



The Welfare Workforce: Trade Unions and Mental Health Care in France

LIEPP Health Policy Group Seminar
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Psychiatric “deinstitutionalization” in America



Western State Mental Hospital (TN), Anonymous, 2017

Asylums in the American imagination



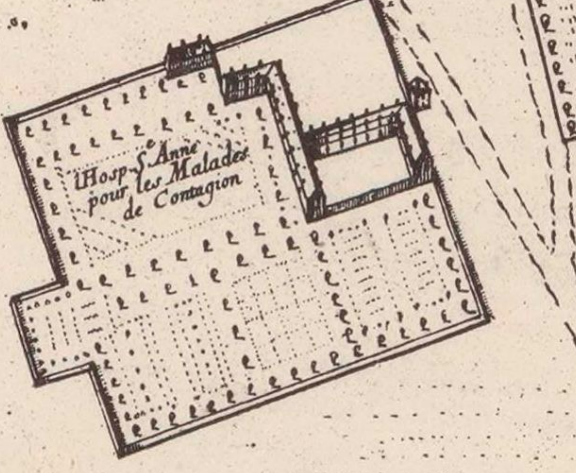
Left to right:

[Buffalo State Hospital \(NY\) Christopher Ward, 2015;](#)

[Central State Hospital \(GA\), K. Money, 2013](#)

[Trenton Psychiatric Hospital \(NJ\), Ken Schuler, 2018](#)

The “Asylum” in France

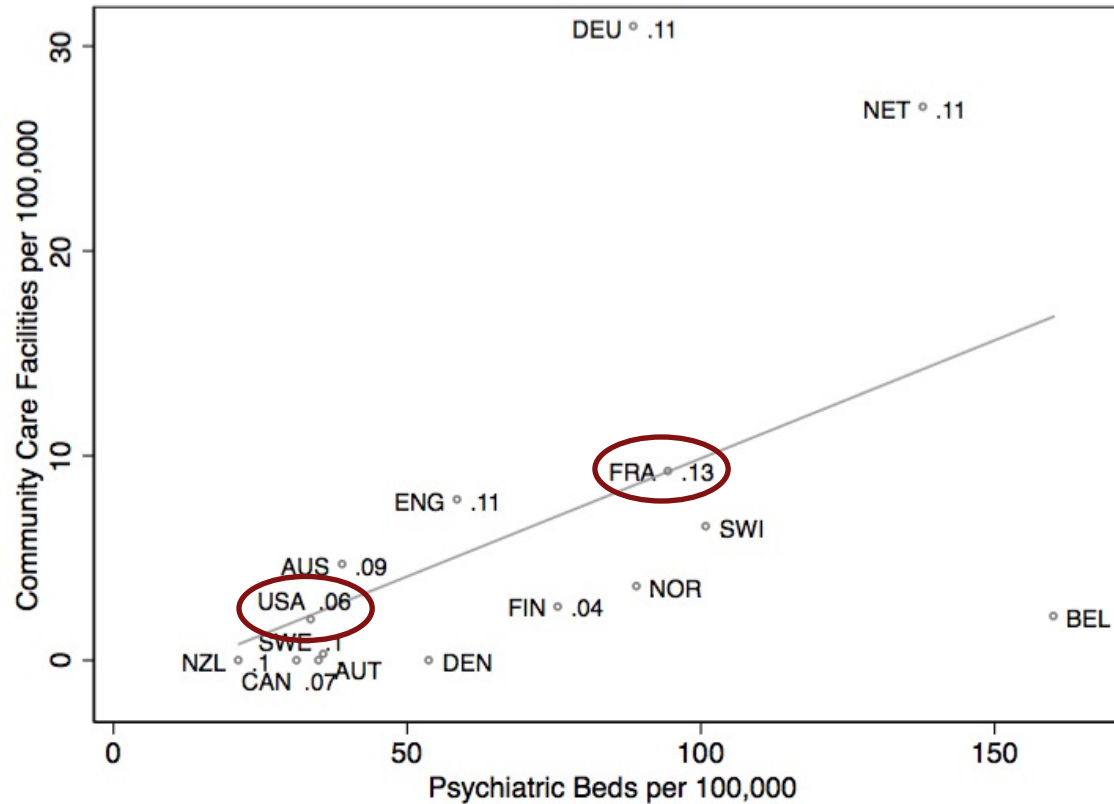


« Le but de l'hôpital psychiatrique n'est pas de faire des malades des pages blanches. Il y a des personnalités au-delà de la maladie et elles sont prises en considération. On est très loin de “Vol au-dessus d'un nid de coucou”! »

