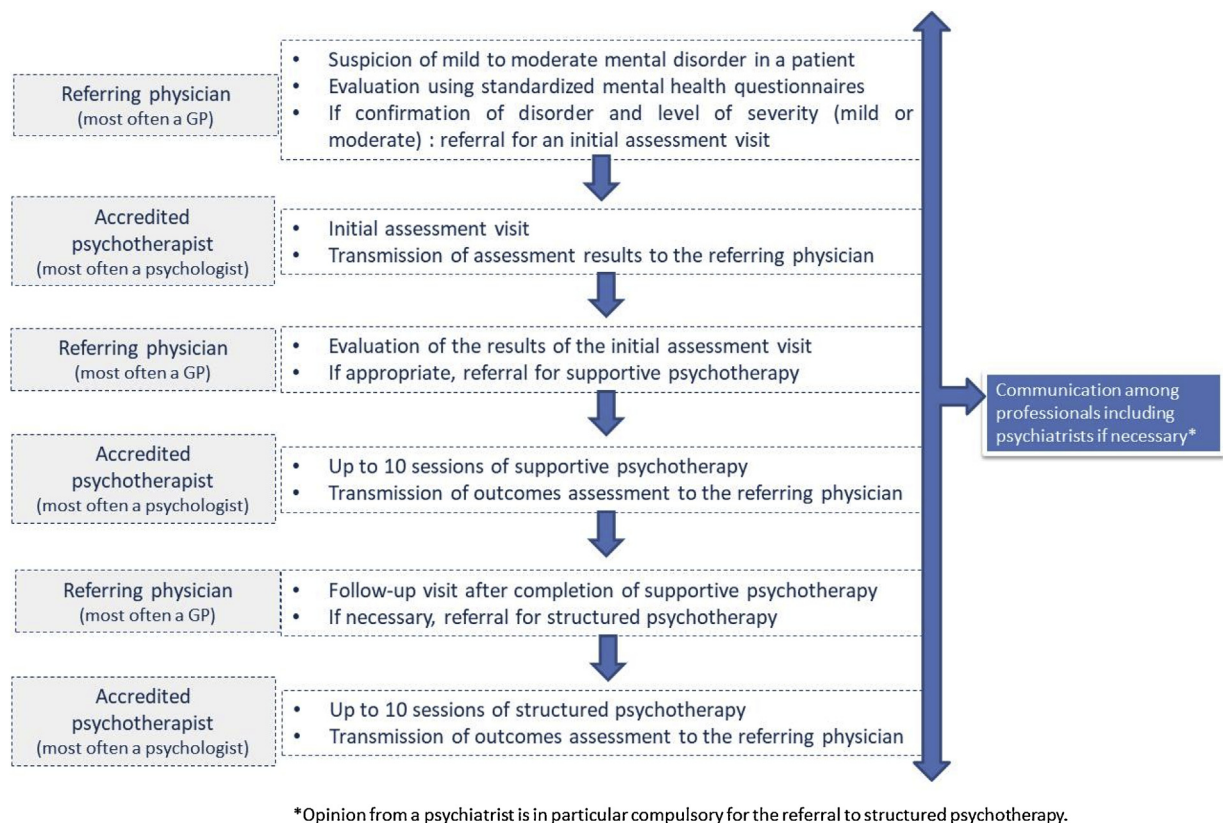


Fig. 1. Main features of the stepped-care approach.

increasingly focusing on the treatment of mental disorders in recent years [2,30] and the French government has released in 2018 a specific roadmap for mental health [31]. The need for improving access to alternative treatments for mild to moderate mental health problems and piloting a new care approach was first mentioned in the 2011–2015 mental health plan [32] and strongly supported in the evaluation of this plan by the French high council for public health [33]. Finally a recommendation of the SHI fund issued in its yearly report for preparing the 2015 social security budget [34] provided the legal basis and funding for its development as part of the latest national prevention plan [35].

