

# 1<sup>er</sup> Séminaire de Recherche sur la Santé Mentale des Enfants en Protection de l'Enfance

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# Les enjeux d'une pédopsychiatrie sociale

- Articulation PEA/ASE médiocre : crise, renvois mutuels, absence de cadre de rencontre organisé, absence de dépistage, pas ou peu de dispositif dédié
- La recherche en santé mentale est peu développée (comme l'enseignement auprès des soignants), le terrain peu habitué
- Proximité historique : chaire des maladies infantiles, et clinique annexe de neuropsych. Inf. du Pr Heuyer
- Inspiration théorique pour la PEA : attachement, carence de soin...

# Qui sont les enfants placés?

- 300 000 enfants sont confiés à l'ASE, la moitié placés, vivant en dehors de chez eux. La moitié sont des adolescents
- Placement lorsque l'enfant est vu en danger dans son développement (abusé, abandonné, battu, ou sévèrement négligé), haute vulnérabilité psychique.
- Près de 2% de la population des moins de 21 ans. Mais 25% des sans abri, 20% des détenus ont été confiés à l'ASE, plus de 50% des malades d'HDJ dans certaines régions.



Les enfants placés sont une population très repérable, volumineuse et vulnérable.

# Les enjeux d'une pédopsychiatrie sociale

- Organiser les conditions de la rencontre durable et opérationnelle PEA/ASE
- Soutenir la construction d'un cadre formel de rapprochement entre PEA et ASE dans chaque département :
  - Coordination permanente
  - Dispositifs et moyens dédiés ou facilités
  - Recherche et Enseignement

- Pr Bruno Falissard : Les challenges de l'épidémiologie psychiatrique infantile
- Pr Guillaume Bronsard : Etudes de prévalences des TM chez ls enfants placés
- Pr Jean-Marc Baleyte et Dr Rémi Brailly : de la nosographie psychiatrique au diagnostic fonctionnel

- PRESENTATION des ETUDES de Prévalence

# Etudes de Prévalence des troubles mentaux chez les enfants de la PE

- Méta-analyse de 9 études internationales (2016)
- Etudes de prévalence des TM et QV réalisées dans les foyers des BDR (2011, 2013)

## *Très haute vulnérabilité psychiatrique*

Sur-représentation des facteurs de risque du développement des TM pour des enfants en situation de dysfonctionnement familial sévère et durable :

- Attachement insecure, défaut de mentalisation, sidération, identification....
- Stress précoce chronique (neurotoxicité du cortisol)
- Exposition aux toxiques vie fœtale, aux traumatismes

 Humeur, anxiété, régulation émotionnelle, cognition, développement

Behavioral Health Care System (Lyons, 2004)

## OPEN

## The Prevalence of Mental Disorders Among Children and Adolescents in the Child Welfare System

## A Systematic Review and Meta-Analysis

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**Abstract:** It remains unclear whether children and adolescents in the child welfare system (CWS) exhibit a higher prevalence of mental disorders compared with the general population. The objective of this study was to perform a systematic review and meta-analysis to assess the prevalence of mental disorders in the CWS.

All of the epidemiological surveys assessing the prevalence of mental disorders in children and adolescents in the CWS were included. The pooled prevalence was estimated with random effect models. Potential sources of heterogeneity were explored using meta-regression analyses.

Eight studies provided prevalence estimates that were obtained from 3104 children and adolescents. Nearly 1 child or adolescent of every 2 (49%; 95% confidence interval [CI] 43–54) was identified as meeting criteria for a current mental disorder. The most common mental disorder was disruptive disorder (27%; 95% CI 20–34), including conduct disorder (20%; 95% CI 13–27) and oppositional defiant disorder (12%; 95% CI 10–14). The prevalence of attention-deficit/hyperactivity disorder was estimated to be 11% (95% CI 6–15). The prevalence estimates of anxiety and depressive disorders were 18% (95% CI 12–24) and 11% (95% CI 7–15). Posttraumatic stress disorder had the lowest prevalence (4%; 95% CI 2–6).

High prevalences of mental disorders in the CWS were reported, which highlights the need for the provision of qualified service. The substantial heterogeneity of our findings is indicative of the need for accurate epidemiological data to effectively guide public policy.