- Yann Castanier, for *Polka*, 2019

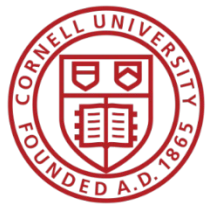


Variation in mental health care supply across rich democracies



Presentation Outline

1. Background on book project & theory
2. Role of the French case & findings



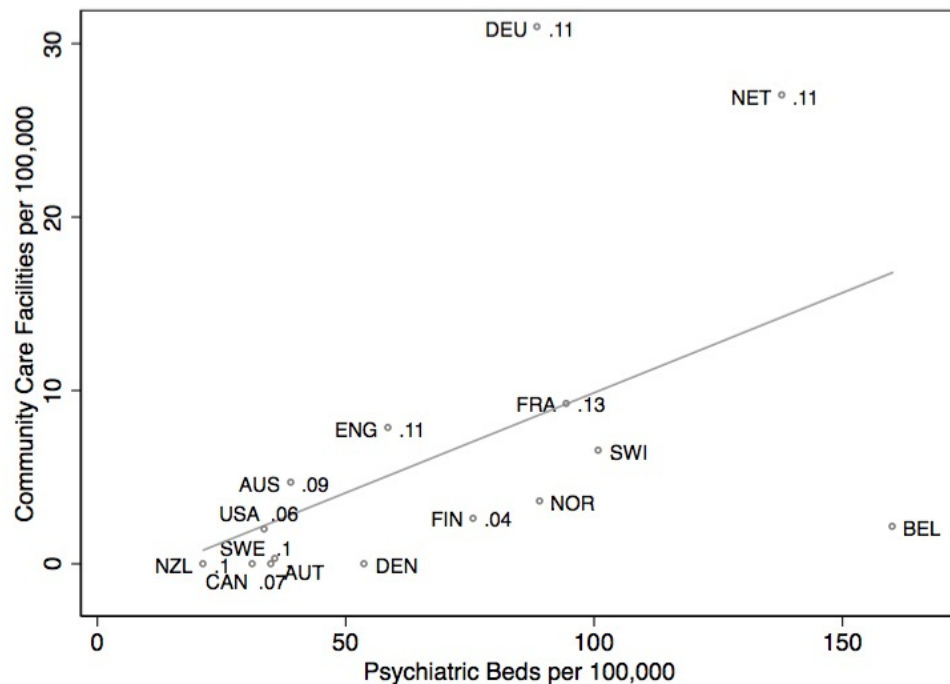
1. Background on book project & theory

Theoretical puzzle:

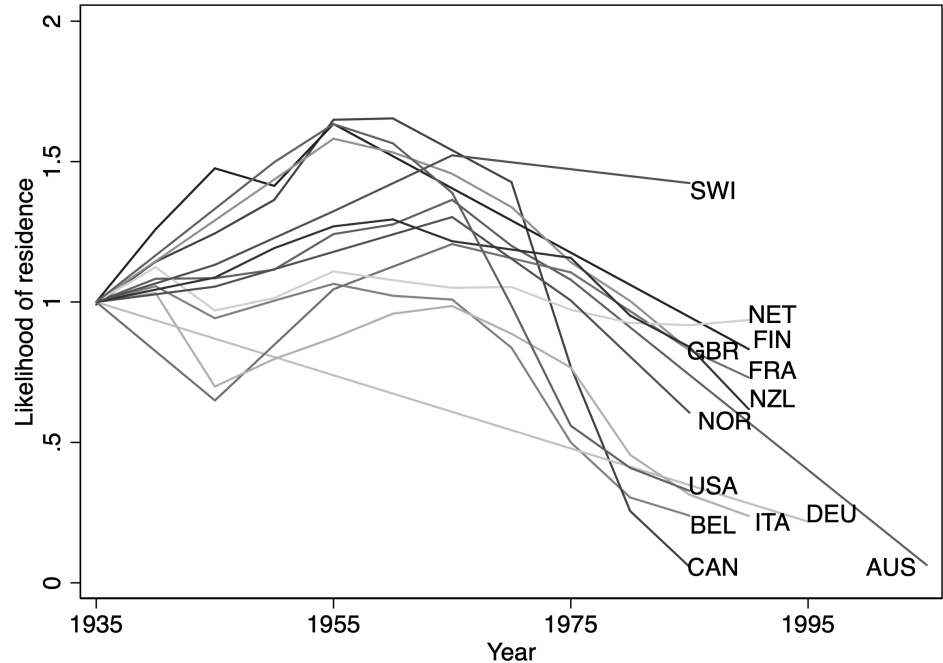
Why would the state supply services to those
unable to demand them?

Empirical puzzle:

What explains the varied supply of public mental health care?

