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— 1530 —

Leçon inaugurale - 4 décembre 2025

# Maria MELCHIOR

*Santé mentale et addictions :  
de l'intime au populationnel*

CHAIRE ANNUELLE SANTÉ PUBLIQUE

En partenariat avec l'agence nationale Santé publique France

# Santé mentale et addictions: de la souffrance individuelle à l'action populationnelle

Illustration : Grande foule de gens - © 5xinc.



FIG. 3.2

The global prevalence of mental disorders in 2019

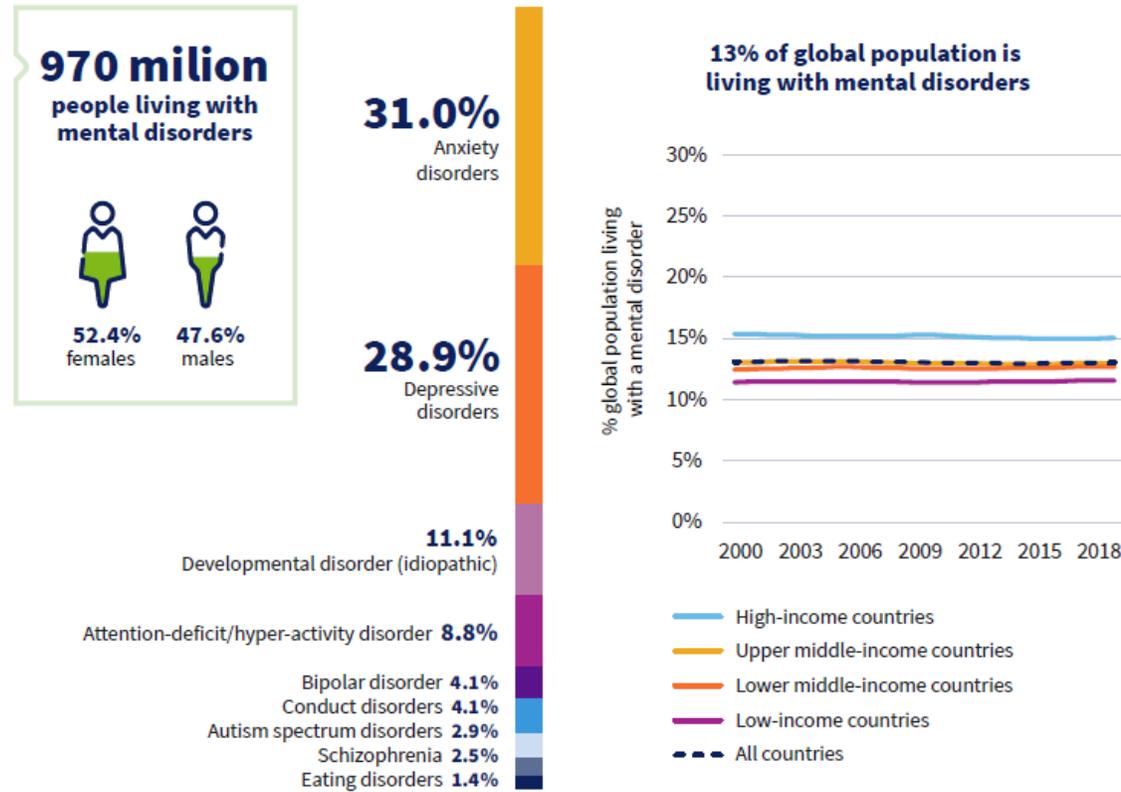
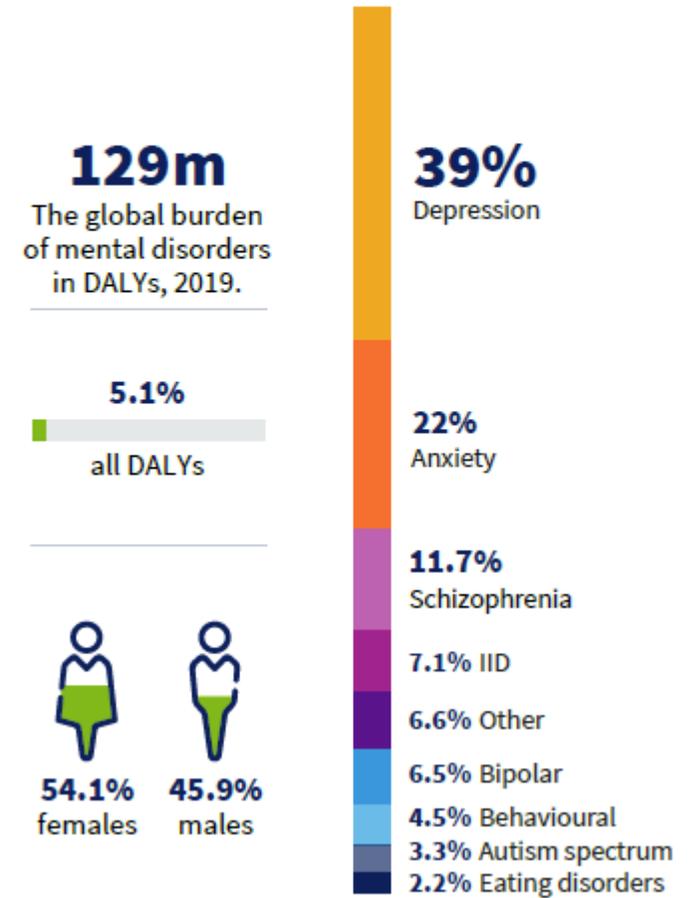
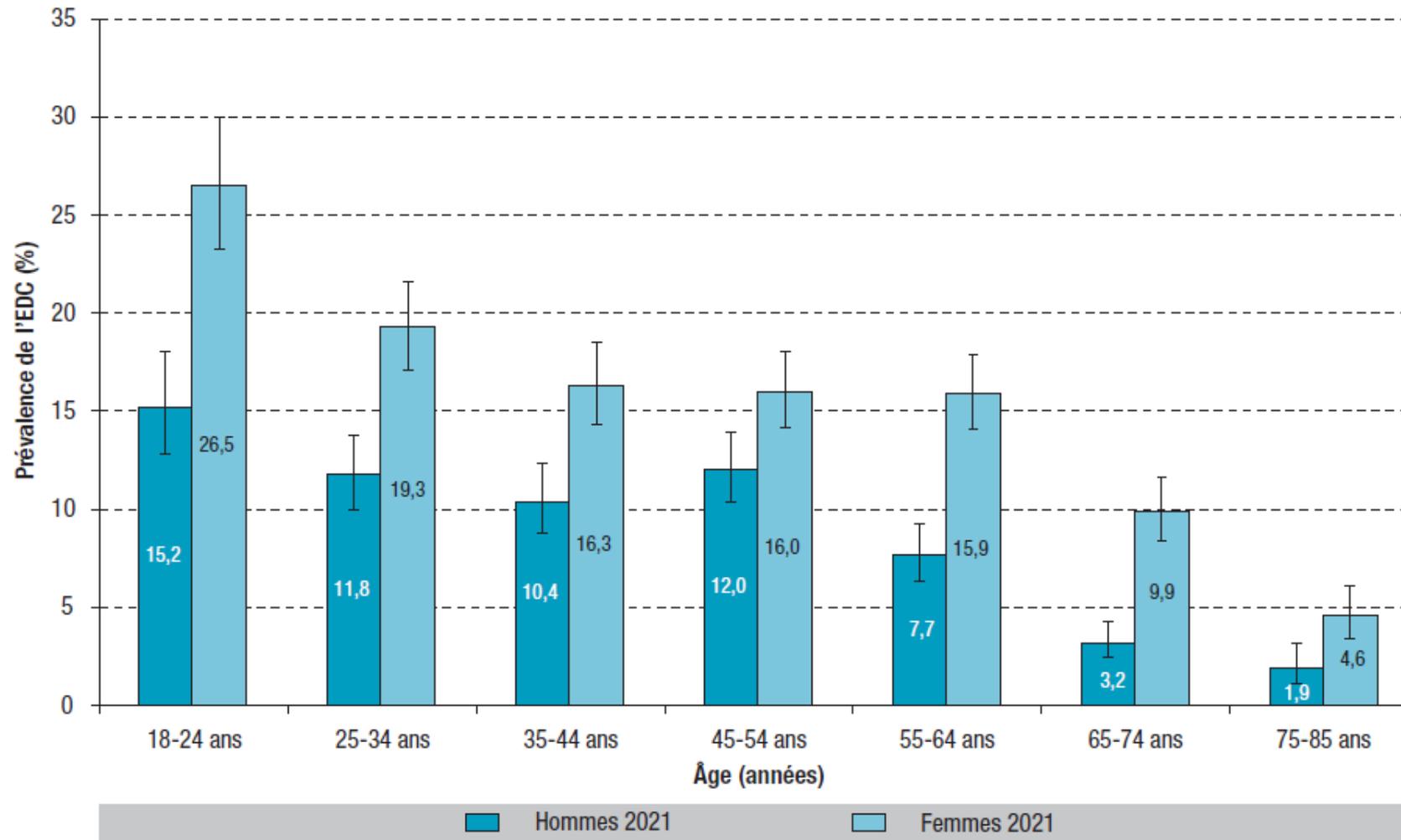


FIG. 3.5

The global burden of mental disorders in disability-adjusted life years (DALYs), 2019



**Prévalence de l'EDC déclaré au cours des 12 derniers mois chez les 18-85 ans, selon le sexe et la classe d'âge, en 2021, France métropolitaine**



EDC : épisode dépressif caractérisé.

Note : Les bornes de l'intervalle de confiance (IC) à 95% sont représentées par les barres verticales. La prévalence de l'EDC au cours des 12 derniers mois chez les hommes de 18 à 24 ans a une probabilité de 95% de se situer entre 12,8% et 18,1%.