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**Abbreviations:** ADHD – attention-deficit/hyperactivity disorder, CI – confidence intervals, CWS – child welfare system, DSM – diagnostic and statistical manual of mental disorders, ICD – International statistical classification of diseases and related health problems, NOS – depression or anxiety disorder not otherwise specified, ODD – oppositional defiant disorder, US – United States.

## Key Messages Box

- Mental disorders affect a substantially greater proportion of children and adolescents in the child welfare system than in the general population. The 49% pooled prevalence for any mental disorder is nearly 4-fold greater than the prevalence among the general population.
- The relatively low number of psychiatric epidemiological surveys and the substantial heterogeneity of our findings are indicative of the need for accurate epidemiological data to inform and guide effective public policy.
- Given the importance of mental disorders in this population, the poor prognoses of the complex mental states and the high cost to society, it is unfortunate that this population of youths suffering from mental disorders in the child welfare system does not benefit from greater attention.

## INTRODUCTION

The literature on the prevalence of mental disorders among children and adolescents in the general population has significantly increased over the last years.<sup>1–3</sup> Compared with the general population, little is known about the prevalence of mental disorders among children and adolescents in the child welfare system (CWS)<sup>4</sup> specifically because they are often excluded from epidemiological studies because of their high mobility and difficulties surrounding parental responsibility and informed consent.<sup>5,6</sup> However, this issue is far from uncommon in Western countries, in which the rate of the placement of children and adolescents outside the home has been estimated to be approximately 5 per 1000, and the overall rate of children and adolescents in the CWS has been estimated to be 18 per 1000.<sup>7,8</sup> This population has constantly been increasing for over the last 20 years.<sup>9</sup> The literature focusing on this issue highlights that the children and adolescents involved in the CWS are very vulnerable in terms of psychological disturbances due to histories of child abuse and neglect, separation from their biological parents, or placement instability.<sup>10–12</sup> Several studies have reported that the prevalence of mental disorders among this population is greater than in the general population, but

Etudes de prévalence des troubles mentaux chez les enfants et adolescents impliqués dans la protection de l'enfance, produisant des diagnostics référencés au DSM ou à la CIM

Etude	Journal	Lieu	Echantillon	Age	Instrument	Prévalence
Mc Cann et al., 1996	Brit Med J	Oxfordshire (Angleterre)	78	13-17ans	CBCL et Kiddie-sads-P	67%
Mc Millen et al., 2005	J Am Acad Child Psy	Missouri (USA)	373	17 ans	DISC IV	37%
Blower et al., 2004	Clin Child Psychol Psychiatr	Ecosse	48	7-17 ans	CBCL et Kiddie-sads	44%
Meltzer et al 2003 et Ford et al., 2007	Brit J Psychiat	Angleterre, Ecosse, Pays de Galles	1039	5-17 ans	DAWBA/ SDQ et cliniciens sur dossiers	45 à 48%
Garland et al., 2001	J Am Acad Child Psy	Californie (USA)	1618	6-18 ans	DISC IV	54%
Dos Reis et al., 2001	Am J Public Health	Mid-Atlantic Sates (USA)	15507	0-17ans	Dossiers assur./diag clin	57%
Harman et al., 2000	Arch Pediatr Adolesc Med	Pensylvanie (USA)	39500	5-17ans	Dossiers assur./diag clin	38%
Schmidt et al., 2008	Child Adolesc Psychiatry Ment Health	Allemagne	689	4-18 ans	CBCL/YSR et diag clin	59,9%
Bronsard et al, 2011	Psychiatry Services Review	France	183	13-17	DISC III	48.8%

# Méta-analyse de la prévalence psychiatrique chez les enfants de la PE

N : 3104

- TC 20%
- TOP 12%
- THADA 11%
- TA : 18%
- DM : 11 %
- PTSD : 4%

## Prevalence rate of DSM mental disorders among adolescents living in residential group homes of the French Child Welfare System

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### ABSTRACT

**Purpose:** To determine the prevalence of some major mental disorders among adolescents living in a residential group home and the distribution of these disorders by gender.

