



CONGRÈS 2025

de la Société Française de Santé Publique

#SFSP2025 • LILLE • 5 - 7 NOVEMBRE



Centre collaborateur de l'OMS
pour la Recherche et la Formation
en Santé Mentale

IN **LILLE**
GRAND PALAIS

From **November**
5 TO 7, 2025



Projet labellisé
Parlons
santé
mentale!
GRANDE CAUSE NATIONALE
RÉPUBLIQUE FRANÇAISE

PROGRAMME

www.congres.sfsp.fr



sfsp
FRENCH SOCIETY
OF PUBLIC HEALTH

GENERAL INFORMATION

⇒ For 30 years, the SFSP has been organising the National Public Health Congress.

THE SFSP, FRANCE'S LEADING NETWORK OF GENERAL PUBLIC HEALTH ASSOCIATIONS

Founded in 1877, the French Society of Public Health (SFSP) is a public interest public utility association.

It currently has over 550 members, both individuals (research teams, associations, healthcare professionals, etc.) and corporate bodies, including Aides, the Association Addictions France, the Fédération Addiction, the FNORS, the Fédération Promotion Santé, the National Union of Child and Maternal Health Physicians, the Francophone Society for Health and Environment, etc.



A CONGRESS AT THE CROSSROADS OF RESEARCH, INTERVENTION AND PUBLIC DECISION-MAKING

Held every two years, the SFSP congress is a general public health event in which all French-speaking professional and scientific communities (researchers, practitioners, institutions, etc.) are invited to participate.

The Scientific and Organising Committees are keen to ensure that the conference programme includes a large number of people who are not public health professionals, but who work in or contribute to the field of public health: elected representatives, residents, citizens, etc.

The aim of the conference? To bring together public health communities to share knowledge and experience and improve practices.



EDITORIAL

Public mental health, a new conceptual framework for action

Improving mental health is a public health issue in its own right. In this year of the Great National Cause in France, we are convinced that it is necessary to mobilise the whole of society in favour of policies that improve the mental health of everyone. At a time when the concept of «One Health» is gaining ground to refer to the interconnection between human health, animal health and biodiversity, it is surprising to note that mental health is sometimes thought of as radically separate from somatic health - and vice versa.

This perception, which is well entrenched even among health professionals, does not make sense from an intellectual point of view, and above all it has very concrete effects for people affected by a mental disorder, who experience a high rate of premature mortality as a result of somatic problems. The aim of making mental health fully visible in the field of public health is precisely to break down these artificial dividing lines, in order to raise the level of awareness among those working in the health sector of the intertwined nature of the issues, at both individual and collective levels.

«Public mental health» corresponds to this desire to bring together a paradigm centred on care and a health promotion approach, which recognises and takes into account the positive or negative influence of a wide range of individual, family, social, environmental and structural determinants on mental health. The theme was proposed by the WHO Collaborating Centre for Research and Training in Mental Health when it submitted its bid to host the SFSP congress in 2025.

Until now, mental health has not been considered through this prism in France, but it now seems obvious to us to embrace this new conceptual framework, as it corresponds so closely to our vision of public health, taking into account both prevention and care; health, medico-social, social and community services; national, regional, territorial and local; professionals, carers and users; public and private; individuals and environments, etc. In short, public mental health corresponds to the concept of mental health as a whole. In short, public mental health corresponds to society's organised efforts to prevent and care for mental disorders and promote mental health, necessarily reaffirming the role and responsibility of public authorities in the deployment of policies, programmes and interventions.

It therefore includes a political dimension that we want to promote in this «Great National Cause» year, when the government is due to define a cross-sector - and therefore cross-ministerial - mental health policy in the coming months. We hope to see a roadmap, backed up by resources, that will mobilise all the players in society in this direction!

We would like to thank all the people and organisations who submitted proposals in response to the call for papers - nearly 800 abstracts were submitted! - as well as the evaluators and members of the Scientific Committee. The Scientific Committee has had to make some difficult choices in putting together this programme, and we hope that it will meet your expectations. In response to requests from previous editions, the programme includes some new formats, more collective or interactive, which we'll leave you to discover.

We look forward to seeing you in Lille in November. We look forward to seeing you there!



