Switzerland

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In Switzerland, most adults with intellectual disability live in institutions. By the end of the 19th century some institutions had been founded, most of them in a Christian context. Over the last 10 years, autonomy (independent living) and integration/inclusion have become issues. From 1980, when individuals with intellectual disabilities left psychiatric hospitals, several smaller residential units were set up (Heer, 2005).

In Switzerland, learning disability (defined as an IQ under 85) is differentiated from mental retardation (an IQ under 75). Individuals with learning disability and mental health problems do usually have access to the same services (psychological and psychotherapeutic) as the remainder of the population. This article looks at individuals with severe intellectual disability.

Services for individuals with intellectual disabilities vary enormously across the cantons of Switzerland. These differences are likely to become even larger with the passing of a new federal law, Neugestaltung der Finanzen und Aufgaben zwischen Bund und Kantonen, as a result of which the government is no longer funding institutions – the cantons will be solely in charge from 2008.

National indicators of prevalence

Unfortunately, there are no detailed statistics available concerning intellectual disability in Switzerland. There are some data on special financial benefits and on social security support, but they do not cover the whole group; some statistics specifically on individuals with Down syndrome are collected (Bundesamt für Sozialversicherungen, 2005). For social security, an IQ under 75 is the indicator for intellectual disability. There are no other indicators considered, such as communication or social skills. The local psychological and medical services have responsibility for children and adolescents with intellectual disabilities; in the case of adults, the medical services connected to social security are in charge. Based on the World Health Organization's assumption that 1–3% of a population will have an intellectual disability, there will, nationally, be some 70 000–210 000 individuals with this condition.

National indicators of mental health problems in intellectual disability

Consequently, there are no statistics concerning individuals with intellectual disabilities and mental health problems. According to Lotz *et al* (1994), 30–40% of individuals with intellectual disabilities are also affected by mental health problems. Therefore, we can assume that between 21 000 and 84 000 individuals in Switzerland are affected.

How are mental health problems within this specific group diagnosed? So far there are no diagnostic tests available. The same diagnostic approach is used as for people with no additional cognitive problems (i.e. ICD–10 and DSM–IV categories are applied). Where the patient has poor language skills, the diagnosis is based on observations made by carers. Usually it is very difficult to make a clear diagnosis. We assume that many mental health problems in individuals with severe intellectual disabilities are not diagnosed as such and are, rather, considered to be part of the disability.

Policy framework and legislation

At the national level there is the Behindertengleichstellungsgesetz of 2004, a law that promotes the integration and equalisation within society of people with disability. This law should enable the integration/inclusion of individuals with disabilities; it includes public transport, education, public services, housing and public buildings, but we have yet to see its impact. Also important for adults with intellectual disabilities are the Sterilisationsgesetz of 2005 (sterilisation of individuals who do not have the capacity to consent is allowed only where the person is at least 16 years of age and where no other contraception is possible), a law on guardianship and the Ethischen Richtlinien für medizinische Massnahmen bei Menschen mit eingeschränkter Urteilsfähigkeit, which refers to medical treatment and research on non-consenting individuals.

At canton level there are again some rather big differences, especially in relation to individual assistance and support, for which there are few national standards. In the two cantons of Basel there is a law that stipulates a maximum of 12 residents to a residential unit.

Residential service provision for people with intellectual disabilities and mental health problems

Most adults (around 70%) with intellectual disabilities live in institutions or in assisted accommodation. Others live with their parents or independently. Bigger institutions usually not only offer a place to live but also a place to work. Over the past 20 years institutions have increasingly offered residential units for 6–10 people with professional assistance and care. In a few cantons there are *Wohnschulen*, where adults have training to allow them to live independently. In three cantons social security is running a pilot scheme, Assistenzbudget (2006–08), where individuals have their own budgets to buy the assistance they need. Just a few adults with intellectual disabilities are involved, probably because there is no service available to help organise the assistance.

https://doi.org/10.1192/S1749367600005397 Published online by Cambridge University Press

Finding a place to live is often very difficult for those with additional behavioural disorders. There is a risk that these individuals are passed on from institution to institution. There is no legal right to a place to live, which means that in such cases there is hardly any choice. Residential care in smaller units is usually available only to those people with disabilities who have at least some independence.

Mental health services for people with intellectual disabilities and mental health problems

It is difficult to describe the services available in Switzerland because they are organised at cantonal and regional levels. It is possible to say, however, that there are few specialised services for individuals with intellectual disabilities and mental health problems. In the canton of Bern, there is a *Fachstelle* that offers counselling for behavioural disorder, and there is a psychiatric centre in the city of Geneva (Galli Carminati, 2003). Some of the institutions employ a psychologist or counsellor to assist the care team.

Most of the professionals working in institutions are trained either as nurses or in *Agogik*, a term denoting the daily work done with adults (organisation, care, assistance and support at work as well in leisure time). The focus of assistance and support is on autonomy, not on care. There is, however, little collaboration between the institutions that are oriented towards *Agogik* and the professionals trained in psychiatry (although here, too, there are big differences between cantons, as well as between institutions).

Public health services are largely unable to respond to the needs of individuals with intellectual disabilities and mental health problems, partly because of accessibility, partly because of a lack of appropriate structures or simply because there is no knowledge of how to deal with this group. This is particularly the case if the individual does not speak or has difficulties communicating. Even psychiatric clinics are often not prepared or are simply unable to care for individuals with intellectual disabilities. Again, there are big differences between the cantons. In the canton of Lucerne there is close collaboration between professionals working with individuals with intellectual disabilities in a psychiatric hospital and the out-patient psychiatric services in order to train the professionals working there to become aware of the specific needs of this group. Just a few psychiatrists work with individuals with intellectual disabilities in their own practice.

Training for mental health professionals on mental health problems in intellectual disability

In their training, professionals working in the field of psychiatry and psychology learn little about individuals with intellectual disabilities and mental health problems (again, though, there are large regional and cantonal differences). In the field of *Agogik*, the topic of mental health problems is more frequently discussed.

Suggested national priorities

- There is a need to strengthen collaboration between professionals in order to support individuals with intellectual disabilities and mental health problems better than at present.
- Residences have to be created to prevent individuals with intellectual disabilities and mental health problems from being placed in psychiatric hospitals (or, if there is no other choice, only for a short period). Once discharged there is a big need for additional support for these individuals by a team of psychiatric, psychology and psychotherapeutic professionals.
- There are a few psychotherapists who work with individuals with intellectual disabilities. It is important to create a much greater interest in this group among psychotherapists and out-patient services.
- It is important to react whenever difficult behaviour is shown and to support the family and carers to enable healthy emotional development. Prevention has to play a very big role.

Acknowledgement

The author thanks Evi Graf for translating the script.

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European Federation of Psychiatric Trainees

The College has extended its long-standing commitment to engage with trainees to the international stage by supporting the European Federation of Psychiatric Trainees (EFPT). The EFPT is a federation of 24 national trainee organisations. For many years the College has supported its activities, not least by sending delegates via the Psychiatric Trainees Committee (PTC). The organisation is currently grappling with many complex issues, including the implementation of competency-based training in Europe, the development of a European exchange programme for trainees and harmonisation of training in Europe. The College has been a leader in many of these issues and has both facilitated and contributed to many of these discussions. This year we are pleased to announce that Dr Amit Malik, the immediate past chair of the PTC, was elected President of the EFPT for 2009.

https://doi.org/10.1192/S1749367600005397 Published online by Cambridge University Press