**Method:** The participants included 183 adolescents (13–17 years old) living in residential group homes of the Child Welfare System in the county of Bouches-du-Rhône (South of France). A structured psychiatric Diagnostic Interview Schedule for Children was used to assess the existence of Anxiety Disorder (AD), Major Depression (MD), Conduct Disorder (CD), Eating Disorder (ED), Enuresis (En), Psychosis Screen (PS) and Attention Deficit Hyperactivity Disorder (ADHD) among the study participants over the six-month period before the assessment was taken. The existence of Suicide Attempts (SA) during the lifetime of each child was also assessed.

**Results:** Of the youths qualified, 48.6% as having at least one psychiatric disorder during the last six months (AD: 28.4%; CD: 15.3%; MD: 14.8%; PS: 18.6%; ADHD: 3.8%), and SA have been reported in 23% of them. Females were more affected than boys ( $p < 0.001$ ) with 64.9% having at least one disorder compared to 36.8% of boys; AD: 49.3% vs. 13.2%; and MD: 27.3% vs. 5.6%.

**Conclusion:** Adolescents living in residential group homes of the Child Welfare System in France have notably high rates of mental disorder (about three times more than those of the general population of the same age), similar to the patterns found in adolescents in North America and Europe. These data are the first of their kind in France and will guide necessary changes to the child welfare system.

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### 1. Introduction

In France, more than 250,000 children are involved with the Child Welfare System. Half of them are 13 to 17-year-old adolescents. Almost 135,000 are placed in out-of-home care, a half in foster care homes, and the other half in residential group homes (Baillieu & Trespeux, 2008).

Literature focusing on the mental health of children involved with the child welfare system highlights the fact that they are very vulnerable. They generally have significantly dysfunctional families. Family dysfunction is clearly recognized as a factor associated with the development of emotional and behavioral disorders among children and adolescents (Cicchetti & Toth, 1998; Dadds & Barrett, 1996). McMillen, Zima, Scott et al. (2005) assessed the prevalence of mental disorders in the population of youths over 17 years old that was in the

foster care system in the state of Missouri (USA): 62% had experienced a mental disorder in their lifetimes and 37% had experience such a disorder in the past year. In California (USA), Garland, Hough, McCabe et al. (2001) estimated the mental disorder prevalence rate at 42% in children involved in the Child Welfare System. McCann, James, Wilson, and Dunn (1996) found that 67% of children in the English child welfare department had a psychiatric disorder diagnosis. In Scotland, Minnis, Everett, and Pilosi (2006) found that 60% of children placed in foster care showed signs of psychiatric problems. In Pennsylvania (USA), Harman, Childs, and Kelleher (2000) reported that children in foster care were 3 to 10 times more likely to receive a psychiatric diagnosis. In a recent study Schmid, Goldbeck, Nuetzel, and Fegert (2008) found prevalence rate around 60% among adolescent living in residential group homes in Germany.

Furthermore, differences in the distribution of mental disorders by gender were emphasized. Within the general population, there were more mood disorders and anxiety disorders in girls, but fewer conduct disorders and attention deficit and hyperactivity disorders than in boys (Fombonne, 2005). McMillen, Zima, Scott, et al. (2005) showed

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# Quality of Life and Mental Disorders of Adolescents Living in French Residential Group Homes

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Here, the quality of life (QoL) of adolescents living in residential group homes (RGHs), is compared to QoL of a general adolescent population, and links between QoL and the presence of mental disorders are examined. Adolescents living in RGHs reported a significantly lower perception of their overall QoL compared to the general adolescent population. The presence of mental disorders was significantly and negatively associated with QoL scores. Some indices of QoL (physical and psychological well-being, relationship with teachers) did not show differences with the general population, indicating that mental health needs or lack of well-being are expressed in unusual ways.

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## Etude de la prévalence psychiatrique et de la QV chez les enfants placés dans les foyers des BDR (Bronsard et al., 2011 et 2013)

- Violence Agie, Violence Subie et Trouble Mental (Bad/Sad/Mad)  
Incasables, en danger/dangereux, psychiatrisation du social
- Adolescents 13-17 ans, francophones issus de 42 foyers des BDR
- 106 garçons/77 filles
- Difficultés de mise en place (1 inclus sur 3 possibles)

