Stand by You Study

Situation of relatives and confidants of people with mental illness in Switzerland

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Editorial

Relatives and carers of people with mental illnesses often navigate through rough waters. And not just since the crisis in psychiatric care became one of the major social issues of our time.

25 years ago, a few regional relatives' organisations joined forces to form VASK Switzerland. The relatives' movement in Switzerland was born. The organisation provided important impetus - and supported relatives throughout Switzerland. Last year, the umbrella organisation decided to further develop the legacy of the VASK and venture a new image: with a new name, a new website and a new self-image, the organisation is now operating under the name "Stand by You Switzerland - Relatives and Confidants of People with Mental Illness". The aims of the movement are: To make the perspective of relatives and confidants more visible, audible and tangible - and to contribute to making psychiatry in Switzerland more sustainable, effective and humane.

This study is a piece of pioneering work. In collaboration with Sotomo, we have conducted the first representative study on the situation of relatives and confidants of people with mental illness in Switzerland. The results are impressive. The number of people affected alone is striking: 59 per cent of the adult population in our country have been in the role of relatives or confidants of people with mental illness at some point in their lives. Around half of these, namely around 2.1 million people, are currently living with a mental illness.

They are currently in this role. Their contribution is enormously important for those affected and relieves a system that is itself in crisis. Almost two thirds of those affected by a mental illness, for example, say that they would have had to seek more professional help without the support of those around them.

The report is a tribute to the many people in our country who, as relatives and confidants of people with mental illness, continue to find ways to support their loved ones. We would like to take this opportunity to thank the Swiss Charitable Society and the Dr Angela Reiffer Foundation. It is their generous support that has made this study, which is a milestone for the movement of relatives in Switzerland, possible.

Stand by You Switzerland / Relatives and trusted persons of people with mental illnesses

Stand by You survey

2.1. ABOUT THIS STUDY

The experiences and concerns of family members and confidants of people with mental illness have so far been largely ignored in the public discourse on mental health. Yet an enormous number of people in this country go through life in this role every day. They provide extraordinarily important help for people affected by mental illness and thus also relieve the burden on the healthcare system. This report describes the results of the first representative study in Switzerland to investigate the topic of relatives and confidants of people with mental illness. The study sheds light on the immense amount of support provided by the social environment of people affected by mental illness and highlights the importance of this work. It also examines the impact of this demanding role on the relatives and confidants themselves and what support services they would like to see.

Sotomo developed and implemented the survey on behalf of and in collaboration with Stand by You Switzerland. The organisation campaigns for the needs and interests of relatives and confidants of people with mental illnesses in Switzerland.

2.2. SUMMARY

The results of the representative study show how many people have been relatives or confidants of people with mental illness and how important they are for those affected and for society.

- 90 per cent of the adult population knows at least one person in their environment who has suffered from a mental illness. 73 per cent know several people.
- 59 per cent of the adult Swiss population (i.e. around 4.3 million people) have already been in the role of a relative of a family member with a mental illness or have actively supported a person with a mental illness from their social environment. Around half of these, i.e. around 2.1 million people, are currently in this situation.
- 96 per cent of people with a mental illness who have received support from people close to them consider support from relatives and people they trust to be important.
- 58 per cent of people with a mental illness who received support from people close to them say that they would have had to seek additional professional help without this support.
- 68 per cent of relatives and confidants who provide support or have done so in the past say that they have done so for at least one year. A third provided or continue to provide this support for more than five years. The longer the period of support, the greater the potential for conflict between those providing support and those affected.
- 73 per cent of people who support or have supported a member of the nuclear family stated that the support is or was a psychological burden for them.

- 37 per cent of those providing support experience fear and worry that the person concerned might take their own life.
- 73 per cent of relatives and confidants believe that they receive too little understanding from society.
- 53 per cent of relatives and confidants are of the opinion that there are too few specific services to adequately support the social environment of people with mental illnesses. The need for improved access to information and exchange of experiences is particularly high.
- 36 per cent of people in Switzerland say they witnessed a family member suffering from a mental illness as a child. 73 per cent of them said they had suffered from this condition. This corresponds to around 1.9 million adults today.

Extent of the impact in Switzerland

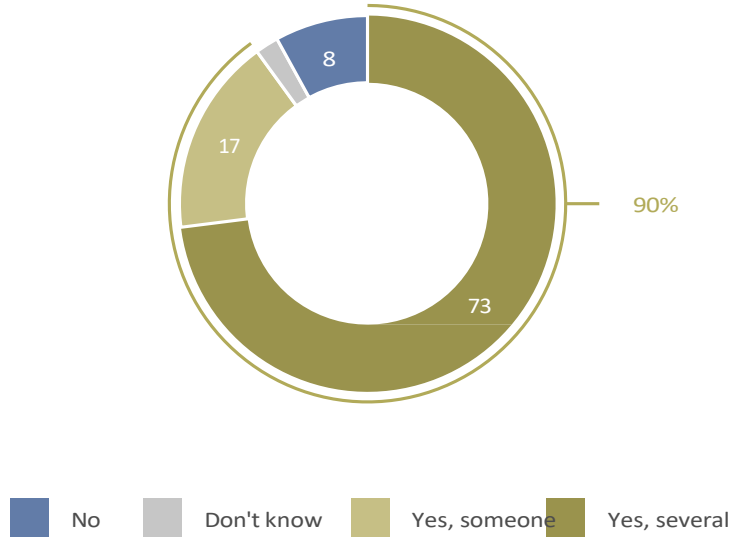
The chapter shows how many people in Switzerland have already experienced being a relative or confidant of a person with mental illness .

3.1. A MAJORITY WERE ALREADY RELATIVES OR ACQUAINTANCES

In Switzerland, almost everyone knows one or more people in their social circle who suffer or have suffered from mental illness. As Figure 1 shows, 90 per cent of respondents stated that they knew at least one person in their social circle who had suffered from a mental illness. 73 per cent stated t h a t t h e y knew several people affected.

Almost everyone knows people with mental illnesses (Fig. 1)

"Do you know people in your social environment who have suffered from mental illness? (e.g. burn-out, depression, anxiety, psychosis, schizophrenia, etc.)"

