
Psychiatric care in Switzerland: recent evolutions and perspectives

P. Giannakopoulos

Recent evolution of mental disorders in Switzerland: epidemiological aspects

Mental health problems represent a major cause of mortality and morbidity in Switzerland

- ✦ 13% of adolescents between 11 and 16 years have experienced a depressive episode
- ✦ Cumulative one year prevalence of mental disorders : 25-33%
- ✦ This percentage reaches 40% in the elderly (+7% of subsyndromal conditions)
- ✦ Suicide in Switzerland: 19/100.000 inhabitants, 6th place in Europe)

Recent evolution of mental disorders in Switzerland: socio-economic aspects

- ◆ More than 30% of patients followed-up in psychiatric services are unemployed
- ◆ 32% of invalidity pensions are attributed for mental disorders
- ◆ Indirect costs related to caregiver burden are thought to be 2.4X higher than direct costs (schizophrenia, Alzheimer disease)

Care structures in Switzerland (1)

- ✦ Highly heterogeneous due to the absence of a clear state regulation
- ✦ Five university centres and several county centres which also assume postgraduate training
- ✦ 8152 beds but only 541 places in day hospitals (university centres)
- ✦ One year prevalence of hospitalisation: 0.65%
- ✦ One year prevalence of day hospital admissions: 0.03%

Care structures in Switzerland (2)

- ✦ Inpatient care (adult and old age psychiatry): length of stay significantly higher than in most western countries (57 days)
- ✦ Sustained development of outpatient care in all counties without concomitant decrease of the number of beds
- ✦ 25% of increase in outpatient care cost during the last 7 years

Care structures in Switzerland (3)

- ◆ 6.5% of women et 3% of men followed-up regularly in private or public psychiatry
- ◆ Inpatient care cost represents 3.4% of the total health budget
- ◆ This percentage is of 1.4% for outpatient care
- ◆ But in university centres, they may be as much as 10% (Geneva, Lausanne, Bern)

Psychiatric care in Switzerland: some particularities

- ✦ Mostly public with few private beds mostly concentrated in the German-speaking part
- ✦ Permissive insurance policy allowing to cover the reimbursement of psychotherapies for psychiatrists by basic insurance contracts
- ✦ State reimbursement mostly supporting inpatient care
- ✦ High level postgraduate training supported by each county
- ✦ Good research quality in university centres (basic/ZH and patient-oriented/GE)

But also..

- ✦ Negative discrimination associated with low levels of tolerance to marginalization
- ✦ Attachment to inpatient care and relative weakness of community-oriented psychiatry

Towards a national mental health policy: lacunes (1)

At the level of detection:

- ✦ Developmental disorders
- ✦ Work-related psychiatric disorders (counseling quasi absent)
- ✦ Structured programs of prevention for suicide
- ✦ Identification of psychiatric disorders in the elderly (rarity of outpatient care structures except from Geneva, Lausanne and Zurich)

Towards a national mental health policy: lacunes (2)

At the level of care structures

- ✦ Absence or rarity of appropriate programs for substance abuse in adolescents and mental retardation
- ✦ Rarity of day hospitals
- ✦ Absence of a general agreement about psychiatric rehabilitation
- ✦ Weakness of forensic psychiatric care
- ✦ Limitations of psychiatric care for migrants (despite one of the highest rates of migration in Europe)

The tendencies...

- ✦ Tendency of all county governments to decrease the rate of state budget for psychiatric care costs
- ✦ Changing the type of reimbursement: diagnosis or profile-related rather than per day
- ✦ Subtle imbalance taking into account the need for multiple community-oriented structures without challenging widely disseminated negative representations of mental illness
- ✦ Re-evaluating the county system of training : towards five (or less) schools of medicine assuming the postgraduate training
- ✦ The decrease of the number of specialists (almost 1/1.500 inhabitants in urban areas)

At the same time...

- ✦ More than 35% of foreign psychiatrists in public hospitals
- ✦ Tremendous quantitative and qualitative differences in private practice between urban and rural areas
- ✦ Strong social support for keeping the reimbursement of psychotherapeutic care by the basic insurance
- ✦ Willingness to preserve the high level of standards for board certification despite the increasing competition of other European countries