The central European countries Germany and Switzerland are confronted with a variety of individual problems concerning health care. After an analysis of problems which are shared by both countries, these individual aspects are analysed. In Germany there has been a rapid structural change of psychiatric care in the last 30 years. Although there was a broad movement to deinstitutionalise patients with chronic psychiatric disorders who need longterm care, there are still too many psychiatric beds in big psychiatric hospitals and still missing psychiatric departments in general hospitals in some areas. Due to historical reasons the mental health care system in Switzerland is not easily comparable with the one in Germany. Deinstitutionalisation in Switzerland mainly means reduction of beds in the existing psychiatric hospitals rather than a structural change with a conversion to psychiatric departments in general hospitals. Thus, in both countries the process of deinstitutionalisation has still not come to a satisfying level. This is not only due to the economically difficult situation in the recent time period. A change can only be expected when the opinions about modern principles of psychiatric care get more weight in the general society and their political representatives. This implicates the aspects of the relationship of psychiatry to other medical disciplines, the stigma of psychiatry and the diversity of successful psychiatric treatment and care methods investigated in the last decade.

The transformation of psychiatric care produced in Spain since 1980s has produced as its most significant achievements: i) the development of a new organisational structure for mental health care; ii) the integration of mental care in the general health system; iii) the creation of a network of community mental health centres; iv) the adoption by the community of more positive attitudes towards mental illness and its treatments.

However, the application of the Spanish Psychiatric Reform has followed an uneven course, with marked differences between the different autonomous regions. The main deficiency has been in the development of intermediate community services and programmes. It is also possible to detect a strong tendency to maintain the old mental hospital for both short and long term mental health care. It is also possible to detect a strong tendency to maintain the old mental hospital for both short and long term mental health care. It is also possible to detect a strong tendency to maintain the old mental hospital for both short and long term mental health care.

Based on well documented serotonin-agonistic and antiaggressive effects of lithium, we hypothesized that a properly performed lithium long-term medication might have specific antisuicidal effects. Support for this assumption came from our findings that in a high risk group of the Berlin Lithium Clinic suicidal behaviour was significantly higher in patients having discontinued lithium than in those with regular uninterrupted medication. In the context of a large prospective multi-centre German study (MAP), in which patients were allocated at random to either lithium, carbamazepine or amitriptylin long-term treatment, it could be demonstrated that suicides and parasuicides occurred exclusively in the non-lithium groups. A reduction of suicidal behaviour should result into a lowering of the 2 3 fold increased mortality in affective disorders. Such an effect of lithium long-term treatment could be shown by various groups, e. g. Coppen in the U.K. and Nilsson in Sweden, but has been particularly demonstrated by the collaborative large study of IGSLI. It has been shown in a large international patient group...