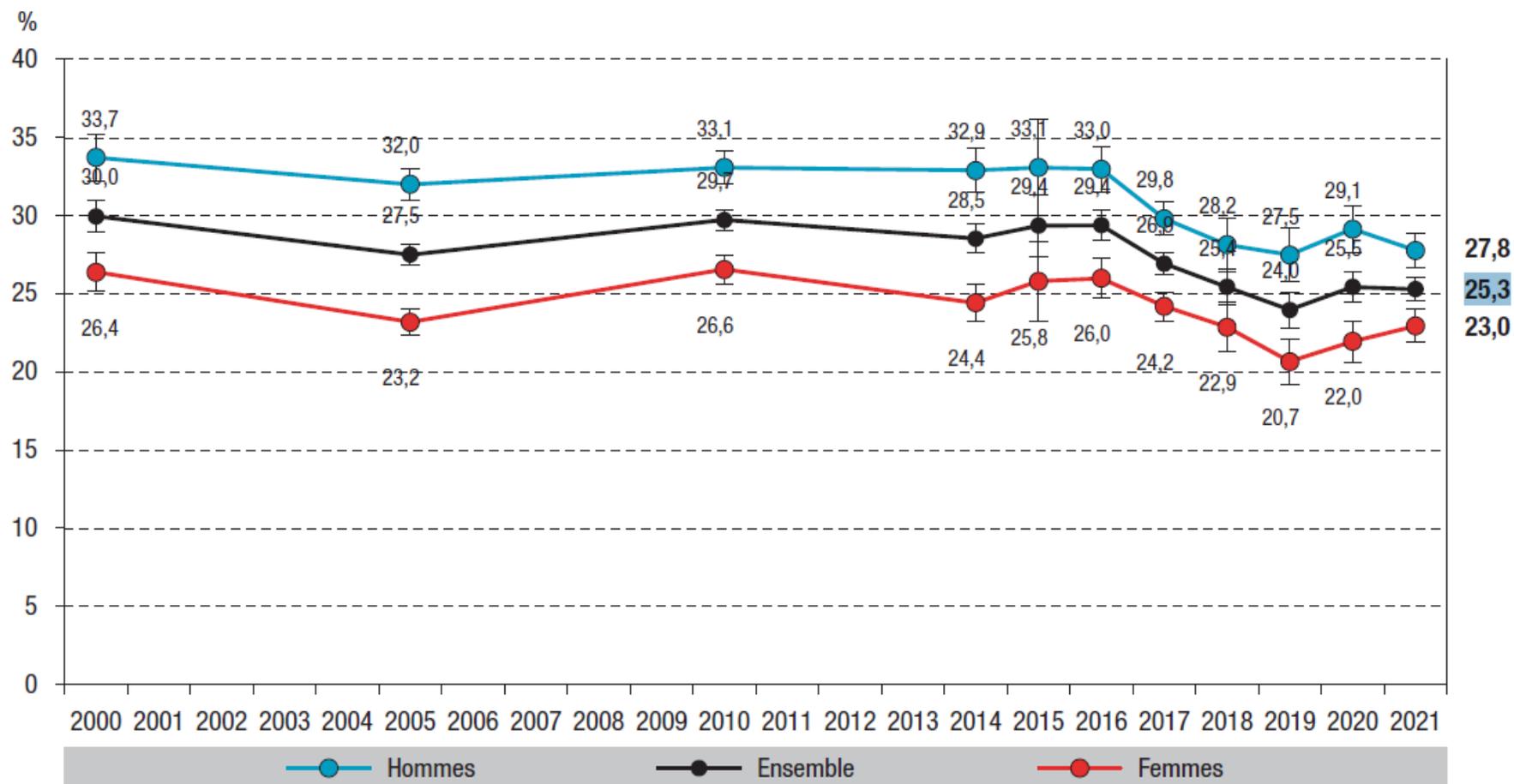
Lecture : 15,2% des hommes âgés de 18-24 ans déclarent avoir vécu un EDC au cours des 12 derniers mois vs 26,5% des femmes du même âge ( $p < 0,001$ ).

Source : Baromètre santé 2021, Santé publique France.

Léon C, du Roscoät E, Beck F.  
Prévalence des épisodes dépressifs en France chez les 18-85 ans : résultats du Baromètre santé 2021. Bulletin Épidémiologique Hebdomadaire. 2023;(2):28-40.

Figure 1

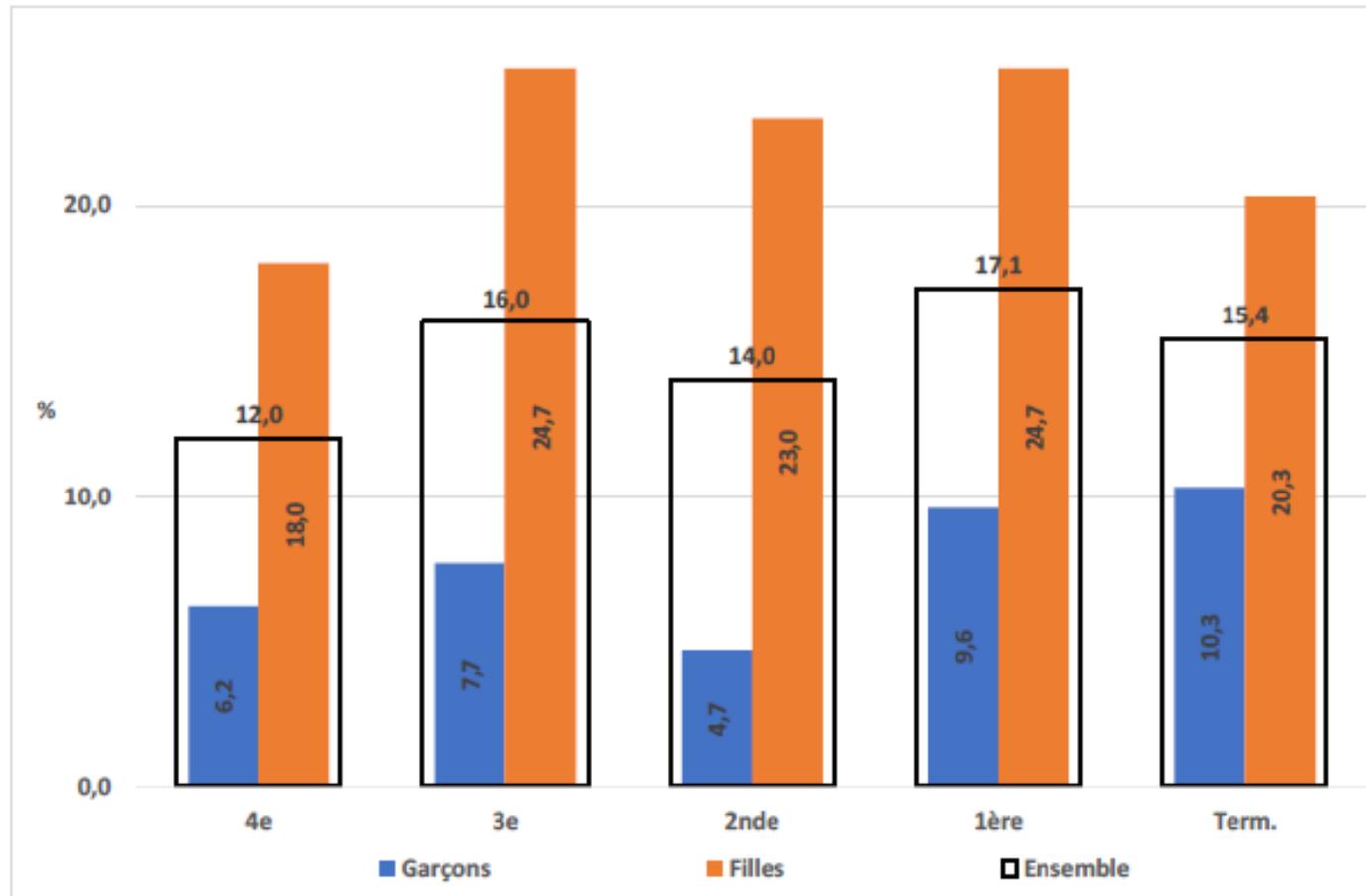
### Prévalence du tabagisme quotidien selon le sexe parmi les 18-75 ans en France métropolitaine entre 2000 et 2021



Sources : Baromètres de Santé publique France 2000, 2005, 2010, 2014, 2016, 2017, 2018, 2019, 2020, 2021.

Pasquereau A, Andler R, Guignard R, Gautier A, Soullier N, Richard J-B, Beck F, Nguyen-Thanh V, Bulletin épidémiologique hebdomadaire, 2022, n°. 26, p. 470-480.

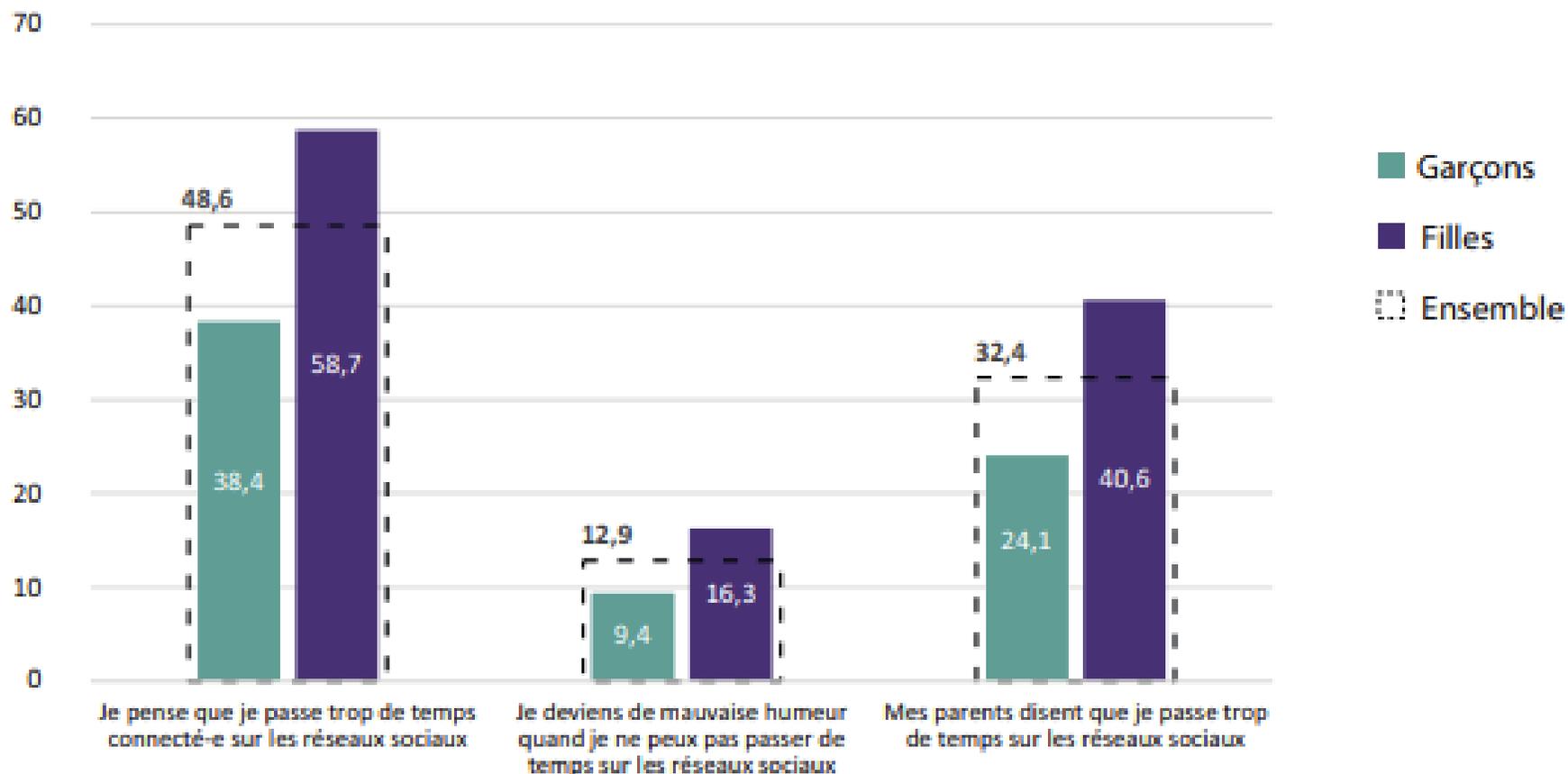
Figure 11. Risque important de dépression selon l'échelle ADRS (nombre de symptômes supérieur à 7) chez les élèves de collège (4e et 3e) et lycée selon le sexe et la classe (%)