Pr Anne Vuillemin
President of the French
Society of Public Health

A handwritten signature in blue ink, consisting of a stylized 'A' and 'V'.

Dr Deborah Sebbane
Director of the WHO Collaborating Centre for
Collaborating Centre for Research and Training in
Mental Health

Chair of the Congress Organising Committee

A handwritten signature in black ink, consisting of a stylized 'D' and 'S'.

CENTRAL THEME



Public mental health

On the eve of a year dedicated to mental health as part of the «Grande cause nationale» (a major national cause), there is a growing number of events bringing psychiatry face to face with mental health. Some are worried that psychiatry is being forgotten in favour of the notion of «mental health», which is poorly defined and too often reduced to well-being, thereby minimising the existence and visibility of severe mental disorders and the needs of a psychiatry in crisis. Others refuse to see psychiatry overshadow mental health, at the risk of ignoring the importance of what happens upstream and downstream of health care, maintaining the illusion that health care alone must and can respond to the growing demand for care and ignoring the weight of socio-economic or environmental determinants in the onset and maintenance of mental disorders.

A PUBLIC HEALTH APPROACH TO MENTAL HEALTH

The concept of «public mental health», which has recently emerged in France, should be able to reconcile all the players involved. As its wording indicates, public mental health «involves a population-based approach to mental health, and includes the treatment and prevention of mental disorders as well as the promotion of mental health, including that of people affected by a mental disorder». While several definitions and conceptual frameworks have been developed, they all converge on the idea that public mental health recognises and takes into account the positive or negative influence of a broad spectrum of individual, family, social, environmental and structural determinants on mental health. This concept makes it possible to approach mental health from a public health perspective, and thus to take a global view of it, considering prevention and care; health, medico-social, social and community care; national, regional, territorial and local; professionals, carers and users; public and private; individuals and environments, etc. In short, public mental health refers to society's organised efforts to prevent and treat mental disorders and promote mental health. It therefore necessarily reaffirms the role and responsibility of public authorities in deploying policies and interventions «aimed at improving the mental health of populations by acting on one or more of these determinants».

TERRITORIALISATION, INCLUSION AND INTERSECTORIALITY - THE MAIN PRINCIPLES OF PUBLIC MENTAL HEALTH

Today, despite medical resources that are fairly well preserved in France, compared with other European countries (5th country with the highest rate of psychiatrists, at 23 per 100,000 inhabitants) and stakeholders with the capacity to innovate, we are still faced with particularly unfavourable mental health indicators (5th country with the highest age-

standardised prevalence of mental disorders, at 17.5 per 100,000 inhabitants). This paradox can be explained by a number of factors, which require us to collectively question the effectiveness of our public policies and current practices in meeting the real needs of our populations. On the one hand, the most at-risk populations remain difficult to reach, which limits our ability to reduce social inequalities in health. Secondly, public action is struggling to respond to the specific characteristics of each region or to enable local players to take ownership of the measures. Finally, the lack of a cross-sectoral approach hampers the implementation of truly cross-sectoral action, which is essential if we are to take effective action on all the determinants of mental health. Thus, inclusion, territorialisation and transversality appear to be the key elements that can guide the profound transformation of our public policies. Those involved in population health are invited to explore these issues at the SFSP congress and to contribute to the debate, in particular on the basis of these three structuring principles.

AXIS 1: INCLUSION - UNDERSTANDING AND RESPONDING TO THE NEEDS OF THE PEOPLE CONCERNED

Inclusion is based on recognising and taking into account the varied needs of the people concerned, whether they are users, carers or vulnerable populations. However, this concept raises complex questions: do current data enable us to understand the needs of different populations? How can we guarantee real participation by individuals and communities in decision-making processes, beyond mere token consultation? What mechanisms can be used to effectively include those who are often excluded from traditional mechanisms, such as people living in very precarious conditions or those from minority backgrounds? How can experiential knowledge, held by users and their families, be combined with professional and scientific knowledge to enrich practices and public policies?

Inclusion also calls for a rethink of practices: how can they be truly centred on the needs and wishes of users, thereby guaranteeing the quality of care and respect for their rights? Finally, inclusion should lead to a rethink of how people access healthcare and preventive services, so as to reduce the geographical, financial and socio-cultural barriers that perpetuate social and territorial inequalities in health.

