



Communications of the European Society for Child and Adolescent Psychiatry

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Child and adolescent psychiatry in Switzerland

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The Swiss Society for Child and Adolescent Psychiatry was founded in 1957. Only 3 years later, the term *psychotherapy* was added to the name, highlighting the importance of this aspect in the Swiss understanding of the profession. Since then, “Die Schweizerische Gesellschaft für Kinder- und Jugendpsychiatrie (SGKJPP)/La Société Suisse de Psychiatrie et Psychothérapie de l’Enfant et de l’Adolescent (SSPPEA)/La Società Svizzera di Psichiatria e Psicoterapia Infantile e dell’Adolescenza (SSPPIA)”—the three names standing for the country’s multilingualism and cultural diversity—has been promoting the interests of child and adolescent mental health in Switzerland. The SGKJPP is part of the Swiss Medical Association (Foederatio Medicorum Helveticorum, FMH) and counts approximately 550 members who work in private practices, in universities, or in regional psychiatric services. In Switzerland, child and adolescent psychiatric care is traditionally provided jointly by private practitioners and medical institutions. Although these providers have their specific fields of action, they have built important synergies. Whereas practitioners provide mainly psychotherapy, university and public services offer pre- and postgraduate training and take responsibility for preventive initiatives, child protection, and counseling for families in severe psychosocial distress and hardship.

The SGKJPP focuses on postgraduate training, collaboration with crucial cooperation partners, social and political recognition of our profession, and destigmatizing mental health problems. It is led by two co-presidents. The board consists of eight members who stem from both the private

and public sectors and represent pivotal areas of work. The regular liaison between the society’s members and the board is ensured by the delegates’ meetings, which take place biannually. Delegates are elected by the local groups of the different regions (cantons). Communication between the board and the members is also fostered through the cooperation of three working groups, representing the practitioners, the clinic directors, and the trainees. This organization has proved to be useful to coordinate support of political issues nationwide and to encourage cooperation among the different university departments regarding clinical postgraduate education and research.

In order to represent the interests of child and adolescent mental health in the social and political realms, the SGKJPP cooperates with various partner organizations. In recent years, a close relationship, embodied by the Foederatio Medicorum Psychiatricorum et Psychotherapeuticorum (FMPP), has developed with the Swiss Society for Psychiatry and Psychotherapy, as well as a network with the Swiss Societies for Pediatrics and Pediatric Surgery, called the foederatio Paedo medicorum helveticorum (fPmh). These strong alliances take a stand for the interests of psychiatry within the medical professions and help foster awareness of the needs of young people. Every 3 years the SGKJPP’s annual scientific congress is held jointly with the FMPP or with the fPmh. The FMPP publishes two official journals, the *Bulletin Psy & Psy* and, together with the Swiss Society for Neurology, the *Swiss Archives for Neurology and Psychiatry*.

The SGKJPP defines the criteria and the curriculum of postgraduate education in cooperation with the Swiss Institute of Medical Education, which reports directly to the federal government. The postgraduate training program lasts 6 years, namely 1 year more than in most neighboring

countries. It includes one clinical year in pediatrics (or, if no such position is available, in another clinical field) as well as 1 year in adult psychiatry. Furthermore, training in psychotherapy, which progresses over several years, is required.

In Switzerland, there are 1.5 million individuals under the age of 18. The country has approximately 600 child and adolescent psychiatrists, resulting in a 1:2,500 ratio. This ratio reflects considerable means and represents one of the highest densities of child therapists worldwide. Despite a geographical distribution problem, with approximately three out of four practitioners working in cities and agglomerations, the supply of psychiatrists in Switzerland is excellent as it responds to the challenges posed by mental health problems in today's world. However, despite the fact that Switzerland is a rich country, the families of 10 % of the children live in poverty, and there are specific groups of young people that require special attention from child and adolescent psychiatry. Examples are children with mentally ill parents or offenders and mentally handicapped youth with psychiatric disorders. Also, children with an immigrant background are another at-risk group, reflected by the fact that twice as often they attend special classes and lower level classes than Swiss children.

Approximately 50,000 children and adolescents in an outpatient setting and 2,000 in an inpatient setting are treated annually by a psychiatrist. This corresponds to 3.5 % of Switzerland's population under 18. The most frequent diagnoses are behavioral and emotional disorders in childhood, followed by adjustment and depressive disorders. Because of the high number of therapists in Switzerland, there has been an increasingly heated debate regarding the validity of these diagnoses, a frequent reproach being that of making patients out of merely noisy and restive children. This kind of objection is taken very

seriously and it must be refuted by (1) accurate diagnostic procedures and (2) providing information that outlines the difference between psychiatric disorders and merely uncomfortable or disturbing mental states.

The currently satisfying provision of child and youth psychiatric care, however, should not distract us from the fact that in the future this situation may change for the worse. Today, approximately 60 % of practitioners are over 55, and the number of young doctors willing to start a career in child and adolescent psychiatry is presently insufficient to fill the anticipated gap. Due to the need to regulate health costs, politicians have taken steps to limit the number of new private practices. This may have a dissuasive effect on young students who are contemplating choosing the field of child and adolescent psychiatry. In addition, the challenge of defining the specifics of this profession compared to psychology, educational science, and social education may also discourage some medical students from going into child and adolescent psychiatry.

The SGKJPP is very interested in international cooperation and has delegates in the JACAPAP and UEMS. In 2017, Switzerland will have the pleasure and great honor of organizing the ESCAP Congress in Geneva.

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