Source : EnCLASS 2022 – Exploitation : Santé publique France

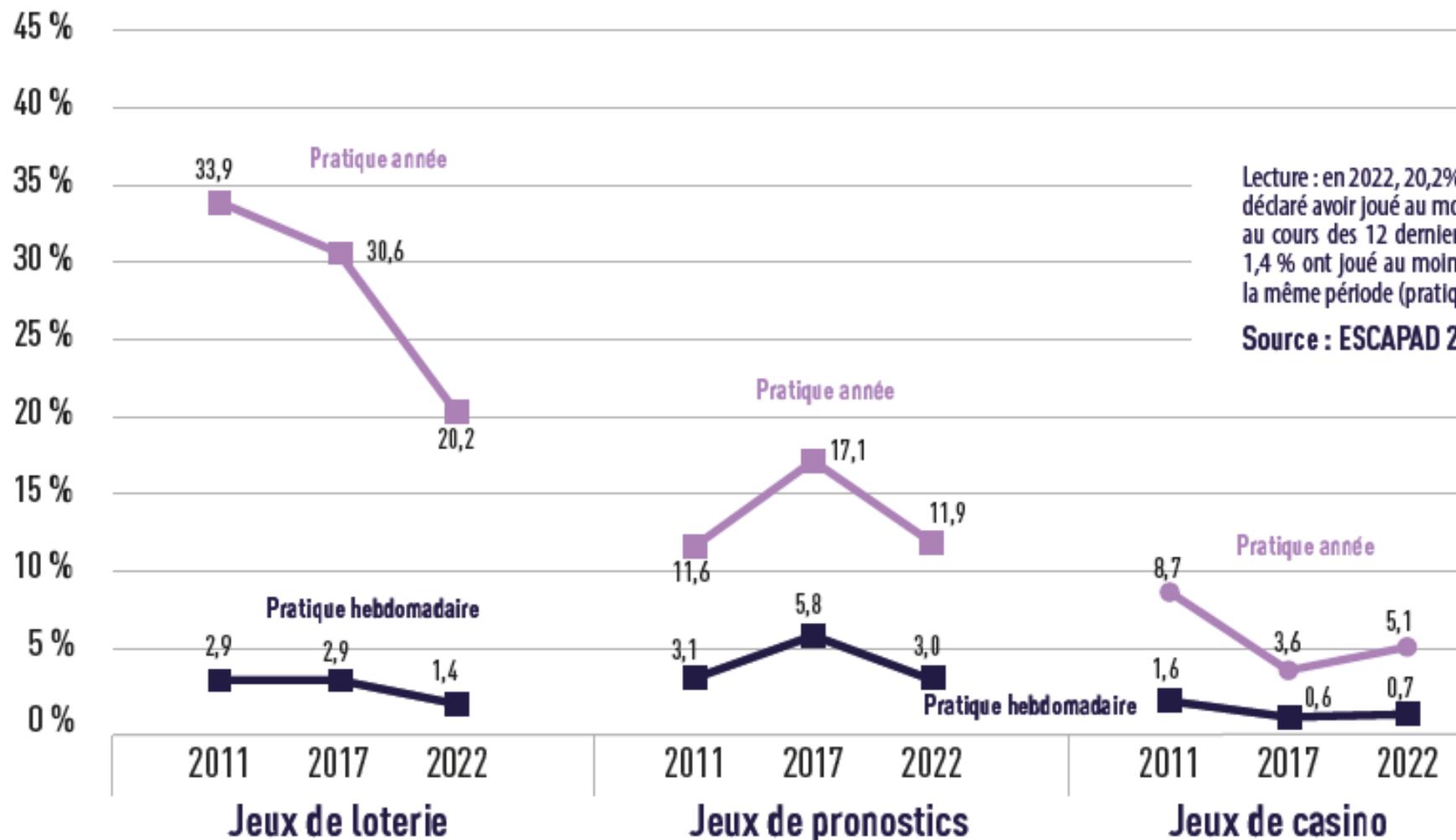
Léon C, Godeau E., Spilka S., Gillaizeau I., Beck F. La santé mentale et le bien-être des collégiens et lycéens en France hexagonale. Résultats de l'Enquête nationale en collèges et en lycées chez les adolescents sur la santé et les substances – EnCLASS 2022. Le point sur. Saint-Maurice : Santé publique France, 17 p. Avril 2024.

Figure 7. Opinions des jeunes de 17 ans sur leur usage des réseaux sociaux (% « plutôt d'accord » ou « tout à fait d'accord »)



Source : enquête ESCAPAD 2017

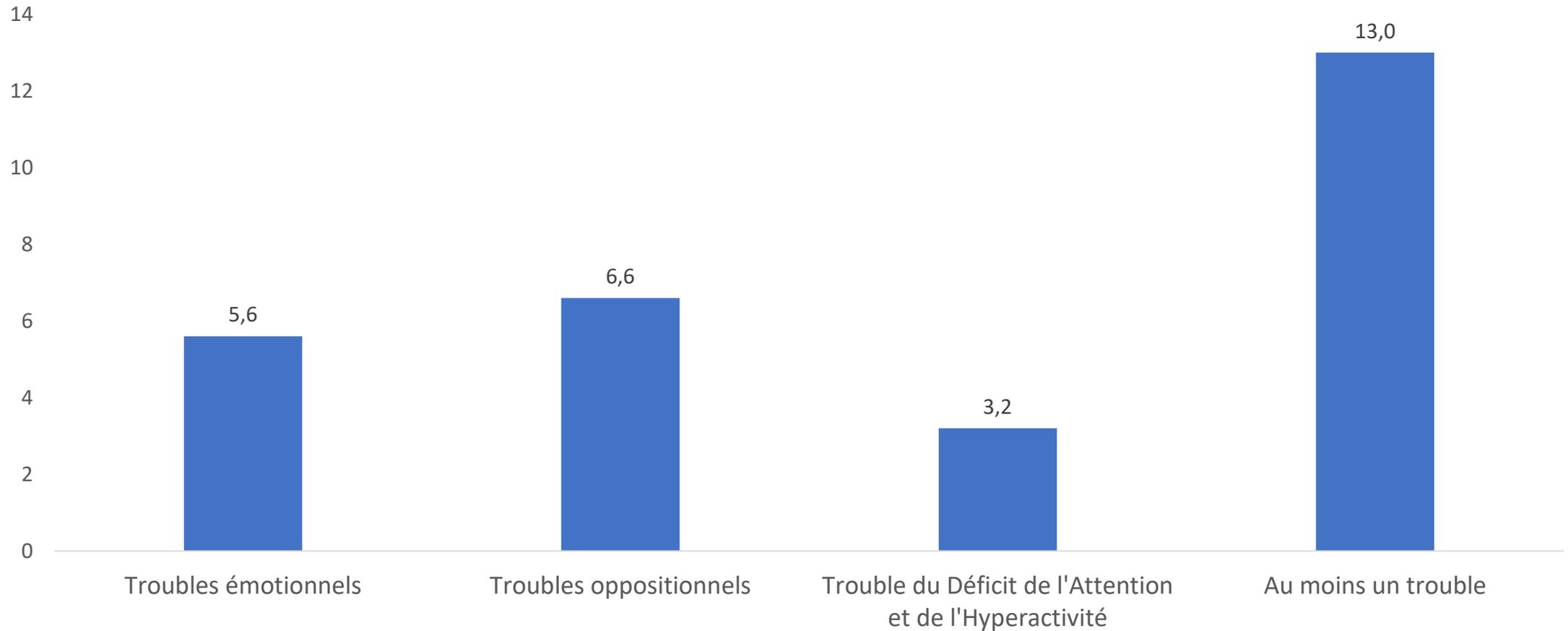
**Figure 1. Évolution entre 2011 et 2022 de la pratique des JAH à 17 ans en fonction du type de jeu**



Lecture : en 2022, 20,2% des adolescents de 17 ans ont déclaré avoir joué au moins une fois à un jeu de loterie au cours des 12 derniers mois (pratique année) dont 1,4 % ont joué au moins une fois par semaine durant la même période (pratique hebdomadaire).

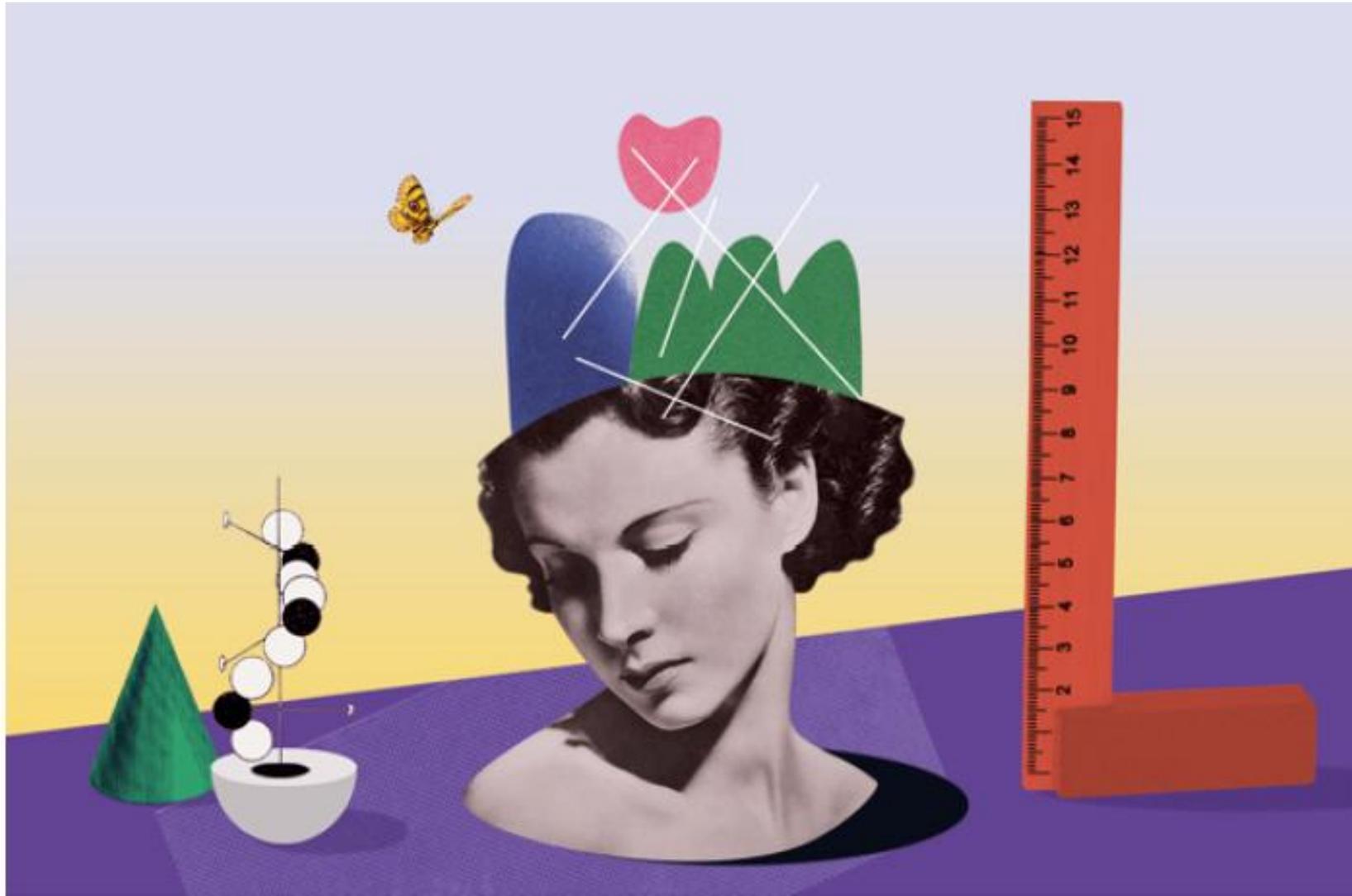
Source : ESCAPAD 2011, 2017, 2022, OFDT

## Troubles de santé mentale probables, enfants de 6 à 11 ans scolarisés en école élémentaire, Enabee 2022, France métropolitaine, n=8172