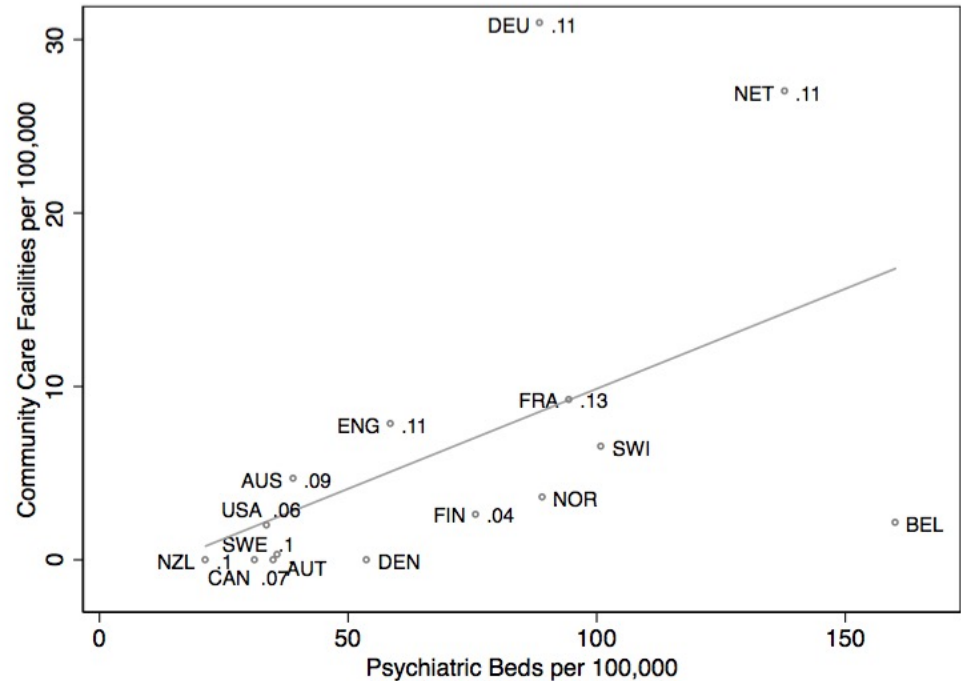


Despite a universal attempt to “de-institutionalize” the mentally ill in the 20th century...



Patients become less likely to reside in a mental hospital
(National Statistical Yearbooks 1935-2000)

... contemporary levels of public mental health care vary in unexpected ways.

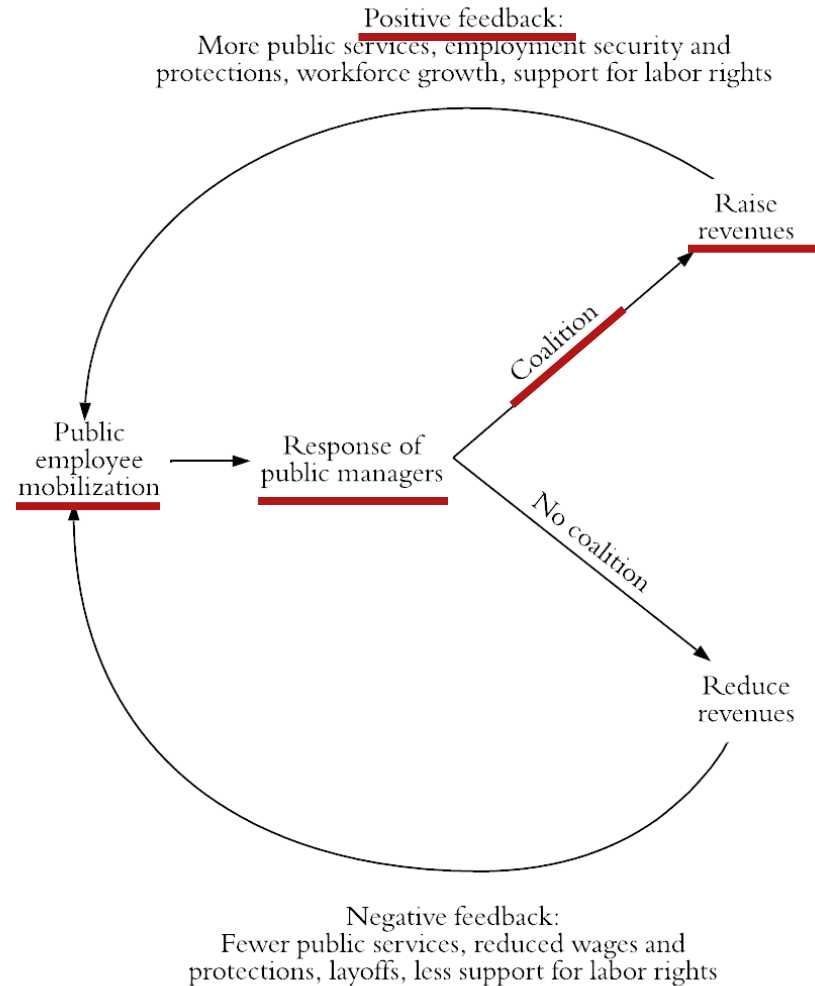


(WHO 2010)