This new stepped-care approach is also consistent with the current political focus on appropriateness of care, which has been presented as one of the key priorities for health reform by successive French governments [36]. There is still a major gap in France between care provided to individuals with mild to moderate mental disorders and the most recent evidence-based national guidelines. It is estimated that nearly 40% of the individuals who experienced a depressive episode in the last 12 months did not get any form of treatment [37]. In addition, antidepressants are prescribed too frequently for patients with mild to moderate depression and often without any form of follow-up [37] despite continuous efforts from the SHI fund (such as targeted education of physicians about recommended prescription practices). Recent data indicates that 40% of the initiated antidepressant treatments last only one month while the recommendation is at least six months of treatment [38]. Moreover, there are no formal communication channels between GPs and specialists, and about 90% of the GPs declare that they have difficulty in referring a patient to appropriate mental healthcare providers [39].

3.2. International context

The experimentation of the stepped-care approach is consistent with policies developed in other countries. In 2006, the Better Access Program was established in Australia to enable publicly subsidised access to services provided by psychologists and allied health professionals upon GP referral. Patients can access up to ten individual sessions of psychological treatment in any calendar year [40,41]. While this program was shown to have increased access to psychotherapy [42], it lacked a thorough evaluation focusing on the quality of the services provided and on patients' outcomes for which collection of indicators had not been planned [43–46]. In 2008, England launched the Improving Access to Psychological Therapies (IAPT) program, funded by the National Health Service (NHS). It is a stepped-care approach where treatment is adapted to patients' symptomatology, including free-of-charge initial assessment, counselling and low or high-intensity psychotherapies. Different from France and Australia, patients can seek such care without referral from a physician. Involved professionals benefitted from a specific training before the launch of the program [47–49]. Monitoring and public reporting of clinical outcomes were part of the program [50]. The latest estimates showed that around 50% of patients seen in the program recovered, while at least two thirds had reliable improvements [51]. More recently, Belgium has started to reimburse first-line psychological treatments, prescribed by a GP or a psychiatrist and for a maximum of four visits [52,53]. The Australian and English experiences have also been used to question current policies in many other countries and may lead to reforms in coming years [48,54–56].

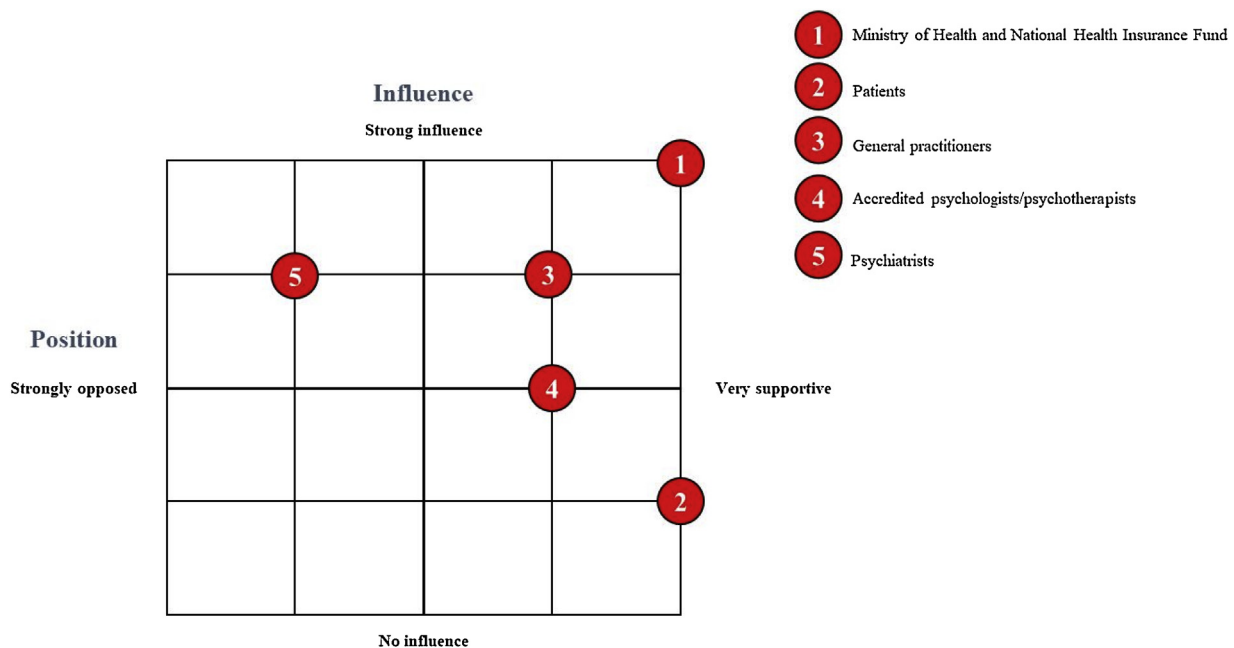


Fig. 2. Position of stakeholders and their influence.