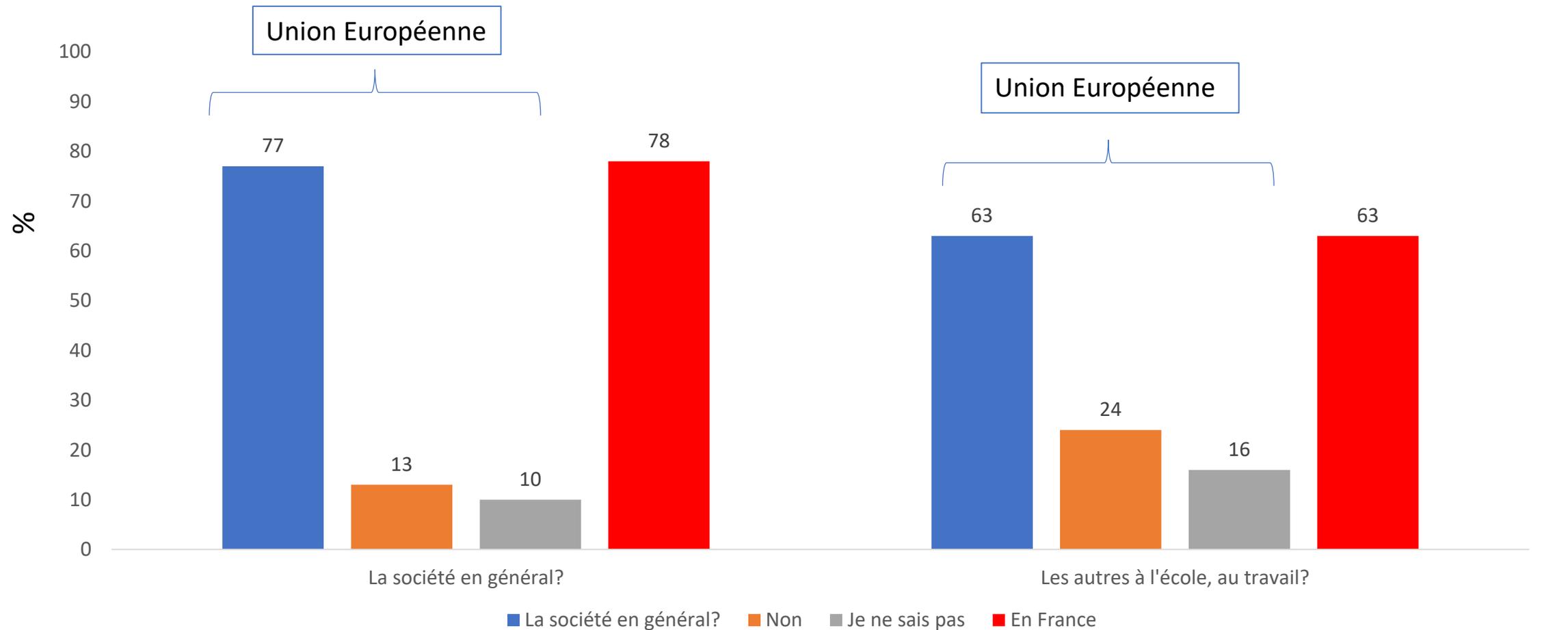
Premiers résultats d'Enabee sur le bien-être et la santé mentale des enfants âgés de 6 à 11 ans vivant en France métropolitaine et scolarisés.  
Le point sur. Saint-Maurice : Santé publique France, 9 p. 20 juin 2023.

Illustration: Séverine Scaglia



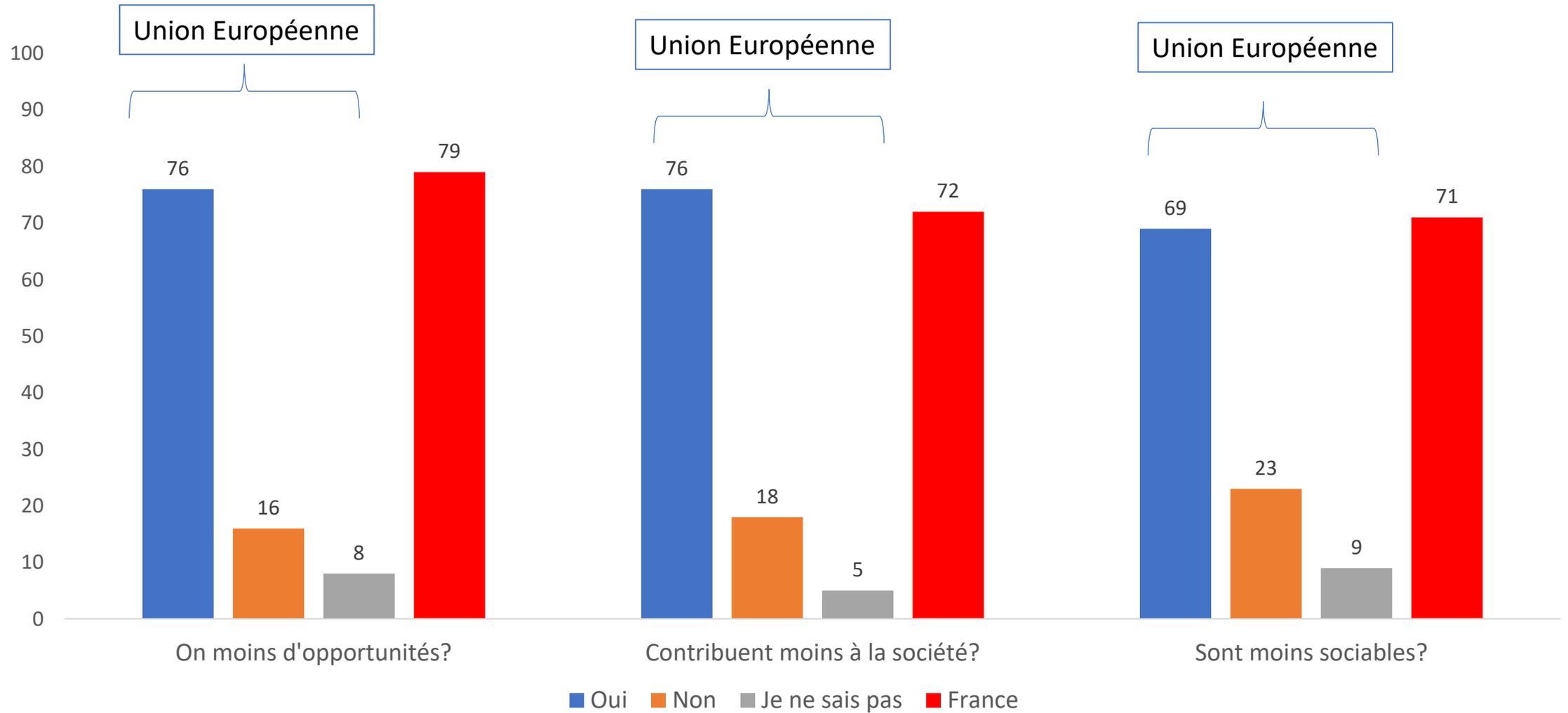
Santé mentale : comprendre les déterminants pour agir, Santé en Action, octobre 2025. Saint-Maurice : Santé publique France

# Pensez-vous que les patients atteints de troubles mentaux sont jugés différemment des autres patients par...



Flash Eurobarometer 530 Mental Health, Juin 2023.

# Pensez-vous que les patients atteints de troubles mentaux..



Flash Eurobarometer 530 Mental Health, Juin 2023.



Santé mentale Info Service: <https://www.santementale-info-service.fr/>

# Poser la question du risque suicidaire dans les études épidémiologiques?

ARCHIVES OF SUICIDE RESEARCH  
2022, VOL. 26, NO. 2, 325–347  
<https://doi.org/10.1080/13811118.2020.1793857>

 **Routledge**  
Taylor & Francis Group

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Clinical Psychology Review 64 (2018) 1–12



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Clinical Psychology Review

journal homepage: [www.elsevier.com/locate/clinpsychrev](http://www.elsevier.com/locate/clinpsychrev)



Review

## The benefits and risks of asking research participants about suicide: A meta-analysis of the impact of exposure to suicide-related content

Caroline A. Blades, Werner G.K. Stritzke\*, Andrew C. Page, Julia D. Brown

*School of Psychological Science, University of Western Australia, 35 Stirling Highway, Crawley, Perth, Western Australia 6009, Australia*



### HIGHLIGHTS

- First meta-analysis to examine impact of exposure to suicide content on behaviour.
- Participation in suicide research offers significant, albeit small, benefits to participants.
- Available evidence should inform cost-benefit analysis in ethical decision making.
- Ethics committees should calibrate consideration of risks relative to benefits.

## What's the harm in asking? A systematic review and meta-analysis on the risks of asking about suicide-related behaviors and self-harm with quality appraisal

Christine Polihronis , Paula Cloutier, Jaskiran Kaur, Robin Skinner, and Mario Cappelli

### ABSTRACT

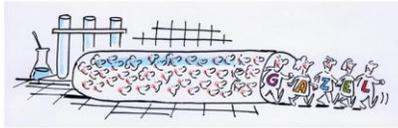
Research emphasizes the importance of asking about suicidality. Unfortunately, misperceptions of harm remain which can compromise clinical care, research, and public health surveillance efforts. Our objective was to evaluate the empirical evidence on whether and how asking about suicide related behaviors (SRB), such as suicidal ideation and suicide attempts, and non-suicidal self-injury (NSSI) results in harmful outcomes. We reviewed and rated seventeen studies and conducted a systematic review and random-effects meta-analysis on eight studies comparing those asked vs. not asked on immediate and later SRB, NSSI, and psychological distress (PD). Forest plots demonstrated no statistically significant effects of asking on SRB, NSSI, or PD. Eight RCTs provided the strongest evidence and demonstrated either low or unclear risk of bias, and the remaining cohort studies were of low to moderate quality. With the current available evidence, we found no harmful outcomes of asking, however more RCTs with a low risk of bias are required to firmly conclude that asking through self-report and interview methods does not further exacerbate distress, SRB and NSSI compared to those not asked.