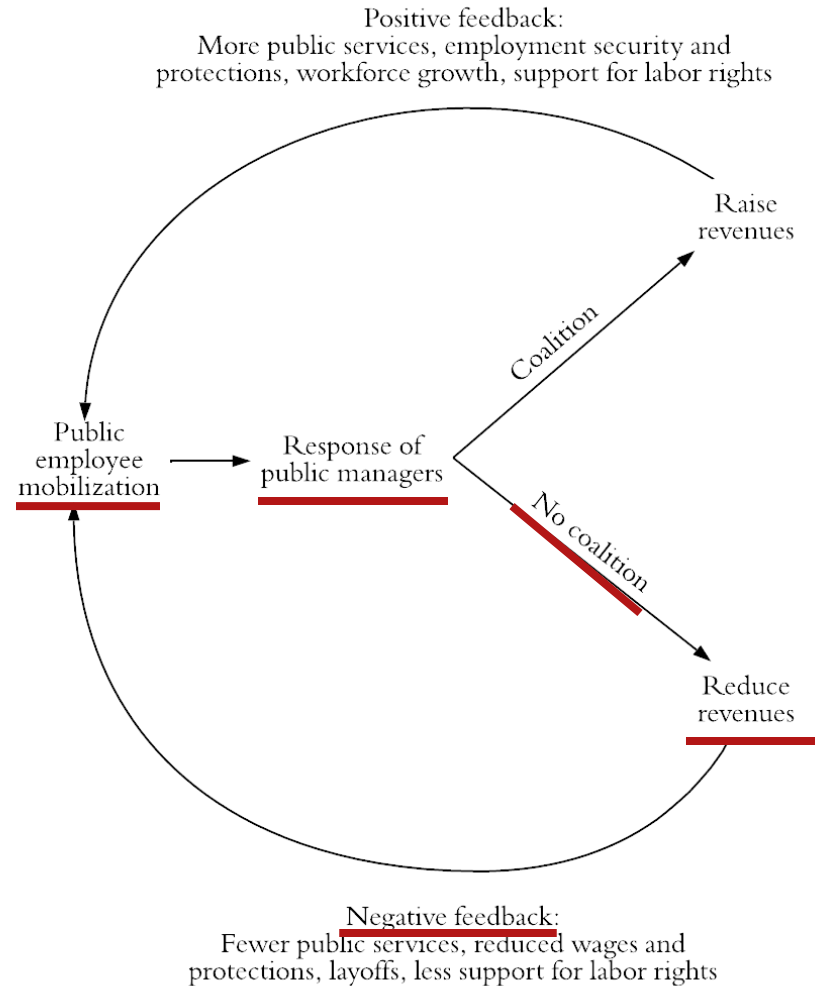
Theoretical argument:

Absent powerful clients, the maintenance and expansion of the welfare state can depend on its employees – the “welfare workforce.”

Supply-side policy feedback & cross-class coalitions in the welfare workforce

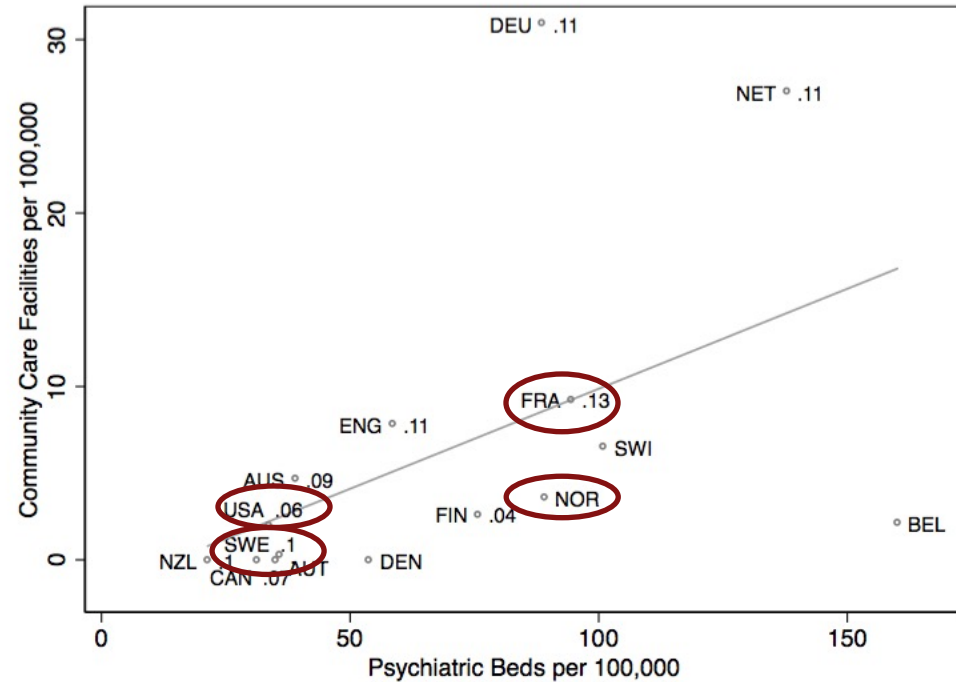


Supply-side policy feedback & cross-class coalitions in the welfare workforce



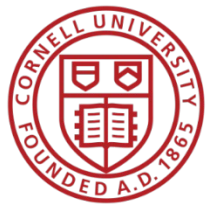
Methodological approach (as per, Mahoney & Goertz 2004)

- Within-case analyses of France and the United States, two countries whose similar initial conditions produced alternative policy outcomes (late 19th - 20th centuries)
- Three feedback cycles/each
- Shadow case comparison: Norway and Sweden



