Psychiatric care in Switzerland: recent evolutions and perspectives

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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%
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
6.5% of women and 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