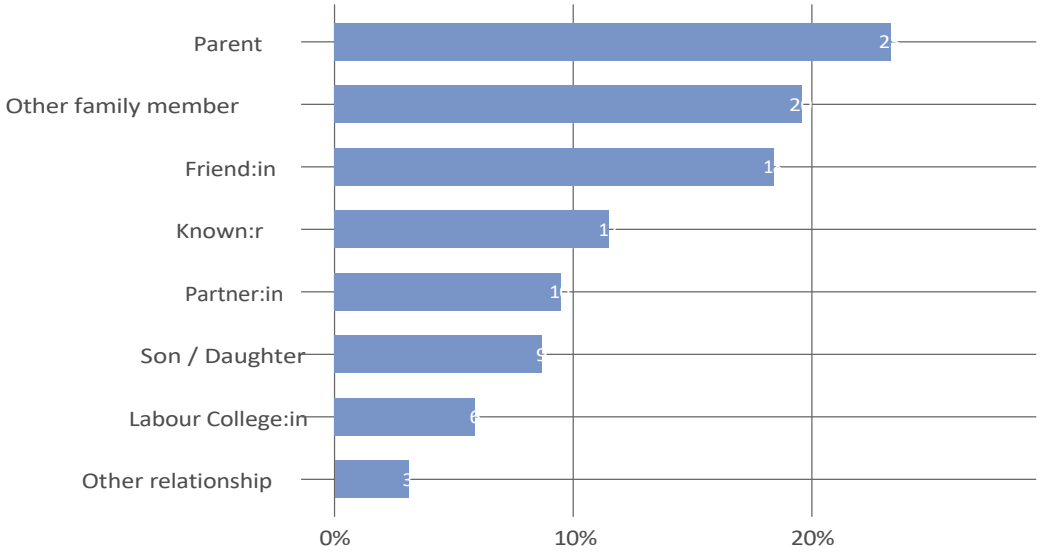


Despite this, the experiences and needs of the social environment of people with mental illness in Switzerland have hardly been analysed. This study report is based on a representative survey that provides insights into the situation of relatives and confidants. Participants were asked to describe their most formative experience with someone close to them who suffers from a mental illness.

For most of those who have had such an experience, it was caused by the illness of someone in their family (Fig. 2). For 23 per cent of respondents, the person affected by a mental illness is or was a parent, for 20 per cent another family member, for ten per cent a partner and for nine per cent a daughter or son. Friends (18%) and acquaintances (12%) were also frequently mentioned, while work colleagues (6%) and other relationships (3%) were mentioned less frequently.

Relationship with the mentally ill person (Fig. 2)

"What is your relationship with the person affected by a mental illness? If you know several people in your social circle who have had to deal with mental illness, please answer the questions for the most significant experience for you" - only respondents who know a mentally ill person in their social circle

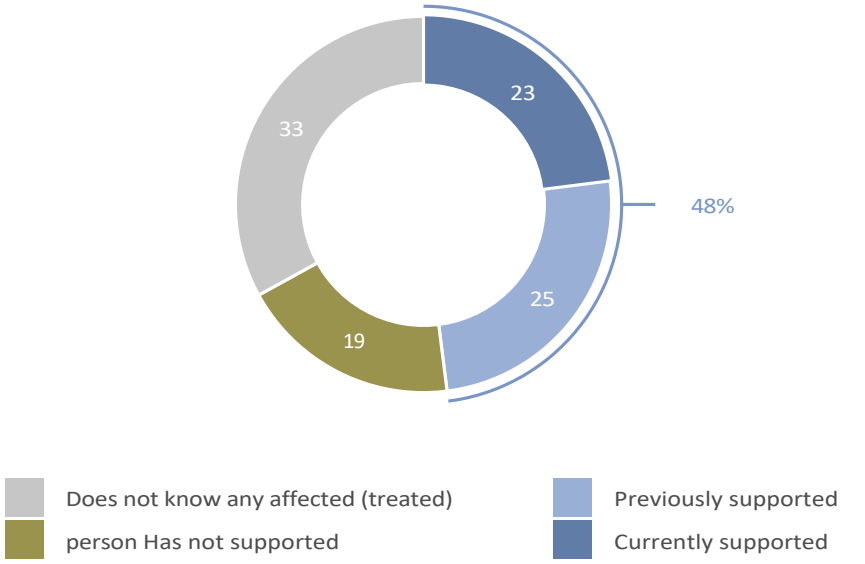


Many of those surveyed actively supported the person concerned, for example by regularly talking to them about their situation and looking after them or helping them with everyday tasks (Fig. 3). 48 per cent of people in Switzerland have already supported a person receiving treatment for a mental illness in this way. Just under half of them, 23 per cent, were still supporting the person concerned at the time of the survey.

Support for the mentally ill person (Fig. 3)

"Have you supported the person concerned? (e.g. regularly talked to them about their situation and listened to them, helped them with everyday tasks or accompanied them to appointments)"

"Are you still currently supporting the person concerned?"



The Stand by You association, which commissioned this study and was involved in the development of the survey, represents the interests of relatives and confidants in Switzerland. In order to keep the study results as relevant as possible for this group, only the responses of people with experience as relatives and/or confidants are listed in the following chapters. In this context, relatives are defined as people who have a family member with a mental illness that requires professional treatment. Confidants, on the other hand, are people who actively support or have supported a person from their social environment who is being or has been professionally treated for a mental illness.

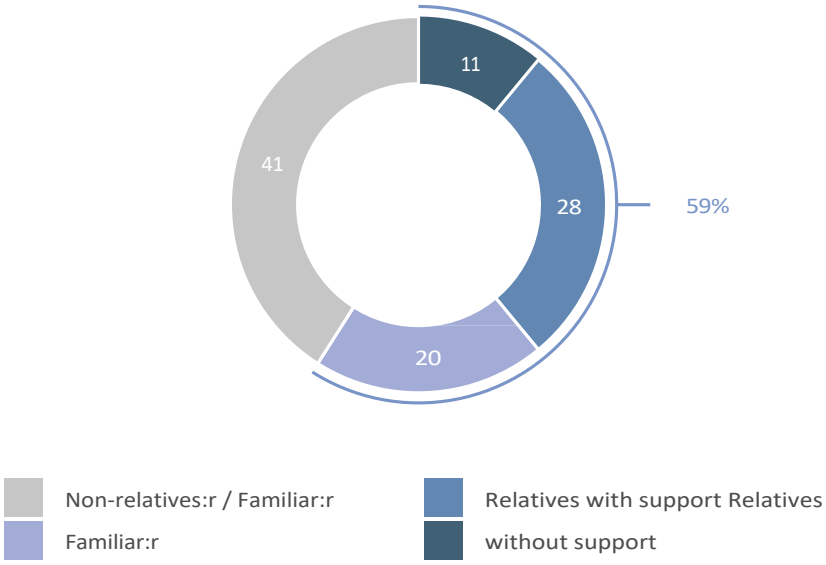
The group of people who have already had experience as a relative or confidant is very large. 59 per cent of the adult population have been in the role of a relative or confidant at least once (Fig. 4). That is 4.2 of the 7.4 million adults living in Switzerland. Based on the figures for the current

support, it can be assumed that around half of these, i.e. 2.1 million, are currently still in this role.