Source: Authors' own compilation.

4. Stakeholders position

The pilots are initiated and strongly supported by the SHI fund together with the Ministry of Health, providing local assistance via their regional representatives in the participating sites. Other stakeholders have been invited to engage in the definition of the pilots through a steering committee involving the national union of psychologists, the national association of psychiatrists, the national association for quality of care in psychiatry, the national association of general practice, representatives of clinical psychologists and the national association of cognitive-behavioural therapy [2]. The involvement of a large number of stakeholders in the planning of the pilots is positive and likely to increase the support and participation in the pilots, but the unequal representation of different professional groups concerned is pointed out as an issue. In particular, the steering committee does not include any representative of the patients, and psychologists have complained that they were outnumbered by physicians [57].

In practice, the fact that medical referral is compulsory to receive psychotherapy in the experimentation is criticized by some of the psychologists who perceived this as a new barrier to access to psychotherapy [57,58]. At the same time, a potential reluctance of GPs to address patients to psychologists is also raised as an issue as GPs have a strong occupational identity and may wish to keep the control [59]. However, most GPs acknowledge the relevance of psychotherapy and the role of psychologists in the treatment of mental disorders [60,61]. They believe that the lack of reimbursement of psychotherapy provided by private non-medical providers was the main barrier to access to such treatments [16,62,63]. They also point out the long waiting times for consultation with a psychiatrist which compromise their collaboration [59,63]. In addition, the stepped-care approach could address the long standing concerns about the way GPs manage the mental health problems of their patients [62,64,65]. Psychiatrists have a relatively limited role in the new care model, and have expressed concerns as they are not the “prescribing” professionals [66]. For the success of the experimentation, involved professionals need to adhere to the role they are given in it as the mutual impression that collaboration will improve

the quality of care is an essential prerequisite of an effective inter-professional collaboration [67].

Regarding the financial aspect of the experimentation, the public reimbursement of the therapies provided by psychologists is highly favourable to patients. In pilots, there is no possibility of charging additional out-of-pocket payments. The Australian example has shown that this could have led to new financial barriers for service users and disadvantage providers in deprived areas [68]. Some patient associations have nevertheless deplored the rigid inclusion criteria to benefit from this measure [69]. In addition, while the public reimbursement is welcomed by psychologists, they have also expressed concerns regarding the fees and the number of sessions reimbursed and their duration which may not be flexible enough to meet patients' needs [70]. However, in-Mid 2018, about 40% of the eligible psychologists had already signed an agreement to participate in the pilots [2].

The positions of the different stakeholders' are summarised in Fig. 2.

5. Expected benefits and potential challenges for the experimentation

The new policy provides an opportunity to improve the French mental care model, which has been centred on inpatient and medical psychiatric care, with few alternatives and flexibility [71]. For the first time, the delivery of psychotherapy outside of medical settings and the role of certified psychologists in the provision of effective mental care is acknowledged by the SHI fund. The experimentation is expected to improve the care for patients with mental health problems by adapting the treatments to patients' needs (severity) and by offering alternative distinct and less stigmatizing care pathways for people with mild to moderate mental disorders. The new policy will improve GPs' capacity to identify/stratify patients' needs (with standardized mental health questionnaires) and facilitate GPs' referral to mental health specialists (with clear guidelines and access to a list of eligible psychologists who can provide psychotherapies). This in turn is expected to reduce waiting times and geographical problems in access to mental care. Also, as

there is a well-defined alternative option for treatment which does not incur any out-of-pocket costs for patients, the GPs may modify their treatment habits and reduce antidepressant prescriptions for mild to moderate mental health problems. Ultimately, the policy is expected to reduce the spending on pharmacotherapies and mental health-related sick leaves through an improvement of the quality of care.

