

## Mental health in Public Health – the necessity of a life-span perspective

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Mental health issues have received increasing attention in Switzerland. Like most European countries, Switzerland has been witnessing rapid demographic and societal changes with a strong impact on individuals' and families' quality of life, health and economy. Among the major challenges due to the demographic changes are the longer life-expectancy (especially in very old age), the great migration waves, and the breakdown of traditional family forms (lowest fertility and marriage rates, highest divorce rates ever). Among the social changes we can observe an increasing individualisation of life courses and pluralisation of values and lifestyles, which have brought more degrees of freedom but also an increasing disorientation associated with a higher risk of marginalisation. This fact is mirrored by the significant increase of psychiatric diagnoses over the last years. Mental health problems are the second most frequent disease in Switzerland, where almost every second person develops a mental disorder at some time in his/her life. Depression, anxiety, and substance abuse are among the most frequent diseases. Results from epidemiological studies show that currently around 10% of the Swiss population suffer from a severe mental disease, which corresponds to an above average rate in international comparison. In no other OECD-country is the rate of diagnosed occupational invalidity due to mental problems as high as in Switzerland. And with a rate of 19 suicides per 100 000 population per year, Switzerland ranks far above the European average.

Thus, there is undeniably a need for action and the crucial question is: Which groups are especially at risk? Unfortunately, the answer to this question is very often based on ideologies or beliefs, rather than on research-based knowledge. What we can observe in fact is that very often practical and scientific approaches in mental health are biased in multiple ways. Too often, depending on age, sex and cultural belonging, certain groups or topics are neglected and others are favoured. As an example, it has been repeatedly argued, that in

Switzerland young people between 15 and 24 are the group most at risk for mental health problems. Of course, we all know, that the transition to adulthood is a crucial phase. It is a time when decisive role-takings happen and where young people have to define their place in this society. It is also true that due to the huge uncertainties in our multi-option and multi-value society this is a difficult process. The disorientation of many young people is mirrored in the relatively low psychological well-being, lower sense of control and the high suicide rates compared to other age groups. Now what we can observe is that very often professionals acknowledge the importance of developmental processes in childhood and adolescence, yet do not to extend that conceptual understanding to middle and old age.

In fact, different stages of life are associated with vulnerability to distinct forms of mental and behavioural disorders, but also with distinctive capacities for mental health. There is increasing empirical evidence, that middle age and old age show age-specific and gender-differentiated patterns of mental health problems. A particular Swiss problem is the steep rise in mental illnesses as a cause of disability. Mental diseases have become the single most important reason for take up of disability benefits, accounting for over 40% of the total inflow in 2004 (28% in 1995). The main group at risk are men over 50. On the other hand, women aged 45–54 are especially at risk for medication and substance abuse. Mental health problems in old age finally are an increasing but widely ignored reality. Here some examples: alcohol- and medication abuse, suicide and hidden suicide, non- or mistreatment of depression, underestimation of care-givers' burden, barriers of access to medical help for older immigrants, just to name a few.

As the life expectancy in Switzerland is high and will continue to extend, the number of persons experiencing mental disorders in later life (such as dementia or depression) will ex-

pand, confronting our society with unprecedented challenges in organizing and financing efficient mental health services for this population. Instead of playing off the different age groups against each other, we should work on a mental health promotion strategy, which takes into account all the different age groups and their diversity.

In order to overcome the above-mentioned shortcomings and to optimize mental health in public health, the following courses of action are suggested:

- Continue to build up a science base which takes into account a life-span and an intergenerational perspective and which is sensitive to diversity.
- Ensure a sufficient supply of mental health services and providers for all age groups.
- Tailor diagnoses and treatment to gender, education and culture.

- Facilitate entry to treatment.
- Overcome prejudice against need of treatment in old age.
- Improve public awareness for the problems and needs of specific groups at risk.
- Supply help and assistance for families in all life phases.

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