For 39 per cent of respondents, an illness of a family member was the most formative experience with a person affected. For a further 20 per cent of respondents, this experience came when they actively supported someone they knew. 41 per cent of people living in Switzerland have not yet had any experience as a relative or confidant.

Experience as a relative or confidant (Fig. 4)

Percentage of the adult, language-integrated Swiss population who have already had a family member with a mental illness (relatives) and/or have actively supported a person with mental illness from their social environment (confidants)



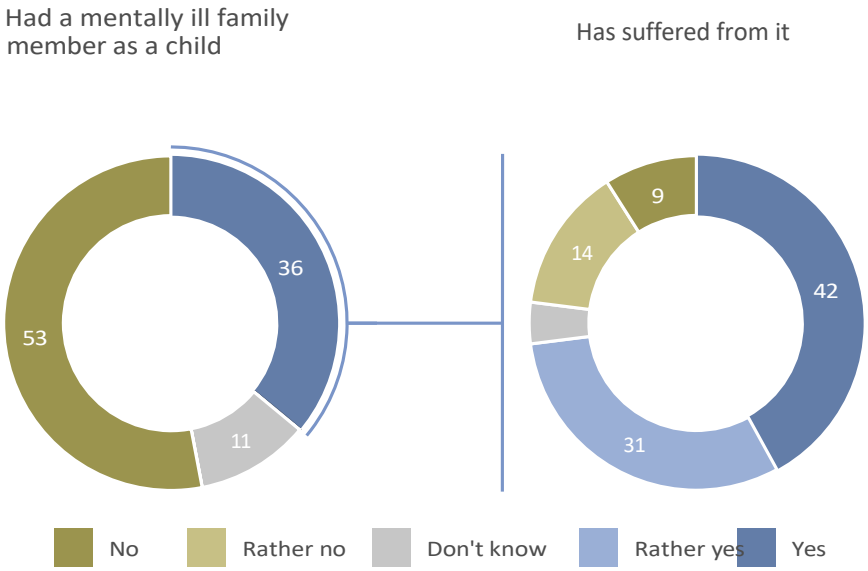
3.2. MANY SUFFERED FROM THEIR ROLE AS A RELATIVE AS A CHILD

Many people in Switzerland - 36 per cent according to the survey (Fig. 5) - have witnessed a family member suffering from a mental illness as a child. Of these 36 per cent, three out of four people stated that they had definitely (42%) or somewhat (31%) experienced mental illness.

to have suffered from this circumstance. Extrapolated to the Swiss population, this means that around 1.9 million adults living in Switzerland clearly or more likely suffered from a family member's mental illness as a child.

Experiences with mental illness in the family as a child (Fig. 5)

"Did anyone in your family struggle with mental illness when you were a child?"
"Did you suffer from it?"

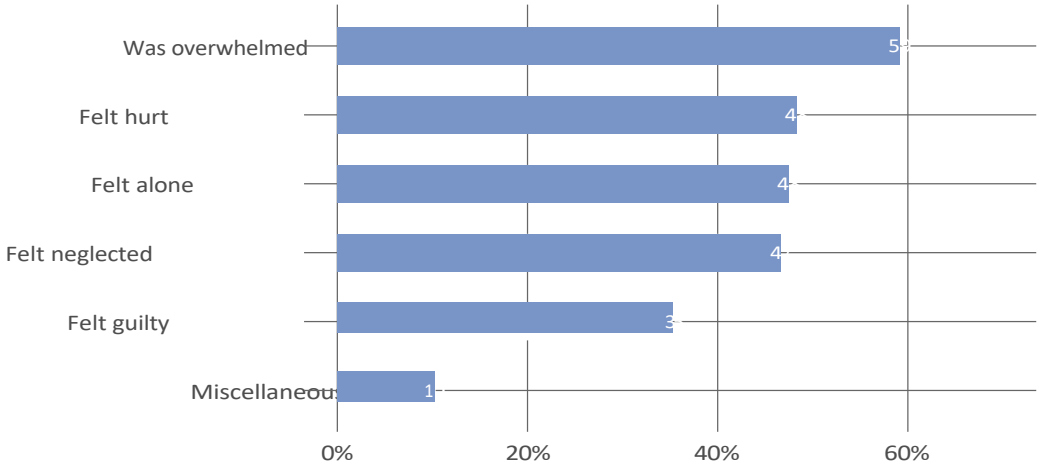


When asked how they had suffered from the situation as a child (Fig. 6), a majority said that they had been overwhelmed by the situation (59%). Many also felt hurt (48%), alone (48%) or neglected (47%). 35 per cent felt guilty.

The available figures make it clear that children usually suffer when their parents become mentally ill. For this reason, the welfare of children should always be taken into account when parents receive psychological or psychiatric treatment. Stand by You Switzerland is therefore calling for their needs as young relatives to be systematically integrated into the treatment of their parents or siblings and supported by specific services.

Experiences with mental illness in the family as a child (Fig. 6)

"How did you suffer from this?" - only people who suffered from a mental illness in the family as a child