Sources

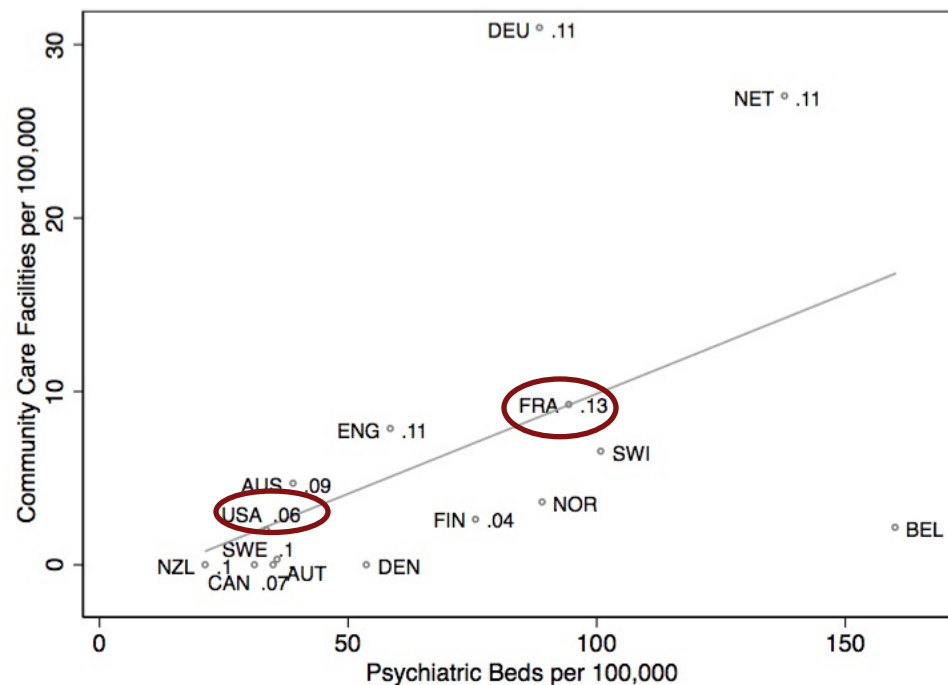
- Full review of the secondary literature
- Close reading of the main primary sources in over a dozen archives
- Elite interviews (5-12 per country case)
- Cumulatively, over two years of field research in four countries



2. Role of the French case & findings

Methodological approach (as per, Mahoney & Goertz 2004)

- Within-case analyses of France and the United States, two countries whose similar initial conditions produced alternative policy outcomes (late 19th - 20th centuries)



Prior to de-institutionalization...

- Similar initial conditions in postwar America and France (before psychiatric deinstitutionalization, ca. 1950)

	United States	France
Social welfare provision	Not universalized, occupation-based, dependent on local governments	
Mental health provision	Decentralized public administration of asylums in an otherwise privatized health care system	
Blueprint for policy reform	Community mental health centers	Sectorization
Postwar economic growth and welfare expansion	“Golden Age;” Great Society	Trente Glorieuses; Laroque Report

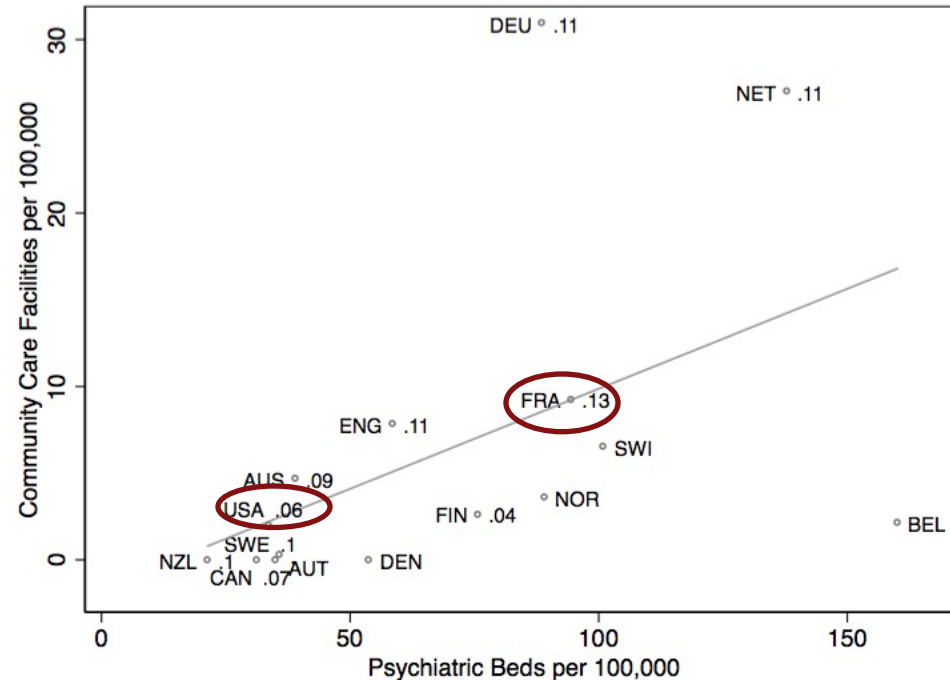
Prior to de-institutionalization...

- One important **difference**: the possibility of coalition between public psychiatric workers and their managers

	France	United States
Workers	Public sector workers <u>acquire full legal rights</u> after WWII	Maturation of public sector workers' unions and rights is <u>late, limited, and staggered</u> across the states
Managers	Syndicat des médecins des hôpitaux psychiatriques <u>(excludes private practitioners)</u>	American Psychiatric Association <u>(includes private practitioners)</u>

Methodological approach (as per, Mahoney & Goertz 2004)

- Within-case analyses of France and the United States, two countries whose similar initial conditions produced alternative policy outcomes (late 19th - 20th centuries)
- Three feedback cycles/each



Three key positive feedback cycles in French mental health care after World War II

1. (Limited) development of mental health “sectors” ~ 1950s-1960s
2. Expansion of mental health sectors ~ 1968-1970s
3. Long-term, locked-in financing for the mental health sectors ~ 1970s-1980s