However, the stepped-care approach faces several challenges. First, there is no consensual evidence-base regarding the optimal number of psychotherapy sessions necessary to provide effective psychological care [72]. The maximum number of sessions set (ten by patient and calendar year) may not always match their clinical needs [73]. Second, the particular status of psychologists, who are not considered as health or allied health professionals and so are not legally subject to the usual obligations of medical confidentiality, could be an issue. In Belgium, the reimbursement of psychotherapy was preceded by a change of the legal status of professionals providing this type of care [74,75]. In France, while psychologists can be accredited by regional health agencies, accreditation is not compulsory for providing psychotherapy. Third, there is a strong heterogeneity in the training and practice of psychologists. Generally French psychologists are not trained much for supportive psychotherapy [33] and may be inclined to provide a structured psychotherapy as a first line treatment. Similarly, CBT is not well-developed in France compared to other countries due to the historical predominance of psychoanalysis. Furthermore, there are major disparities in the distribution of private psychologists on the French territory [29]. The development of the stepped-care approach for the treatment of mild to moderate mental disorders may therefore need further planning. In particular it may be helpful to invest in specific training of involved professionals, similarly to that of the English IAPT program, as well as in developing clear communication channels between them and complementary interventions for educating care providers on mental health issues. Finally, the experimentation cannot address on its own the issues of equity of access. Research indicates that the most deprived populations are underrepresented among the users of similar programs abroad [68,76], and they may get lower quality services [50]. It is also worth reminding that the pilots do not aim to reach people suffering from mental disorders who are not followed in primary care and that barriers for accessing psychological care are not only financial, but also social and cultural since there is still stigma surrounding mental illness [60].

Testing in pilots the stepped-care approach before any extension, as in England [49], would help to overcome some of the challenges faced by the policy. In Australia, where the program was rolled out nationally without testing, there was not enough evidence of the improvement of patients' outcomes and the number of reimbursed psychotherapy sessions was reduced from a maximum of 18 to 10 due to the unexpected cost of the program [77,78]. In France the evaluation of the pilots by an external research team before generalisation is part of the experimentation [11] and might help to avoid some of the issues encountered in Australia. The evaluation should not only focus on the rates of access to psychological treatment, but also on the intervention model, on the quality of the services provided and on patient outcomes using in-build indicators reflecting issues of both clinical impact and patient experience, such as rate of return to or continuity of employment, stable housing or social inclusion [79].

6. Conclusion

Overall, this pilot program aims to improve access to alternative evidence-based treatments for people suffering from mild to moderate mental health problems. It initiates a potential paradigm

shift in France towards a less drug-centred model. It also represents an opportunity to increase the accountability of mental care providers and to improve the monitoring of mental care quality which lacks clear national or international indicators and benchmarks [80]. To make the most of these pilots, policy makers need to close the potential gaps in workforce training and to monitor the equity of access, as well as service quality and patient outcomes.

The independent evaluation before any national roll-out will help fine tuning the policy in France. The results of the evaluation could also be interesting for other countries currently debating similar policies.

Declaration of Competing Interest

The authors declare no conflict of interest.