## Taux de Prévalence des Troubles Mentaux 6 derniers mois

### Chez 183 adolescents placés

Troubles	Echantillon complet (n=183)			Garçons (n=106)			Filles (n=77)			Garçon vs Fille
	N	%	[95% CI]	N	%	[95% CI]	N	%	[95% CI]	p-value
Troubles Anxieux	52	<b>28.4</b>	[22.1-35.6]	14	13.2	[7.7-21.5]	38	<b>49.4</b>	[37.9-60.9]	<0.001
Trouble Conduite Alimentaire	0	<b>0</b>	-	0	0	-	0	0	-	-
Symtômes psychotiques	34	<b>18.6</b>	[13.4-25.1]	13	12.3	[7.0-20.4]	21	<b>27.3</b>	[18.0-38.8]	0.01
Au moins 3 non Pathogno.	23	<b>12.6</b>	[8.3-18.5]	7	6.6	[2.9-13.6]	16	20.8	[12.7-31.8]	
Au moins 1 Pathogno.	26	<b>14.2</b>	[9.7-20.3]	11	10.4	[5.5-18.2]	15	19.5	[11.7-30.4]	
Dépression Majeure	27	<b>14.8</b>	[10.1-20.9]	6	5.6	[2.3-12.4]	21	<b>27.3</b>	[18.0-38.8]	<0.001
Hyperactivité avec Déficit de l'Attention	7	<b>3.8</b>	[1.7-8.0]	2	1.9	[0.3-7.3]	5	6.5	[2.4-15.2]	0.133
Enurésie	0	<b>0</b>	-	0	0	-	0	0	-	-
Trouble des Conduites	28	<b>15.3</b>	[10.6-21.5]	19	17.9	[11.4- 26.8]	9	11.7	[5.8-21.5]	0.247
Au moins 1 des 6 troubles	89	<b>48.6</b>	[41.2-56.1]	39	36.8	[27.8- 46.8]	50	<b>64.9</b>	[53.1-75.2]	<0.001
Au moins 2 des 6 troubles	43	<b>23.5</b>	[17.7-30.4]	12	11.3	[6.2-19.3]	31	<b>40.3</b>	[29.4-52.1]	<0.001
5 et 6 troubles	8	<b>4.3</b>	[2.0- 8.7]	7	<b>9.1</b>	[4.0-18.4]	1	0.9	[0.1-5.9]	<0.01
Troubles internalisés	60	<b>32.8</b>	[26.2-40.2]	16	15.1	[9.1-23.7]	44	<b>57.1</b>	[45.4-68.2]	<0.001
Troubles externalisés	32	<b>17.5</b>	[12.4-23.9]	20	18.9	[12.2-27.9]	12	15.6	[8.7-26.0]	0.564
Tentatives de suicide	34	<b>18.6</b>	[13.4-25.1]	11	10.4	[5.6-18.2]	23	<b>29.9</b>	[20.3-41.5]	<0.004

## Taux de prévalence des troubles mentaux et caractéristiques psychologiques chez les adolescents placés comparé aux adolescents en population générale

	Adolescents Placés dans les foyers des Bouches-du Rhône 2011, 2013	Adolescents population générale (Prévalence TM, Fombonne, 2005 et Inserm 2002)
Troubles anxieux	28.4	5
Trouble des Conduites	15.3	8
THADA	3.8	2
Symptômes Psychotiques	18.6 (28 F)	0.5(psychoses avérées)
Dépression Majeure	14.8 (28 F)	3
TOC	0	1
TCA	0	1.2
Au moins un trouble	48.6	12
TS	18.6 (30 F)	3
IDS	23	25
Expression du BE Ph et Psy	60%	60%

# Prévalence des troubles mentaux et QV chez les adolescents placés en foyers des BDR

- Prévalence générale : 50%
- Co-morbidité très élevée (25% plus d'1)
- Absence de certains troubles
- Sur-prévalence chez les filles
- Expressivité inhabituelle et indirecte

# Sous Groupes selon le profil psychiatrique

- Absence de trouble : 51.4% : veille psychologique
- 1 ou 2 troubles : 45% : suivis, protocole de crise
- 5 ou 6 troubles : 4.3% : dispositifs dédiés et renforcés, protocole de crise

# Conclusion

- Recherche difficile mais faisable si forte implication de la direction et des équipes de terrain
- Informatif sur les plans clinique et thérapeutique
- la collaboration nécessaire et durable entre PEA et ASE