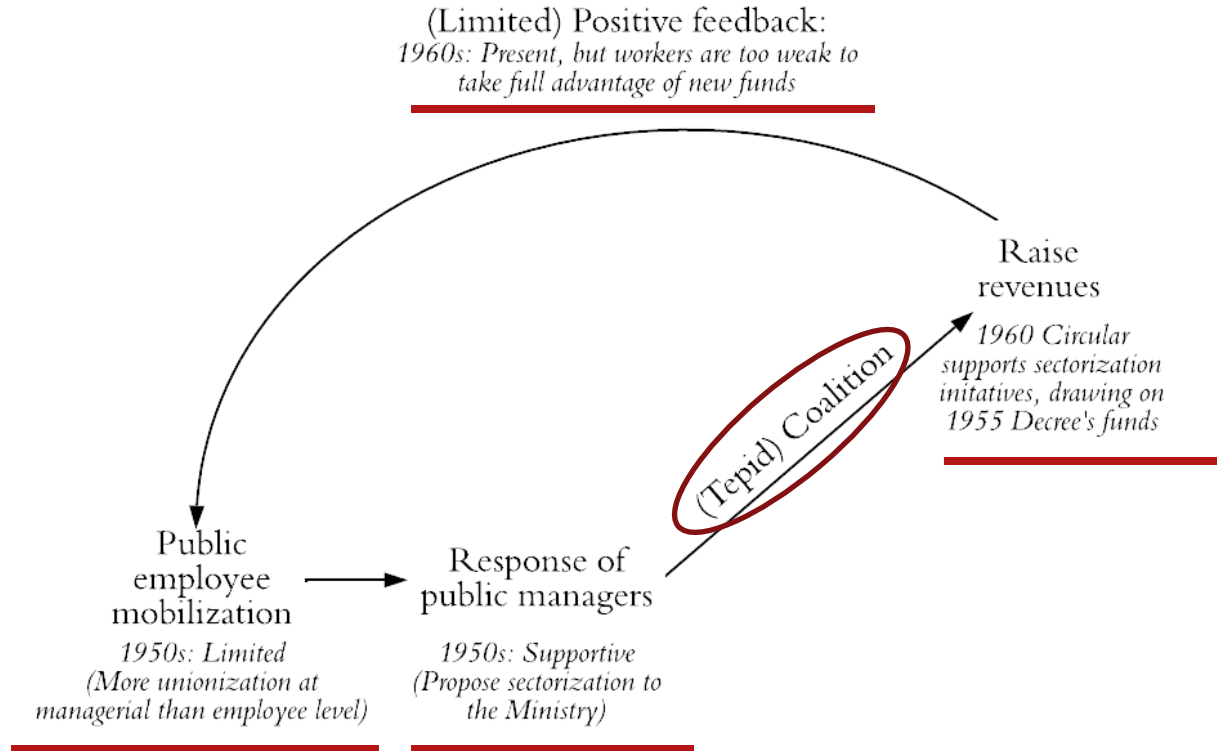
“La voie française”

(of psychiatric de-institutionalization, see Demay 1982)

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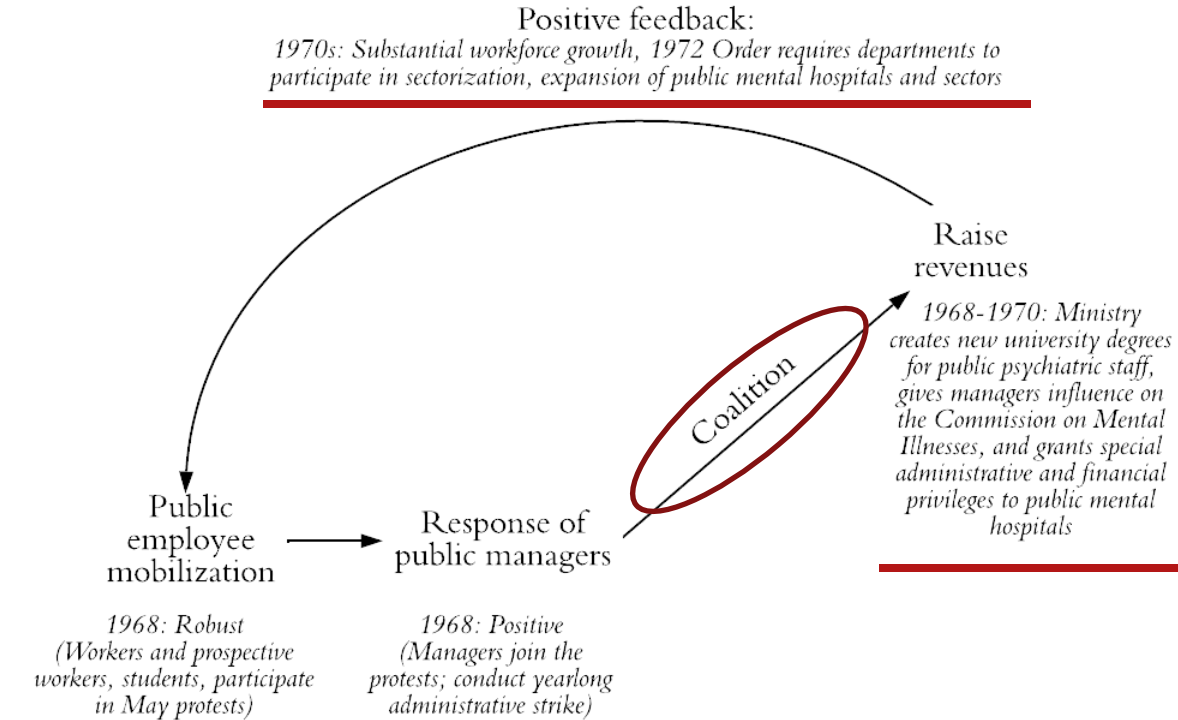
First feedback cycle: 1950s-1960s



