I. Current situation of Psychotherapeutic Professions

1. *Identity of the psychotherapeutic professions.*

In Switzerland, psychotherapy is legally recognized as a profession of its own, although until today there is no legislation on the federal level regulating psychotherapy as an independent profession. A majority of cantons, however, do have psychotherapy legislation. The two major players in the field of psychotherapy are psychiatrists and ‘non-medical psychotherapists’, i.e., psychologists, social workers, psychiatric nurses, creative arts therapists, physiotherapists, clergymen, teachers, etc. Switzerland is probably one of the countries with the highest density of psychotherapists worldwide. For instance, in the canton of Zurich with a population of about one million there are approximately 500 psychiatrists and even more non-medical psychotherapists.

**Psychiatrists:** According to a long tradition of over 50 years, Swiss specialists in psychiatry are ‘psychiatrists and psychotherapists’ by definition. After six years of medical school, they go through another six years of specialty training as residents, including two years of inpatient psychiatry, two years of outpatient psychiatry, and one year in any clinical field of medicine other than psychiatry (e.g. neurology, internal medicine, surgery). During their residency years, future psychiatrists undergo formal psychotherapy training with a minimal duration of three years. They have to make a choice between the psychodynamic, cognitive-behavioral, or systemic approaches. All numeric requirements requested for certification as a ‘psychiatrist and psychotherapist’ are to be fulfilled within one of the three approaches mentioned above, which makes cross-fertilization difficult. Nevertheless, many psychiatrists,
once licenced, seek and receive training in other psychotherapeutic approaches in addition to the approach they were originally trained in. Thus, a majority of specialists in ‘psychiatry and psychotherapy’ would declare their therapeutic approach as eclectic. About half of psychiatrists work in institutions (mental hospitals, outpatient clinics) and half in private practice. Psychiatrists in private practice typically see themselves as psychotherapists primarily, although of course they are allowed to prescribe medication, and to refer patients to a mental hospital on a compulsory basis. As compared to other medical specialists, psychiatrists are at the lower end of the income spectrum; however, they do earn more than non-medical psychotherapists. Most psychiatrists are members of the Swiss Association of Psychiatrists and Psychotherapists. In addition, there is also a Swiss Medical Association for Psychotherapy.

**Non-medical psychotherapists:** ‘Non-medical psychotherapists’ usually have a university degree in clinical psychology or an equivalent academic background, complemented by some basic training in psychopathology and other issues relevant to psychotherapy. Contrary to psychiatrists, psychologists receive some basic training in psychotherapy during their university studies already. To become registered as psychotherapists, however, they have to undergo formal postgraduate psychotherapy training of at least three years, including personal therapy, theory, and supervision. In addition, they are required to do clinical work in an institutional setting for one year, e.g., in a mental hospital or a psychiatric outpatient clinic. Compared to psychiatrists, non-medical psychotherapists are usually very well trained formally but are less clinically experienced initially, particularly in dealing with patients suffering from severe mental disorders, resulting in a trend towards psychologists treating the less severely disturbed patients. Non-medical psychotherapists in private practice are only partly reimbursed by the health care system. Some work as employees under the supervision of psychiatrists which allows them to perform
“delegated” psychotherapy with easy access to reimbursement by the public health insurance but at the cost of being dependent on a psychiatrist, while others prefer to stay independent and to charge their patients, some of whom have private insurance and can thus benefit from partial reimbursement. Non-medical psychotherapists are typically members of the Swiss Association of Psychotherapists (Schweizer Psychotherapeuten Verband SPV), the Federation of Swiss Psychologists (Föderation der Schweizer Psychologinnen und Psychologen FSP), and/or the Swiss Charter for Psychotherapy.