Importance of support from the environment

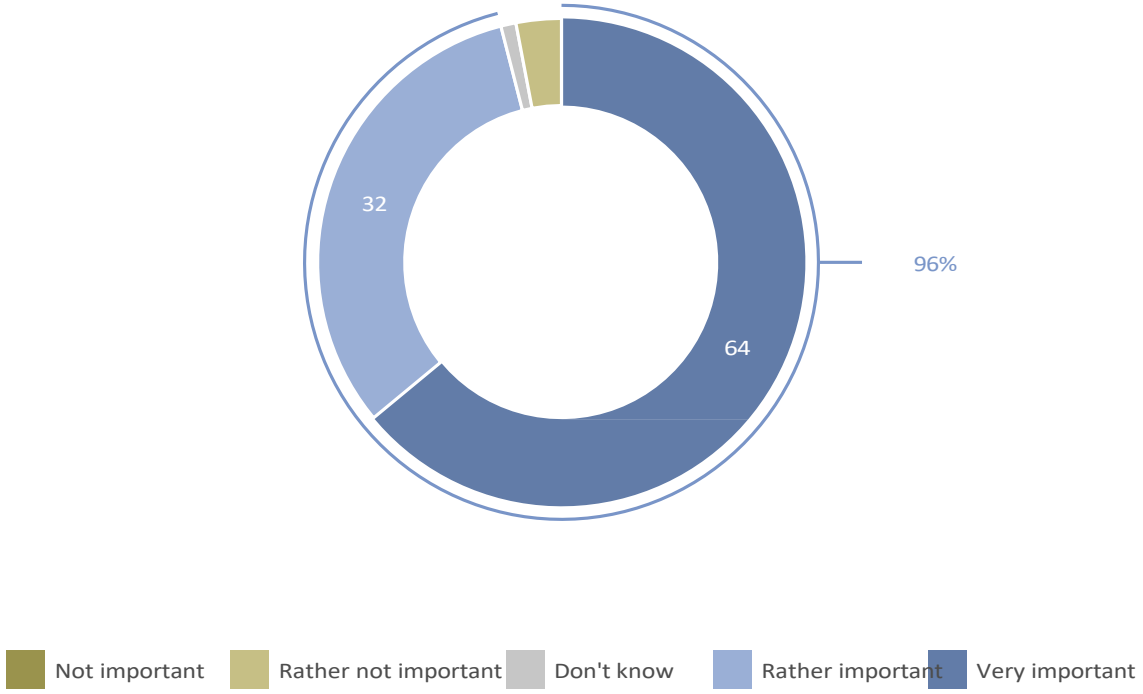
This chapter shows the extent and importance of support from the social environment of people with mental illness. It also sheds light on the types of support provided by relatives and confidants and highlights problems in this context.

4.1. HELP FROM THE ENVIRONMENT IS EXTREMELY IMPORTANT FOR THOSE AFFECTED

Relatives and confidants of people with mental illness make a significant contribution to coping with crises through their support and help those affected to cope with everyday life. This service is rated as extremely important by those affected (Fig. 7). This support was very important for almost two thirds (64%) of people affected by mental illness who received support from those around them. A further 32 per cent found this help somewhat important.

Importance of support from the environment for those affected (Fig. 7)

"How important was the support of people from your social environment for you?" - only people who have already suffered from a mental illness and received support from those around them during the illness



Together with the figures on the enormous amount of support given to mentally ill people by those around them (see Fig. 3), these results show that in Switzerland there is a strong reliance on the help of relatives and friends of those affected in the context of mental illness. This makes them an integral part of the support network and the care system.

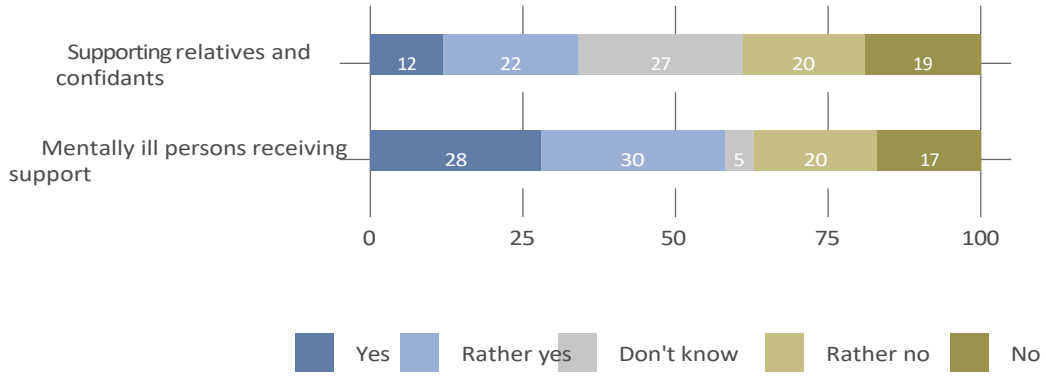
Relatives and confidants who support people with mental illness from their personal environment therefore provide considerable services that would have to be covered by professional institutions and specialists without them. This is confirmed both by people with mental illness who are or have been supported by those around them and by people who have provided support or are currently doing so (Fig. 8). 34 per cent of relatives and

confidants think that the person concerned would have had to seek additional professional help without their support. However, a good quarter (27%) are not sure. The situation is clearer for those affected themselves. Significantly more than half of them (58%) say that without the support of their social environment they would definitely or more likely have had to seek additional professional help.

Additional professional help without support from the environment (Fig. 8)

"Would the person affected have had to seek more professional psychological or psychiatric help without your support?" - only relatives and confidants who support/have supported mentally ill people

"Would you have sought more professional psychological or psychiatric help if these people had not supported you?" - only people who are/were mentally ill and are/were supported by their environment



4.2. SUPPORT FROM RELATIVES OFTEN TAKES SEVERAL YEARS

The help provided by relatives and confidants of mentally ill people is diverse, and although it is not institutionalised and is voluntary, in many cases it is of astonishing duration (Fig. 9). For example, 68 per cent of relatives and confidants who provide or have provided support in the past state that they have supported the mentally ill person for at least one year. Almost a third of those providing support had even provided support for more than five years. It can be deduced from this that relatives and confidants greatly relieve the burden on the healthcare system through their contribution.

Duration of support" (Fig. 9)

"Approximately how long have you (already) supported the person concerned?" - only relatives and confidants who support/have supported mentally ill people