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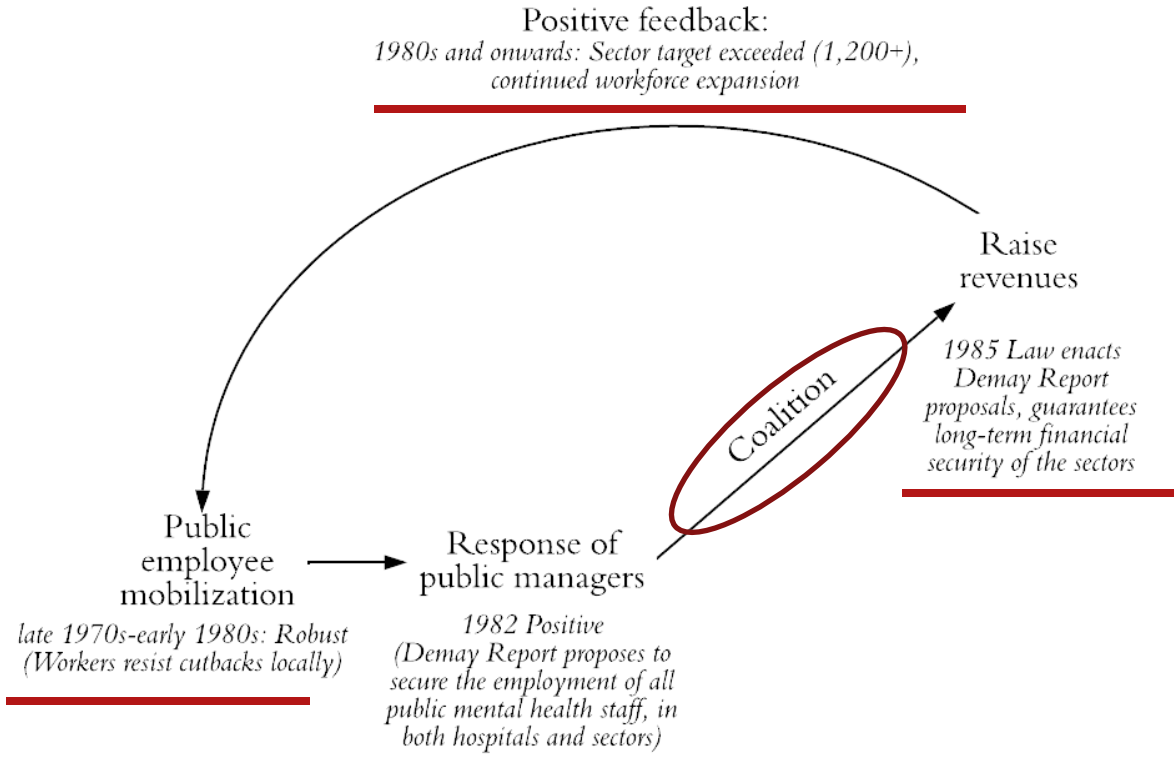
Second feedback cycle: 1968-1970s



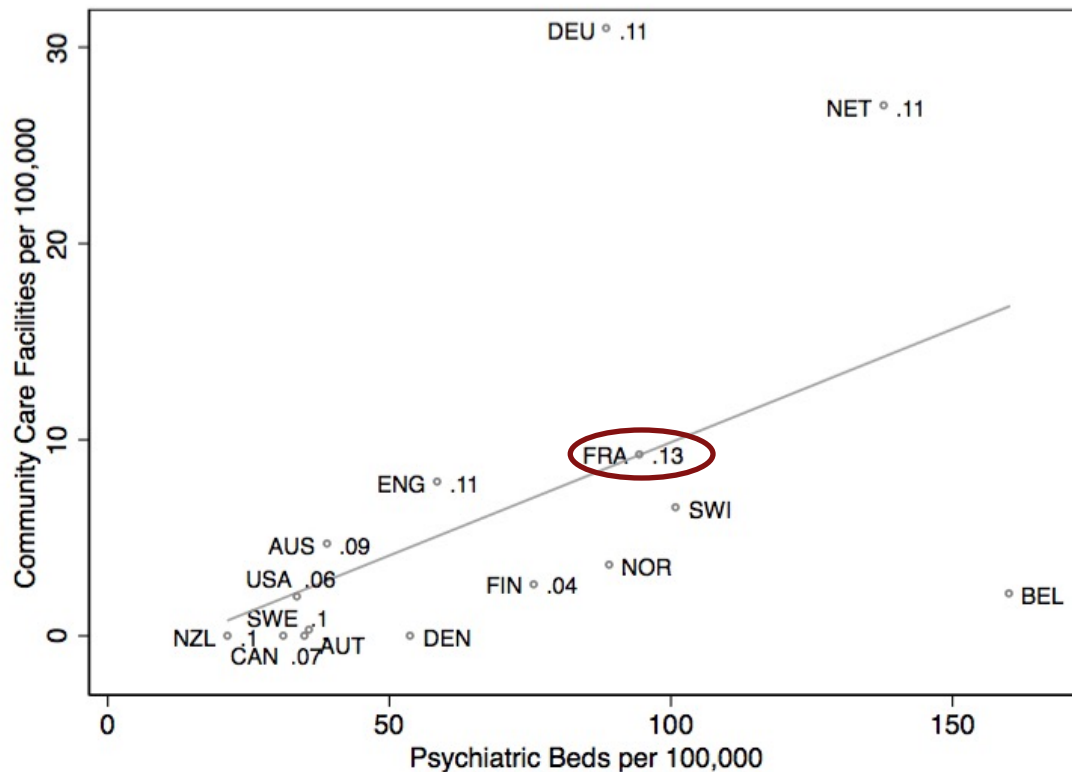
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Third feedback cycle: late 1970s-1980s