The image in the Swiss general public of psychotherapy in general, and psychotherapists in particular, is probably still quite ambivalent in spite of recent changes towards a better recognition. There is a trend to favoring psychologists over psychiatrists, mainly because psychiatrists are allowed to prescribe medication and to make involuntary referrals, and are therefore seen by some as the “bad guys.” On the other hand, it is increasingly recognized publicly that psychiatrists are generally clinically more experienced, particularly when it comes to severe mental illness. And, last but not least, 90% of the costs of psychotherapy performed by psychiatrists is reimbursed by the public health insurance, while non-medical psychotherapists are only partly reimbursed.

2. Relations among the psychotherapeutic professions.

There are in fact tensions between psychiatrists and non-medical psychotherapists in Switzerland. Psychiatrists, by virtue of their medical training, have the greater social status and income. They are exclusively allowed to prescribe drugs and to compulsorily hospitalize a patient. Mental health inpatient and outpatient facilities are headed by medical directors, meaning by psychiatrists not psychologists. In other words: psychiatrists have more power. On the other hand, psychologists are usually more competent regarding research methodology which
provides them with some power as well, particularly in academic institutions. Also, since their fees are smaller, insurance companies increasingly tend to favor non-medical psychotherapists over psychiatrists, arguing that non-medical psychotherapists can provide the same service for less money. On top of that, there are also tensions between the psychologists and the other non-medical psychotherapists (social workers, etc.), with the psychologists claiming to be recognized as the “only true” psychotherapists. All these tensions play an important role and complicate the current process of legislation in Switzerland. Despite this, there usually is good interdisciplinary cooperation between the two groups of psychotherapists. The cooperation is given by law, when a patient of a non-medical psychotherapists also needs pharmacotherapy.

3. Relation of the professions to the health care and/or social service systems.

Switzerland has a health care system with mandatory basic insurance for everybody. This is provided by competing private insurance companies who have to accept everybody without reservation. Public health insurance covers 100% of inpatient health care and 90% of outpatient health care (10% cost sharing by the patient). On top of this, people can have private insurance which basically provides more convenience during hospital stay (e.g., access to single rooms) but makes no difference in medical treatment. Private insurance has no impact on outpatient service provision.

There is no clear distinction between medical and mental health benefits; however, more recently, we have seen a tendency among politicians to restrict mental health benefits, particularly psychotherapy. Currently, psychotherapists are required to submit a short report before the 10th session to a medical examiner who decides whether or not an additional 30 sessions are reimbursed. After a total of 40 sessions, a more comprehensive report is required, and chances of being funded diminish.
Patients are charged by their therapists, and are expected to pay their bills personally; they then submit the bill to their insurance company who will reimburse 90% of the total sum. From an international perspective, this looks like a very generous agreement; however, given the previous situation where there were virtually no restrictions as to frequency and duration of psychotherapy, Swiss psychotherapists are experiencing an increasing pressure which they don’t like.

II. Future Prospects of the Psychotherapeutic Professions

4. Factors instigating change in the psychotherapeutic professions.

As mentioned above, non-medical psychotherapists currently have no direct access to reimbursement by public health insurance. However, understandably, they are fighting strongly, and with good arguments, for being granted such access. On the other hand, authorities are reluctant because they are afraid of an increase in health costs. Although, according to Swiss legislation, any medical treatment including psychotherapy must demonstrate its efficacy, usefulness, and cost effectiveness in order to be reimbursed, no clear-cut scientific criteria are currently applied across-the-board; neither are there any best practice evidence-based treatment guidelines that psychotherapists would have to adhere to.

There is a gap between the researchers trying to disseminate empirically supported therapies, on the one hand, and the clinicians in private practice and in clinical institutions trying to preserve their individual freedom, on the other hand. As a rule, researchers are seen by clinicians as sitting in their ivory tower, far away from the clinical reality of a psychotherapist’s practice, while clinicians are seen by researchers as being hostile towards research and resistant to empirical research findings. Nonetheless, dissemination of novel, empirically supported
treatment approaches does take place increasingly; but clinicians, although well trained, are
generally very reluctant to actually conduct manualized treatments in purely clinical (meaning
non-research) settings. It can be expected that faced with increasing restrictions regarding the
reimbursement of long-term psychotherapies, clinicians will be more willing in the future to
adopt and apply evidence-based, time-limited, manualized treatments. In order make a
constructive contribution, and to generate data that can inform the authorities based on the
realities of psychotherapists in private practice, the Swiss Charter for Psychotherapy has initiated
a psychotherapy outcome study using a naturalistic research design, in collaboration with
psychotherapists in private practice, universities and colleges of higher education.