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References

- [1] World health organization. In: Global health estimates 2016: disease burden by cause, age, sex, by country and by region, 2000–2016; 2018 (Accessed 20 August 2018) http://www.who.int/healthinfo/global_burden_disease/estimates/en/index1.html.
- [2] Caisse nationale d'assurance maladie. Améliorer la qualité du système de santé et maîtriser les dépenses. Propositions de l'Assurance Maladie pour 2019; 2018.
- [3] Institut national de la santé et de la recherche médicale. Médicaments psychotropes : consommations et pharmacodépendances. Paris, France: Les éditions Inserm; 2012.
- [4] Caisse nationale d'assurance maladie. Fiches par pathologie; 2017 (Accessed 23 May 2018) <https://www.ameli.fr/l-assurance-maladie/statistiques-et-publications/etudes-en-sante-publique/cartographie-des-pathologies-et-des-depenses/fiches-par-pathologie/maladies-psychiatriques.php>.
- [5] Kovess-Masféty V, Saragoussi D, Sevilla-Dedieu C, Gilbert F, Suchocka A, Arveiller N, et al. What makes people decide who to turn to when faced with a mental health problem? Results from a French survey. BMC Public Health 2007;7:188. <http://dx.doi.org/10.1186/1471-2458-7-188>.
- [6] Lamboy B, Léon C, Guilbert P. [Depressive disorders and use of health services in the French population according to the Health Barometer 2005]. Rev Épidémiologie Santé Publique 2007;55:222–7. <http://dx.doi.org/10.1016/j.respe.2006.11.005>.
- [7] Verdoux H, Gaudron Y, Tournier M. Transition in care in persons with antidepressant prescription in naturalistic conditions. Fam Pract 2011;28:400–5. <http://dx.doi.org/10.1093/fampra/cmr009>.
- [8] Dezetter A, Briffault X, Bruffaerts R, De Graaf R, Alonso J, König HH, et al. Use of general practitioners versus mental health professionals in six European countries: the decisive role of the organization of mental health-care systems. Soc Psychiatry Psychiatr Epidemiol 2013;48:137–49. <http://dx.doi.org/10.1007/s00127-012-0522-9>.
- [9] autorité de santé Haute. Épisode dépressif caractérisé de l'adulte : prise en charge en premier recours; 2017.
- [10] American psychiatric association. What is psychotherapy? n.d. <https://www.psychiatry.org/patients-families/psychotherapy> (Accessed 19 February 2019).
- [11] Caisse nationale d'assurance maladie. Cahiers des clauses techniques particulières. Évaluation d'une expérimentation d'une prise en charge des thérapies non médicamenteuses; 2017.
- [12] American Psychological Association. Recognition of psychotherapy effectiveness; 2012.
- [13] Australian psychological society. Evidence-based psychological interventions in the treatment of mental disorders. A review of the literature, fourth edition; 2018.
- [14] INSERM Collective Expertise Centre. Psychotherapy: Three approaches evaluated. In: INSERM collect. Expert Rep. Paris: Institut national de la santé et de la recherche médicale; 2004.
- [15] National institute for health and care excellence. Depression in adults: recognition and management. Clinical guideline CG90; 2009.
- [16] Fournier JC, DeRubeis RJ, Hollon SD, Dimidjian S, Amsterdam JD, Shelton RC, et al. Antidepressant drug effects and depression severity: a patient-level meta-analysis. JAMA 2010;303:47–53. <http://dx.doi.org/10.1001/jama.2009.1943>.
- [17] Kirsch I, Deacon BJ, Huedo-Medina TB, Scoboria A, Moore TJ, et al. Initial severity and antidepressant benefits: a meta-analysis of data submitted to the Food and