### KEYWORDS

Systematic review; meta-analysis; psychological distress; suicide-related behaviors; non-suicidal self-injury



## La cohorte Gazel



Un « Laboratoire épidémiologique ouvert ».

L'épidémiologie est la discipline scientifique qui s'intéresse à la santé des populations. Elle seule permet de connaître la fréquence des problèmes de santé, leur répartition selon des critères divers (âge, sexe, catégorie socio-professionnelle, région, etc.) et leur évolution dans le temps. L'épidémiologie permet aussi de comprendre les déterminants des états de santé et des maladies. Les enquêtes de cohorte (ensemble de personnes suivies dans le temps) en sont l'un des outils privilégiés.

<https://www.gazel.inserm.fr>

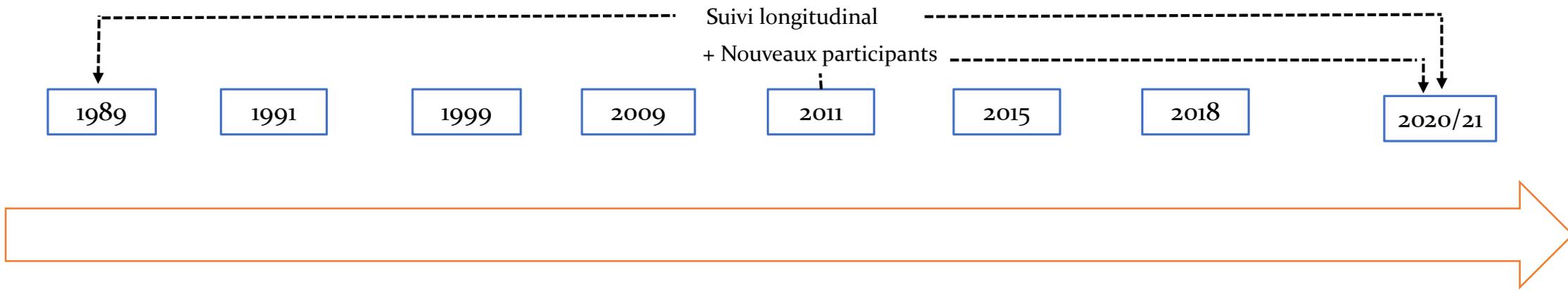
**Cohorte TEMPO (Trajectoires Epidémiologiques en Population)**

La cohorte TEMPO étudie, depuis 2009, les liens entre les conditions de vie, la santé mentale et les comportements de santé au fil du temps. En suivant plusieurs générations, TEMPO permet de mieux comprendre comment les facteurs sociaux, familiaux et environnementaux influencent la santé tout au long de la vie. Grâce à l'engagement de ses participants, la cohorte contribue à orienter les politiques de prévention et à améliorer la santé publique en France.

**Axes de recherche de la cohorte TEMPO**

- Tabac**  
Cet axe explore les facteurs individuels, sociaux et environnementaux associés au tabagisme. Il vise à comprendre les comportements liés au tabac et leurs conséquences sur la santé, afin
- Alcool**  
Les travaux portent sur les habitudes de consommation d'alcool et leurs déterminants psychosociaux. Cet axe cherche à identifier les facteurs favorisant les consommations à risque et leurs effets sur la santé
- Cannabis**  
Cet axe s'intéresse à la consommation de cannabis, à son évolution dans le temps et à ses liens avec le bien-être et la santé mentale. Il vise à mieux comprendre les contextes d'usage pour prévenir
- Santé mentale**  
L'axe santé mentale analyse les facteurs sociaux, familiaux et psychologiques qui influencent le bien-être tout au long de la vie. Il contribue à identifier les leviers de prévention et de promotion d'une

<https://tempo.iplesp.fr>



GAZEL      Enfants de GAZEL      TEMPO

30-50 ans  
Agents EDF-GDF  
N=20,624

Echantillon aléatoire de familles avec enfants de 4 à 18 ans  
N=4,335

4-18 ans  
Questionnaire postal aux parents  
N=2,582

12-25 ans  
Questionnaire postal aux parents et aux adolescents  
N=1,148

22-35 ans  
Questionnaire postal et en-ligne  
N=1,103

18-37 ans  
Entretien téléphonique et questionnaire en-ligne  
N=1,214

22-41 ans  
Questionnaire postal et en ligne  
N=786

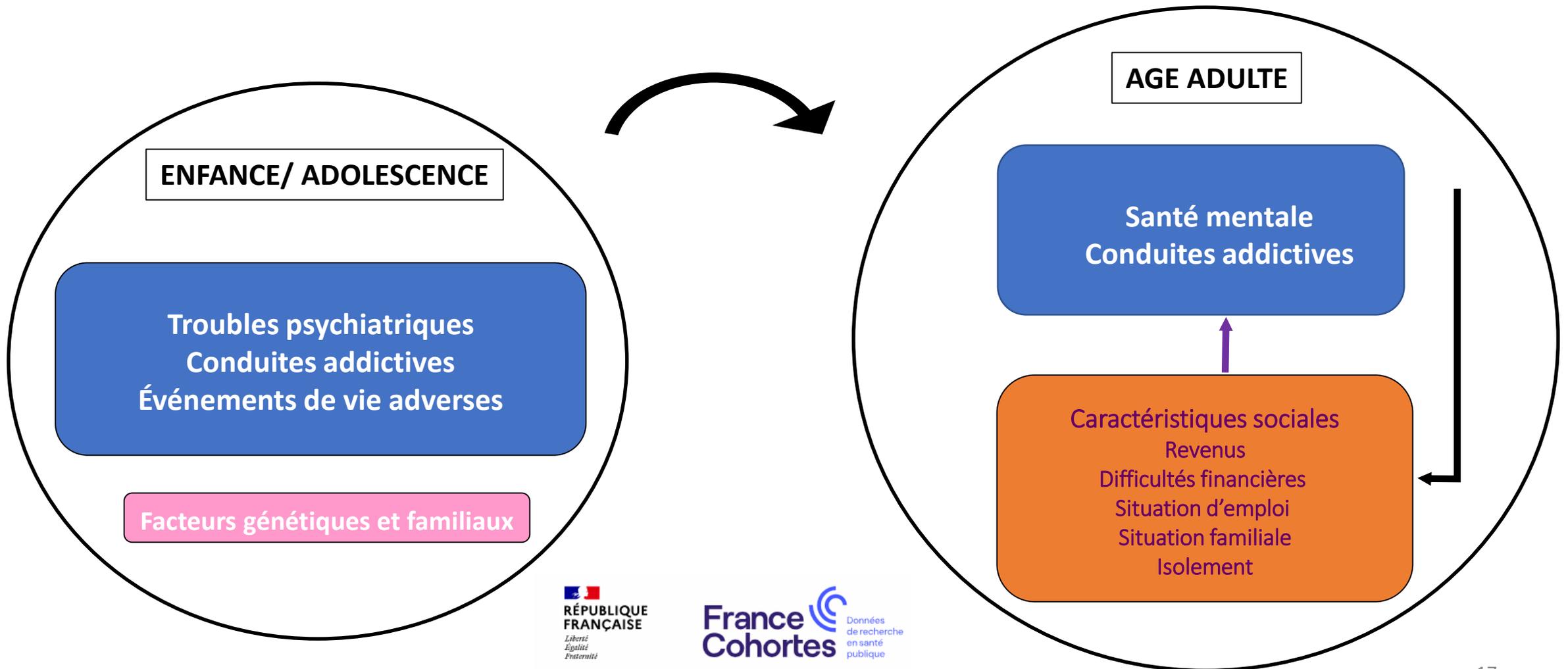
+ échantillons de salive  
N=533

25-44 ans  
Questionnaire postal et en-ligne  
N=864

27-47 ans  
9 questionnaires en-ligne et postaux  
N=904

Mary-Krause M, Herranz Bustamante JJ, Bolze C, Galéra C, Fombonne EJ, Melchior M. Cohort Profile: The TEMPO Cohort Study. International Journal of Epidemiology. 2021;50(4):1067-1068k.

# La cohorte TEMPO



# Mesurer la santé mentale





# Les premières nosographies des maladies mentales

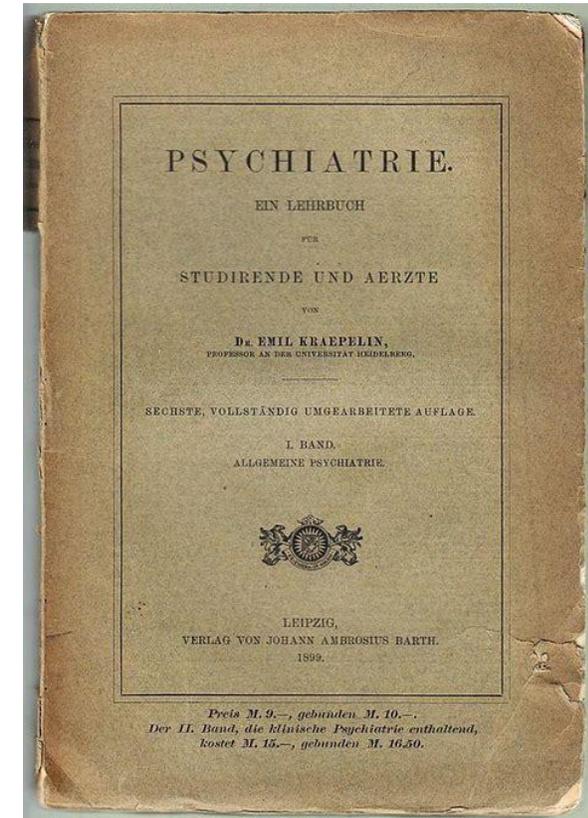


Philippe Pinel (1745-1826)

Emil Kraepelin (1856-1926)



Pinel, médecin en chef de la Salpêtrière délivrant les aliénés de leurs chaînes en 1795, Tony Robert-Fleury (1876)



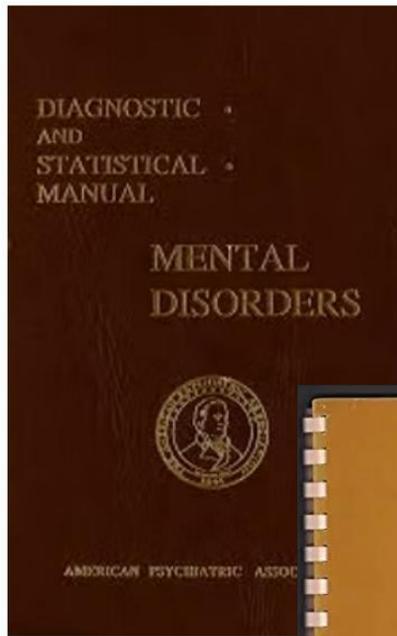
Psychiatrie, un manuel. Emil Kraepelin (1899)