AXIS 2: LOCALIZATION - ADAPTING RESPONSE TO LOCAL CIRCUMSTANCES

The aim of territorialisation is to adapt policies and actions to the specific characteristics of each area, whether in terms of socioeconomic, cultural or demographic features. It does, however, raise a number of issues: how do you identify the real needs of an area, which are often multiple and sometimes difficult to formalise? How can local players be mobilised to coconstruct appropriate responses to the needs identified? What governance tools and mechanisms can guarantee public action that is both coherent at national level and relevant at local level? Territorialisation also raises the question of equity: how can we prevent disparities in resources between territories from further widening inequalities in access to care and treatment? Finally, it raises the question of the role of local authorities, elected representatives and the general public in defining health priorities, and how to effectively coordinate the different levels of intervention to take concerted and efficient action.

AXIS 3 - CROSS-FUNCTIONALITY - ACTING ON ALL HEALTH DETERMINANTS

The cross-sectoral approach encourages us to go beyond the strictly health framework to take action on all the determinants that influence mental health (housing, education, employment, justice, culture, environment, etc.) and roll out ambitious policies for the prevention and promotion of mental health. This cross-sectoral approach raises several challenges: how can players from such diverse sectors be brought together around common objectives, while respecting their respective specificities and priorities? What governance and coordination mechanisms can ensure that policies are truly integrated, avoiding duplication or blind spots? Cross-disciplinarity also means breaking down the barriers between practices within the health sector itself (between psychiatry and other medical specialties) or even within the same specialty (between general psychiatry and addiction services): what tools and organisational methods can encourage these links to limit the fragmentation of care provision? Cross-disciplinarity obviously raises the question of resources: how can resources be shared and distributed equitably between the different sectors involved? Finally, crossfunctionality means reconciling sometimes divergent timeframes and priorities, and guaranteeing governance that is sufficiently flexible to coordinate all the stakeholders.

TRANSFORMATION AND FORESIGHT

As with many health issues in France, the public health approach to mental health remains underdeveloped. It requires social mobilisation across all walks of life, backed by a strong political will. This is what the World Health Organisation reminded us in 2022 when it reviewed mental health around the world. Acknowledging that «for decades, mental health has been one of the most neglected areas of public health, receiving only a tiny fraction of the attention and resources it needs and deserves», the WHO called on countries to implement its Global Action Plan for Mental Health 2013-2020. It made recommendations for action in three parts, one of which was to «reshape the environments that affect mental health, including homes, communities, schools, workplaces, healthcare services and natural environments». It urged Member States «to step up commitment in all sectors, in particular to understand the social and structural determinants of mental health and to intervene in order to reduce risks». Public mental health thus invites us to rethink our approach to the issues surrounding mental health and psychiatry, and to structure the development of public policies to address them.

Without restricting the field of mental health to these three areas, the conference will give pride of place to proposals for papers describing how the inclusion of the people concerned and the territorialisation and cross-disciplinary nature of public policies are capable of overturning the ways in which research is carried out, training is provided, care and life paths are transformed and professional practices, whether in care or not, are modified. From international experience to local initiatives, from scientific research to feedback, from the development to the implementation and evaluation of public policies, from historical perspective to foresight exercises, from the individual to the collective, we invite all those involved in population health (researchers, healthcare professionals, institutional decision-makers, those involved in intervention, users, carers, elected representatives, etc.) to contribute to the collective debate aimed at developing the concept of public mental health and specifying the conditions for its implementation.

Members of the Scientific Committee

Nelly Agrinier, François Berdugo, Jean-François Buyck, Aude Caria, Julien Carretier, Emmanuelle Cartron, Sonia Charapoff, Yves Charpak, Alain Dannet, Emmanuelle Faure, Christine Ferron, Maureen Gac, Coralie Gandre, Olivia Gross, Chloé Hamant, Virginie Halley des Fontaines, Laurent Gerbaud, Laurent Madec, Fanny Mériaux, Delphine Moreau, Etienne Nouguez, Philippe Paradis, Fanny Pasant, Fabrice Pilorgé, Valéry Ridde, Jean-Luc Roelandt, Thomas Sannié, Deborah Sebbane, Stéphanie Tubert-Jeannin, Aurélie Tinland, Marielle Wathélet, Djamel Zoughailech.