- Drug Administration. PLoS Med 2008;5:e45, <http://dx.doi.org/10.1371/journal.pmed.0050045>.
- [18] Milon A. Office parlementaire d'évaluation des politiques de santé. In: Rapport sur la prise en charge psychiatrique en France; 2009.
 - [19] Direction de la recherche, des études, de l'évaluation et des statistiques. Portrait des professionnels de santé - édition 2016; 2016.
 - [20] Chevreul K, Berg Brigham K, Durand-Zaleski I. France. Health system review. Health Syst Transit 2015;17.
 - [21] Caisse nationale d'assurance maladie. Consultations en métropole : vos remboursements; 2019 (Accessed 26 June 2019) <https://www.ameli.fr/assure/remboursements/rembourse/consultations/metropole>.
 - [22] Caisse nationale d'assurance maladie. Observatoire des pratiques tarifaires. Dépassements d'honoraires des médecins : une tendance à la baisse qui se confirme; 2017.
 - [23] Martin K, David M, Elias M. Mental health policy and practice across Europe. UK: McGraw-Hill Education; 2006.
 - [24] Direction de la recherche, des études, de l'évaluation et des statistiques. Professions de santé et du social; 2019 (Accessed 8 March 2019) <http://www.data.drees.sante.gouv.fr/ReportFolders/reportFolders.aspx>.
 - [25] Legifrance. Décret n° 2012-695 du 7 mai 2012 modifiant le décret n° 2010-534 du 20 mai 2010 relatif à l'usage du titre de psychothérapeute; 2012.
 - [26] Walt G, Gilson L. Reforming the health sector in developing countries: the central role of policy analysis. Health Policy Plan 1994;9:353–70.
 - [27] Bower P, Gilbody S. Stepped care in psychological therapies: access, effectiveness and efficiency. Narrative literature review. Br J Psychiatry J Ment Sci 2005;186:11–7, <http://dx.doi.org/10.1192/bjp.186.1.11>.
 - [28] Richards DA. Stepped care: a method to deliver increased access to psychological therapies. Can J Psychiatry Rev Can Psychiatr 2012;57:210–5, <http://dx.doi.org/10.1177/070674371205700403>.
 - [29] Institut de recherche et documentation en économie de la santé. Direction de la recherche, des études, de l'évaluation et des statistiques. L'Atlas de la santé mentale en France - version numérique; 2018.
 - [30] Caisse nationale d'assurance maladie. Améliorer la qualité du système de santé et maîtriser les dépenses. Propositions de l'Assurance Maladie pour 2018; 2017.
 - [31] Comité stratégique de la santé mentale et de la psychiatrie. Feuille de route santé mentale et psychiatrie; 2018.
 - [32] Ministère de la santé. Plan psychiatrie et santé mentale 2011–2015; 2012.
 - [33] Haut conseil de la santé publique. Evaluation du plan psychiatrie et santé mentale 2011–2015; 2016.
 - [34] Caisse nationale d'assurance maladie. Améliorer la qualité du système de santé et maîtriser les dépenses. Propositions de l'Assurance Maladie pour 2016; 2015.
 - [35] Ministère de la santé. Priorité prévention : rester en bonne santé tout au long de sa vie. Plan national de santé publique : la prévention pour lutter contre les inégalités de santé; 2018.
 - [36] Ministère de la santé. La pertinence des soins; 2015 (Accessed 20 May 2018) <http://solidarites-sante.gouv.fr/soins-et-maladies/qualite-des-soins-et-pratiques/pertinence-des-soins-10584/pertinence>.
 - [37] Haute autorité de santé. Problèmes de repérage, mauvais usage des antidépresseurs : la dépression doit être mieux identifiée et traitée de façon personnalisée; 2017.
 - [38] Fagot J-P, Cuerq A, Samson S, Fagot-Campagna A. Cohort of one million patients initiating antidepressant treatment in France: 12-month follow-up. Int J Clin Pract 2016;70:744–51, <http://dx.doi.org/10.1111/ijcp.12850>.
 - [39] Milleret G, Benradia I, Guicherd W, Roelandt J-L. États des lieux. Recherche action nationale « Place de la santé mentale en médecine générale ». Inf Psychiatr 2014;90:311–7.
 - [40] Russell L. An assessment of Commonwealth mental health programs; 2008.
 - [41] Australian government, Department of Health. Fact Sheet for patients: Better access to psychiatrists, psychologists and general practitioners through the MBS (Better Access) initiative. n.d.