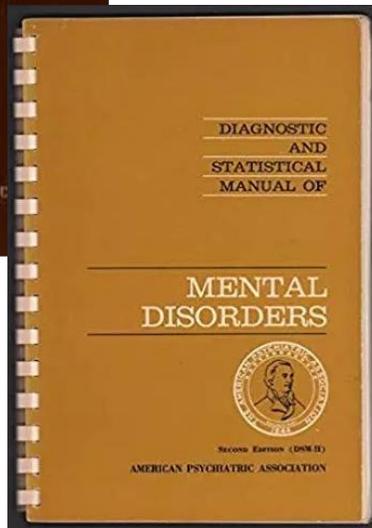
Conscrits américains passant des tests psychologiques, Camp Lee, Virginie, novembre 1917

©National Archives

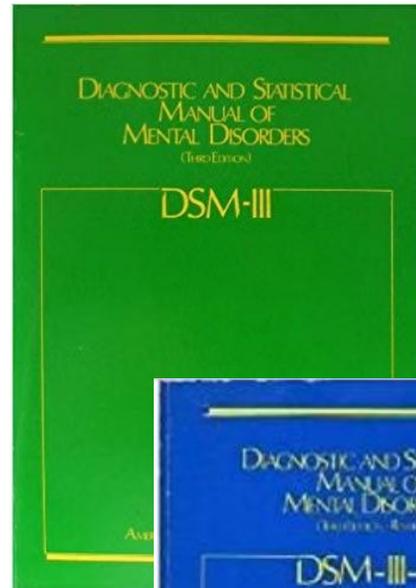
# Classifications modernes de troubles psychiatriques



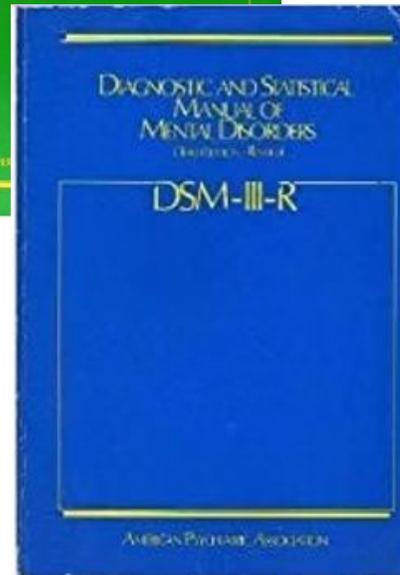
1952



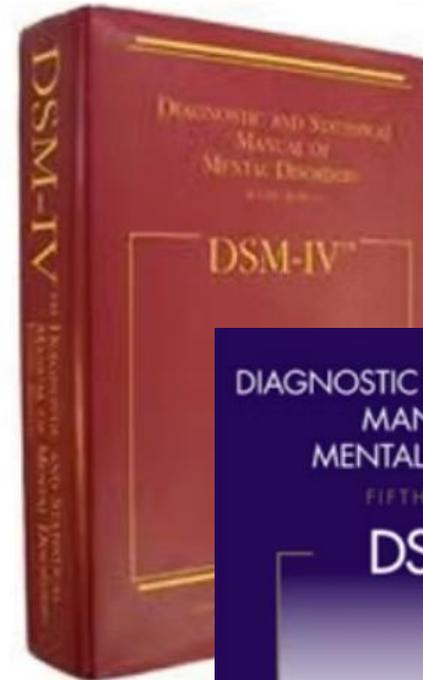
1968



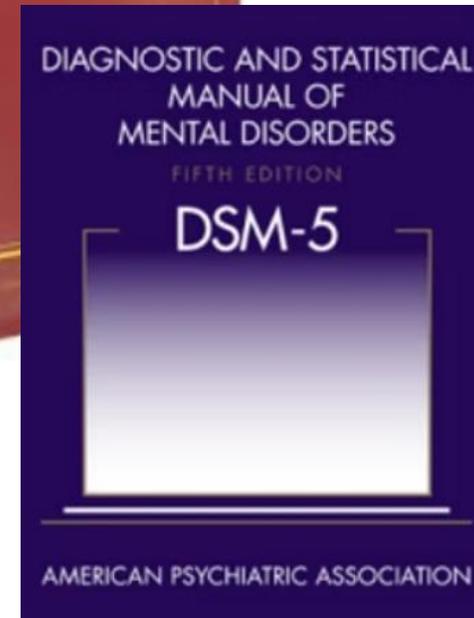
1980



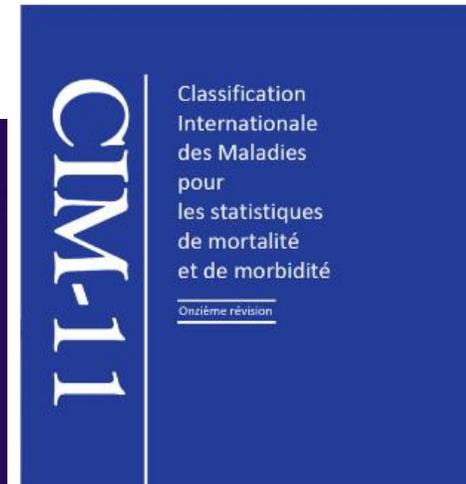
1987



1994



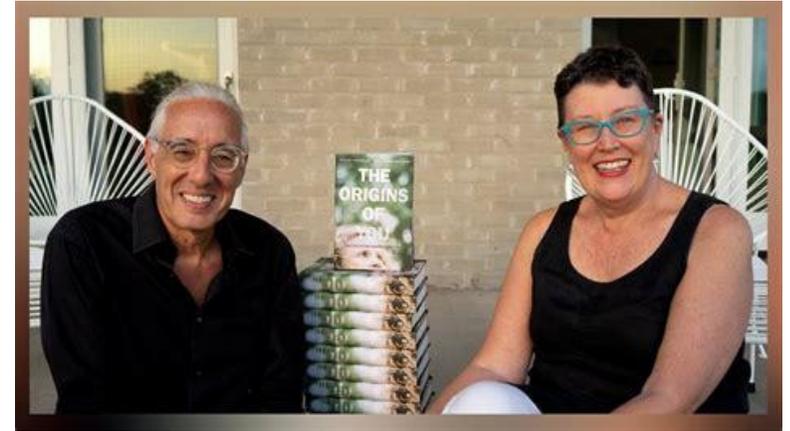
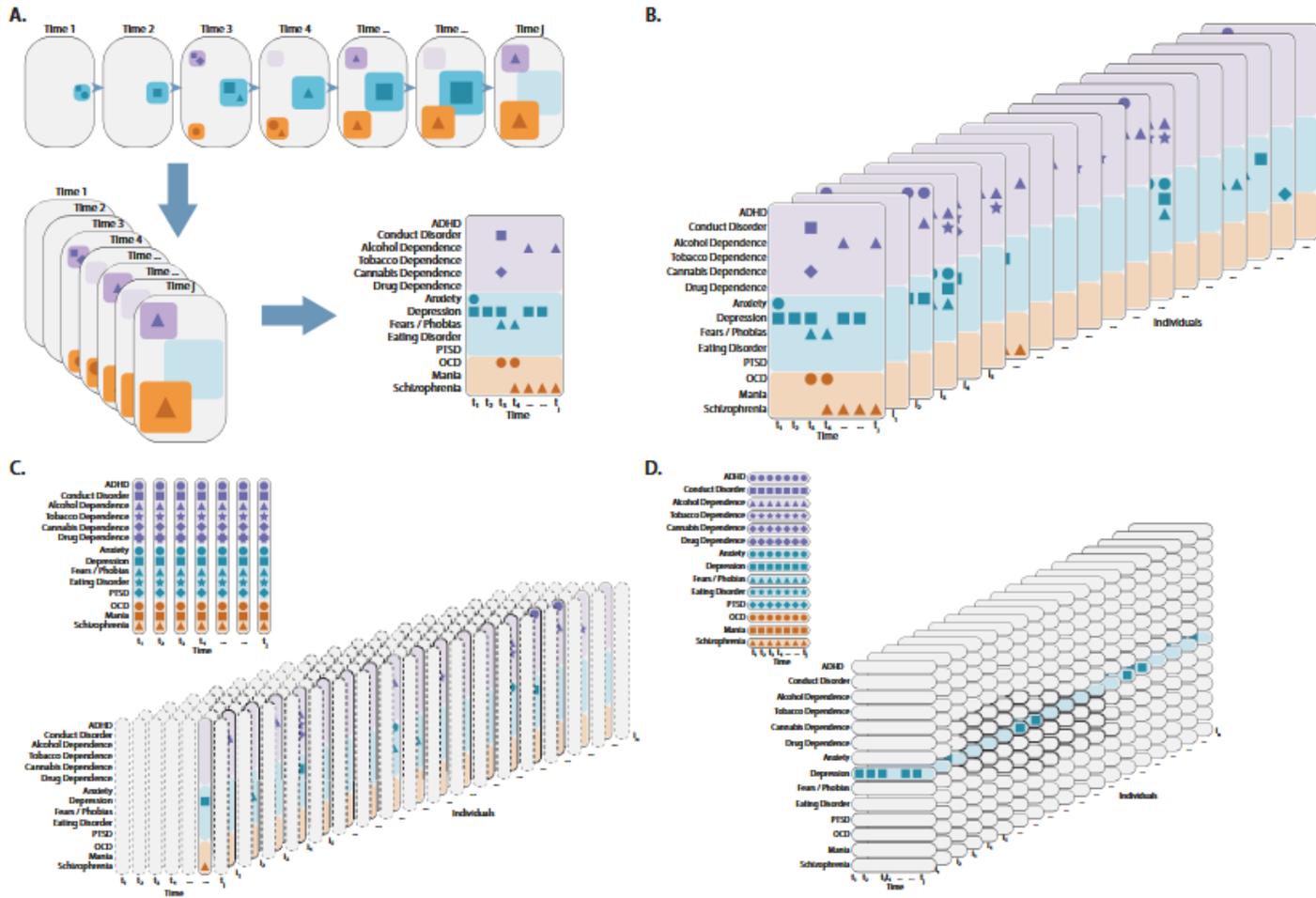
2013