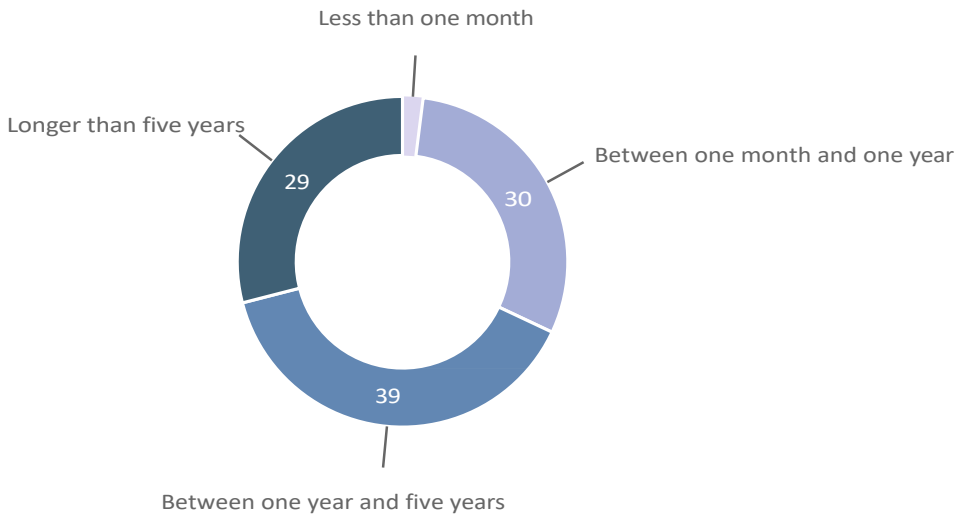
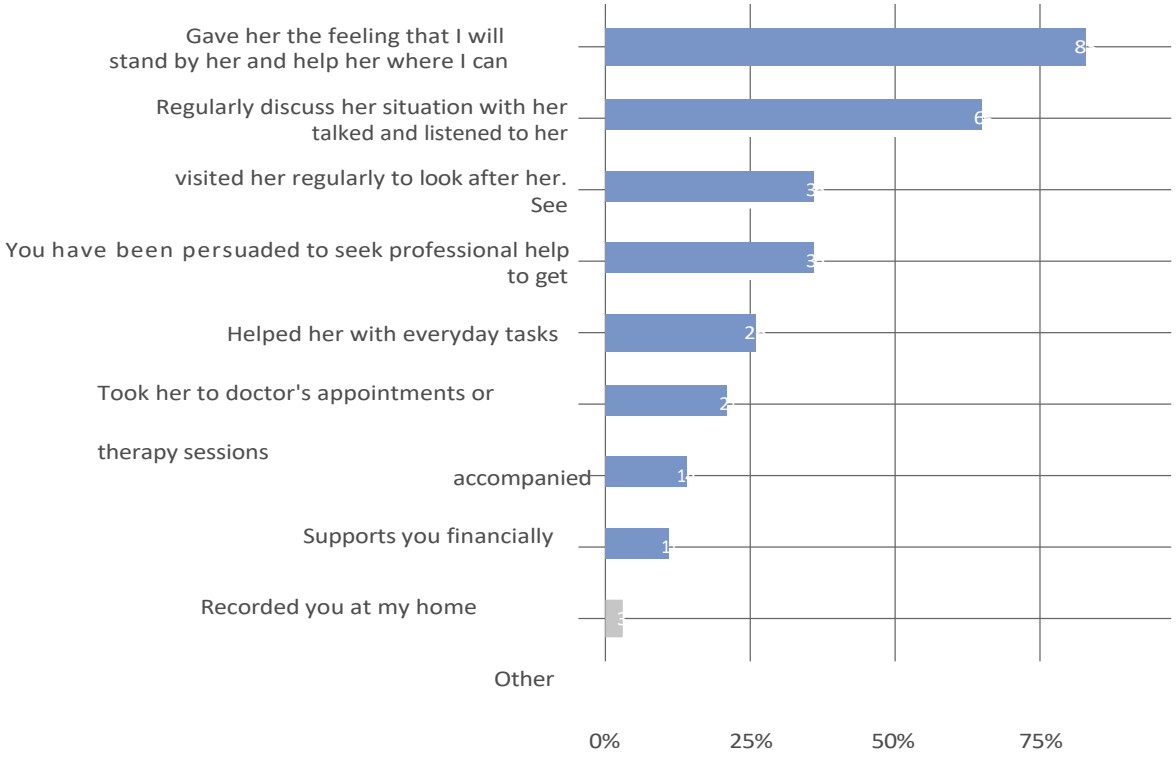


Figure 10 shows the type of support provided by family members and confidants. The most common commitment is to make those affected feel that they are not alone by standing by them (83%) and talking to them regularly about their situation (65%). In each case, 36 per cent of relatives and confidants regularly visit those affected and encourage them to seek professional help. They are also involved in everyday tasks: a quarter help with everyday chores and around a fifth accompany those affected to medical and therapy appointments. Help from the social environment is not limited to time investment and everyday support. Around 14 per cent provide financial support and eleven per cent have taken the affected person into their home.

Areas of support (Fig. 10)

"How did support the person concerned?" - Only family members and confidants who provide/have provided support



4.3. CONFLICTS INCREASE WITH DURATION OF SUPPORT

Support from family members and confidants is an important source of support for people affected by mental illness. However, this does not always run smoothly. Around half of the relatives and confidants who provide or have provided support state that tensions or conflicts have already arisen between them and the person affected (Fig. 11). For eleven per cent of those providing support, this even occurs frequently. Friction is particularly common when the person concerned is a member of the nuclear family. In this constellation, 19 per cent of relatives and confidants state that conflicts often arise between them and the person affected. If the person affected by a mental illness is a more distant

family member or is in another relationship with the person providing support, tensions are less likely to arise.

The duration of support also has an influence on the conflicts between the person concerned and the person providing support. 33 per cent of relatives and confidants whose support lasted less than a year reported conflicts. The figure was 57 per cent for those who had provided support for between one and five years and 67 per cent for those who had provided support for even longer. The longer the duration of support, the greater the potential for conflict between the relatives and confidants and the person concerned.

Tensions between the supporting person and the mentally ill person (Fig. 11)

"Have there already been tensions or conflicts between you and the person concerned?" - only relatives and confidants who support/have supported mentally ill people

