Agenda

• Background

• Women’s health

• Mental health
Chief of State,
Direct vote FR People
Commander in Chief
Able to engage operations
(3 days to inform Parliament, Parliament’s authorization if > 4 months)

Prime minister
Head of Executive

1.82% GDP (2% in 2022)
€46.7bn/year

300,000 Personnels
FR Military Health Service - Ops

67,900 Outpat. visits
1,700 Surgery
194,889 Nursing care
750 MEDEVAC

World Wide: Anytime, Anywhere, Any circumstances

1,667 MHS-personnel deployed per year
• Designed to medically support FR Armed Forces based on OPS requirements

• Covers the entire operational life of the soldier: medical readiness and continuum from POI to rehabilitation (professional and social)
French MHS – 5 Components

Armed Forces Medicine
16 CMA = 200 clinics aptitude, care, prevention of military units in France and in operations

Hospital Medicine
8 military hospitals (2 Trauma centers) specialized cares, expertise, surgical cares in military operations

Defense biomedical research
1 research institute, improve cares and prevention, achieve expertise in military operations

Education & simulation
3 schools, 3 dedicated education centers (Navy, Army, Air Force), initial and everyday training

Medical Supply
DAPSA PCA CTSA ERSA Acquisitions manufacturing, store and provide medical supplies (drug, medical device, labs, vets, spare parts...) in France and deployed troops
Health Care delivery to Service Members

- **On the National Territory:**
  - Freedom to chose military or civilian practitioner (Public CIV, MIL, or private sector),
  - Both covered by Social Security (incl. MTFs)

- **In operations:** Military Health Service only
Agenda

• Background

• Women’s health

• Mental health
Active Duty Women & rate of pregnancy

200,000 MIL personnels

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<thead>
<tr>
<th></th>
<th>Army</th>
<th>Navy</th>
<th>Air force</th>
<th>MHS</th>
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<tr>
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<td>11,759</td>
<td>5,101</td>
<td>9,005</td>
<td>4,554</td>
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<tr>
<td>Percentage</td>
<td>(10%)</td>
<td>(15%)</td>
<td>(22%)</td>
<td>(60%)</td>
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- 55% have been or are pregnant
- 49% Service Members have or had at least one child and leave on average with 1.4 children

(2014 & 2019 Survey)

15,000 Personnel + 3,000 Reservists
Policies related to pregnancy?

• French soldiers benefit from French Health laws (Maternity leave, pay 100%, paternity leave)

• ...but with operational consideration (temporary unfit for projection, repatriation if occurred in operation)

• 2019-2022 Ministerial parenthood support policy (family support & gender diversity actions plans)

• Specific needs:
  – National Territory : Social Security System (oral contraception, fertility treatments...)
  – Operation : GYN packs within MTFs
Agenda

• Background
• Women’s health
• Mental health
Fitness standards for Service Men and Women

- Physical fitness & Mental fitness Assessment,
- Probation period: 6 to 18 months

Candidates: 2 medical exams
Initial+ Incorporation

Service Members: 2 years
Periodic Health Assessment
Fitness standards for Service Men and Women

- Medical fitness assessments:
- Medical fitness requirements:
How are Armed Services Members / Candidates medically screened

Medical Fitness => SIGYCOP Tool
1 pathology = 1 Letter and 1 ranking from 1 to 6

S : Scapular belt & superior limbs
I : Pelvic belt & inferior limbs
G : General state
Y : Eyes & vision (excl. Chromatic sense).
C : Chromatic sense
O : Ears and hearings
P : Psyche

1 : Ready to serve anytime and anywhere without limitation
2 : Temporary limitations of activities
3 : Important limitations for combat training or employment
4 : Unfitness for combat – important limitations for employment
5 : Major limitations of employment and unfitness to drive vehicles
6 : Absolute medical unfitness
Aeronautical engineer, 25 years old, without medical history, recent knee surgery with only small functional limitations

- Medical assessment

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- Medical Air-Force Requirements

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- Decision: Fitness without any employment restrictions

LOG enlisted 45 years old, with type II diabetes unbalanced without other medical disorder

- Medical assessment

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- Medical Army Requirements

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- Decision: Unfitness for deployments and medical commission examination

Medical Visit: a special moment to review life-path, medical-psychological antecedents and motivation to serve
How Armed Services Members / Candidates are screened for BH

**Ranking**

- **P0**: Ready to serve by probation period
- **P1**: Ready to serve
- **P2**: Ready to serve only if activities are temporary limited
- **P3**: Temporary unfit to serve
- **P4**: Final unfitness to serve due to psychopathologic disorder or personality disorder or adjustment disorders
- **P5**: Final unfitness to serve due to an evolutionary psychiatric disease or psychiatric pathology antecedent

**Examples**

- Young 18 yo man 18 dreaming to join military with delusional words trending to megalomania from the Initial Health Assessment. **Ranked P=5, unfit to serve**
- Young 20 yo woman to serve as Intelligence officer with teenage depression. **Ranked P=0, fit to serve after a Psychiatric assessment and depending on a medical assessment at the end of the probation period**
- O5 armorer 36 yo with anxiety-depressive disorders in a context of conjugopathy and conflict with his boss. **Ranked P=3, Temporarily unfit and medical leave 1 month.**
Mental Health Focus