WEDNESDAY, NOVEMBER 5, 2025

12pm - 2pm	WELCOME TO PARTICIPANTS - POSTER DISPLAY
2pm - 3pm	Opening of the conference
3pm - 4.30pm	Plenary session 1
4.30pm - 5pm	BREAK
5pm - 6.30pm	International session
	 Mental health at the community level: experiences in Norway, Croatia and Poland
7pm	PARTY

FRIDAY, NOVEMBER 7, 2025

9am - 10.30am	International session
	Oral communications session - SC17 International
10.30am - 11am	BREAK
11am - 12.30pm	International session
	Oral communications session - SC23 Health of exiles
12.30pm - 1.30pm	LUNCH BREAK
1.30pm - 3pm	Plenary session 3
3pm - 4pm	Closing of the conference

Translation headsets at your disposal

There will be French speakers throughout the international sessions. For your convenience, these speeches will be translated using headsets and live interpretations from French to English. Headsets will be distributed upon entering the session room. We ask that you please return your headsets **each time you leave the room**.

THURSDAY, NOVEMBER 6, 2025

9am - 10.30am	International session
	 Mental health beyond specialised care: sharing experiences and current developments in French-speaking countries
10.30am - 11am	BREAK
11am - 12.30pm	Plenary session 2
12.30pm - 2.30pm	LUNCH BREAK
2.30pm - 4pm	International session
	  International cooperation in mental health: innovations and challenges in different regions of the world
4pm - 4.30pm	BREAK
4.30pm - 6pm	International session
	 Addressing the determinants of mental health: the territorialised intersectoral approach
	SOCIAL PROGRAMME

INTERNATIONAL SESSIONS

Nine sessions **TRANSLATED INTO ENGLISH** at the SFSP congress

Organised in partnership with the EUCOMS network



The European Community-based Mental Health Service Providers (EUCOMS) Network is based on mutual learning and support between mental health service providers, as well as users, carers and representative associations working to establish high-quality community mental health care. In addition to this mutual learning and support, EUCOMS bridges the gap between policy and practice and gives service providers a voice in national and European politics. The ultimate goal of the network is to establish high-quality community mental health services and make them accessible to users in Europe and beyond. The WHOCC (CCOMS), an active member of EUCOMS, is delighted that members of the network will be attending the SFSP congress.

PROGRAMME

NOVEMBER 5 ➡
2pm - 3pm

Opening Opening of the conference

Amphitheater

Speakers:

Arnaud Deslandes, Mayor of Lille

Hugo Gilardi, Director General of the Regional Health Agency of Hauts-de-France

Natasha Azzopardi-Muscat, Director of the Division of Health Systems at WHO Europe

Marion Marty, Deputy Director for «Population Health and Chronic Disease Prevention», Directorate General of Health

Anne Hegoburu, Deputy Director for «Hospital Care and Community-Hospital Pathways», Directorate General of Healthcare Provision

Stéphanie Wooley, Administrator of Advocacy-France, of ENUSP (European Network of (ex-)Users and Survivors of Psychiatry) and EDF (European Disability Forum)

Anne Vuillemin, President of the SFSP

Déborah Sebbane, Director, WHO collaborating center, Lille

NOVEMBER 5
3pm - 4.30pm



Plenary session 1

Conceptual frameworks for understanding mental health in public policy

Amphitheater

Moderation:

Deborah Sebbane, director, WHO collaborating center, Lille

François Berdugo, director of the French Society of Public Health

Speakers:

Marija Jakubauskienė, Lithuanian Minister of Health

François Gonon, neurobiologist, CNRS

Dr Ledia Lazėri, Regional Adviser for Mental Health at WHO Regional Office for Europe

Vikram Patel, psychiatrist and researcher at Harvard

NOVEMBER 5
5pm - 6.30pm



International session

Mental health at the community level: experiences in Norway and Croatia

Room 2.4



Moderation: **René Keet**, Chair, EUCOMS

Community-Based Mental Health and Substance Abuse Work in a Norwegian Municipality – At the Forefront and Under Pressure Between Citizens, Relatives, General Practitioners, Hospitals, and Politics