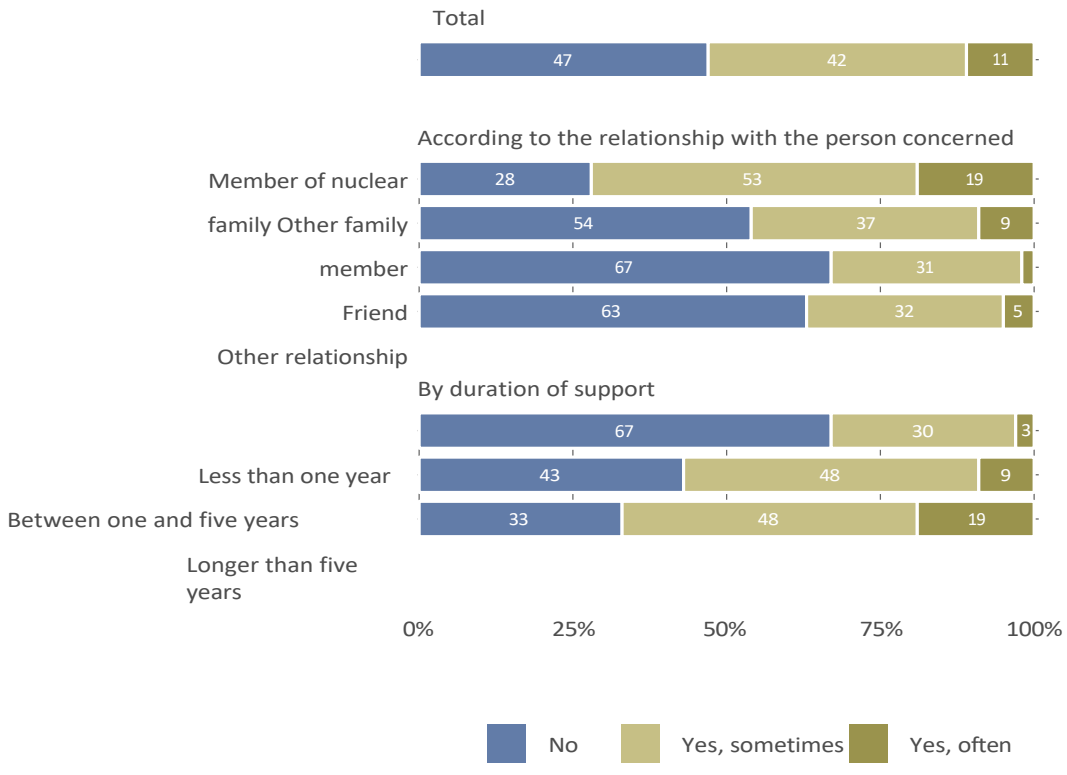


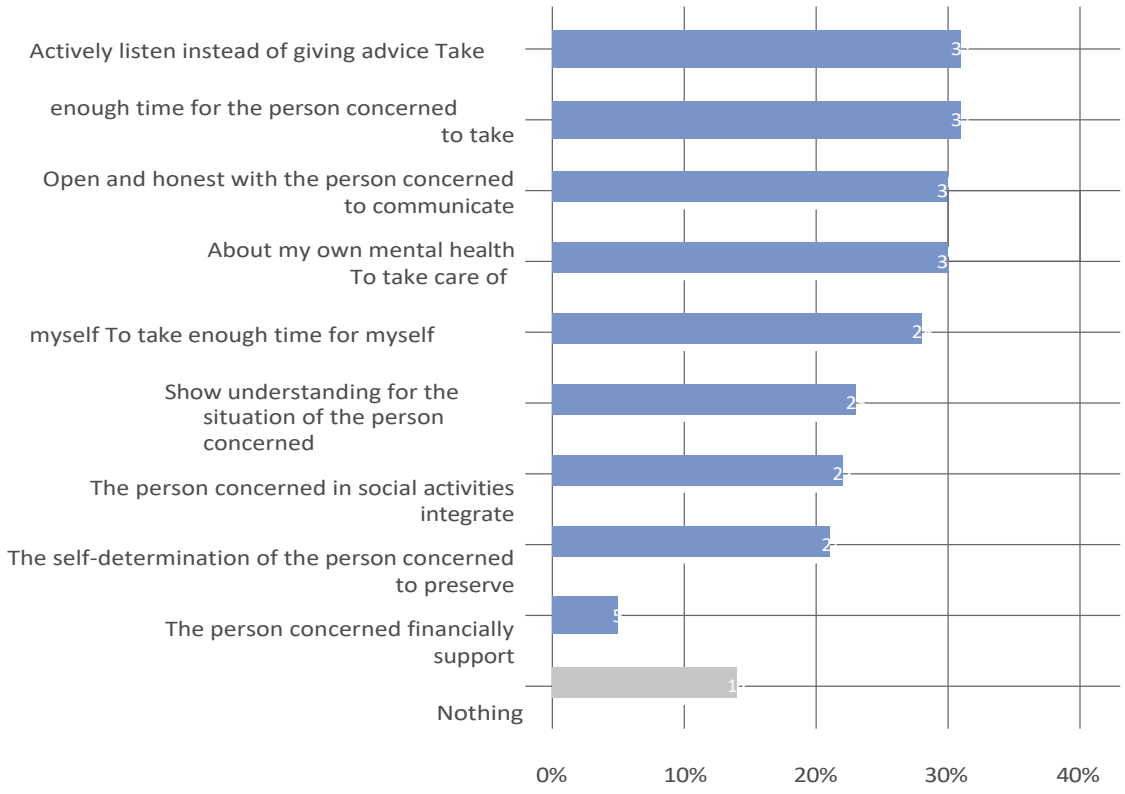
Figure 12 also shows that the help provided by those around them is not always problem-free. Only 14 per cent of the family members and confidants providing support did not find anything difficult in connection with their support. In three areas, around 30 per cent of those providing support felt

Difficulties: with communication, with time and with their own mental health.

In the area of communication, just under a third of those providing support find it difficult to actively listen instead of giving advice and communicating openly with the person concerned. Just under a third of those providing support also find it difficult to look after their own mental health and take enough time for themselves. Showing understanding for the person affected can also be difficult. 23 per cent of family members and confidants had difficulty with this. In addition, the social integration of the person concerned and maintaining their autonomy present difficulties for a good fifth of those providing support. Financial support, on the other hand, is less often a problem. Only five per cent of family members and confidants had difficulties providing financial support to those affected.

Difficulties with support (Fig. 12)

"What did find difficult when supporting the person concerned?" - only relatives and confidants who support/supported mentally ill people



These results make it clear that the support of mentally ill people by their social environment also entails many difficulties. These are evident both in the interaction between the affected person and the person providing support and in the personal lives of relatives and confidants.