 - [42] Pirkis J, Ftanou M, Williamson M, Machlin A, Spittal MJ, Bassilios B, et al. Australia's better access initiative: an evaluation. Aust N Z J Psychiatry 2011;45:726–39, <http://dx.doi.org/10.3109/00048674.2011.594948>.
 - [43] Rosenberg S, Hickie I. How to tackle a giant: creating a genuine evaluation of the Better Access Program. Australas Psychiatry Bull R Aust N Z Coll Psychiatr 2010;18:496–502, <http://dx.doi.org/10.3109/10398562.2010.525642>.
 - [44] Hickie I, Rosenberg S, Davenport TA. Australia's Better Access initiative: still awaiting serious evaluation? Aust N Z J Psychiatry 2011;45:814–23, <http://dx.doi.org/10.3109/00048674.2011.610744>.
 - [45] Crome E, Baillie AJ. Better Access and equitable access to clinical psychology services: what do we need to know? Med J Aust 2016;204:341–3.
 - [46] Allen NB, Jackson HJ. What kind of evidence do we need for evidence-based mental health policy? The case of the Better Access initiative. Aust N Z J Psychiatry 2011;45:696–9, <http://dx.doi.org/10.3109/00048674.2011.607132>.
 - [47] Thornicroft G. Improving access to psychological therapies in England. Lancet Lond Engl 2017, [http://dx.doi.org/10.1016/S0140-6736\(17\)32158-X](http://dx.doi.org/10.1016/S0140-6736(17)32158-X).
 - [48] Vasiladias H-M, Dezetter A. [Publicly funded programs of psychotherapy in Australia and England]. Sante Ment Que 2015;40:101–18.
 - [49] Clark DM, Layard R, Smithies R, Richards DA, Suckling R, Wright B. Improving access to psychological therapy: initial evaluation of two UK demonstration sites. Behav Res Ther 2009;47:910–20, <http://dx.doi.org/10.1016/j.brat.2009.07.010>.
 - [50] Clark DM, Canvin L, Green J, Layard R, Pilling S, Janecka M. Transparency about the outcomes of mental health services (IAPT approach): an analysis of public data. Lancet Lond Engl 2018;391:679–86, [http://dx.doi.org/10.1016/S0140-6736\(17\)32133-5](http://dx.doi.org/10.1016/S0140-6736(17)32133-5).
 - [51] Clark DM. Realising the Mass Public Benefit of Evidence-Based Psychological Therapies: The IAPT Program. Annu Rev Clin Psychol 2018;14:159–83, <http://dx.doi.org/10.1146/annurev-clinpsy-050817-084833>.
 - [52] Block Maggie De. 120.000 patients pourront se faire rembourser leur aide psychologique; 2018 (Accessed 20 May 2018) <http://www.deblock.belgium.be/fr/120000-patients-pourront-se-faire-rembourser-leur-aide-psychologique>.
 - [53] Commission des psychologues. Convention de remboursement pour la psychologie clinique; 2018 (Accessed 7 February 2019) <https://www.compsy.be/fr/remboursement-psychologie-clinique>.
 - [54] Diminic S, Bartram M. Does introducing public funding for allied health psychotherapy lead to reductions in private insurance claims? Lessons for Canada from the Australian experience. Can J Psychiatry Rev Can Psychiatr 2018;706743718784941, <http://dx.doi.org/10.1177/0706743718784941>.
 - [55] Bartram M. Expanding access to psychotherapy in Canada: building on achievements in Australia and the United Kingdom. Healthc Manage Forum 2019;840470418818581, <http://dx.doi.org/10.1177/0840470418818581>.
 - [56] Bartram M, Chodos H. Expanding access to psychotherapy: mapping lessons learned from Australia and the United Kingdom to the Canadian context; 2018.
 - [57] Syndicat national des psychologues. Expérimentation par la CNAM du remboursement des consultations auprès des psychologues; 2018.
 - [58] Association française de thérapie comportementale et cognitive. Expérimentation du remboursement des psychothérapies; 2018.
 - [59] Dumesnil H, Apostolidis T, Verger P. Opinions of general practitioners about psychotherapy and their relationships with mental health professionals in the management of major depression: a qualitative survey. PLoS One 2018;13:e0190565, <http://dx.doi.org/10.1371/journal.pone.0190565>.
 - [60] Dumesnil H, Cortaredona S, Cavillon M, Mikol F, Aubry C, Sebbah R, et al. Prise en charge de la dépression en médecine générale de ville. Inf Psychiatr 2014;90:341–52.
 - [61] Dumesnil H, Apostolidis T, Verger P. Opinions of general practitioners about psychotherapy and their relationships with mental health professionals in the management of major depression: a qualitative survey. PLoS One 2018;13:e0190565, <http://dx.doi.org/10.1371/journal.pone.0190565>.