High public mental health care supply in France, compared to many peers

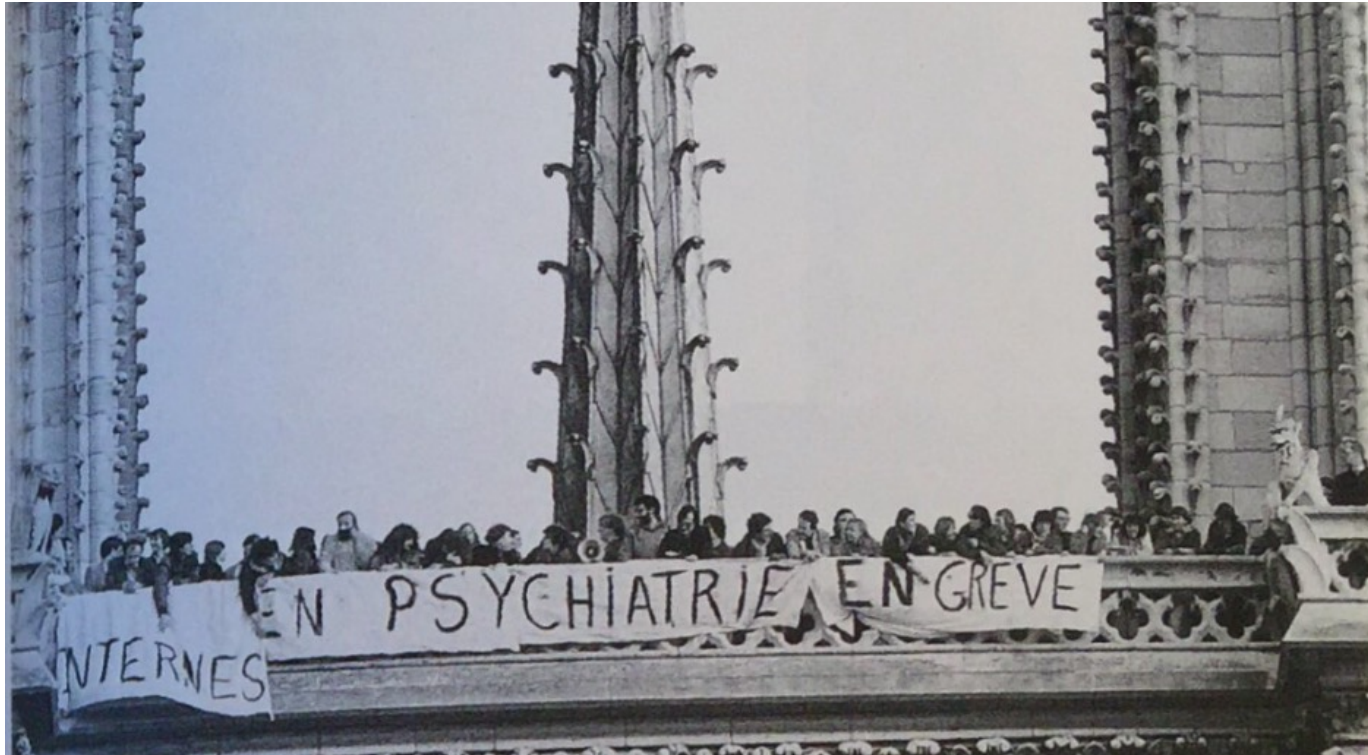


Case-specific alternative explanations

- Social movements (e.g., anti-psychiatry, disability rights)
- Administrative centralization
- Postwar political economy

Conclusions

- French public sector psychiatric workers and managers formed a coalition that pressured policy-makers to expand (not contract) inpatient and outpatient care during de-institutionalization
 - Produced *la sectorisation psychiatrique* & “*la voie française*”
 - Example of positive supply-side policy feedback, in contrast to some peers (e.g., U.S.A., Sweden)
- Window to broader welfare state transformations (e.g., rise of public employment, services)



“Psychiatry Interns on Strike,” Protest at Notre-Dame Cathedral (Paris) on November 13, 1983
Agence France-Presse in Ayme, J. (1995). *Chroniques de la psychiatrie publique*. Ramonville Saint-Agne : Éditions érès.