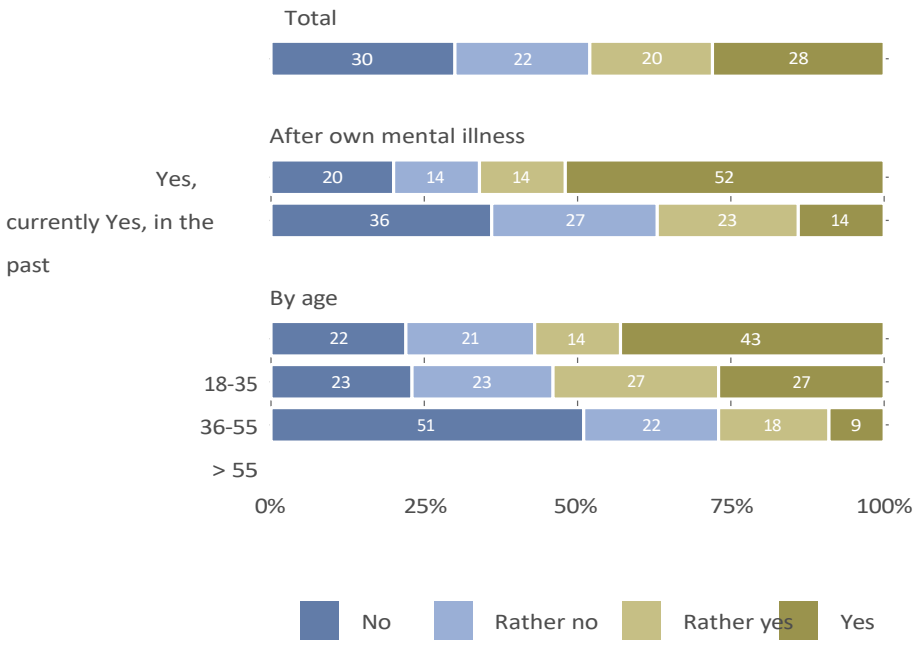
However, the challenges are not just limited to relatives and trusted friends. This situation also poses certain difficulties for people with mental illness who seek support from those around them. As can be seen in Figure 13, half of the people affected have already felt guilty towards those who support them. This feeling is particularly acute during a mental illness. 66 per cent of people who are currently suffering from a mental illness,

have already had a guilty conscience. For people who have been affected by a mental illness in the past but are currently feeling better again, the figure is significantly lower at 37 per cent.

There are also clear differences between the age groups. While 27 per cent of people over the age of 55 with a mental illness had to deal with a guilty conscience towards the person they were supporting, the figure is 57 per cent for the younger generations.

Bad conscience towards supporters (Fig. 13)

"Have you ever had a guilty conscience towards the people you have supported?" - only people who are/were mentally ill and are/were supported by their environment



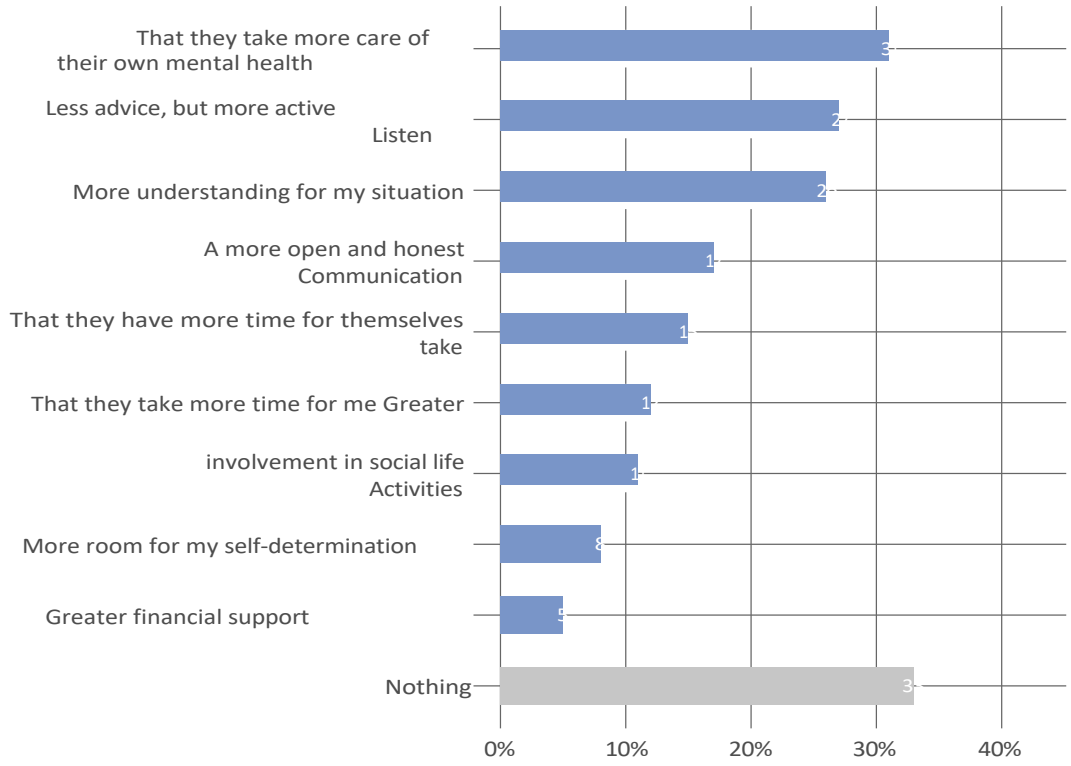
When asked what they would like from the person providing support, the well-being of the person providing support is the top priority for those affected (Fig. 14). People with a mental illness most frequently wish that the person providing support would take better care of their own mental health. Around one in four of those affected would also like more active listening and more understanding from the people supporting them. A third of people with a mental illness who are or have been supported by those around them say that they do not wish for

anything from their supporters.

to wish. This indicates a generally high level of satisfaction and gratitude on the part of those affected with regard to the support they receive from their environment.

Wishes of the persons concerned (Fig. 14)

"What would you have wished for from these people during the time they supported you?" - only people who are/were mentally ill and are/were supported by their environment



Effects on relatives and confidants

The chapter shows how often it has a negative impact on family members and confidants when someone close to them becomes mentally ill and what the effects are. Such a situation is particularly stressful for people where the affected person is a close family member or requires support over a longer period of time.