5. Basic skills to be required for training and practice in the psychotherapeutic professions.

Switzerland is far from requiring certain basic “skill-sets” of professionals who provide
psychotherapy. Not unlike other countries, there is still quite some rivalry going on among
representatives of different “schools.” Unfortunately, the rich diversity of treatment approaches
allowed by our system is currently not sufficiently utilized for the development of a set of basic
essentials. In most places, with only a few exceptions, psychotherapy training is offered by
private institutions that are strictly bound to their respective therapeutic orientation:
psychoanalytic, cognitive-behavioral, systemic, humanistic, etc. This is in line with current legal
regulations for non-medical psychotherapists and for the specialty title in ‘psychiatry and
psychotherapy’ which force residents to choose between the psychodynamic, cognitive-
behavioral, or systemic approaches.

Some experts think that this situation can only be overcome if psychotherapy training is
taken over by independent agencies, such as universities, who have an interest in disseminating
evidence-based treatments rather than defending the status of any given approach. They state that
only then could we start discussing about a certain minimal set of skills that each and every psychotherapist should be familiar with, e.g., principles of transference and countertransference, exposure treatment in anxiety disorders, cognitive techniques, working with couples and families, etc. Other important players in the field, however, do not share this view, pointing to the danger of psychotherapy training becoming too much dependent on a few professors who would pursue their personal preferences, rather than strengthen the scientific foundations of psychotherapy; they state that such a step would ultimately result in a constriction of the diversity we are currently enjoying, and which appears to be appropriate for an ever more diversified society.

6. Relation of psychotherapy research to the psychotherapeutic professions.

If we understand psychotherapy as a culturally sensitive and scientifically based discipline (which must not necessarily preclude us from seeing psychotherapy as an art as well), advancement of psychotherapeutic practice should go hand in hand with innovations in psychotherapy research. Clinicians should learn from researchers about the efficacy and effectiveness (or lack thereof) as well as about adverse side effects of specific psychotherapeutic approaches or techniques. Conversely, researchers should listen to clinicians in order to generate clinically relevant and meaningful research questions and hypotheses. Evidence-based medicine (or psychotherapy) is by definition oriented towards the past, in that the currently available evidence only informs us about what has already been achieved and established. To avoid suffocation, evidence-based psychotherapy must be complemented by innovation which usually emerges from creative practitioners’ ideas rather than from theorists.

Unfortunately, not much of a creative researcher-clinician dialogue is taking place in Switzerland. Mutual learning seems to be a difficult thing to do. Clearly, more research will have
to be done, both on therapy and on therapists. Maybe even more importantly, more emphasis has to be placed on helping researchers and clinicians to listen to one another, to foster a dialogue which, in our opinion, carries tremendous potential for guiding the psychotherapeutic professions in constructive directions. Each step we take in bridging the gaps between schools, cultures, professional identities, and particularly in bridging the gaps between researchers and clinicians, will be a step towards the establishment of psychotherapy as an advanced, scientifically well grounded and culturally sensitive treatment approach.

An encouraging step in that direction is the naturalistic study the Swiss Charter for Psychotherapy has initiated in collaboration with psychotherapists in private practice, universities and colleges of higher education: the research group in charge made an effort in going through a laborious process of mutual exchange and a multitude of feedback loops, and thus succeeded in bridging gaps and surmounting barriers that traditionally exist between researchers and clinicians. This goes in line with new regulations that commit membership institutions of the Swiss Charter for Psychotherapy to incorporate teaching the principles of psychotherapy research in their psychotherapy training curricula.

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