2022

**Figure 9**

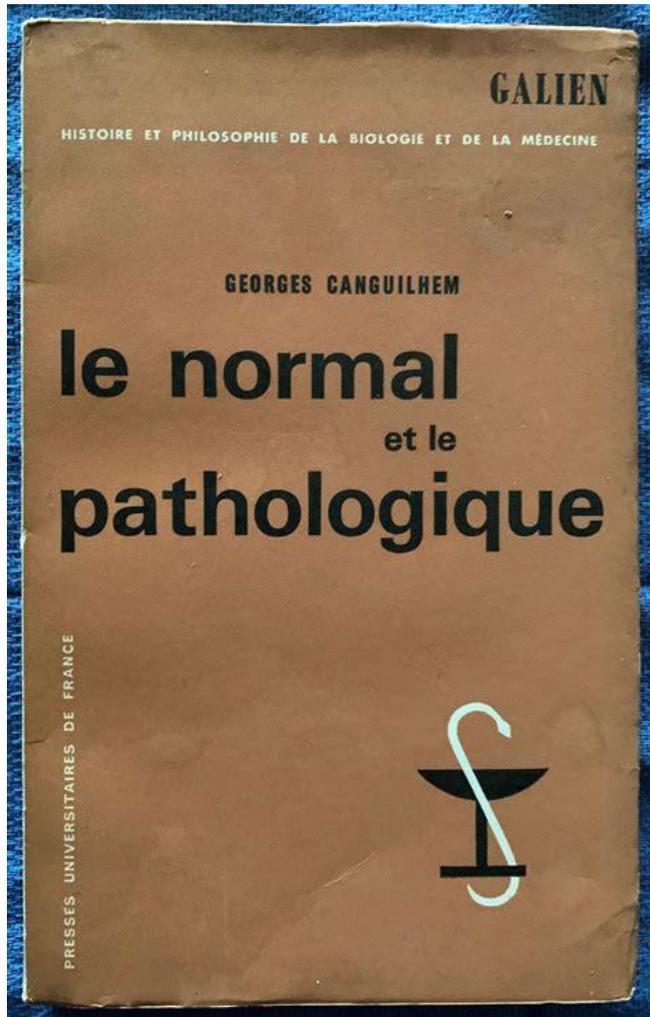
*A Longitudinal Approach to Studying Mental-Disorder Life Histories*



Terrie Moffitt et Avshalom Caspi

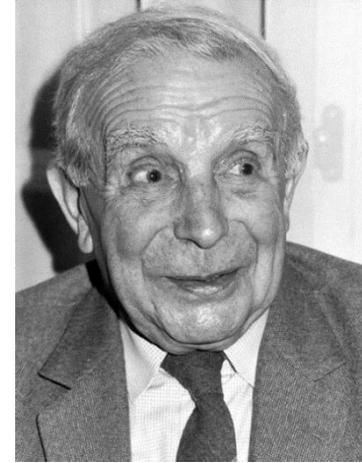
*Note.* Panel A stacks the “cards” that make up the mental-disorder life history of a single individual (shown in Figure 8D) and summarizes this history into one “summary card.” Panel B shows how multiple life histories make up a longitudinal study, with each individual (i) represented by a “summary card” capturing their mental-disorder history. Panel C shows how cross-sectional research slices life histories into cross-sections and ignores developmental information when studying mental health. Panel D shows how typical longitudinal research slices life histories into disorder-specific time-series and ignores information about cross-disorder changes over time when studying mental health. ADHD = attention deficit hyperactivity disorder; PTSD = posttraumatic stress disorder; OCD = obsessive compulsive disorder. See the online article for the color version of this figure.

Caspi A, Houts RM, Tegner Anker AS, Richmond-Rakerd LS, Andersen SH, Theodore R, Poulton R, Moffitt TE, Torvik FA. Why psychopathology research should avoid studying one mental disorder at a time: An intergenerational and developmental evidence base for understanding "p". *Journal of Psychopathology and Clinical Science*. 2025;10.1037/abn0001042.



1943

« On peut donc conclure ici que le terme de "normal" n'a aucun sens proprement absolu ou essentiel. »



Georges Canguilhem (1904-1995)

## Time Trends in Mortality Associated with Depression: Findings from the Stirling County Study



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Journal of Affective Disorders 68 (2002) 251-259



www.elsevier.com/locate/jad

Research report

### Incidence of major depression: prediction from subthreshold categories in the Stirling County Study

Jane M. Murphy<sup>a,b,c,\*</sup>, Andrew A. Nierenberg<sup>b</sup>, Nan M. Laird<sup>b</sup>, Richard R. Monson<sup>b</sup>, Arthur M. Sobol<sup>c</sup>, Alexander H. Leighton<sup>c</sup>

<sup>a</sup>Harvard Medical School, Massachusetts General Hospital, Boston, MA, USA  
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Received 15 May 2000; accepted 13 October 2000

### Article

## Cigarette Smoking in Relation to Depression: Historical Trends From the Stirling County Study

Jane M. Murphy, Ph.D.

Nicholas J. Horton, D.Sc.

Richard R. Monson, M.D., D.Sc.

Nan M. Laird, Ph.D.

Arthur M. Sobol, M.A.

Alexander H. Leighton, M.D.

**Objective:** Building on findings about the prevalence and incidence of depression over a 40-year period, the authors provide data on trends in cigarette smoking and associations with depression.

**Method:** Data come from interviews with adult population samples (1952, 1970, and 1992) and followed cohorts (1952-1970 and 1970-1992). Logistic regression models and survival regressions were used to analyze the data.

**Results:** The associations between smoking and depression were small and non-significant in 1952 and 1970. In 1992, however, the odds that a smoker would be depressed were three times the odds that a nonsmoker would be depressed. The interaction between smoking and study year was significant, indicating that the association was limited to the most recent sample. In the cohort analysis, smoking at

baseline did not predict the onset of depression, but subjects who became depressed were more likely to start or continue smoking and less likely to quit than those who never had a depression.

**Conclusions:** In terms of population trends, the association between depression and cigarette smoking became prominent as the use of tobacco declined because of awareness of the risks involved. The findings about individuals followed over time suggest that those who became depressed were more involved with nicotine than those who never had a depression. The authors discuss hypotheses involving "self-medication," risk-taking, and changes in the social climate but conclude that the relationships between smoking and depression are probably multiple and complex.

(Am J Psychiatry 2003; 160:1663-1669)

## Incidence of Depression and Anxiety: The Stirling County Study

JANE M. MURPHY, PHD, DONALD C. OLIVIER, PHD, RICHARD R. MONSON, MD, ARTHUR M. SOBOL, MA, AND ALEXANDER H. LEIGHTON, MD

**Abstract:** Prevalence studies in psychiatric epidemiology outnumber incidence investigations by a wide margin. This report gives descriptive information about the incidence of depression and anxiety disorders in a general population. Using data gathered in a 16-year follow-up of an adult sample selected as part of the Stirling County Study (Canada), the incidence of these types of disorders was found to be approximately nine cases per 1,000 persons per year. The data suggest that for every man who became ill for the first time with

one of these disorders, three women became ill. Incidence tended to be higher among relatively young persons.

These incidence rates are consistent with prevalence rates of approximately 10 per cent to 15 per cent for depression and anxiety disorders aggregated together, given an estimated average duration of illness of about 10 years. It is concluded that these incidence rates are fairly realistic in view of evidence that disorders of these types tend to be chronic. (*Am J Public Health* 1988; 78:534-540.)

## Loss in Childhood: Anxiety in Adulthood

Gwendolyn E.P. Zahner and Jane M. Murphy

Recent research, especially in Great Britain, has attracted interest by reporting on the relationship between maternal loss and vulnerability to depression among women. Several studies in the United States that included men have not received equal attention. The present study expands on the US work by reporting findings from the Queensbrook Study in New York City, a cross-sectional survey that provides information about the relationships between the family environment of childhood and the prevalence of psychiatric illness in adulthood. The Queensbrook survey was conducted in the mid 1960s as an urban counterpart to the Stirling County Study in rural Atlantic Canada. The data from the urban sample described here were not published earlier, and for this report we used DSM-III criteria to develop scoring algorithms to identify depression and anxiety. We investigated several types of adverse childhood losses, not solely the death of a mother, and related them to depression and anxiety in both men and women. None of the childhood experiences was significantly associated with these disorders among women, nor was the death of a parent related to either type of disorder among men. However, boys who left home before 16 years of age, whose parents were divorced or separated, or who were placed in an adopted family had a threefold increase in rates of anxiety as adults. This finding of a positive association between the divorce of parents and later anxiety in men is supported by several of the other population surveys carried out in the United States.

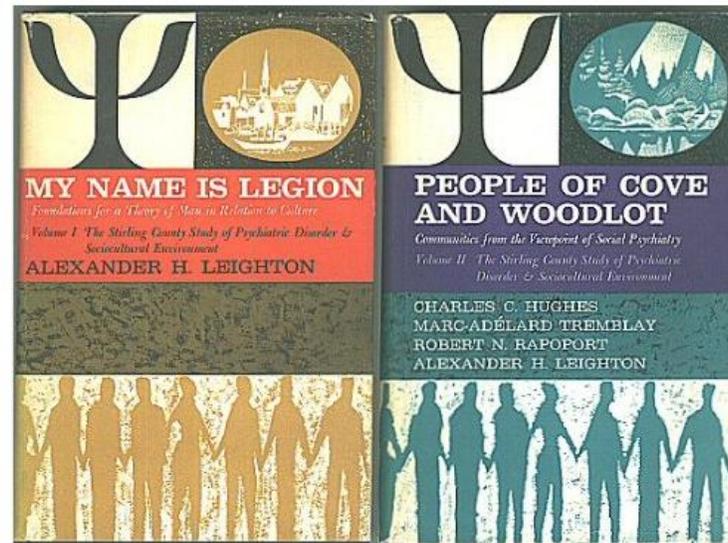
© 1989 by W.B. Saunders Company.

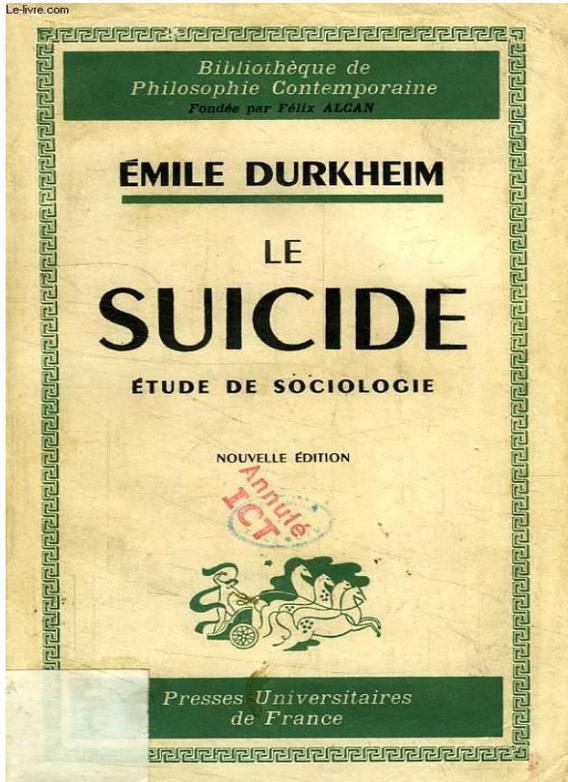
*British Journal of Psychiatry* (1989), 155, 490-495

## Prodromes of Depression and Anxiety The Stirling County Study

JANE M. MURPHY, ARTHUR M. SOBOL, DONALD C. OLIVIER, RICHARD R. MONSON, ALEXANDER H. LEIGHTON and LISA A. PRATT

A longitudinal investigation of psychiatric epidemiology in a general population (the Stirling County study) has indicated that the incidence of depression and anxiety disorders is low relative to prevalence, because these disorders have long durations. In an average year approximately nine adults among 1000 experience a first-ever episode of one of these disorders. Incident cases over the course of a 16-year follow-up were more likely to have had premonitory symptoms than to have been asymptomatic at the beginning of the study. Among the relatively small number of people who exhibited the clearest prodromal manifestations, incidence was 20 per 1000 annually. It might be possible to intervene before such disorders become fully formed and persistent if the precursors are given attention.

