



GENERAL INFORMATION

Switzerland is a country with an approximate area of 41 thousand square kilometers (UNO, 2008). The population is 7,594,561 and the sex ratio (men per hundred women) is 97 (UNO, 2009). The proportion of the population under the age of 18 years is 19% and the proportion above age 60 is 17% (UNO, 2009). The life expectancy at birth is 79 years for males and 84 years for females (UNO, 2005-2010). The healthy life expectancy at birth is 73 years for males and 84 years for females (UNPD, 2010). The country is in the high income group (based on 2010 World Bank criteria). The total expenditure on health as a percentage of gross domestic product is 11.32% and the per capita government expenditure on health (PPP int. \$) is \$2471.0 (WHO, 2006). The suicide rate for males is 23.5 per 100,000 population and for females is 11.7 per 100,000 population. In Switzerland, neuropsychiatric disorders are estimated to contribute to 35.1% of the global burden of disease (WHO, 2008).

GOVERNANCE

An officially approved mental health policy does not exist. However, mental health is specifically mentioned in the general health policy.

A mental health plan exists and was approved or most recently revised in 2008. The mental health plan components include:

- Timelines for the implementation of the mental health plan.
- Funding allocation for the implementation of half or more of the items in the mental health plan.
- Shift of services and resources from mental hospitals to community mental health facilities.
- Integration of mental health services into primary care.

Dedicated mental health legislation does not exist. However, legal provisions concerning mental health are covered in other laws (e.g., welfare, disability, general health legislation etc.).

FINANCING

Mental health and mental hospital expenditures by the government health department/ministry are not available.

MENTAL HEALTH CARE DELIVERY

Primary Care

Prescription regulations authorize primary health care doctors to prescribe and/or to continue prescription of psychotherapeutic medicines. In contrast, the department of health does not authorize primary health care nurses to prescribe and/or to continue prescription of psychotherapeutic medicines. Official policy does not permit primary health care nurses to independently diagnose and treat mental disorders within the primary care system.

Officially approved manuals on the management and treatment of mental disorders are not available in the majority of primary health care clinics. Official referral procedures for referring persons from primary care to secondary/tertiary care do not exist. Referral procedures from tertiary/secondary care to primary care also do not exist.

Data collected in 2011

UN = information unavailable, NA = item not applicable

Mental Health Services

Availability of mental health facilities

	Total number of facilities/beds	Rate per 100,000 population	Number of facilities/beds reserved for children and adolescents only	Rate per 100,000 population
Mental health outpatient facilities	386	5.08	UN	UN
Day treatment facilities	111	1.46	UN	UN
Psychiatric beds in general hospitals	UN	UN	UN	UN
Community residential facilities	UN	UN	UN	UN
Beds/places in community residential facilities	UN	UN	UN	UN
Mental hospitals	60	0.79	UN	UN
Beds in mental hospitals	7,674	101.05	UN	UN

Access to care

	Rates per 100,000 population)	Females (%)	Under age 18 (%)
Persons treated in mental health outpatient facilities	UN	UN	UN
Persons treated in mental health day treatment facilities	UN	UN	UN
Admissions to psychiatric beds in general hospitals	UN	UN	UN
Persons staying in community residential facilities at the end of the year	UN	UN	UN
Admissions to mental hospitals	UN	UN	UN

Long term care in mental hospitals (% of persons staying):

Less than 1 year	UN
More than 1 and less than 5 years	UN
More than 5 years	UN

HUMAN RESOURCES

Workforce and training

	Health professionals working in the mental health sector Rate per 100,000	Training of health professions in educational institutions Rate per 100,000
Psychiatrists	41.42	2.26
Medical doctors, not specialized in psychiatry	UN	8.78
Nurses	UN	UN
Psychologists	40.78	8.48
Social workers	UN	UN
Occupational therapists	UN	UN
Other health workers	UN	NA

Informal human resources (Family and User Associations)

	User	Family
Present in the country?	Yes	Yes
Number of members	UN	UN
Participation in the formulation/implementation of policy/plan/legislation?	frequently	UN

MEDICINES

Expenditures for medicines for mental and behavioral disorders at country level

Type of Medicines	Expenditures at country level per year and per 100,000 population (in USD)
All the psychotherapeutic medicines ¹	11,965,216
Medicines used for bipolar disorders ²	UN
Medicines for psychotic disorders ³	UN
Medicines used for general anxiety ⁴	UN
Medicines used for mood disorders ⁵	UN

¹ N03AG01, N05A, N05B, N05C, N06A

² N03AG01, N05A, N05B, N05C, N06A

³ N05A (excluding N05AN)

⁴ N05B & N05C

⁵ N06A

Data collected in 2011

UN = information unavailable, NA = item not applicable

INFORMATION SYSTEMS

	Data on number of people/ activities are collected and reported	Data on age and gender are collected and reported	Data on patient's diagnosis are collected and reported
Persons with mental disorders treated in primary health care	No	No	No
Interventions (psychopharmacological and psychosocial) delivered in primary health care for people with mental disorders	No	No	No
Persons treated in mental health outpatient facilities	No	No	No
Contacts in mental health outpatient facilities	No	No	No
Persons treated in mental health day treatment facilities	No	No	No
Admissions in general hospitals with psychiatric beds	No	No	No
Admissions in mental hospitals	No	No	No
Days spent in mental hospitals	No	No	No
Admissions in community residential facilities	No	No	No

Note: A specific report focusing mental health activities has been published by the Health Department or any other responsible government unit in the last three years.

OTHER INFORMATION

Note: Healthcare in Switzerland is regulated by the Federal Health Insurance Act of 1994. Health insurance covers the costs of medical treatment and hospitalisation of the insured, including mental illness. The Swiss healthcare system is a combination of public, subsidized (partially) private and fully private systems. Governmental responsibilities in the Swiss federal structure are decentralized on three different levels: the confederation, the twenty-six cantons, and the municipalities. The individual cantons are responsible for health-policy (including mental health) development and implementation.