 - [62] Dumesnil H, Cortaredona S, Cavillon M, Mikol F, Aubry C, Sebbah R, et al. La prise en charge de la dépression en médecine générale de ville. Etudes Résultats 2012.
 - [63] Verdoux H, Cortaredona S, Dumesnil H, Sebbah R, Verger P. Psychotherapy for depression in primary care: a panel survey of general practitioners' opinion and prescribing practice. Soc Psychiatry Psychiatr Epidemiol 2014;49:59–68, <http://dx.doi.org/10.1007/s00127-013-0717-8>.
 - [64] Norton J, David M, Gandubert C, Bouvier C, Gutierrez L-A, Frangeuil A, et al. Ability of French General Practitioners to detect common mental disorders identified using the Patient Health Questionnaire: Has this changed with the introduction of gatekeeping and registration with a chosen doctor? L'Encephale 2016, <http://dx.doi.org/10.1016/j.encep.2016.07.009>.
 - [65] Norton J, de Roquefeuil G, David M, Boulenger J-P, Ritchie K, et al. Prevalence of psychiatric disorders in French general practice using the patient health questionnaire: comparison with GP case-recognition and psychotropic medication prescription. L'Encephale 2009;35:560–9, <http://dx.doi.org/10.1016/j.encep.2008.06.018>.
 - [66] Syndicat des psychiatres français et de l'association française de psychiatrie. La lettre de psychiatrie française. Remboursements des psychothérapies : sophismes et parades; 2016.
 - [67] Lucena RJM, Lesage A. Family physicians and psychiatrists. Qualitative study of physicians' views on collaboration. Can Fam Physician Med Fam Can 2002;48:923–9.
 - [68] Meadows GN, Enticott JC, Inder B, Russell GM, Gurr R. Better access to mental health care and the failure of the Medicare principle of universality. Med J Aust 2015;202:297.
 - [69] Union fédérale des consommateurs - Que choisir. Psychothérapie - L'expérimentation du remboursement placée sous contrôle; 2019.
 - [70] Syndicat national des psychologues. Pour un nouveau tarif et un accès libre dans les psychologues des expérimentations ! Change.org n.d. <https://www.change.org/p/pour-un-nouveau-tarif-et-un-acces-libre-dans-les-psychologues-des-experimentations> (Accessed 20 May 2018).
 - [71] Lin E, Or Z, Coldefy M, Urbanoski K, Seitz D, Carlisle C, et al. Medical practice variations in mental health and addictions care. Med Pract Var 2016;161–98.
 - [72] Cuijpers P, Smit F, Bohlmeijer E, Hollon SD, Andersson G. Efficacy of cognitive-behavioural therapy and other psychological treatments for adult depression: meta-analytic study of publication bias. Br J Psychiatry J Ment Sci 2010;196:173–8, <http://dx.doi.org/10.1192/bjp.bp.109.066001>.
 - [73] Jorm AF. Australia's "Better Access" scheme: has it had an impact on population mental health? Aust N Z J Psychiatry 2018;52:1057–62, <http://dx.doi.org/10.1177/0004867418804066>.
 - [74] Loi coordonnée relative à l'exercice des professions des soins de santé. n.d. http://www.ejustice.just.fgov.be/cgi_loi/change_lg.pl?language=fr&la=F&cn=2015051006&table.name=loi (Accessed 20 May 2018).

- [75] SPF Santé Publique. Professions de la santé mentale. SPF Santé Publique; 2016 (accessed May 20, 2018) <https://www.health.belgium.be/fr/sante/professions-de-sante/professions-de-la-sante-mentale>.
- [76] Byles JE, Dolja-Gore X, Loxton DJ, Parkinson L, Stewart Williams JA. Women's uptake of Medicare Benefits Schedule mental health items for general practitioners, psychologists and other allied mental health professionals. *Med J Aust* 2011;194:175–9.
- [77] Australian government. Expense measures; 2012 (Accessed 10 August 2018) <https://www.budget.gov.au/2011-12/content/bp2/html/bp2.expense-12.htm>.
- [78] Cross S, Hickie I. Transdiagnostic stepped care in mental health. *Public Health Res Pract* 2017;27:1–5.
- [79] Richards DA, Bower P. Equity of access to psychological therapies. *Br J Psychiatry J Ment Sci* 2011;198:91–2, <http://dx.doi.org/10.1192/bjp.bp.110.083485>.
- [80] Rosenberg S, Salvador-Carulla L. Perspectives: accountability for mental health: the Australian experience. *J Ment Health Policy Econ* 2017;20:37–54.