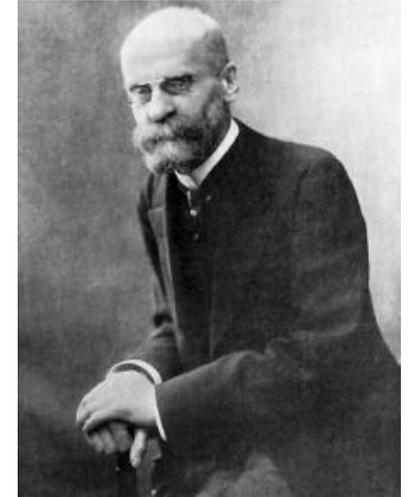




1897

“ Si l'individu s'isole, c'est que les liens qui l'unissaient aux autres êtres sont détendus ou brisés, c'est que la société, sur les points où il est en contact avec elle, n'est pas assez fortement intégrée. Ces vides qui séparent les consciences et les rendent étrangères les unes aux autres viennent précisément du relâchement du tissu social.”

Anomie/ isolement

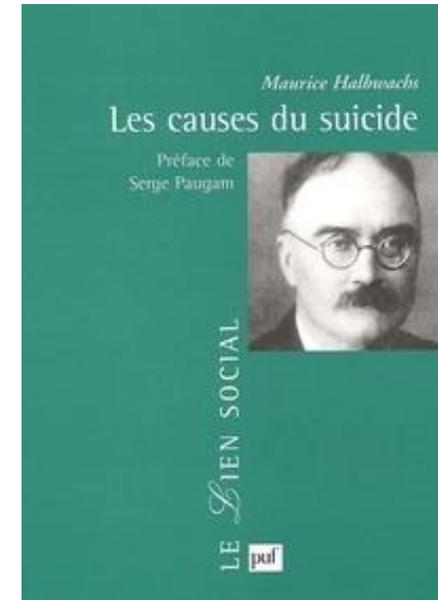


Emile Durkheim  
(1858-1917)



Maurice Halbwachs  
(1877-1945)

## Déterminants sociaux mais causes individuelles



1930

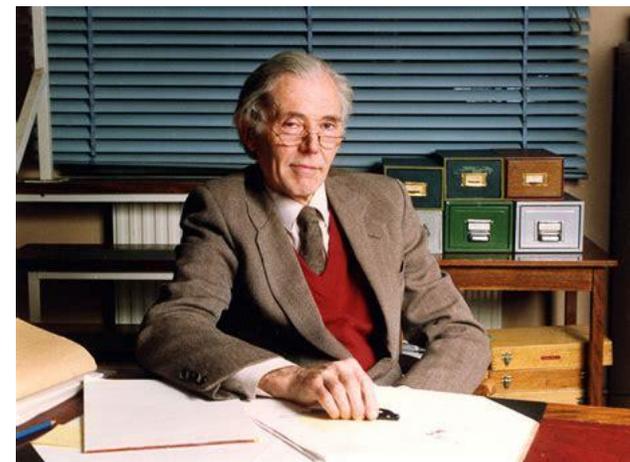
REITERATION

# Sick individuals and sick populations

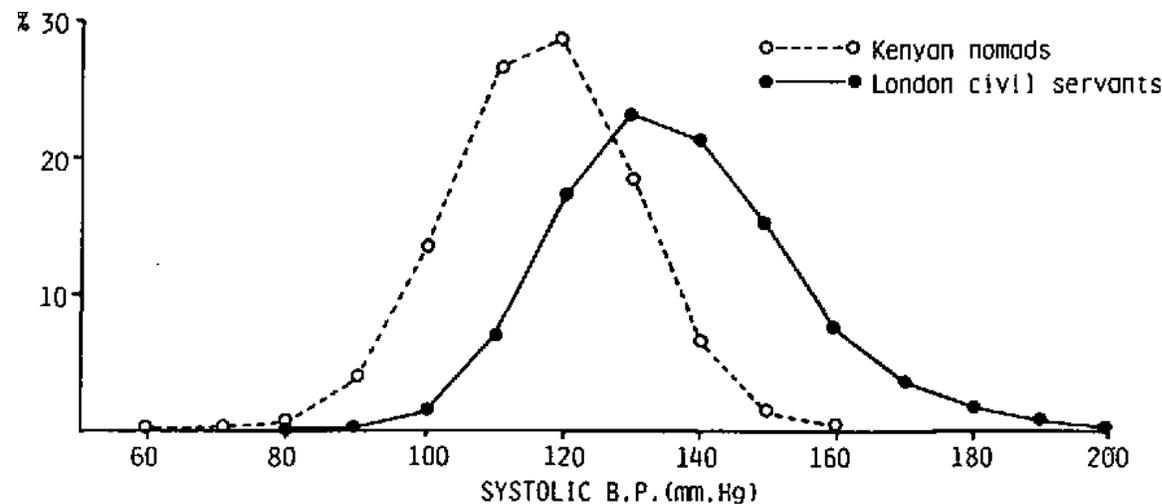
Geoffrey Rose

Rose G (Department of Epidemiology, London School of Hygiene and Tropical Medicine, Keppel Street, London WC1E 7HT, UK). Sick individuals and sick populations. *International Journal of Epidemiology* 1985;14:32-38.

Aetiology confronts two distinct issues: the determinants of individual cases, and the determinants of incidence rate. If exposure to a necessary agent is homogeneous within a population, then case/control and cohort methods will fail to detect it: they will only identify markers of susceptibility. The corresponding strategies in control are the 'high-risk' approach, which seeks to protect susceptible individuals, and the population approach, which seeks to control the causes of incidence. The two approaches are not usually in competition, but the prior concern should always be to discover and control the causes of incidence.



Geoffrey Rose  
(1926-1993)



# Commission de l'Organisation Mondiale de la Santé sur les Déterminants Sociaux de la Santé (2005-2008)

Commission on Social Determinants of Health FINAL REPORT | EXECUTIVE SUMMARY



Closing  
the gap  
in a  
generation

the social determinants of health



Michael Marmot

« Universalisme proportionné »

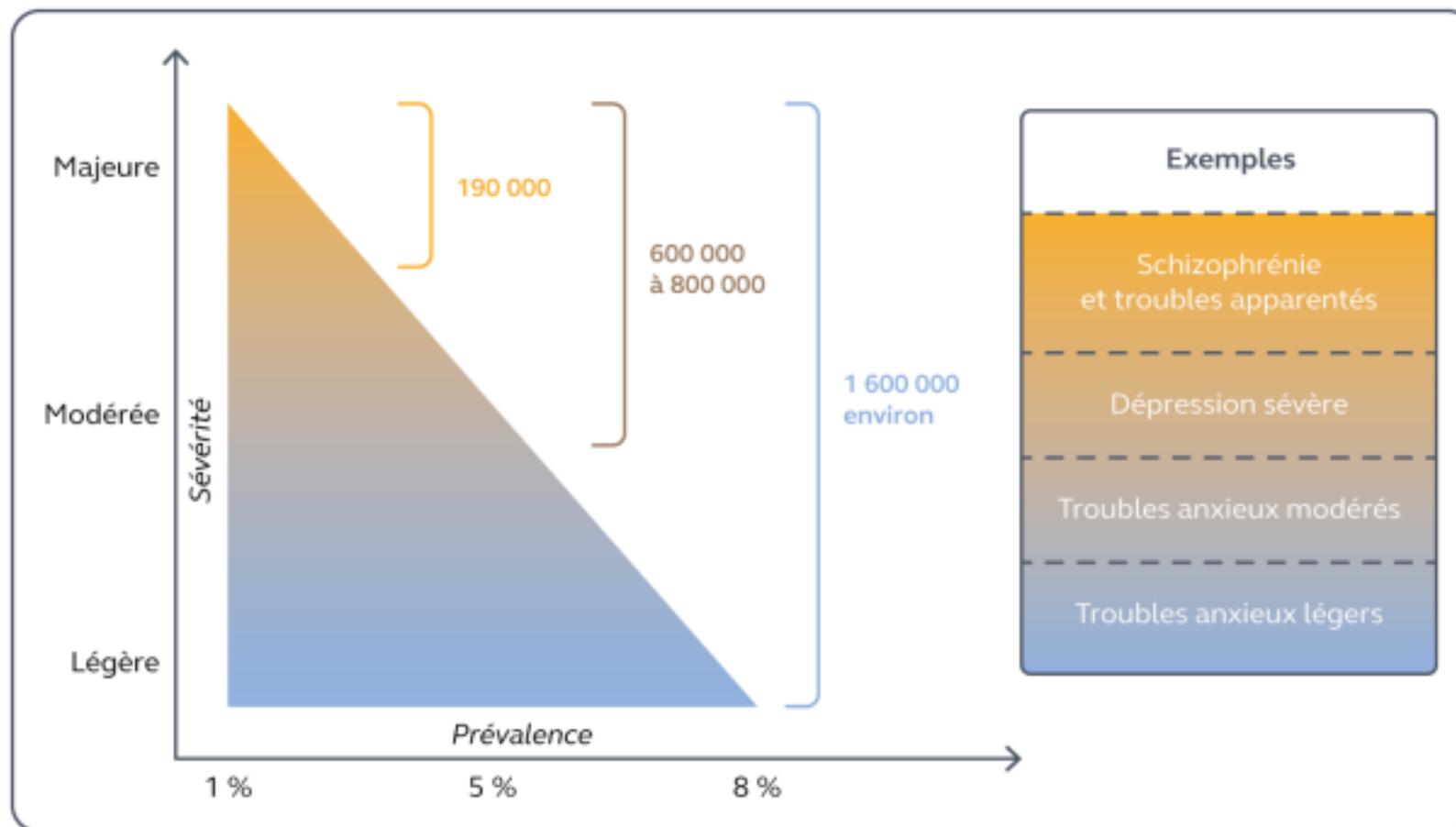
IMPROVA

## AMÉLIORER LA SANTÉ MENTALE DES ADOLESCENTS EN EUROPE ET AILLEURS

Soutenu par Horizon Europe, le programme IMPROVA testera et évaluera l'adoption d'une plateforme de santé en ligne axée sur la promotion de la santé mentale et la détection précoce des problèmes de santé mentale dans les écoles secondaires à travers l'Europe. IMPROVA permet aux adolescents et aux familles de prendre de meilleures...

[A propos du projet](#)

## Schéma n° 1 : effectifs estimés de patients de moins de 18 ans concernés par des troubles psychiques selon le niveau de sévérité



Source : Estimations et synthèse par la Cour des comptes à partir des données Cnam, OMS et GBD (IHME, université de Washington) ; représentation par la Cour des comptes

Note : Pour certains groupes de troubles comme les troubles du comportement ou les troubles du neurodéveloppement, leur degré de sévérité étant extrêmement variable, ils peuvent selon leur nature se positionner à tous les échelons de la pyramide.