Trude Lonning, Head of Health Partnership in Mental Health and Substance Abuse, County of Sør-Rogaland (Norway)

Community Mental Health Organization in Croatia: presentation and news update

Pr Danijela Štimac Grbić, Head of Department for Mental Health, Croatian Institute of Public Health

Transforming the Polish mental health care system. The example of pilot mental health centers

Dr Anna Depukat, MD, PhD, MBA. Member of the Mental Health Council at the Ministry of Health and work - University Hospital, Krakow, Poland. Former Head of the Pilot Office of the National Mental Health Protection Programme.

Preliminary results in pilot mental health centers: Małopolska region

Dr Tomasz Rowiński, MA, PhD, MBA, SGH Warsaw School of Economics.

NOVEMBER 6
9am - 10.30am



International session

Mental health beyond specialised care: sharing experiences and current developments in French-speaking countries

Room 2.4



Moderation: **Ionela Petrea**, Director of the EUCOMS Board

Impact of Belgian reform on local communities, beyond mental health services

Bernard Jacob, Staff member WHO Collaborating Centre for Public Health Psychiatry, Universitair Psychiatrisch Centrum; Leuven; Ex National coordinator of Mental Health Reform in Belgium

Urban plan for mental health

Pr Philippe Conus, Head of the General Psychiatry Department, Vaud University Hospital (Swiss)

The BREF psychoeducational program - The value of an early, short intervention to support informal caregivers

Elisabetta Scanferla, PhD, GHU Paris psychiatrie et neurosciences, ATER CRPMS, IHSS – Université Paris Cité

NOVEMBER 6
11am - 12.30pm



Plenary session 2

Public mental health in action

Amphitheater

Moderation:

Dr Jean-Luc Roelandt, *medical advisor, WHOCC Lille*

Anne Vuillemin, *president of the French Society of Public Health*

Speakers:

Marie-Christine Staniec-Wavrant, *Deputy Mayor of the City of Lille in charge of Health, Vice-President of the French Healthy Cities Network*

Michel Laforcade, *former general director of Nouvelle Aquitaine Health Agency*

Emmanuelle Rémond, *President of UNAFAM (family association)*

Franck Bellivier, *Ministerial delegate for mental health and psychiatry*

Céline Letailleur, *peer support facilitator and trainer, doctoral student in community health at Aix-Marseille University*

NOVEMBER 6
2.30pm - 4pm



International session

International cooperation in mental health: innovations and challenges in different regions of the world

Room 2.4

Moderation: **Marielle Bouqueau**, *Technical expert in public health policy and international health security, Expertise France* and **Dr Jean-Luc Roelandt**, *medical advisor, WHOCC Lille*

Mental health in Lebanon

Rabih El Chammay, *Director of the national mental health program*

Development of community care in Côte d'Ivoire

Pr Koua Asseman Médard, *Coordinating Director, National Mental Health Program, Ministry of Health, Public Hygiene, and Universal Health Coverage*

Hospital cooperation with Vietnam

Virginie Halley des Fontaines, *Medical expert in public health, Haut conseil de la santé publique (France)*

Exchange of practices with Mexico

Antonio Diaz, *Head of the Monterrey Therapeutic Support Center*



NOVEMBER 6
4.30pm - 6pm



International session

Addressing the determinants of mental health: the territorialised intersectoral approach

Room 2.4

Moderation: **Eva Velthorst**, *research manager, GGZ Noord Holland Noord*

Leadership for mental health: evidence-based decision making & intersectoral governance models for mental health

Sean Russel - *Global leadership exchange (UK)*

From Policy to Action: Collaborative Pathways to improve Mental Health in Utrecht

Ellen van den Berg – *Program lead mental health, Senior Policy Advisor on Public Health, City of Utrecht (Netherlands)*

Effectiveness of community mental health interventions

Sandra Zwolsman, *epidemiologist, GGZ Noord-Holland-Noord (Netherlands)*



NOVEMBER 7
9am - 10.30am



Oral communications session - SC17

International

Room 2.4

Healthy Community Label in Switzerland: strengthening local and cross-sector action for mental health