- Suicides:
  - 50 MIL per year
  - MIL suicide rate ≈ general population rate ≈ 20/100,000
  - tentativer+++，suicides++

- PTSD:
Mental Health Policies

• 4 Ministerial Actions Plans for the prevention of psychological risk since 2011

• Unique call number « Ecoute défense » (2013)

• 4 priority in 2020 :
  – wear related pathology
  – pathologies related to a traumatic event
  – prevention of suicide risk
  – addictions

• Experimentation in progress: psychological first aid in operations
Highlights related to women's health AND behavioral health (1/2)

• Unique Call number « écoute défense » since 2013
  • Listening, information and orientation
  • Service Members, Veterans and Families
  • Perimeter :
    ✓ PTSD,
    ✓ Sexual harassment, Gender discrimination
    ✓ Moral harassment, suffering at Work

• Calls: 2,800+ total incl. 2,500+ related to Psychological suffering
Psychological suffering (need care)

Who calls?

- Qui sont les appelants?

- 647 appels pour SOUFFRANCE PSYCHOLOGIQUE
- 705 appels comptabilisés
- 310 femmes
- 337 hommes

Orientation?

- Pour quelle orientation?
- 406 sans suivi ou en rupture de suivi
- 230 bénéficient déjà d'un suivi en cours
- 11 appelants pour d'autres raisons que leur suivi
- 376 orientés

- Clinics
  - CMA (179)
  - Mil Hosp (88)
- Mil Hosp (53)
- CIV (53)
- urgences (11)
- autres organismes (37)
- THEMIS (8)

Caregiver

Buddy

Emergency room
PTSD Call

Who calls?

Qui sont les appelants?

- Spouse
- Veterans
- MIL

Qui sont les bénéficiaires?

- 142
- 13
- 4
- 1
- 3
- 36
- 29

appels 705
647
appels pour souffrance psychologique
222
appels entrant dans le cadre du mandat ESPT
Highlights related to women's health AND behavioral health (2/2)

- Military Health Observatory (2022)
  - What: Describe MIL Health status + Study relationship between Health status and socio professional characteristics + Assess efficiency of Health Policies
  - How: De-identified Database querying MoH DB + National Health DB

⇒ Fulfill MIL specific health needs ... for ♀H or BH
Back up Slides
## Percentage of Active Duty Women

### 200,000 MIL personnel

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Percentage of Active Duty Women

♀ From 15,0% to 15,5%, between 2009-2018
(CIV Women rate from 34,6% to 38,4%)
Policies related to pregnancy

• FR rights apply to MIL women:
  – Maternity leave: 16 weeks (up to 2 children) then 26 weeks (from the 3\textsuperscript{rd} child)
  – Payment in full
  – (Paternity leave: 11 days)

• Specific rule for MIL women
  – Pregnancy: Temporarily unfitness reason to recruitment and deployment
  – If a pregnancy is diagnosed during deployment: repatriation to France
Suicide

• Epidemiology: around 50 per year

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<tbody>
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<td>Suicide rate (100,000 MIL)</td>
<td>16.6</td>
<td>20.3</td>
<td>19.0</td>
<td>23.4</td>
<td>21.8</td>
<td>17.8</td>
<td>14.8</td>
<td>16.4</td>
<td>16.8</td>
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- MIL suicide rate ≈ general population rate ≈ 20/100,000
- ♀ attempt +++, ♂ suicides ++

• MHS recommendations for suicidal risk within Armed Forces (2018).
• Specific actions plans made by each service and agency.
MENTAL Health delivery to Service Members during OPS

*Continuum through out roles:* same as physical casualties

- **Forward care : POI**
  - Psychological First Aid (experimentation / ISR benchmark)
  - Immediate Medical-Psychological care / Physician R1

- **After a potentially traumatic event in R2 :**
  - Psychiatrist and/or Psychologist
  - Post-immediate psychotherapeutic actions
  - Collective « psychological watch »
  - Leadership/command advisory
MENTAL Health delivery to Service Members

- STRAT MEDEVAC (2019: 177 case 20+%%) to a R4,
  - Dialogue between R1-GP, R2-Psychiatrist, MEDAD and Leadership
- Within a MTF and post-R4
  - Follow-up by a MIL Psychiatrist
  - Care pathway coordinated by garrison GP
  - Nearby health care network:
    - MIL Clinics: 23 Psychologists
    - MIL Hospitals: 33 Psychiatrists and 21 Psychologists
How Health Care is delivered to Service Members

• Recruitment Medical readiness: 1 Initial Health Assessment Visit + 1 Health Incorporation Visit
• Probation period (6 to 18 months): Mental and Physical fitness

• Medical Aptitude for service delivered by MIL GP +/- MIL specialized opinion
• Periodic Health Assessment: 2 years
Physical fitness standards for Service Men and Women

Different Fitness scales ♂ ♀

• Predictive endurance test
  « Luc LEGER test» (maximum aerobic speed)

• Coordination path:
  Obstacle path, plinth, floor mat, beam, circles, ball throwing

• Muscular strength :
  ♂ Pull up + push up
  ♀ Hanging + pulley push or push up