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Review

Aspects of mental health care provision of the elderly in Switzerland

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ABSTRACT

In Switzerland the majority of elderly persons with psychiatric disorders live in their own families or in their own community and receive – if necessary – support by professional care services. The demographic development, the multi-dimensional nature of the care of the elderly, and the complexity of the in-patient and out-patient provision of services necessitates a specifically interdisciplinary approach involving medical, geriatric, and geronto-psychiatric concepts and interventions. Strategies adopted to ensure a high standard of care provision must be coordinated at the appropriate levels of responsibility which include the federal, the cantonal, and the communal levels. A further basic necessity is the inclusion of patients, their families, special interest groups, and advocacy groups especially in the treatment of dementia disorders.

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1. Demographic development and provision of care

1.1. Demographic development

In contrast to many other European countries the Swiss population is continuously increasing (Bundesamt für Statistik, 2011a). In spite of this population increase and in spite of the fact that the birth rate in Switzerland is higher compared to other countries in West Europe a demographic aging process can be observed in Switzerland which is predominantly determined by the influx of persons from other nations (cf. Bundesamt für Statistik, 2012f, p. 5). In 2000 the proportion of persons aged 65 and older was 15.4% and increased to 16.9% by 2010 (Bundesamt für Statistik, 2011a). In 2011 the Swiss population amounted to around 7.9 million persons of whom approximately 982,900 (12.4%) are between 65 and 79 year of age. The proportion of persons aged 80 years and older was 4.8% or 382,500 persons (cf. Bundesamt für Statistik, 2011b). The quotient for the elderly – the number of persons aged 65 and over 100 persons aged between 20 and 60 – was 27.6% in 2011 (cf. Bundesamt für Statistik, 2011b) and has risen since 2000 at the rate of 2.6%.

Life expectancy in Switzerland in 2010 was 84.6 and 80.2 years for women and men respectively (Bundesamt für Statistik, 2011g; cf. Bundesamt für Statistik, 2011c) and is expected to rise considerably. Based on this demographic development projections indicate that by 2040 the number of citizens in the age group exceeding 79 years will amount to 680,000 persons (cf. Höpflinger and Hugentobler, 2005) and the Swiss Federal Statistical Office expects the number of persons of 90 years or older to total up to 155,000 persons. Compared with elderly men twice the number of elderly women live alone in a one-person household in both urban and rural settings. In 2000 in the group of persons aged 65 years and older around 42% of women and about 17% of men lived alone (Bundesamt für Statistik, 2010). In the French speaking region of Switzerland even 50% of women aged 65 years and older lived alone. The predominant reason for this proportion is the higher life expectancy of women and the higher risk of becoming a widow.

1.2. Characteristics of care provision

The Confederation of Switzerland comprises 26 Cantons and 2495 communities (data of January 2012) (Bundesamt für Statistik, 2012a). The community is the smallest administrative entity in Switzerland. The cantons and communities are responsible for the provision of health care for the elderly in Switzerland with regard to in-patient, daytime and out-patient services which are financially covered by health insurance companies. The cantons – albeit to various degrees depending on their individual cantonal stipulations – and primarily the communities are responsible for out-patient services and residential care homes for the elderly. At federal level the Swiss policy for the care of the elderly is implemented by various federal organizations. The confederation regulates retirement provision and individual financial provision for health care such as health insurance and financial provisions for long term care (Bundesamt für Sozialversicherungen, 2011).

In August 2007 guidelines were formulated forming the foundation of the future policy for the care of the elderly with federalism and the principle of subsidiary being the prominent features.

The guidelines demonstrate that the cantons and the communities are primarily responsible for the implementation of the policy regarding the care of the elderly (cf. Bundesamt für Sozialversicherungen, 2011). The total expenditure of the Swiss health care system in 2010 was 62.5×10^9 Swiss Francs (Schweizerisches Gesundheitsobservatorium—Obsan, 2012b) and

was 2.5% higher than in 2009 (Schweizerisches Gesundheitsobservatorium—Obsan, 2012c). Health care costs funded by mandatory health care insurance have increased by 19.2% between 2006 and 2010.

Factors contributing to the substantially higher costs are predominantly out-patient treatment and pharmaceutical drugs (Schweizerisches Gesundheitsobservatorium—Obsan, 2012b). In the psychiatric domain the rise in costs of 15.7% was slightly lower (Schweizerisches Gesundheitsobservatorium—Obsan, 2012a, p. 75). A further financial factor is in-patient treatment which shows a comparatively moderate rise of 3.3% between 1998 and 2010 (Schweizerisches Gesundheitsobservatorium—Obsan, 2012b).

In 2010 1,322,876 persons were treated in in-patient settings (Bundesamt für Statistik, 2012b).

A study conducted by the University of Zurich estimates the treatment costs for psychiatric disorders in excess of 8.9 billion Euros (Jäger et al., 2008). Apart from the direct costs – such as treatment in in-patient and out-patient settings – other factors – especially absenteeism or premature retirements – are of great economical importance (Wittchen and Jacobi, 2005).

In 2004 the confederation and the cantons developed a common strategical blueprint regarding the protection, the promotion, the sustainment and the reestablishment of mental health (Kanton St. Gallen, 2012, p. 9). This paper contains 31 recommendations regarding structures ensuring the provision of mental health care in Switzerland. It provides recommendations regarding the provision of psychiatric care in the cantons including the augmentation of out-patient mental health services (cf. Krowatschek et al., 2012). To meet the needs of psychiatric patients the services are required in the following areas: in-patient care, day care, out-patient care, outreach service and regional networks. Services comprising the above mentioned concepts partially exist for example in the region of Winterthur (cf. NZZ, 2011). One problem with regard to this model of provision is the fact that the funding of care homes and out-patient care services (home nursing, nursing, etc.) is the responsibility of the communities whilst the provision of psychiatric care is the responsibility of the cantons (cf. NZZ, 2011).

1.3. The mental health and treatment of the Swiss population

The mental health of the Swiss population has changed in the last years. Approximately 13% of persons in Switzerland suffer from a psychiatric disorder or illness according to the most recent data issued by the Swiss Health Observatory (OBSAN) (cf. Schweizerisches Gesundheitsobservatorium—Obsan, 2012a, p. 3). Around 4% of the Swiss population experiences a heavy mental burden (Schweizerisches Gesundheitsobservatorium—Obsan, 2012a). Within Switzerland regional differences can be observed with persons in canton Tessin and in the region of Lake Lemman experiencing the highest rates of mental burden (Schweizerisches Gesundheitsobservatorium—Obsan, 2012a). Hence, on average every sixth person in Switzerland suffers from mental disorder or illness (cf. Schweizerisches Gesundheitsobservatorium—Obsan, 2012a, p. 3).

In 2009 77,841 in-patient psychiatric treatment episodes were documented in Switzerland (Schweizerisches Gesundheitsobservatorium—Obsan, 2012a). From 2002 to 2009 an increase of 4.7% of in-patient psychiatric treatments was observed which is predominantly attributable to higher re-admission rates. Of the persons treated for mental illness in 2009 72.3% received treatment in in-patient psychiatric hospitals settings, 3.5% in psychiatric wards of general hospitals, and 24.2% in general hospitals (Schweizerisches Gesundheitsobservatorium—Obsan, 2012a, p. 51–52).

In 2010 334,906 patients were treated in psychiatric out-patient settings, which is about 2.5% of all out-patient treatments (total of

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