Karin Zürcher - MPH, Assistant to the Head of the Health Promotion and Prevention Department, Unisanté, Lausanne (Suisse)

Factors influencing the implementation of the HORS-PISTE anxiety prevention programme in Quebec schools

Julie Lane, Danyka Therriault, Andrée-Anne Houle and Anne-Marie Tougas (professor, Faculty of Education) and **Éliane St-Pierre Mousset** (doctoral student, Faculty of Education), University of Sherbrooke (Canada)

Psychosocial Intervention through Nature and Adventure: an innovative proposal.

Mathieu Gervais, sociologist and project coordinator, Ceress (France)

From Burnout to Resilience: Leveraging AI to Optimize Workloads and Build Sustainable Healthcare Systems

Nancy De Jesus, Clinical Pharmacist, Advanced Mental Health Practitioner - Hôpitaux Paris Est Val de Marne (France)

NOVEMBER 7
11am - 12.30pm



Oral communications session - SC23

Health of exiles

Room 2.4

Experimentation with a mobile team providing reception, listening and psychosocial support for exiled people

Yvanne Thobie, Head of Department at CESaME44 – Collectif d'entraide pour la santé mentale des exilés (France)

Integrative Community Therapy: appropriation, implementation and dissemination by Médecins du Monde

Dr. Pierre-Emmanuel Rougé, Representative for Integrative Community Therapy and mental health, Médecins du Monde Grenoble (France)

Structural and cultural factors contributing to the invisibility of traumatised elderly Ukrainian exiles

Giovanni Matera, post-doctoral researcher French Red Cross Foundation. Affiliate with Harvard University - Weatherhead Center for International Affairs, and Laboratoire Arènes UMR 6051 (France)

NOVEMBER 7
1.30pm - 3pm



Plenary session 3

Territorialisation, intersectorality and democracy: the three pillars of public mental health

Amphitheater

Moderation:

Marielle Wathelet, Regional Mental Health Project Manager, Regional Health Agency of the Hauts-de-France

Aude Caria, Director of PSYCOM

Speakers:

Anne-France Taiclet, Senior lecturer in Political Science at Paris 1 Panthéon-Sorbonne University, researcher at the laboratory CESSP (UMR 8209)

Anne-Cécile Douillet, Professor of Political Science, University of Lille, Director of CERAPS

Bernard Jacob, Staff member WHO Collaborating Centre for Public Health Psychiatry, Universitair Psychiatrisch Centrum; Leuven; Ex National coordinator of Mental Health Reform in Belgium

Loïc Blondiaux, Professor of political science at the University of Paris 1 Panthéon-Sorbonne

Françoise Jabot, Public health physician, honorary professor at EHESP

NOVEMBER 7
3pm - 4pm
Amphitheater



Closing

Closing of the conference

COME TO LILLE IN NOVEMBER !



PRACTICAL INFORMATIONS



Lille Grand Palais
1 Bd des Cités Unies, 59777 Lille

REGISTRATION

Registrations can be made on the website: <https://overcome.key4events.com/register.aspx?e=756&prflReg=1&culture=en-GB> with secure online payment.

SFSP members : **440.00€**

Non-members : **540.00€**

Benefiting from a reduced rate* : **130.00€**

Are you an organisation wishing to register + of 5 people? Take advantage of our group rates. A special registration form can be downloaded from the conference website.

The conference is eligible for individual training entitlement. Registration no.: 41540249054. For all requests for training agreements, a special registration form can be downloaded from the conference website.

*Reduced rate: on presentation of proof, the reduced rate is available to students (including doctoral students and interns), jobseekers, people with disabilities (AAH, PCH, RQTH, disability), members of an association of people affected by a mental disorder, members of an association of family carers, etc.

Find all the information on the dedicated website
www.congres.sfsp.fr



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• **From November**
5 TO 7, 2025

CONTACT

Do you have a question about registration?
sfsp@overcome.fr

Any other questions?
congres@sfsp.fr

Thank you to our financial supporters



The congress is organised with the support of



www.congres.sfsp.fr