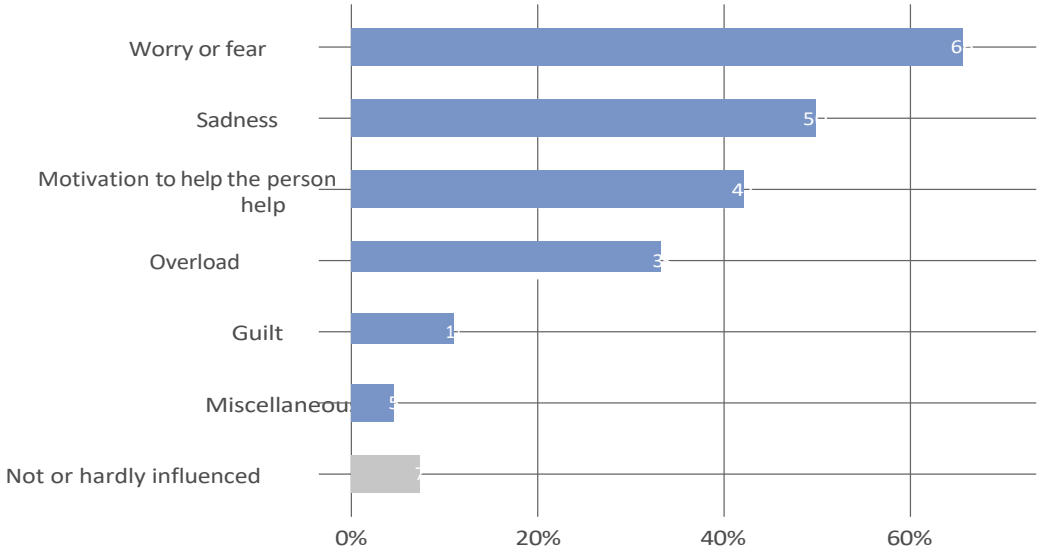
5.1. SADNESS AND FEAR FOR THOSE AFFECTED

Mental illness in the social environment triggers a range of mostly negative feelings among relatives and confidants, as can be seen in Figure 15. The most common feelings are worry or fear for the person affected, as confirmed by 66 per cent of the family members and confidants surveyed. For half of the respondents, sadness is a defining feeling that they associate with the person's mental illness.

In general, it can be recognised that a mental illness leaves practically no one in the social environment unaffected. Only seven per cent of respondents stated that the situation with the person affected had little or no impact on their own feelings.

Feelings due to the mental illness of the person concerned (Fig. 15)

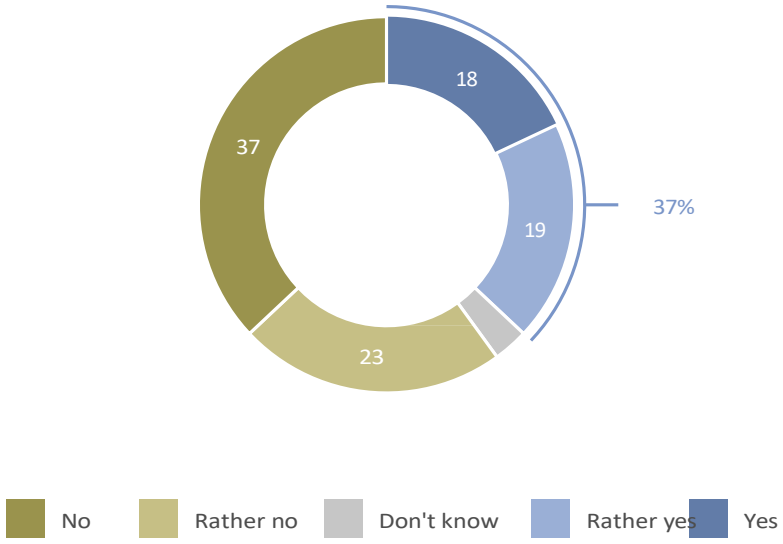
"What feelings did the mental illness of the person concerned trigger in you?" - Only relatives and confidants



In some cases, concern for the person concerned extends to fear for their life. Figure 16 shows that 37 per cent of relatives or confidants are worried that the person concerned could take their own life.

Fear of suicide of the person concerned (Fig. 16)

"Have you sometimes feared that the person concerned might take their own life?" - Only relatives and confidants



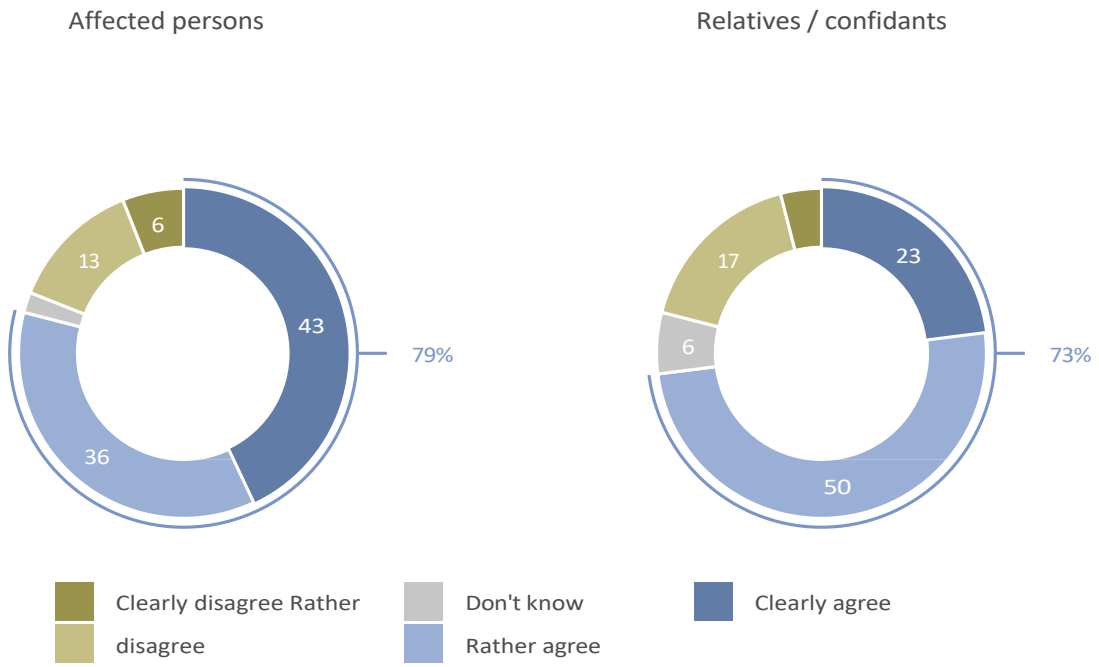
5.2. RELATIVES FEEL MISUNDERSTOOD BY SOCIETY

Many relatives and confidants also feel misunderstood by society. Figure 17 shows that 73 per cent of them think that society generally shows relatives and confidants clearly or rather too little understanding. This proportion is therefore almost as high as the proportion of people with mental illnesses who feel that they are not understood enough by society (79%).

Perceived lack of understanding from society (Fig. 17)

"People with mental illnesses do not get enough understanding from society" - only people who are/were mentally ill

"Relatives and confidants of people with mental illness do not get enough understanding from society" - only relatives and confidants



5.3. PARTICULARLY SERIOUS IF THE NUCLEAR FAMILY IS AFFECTED

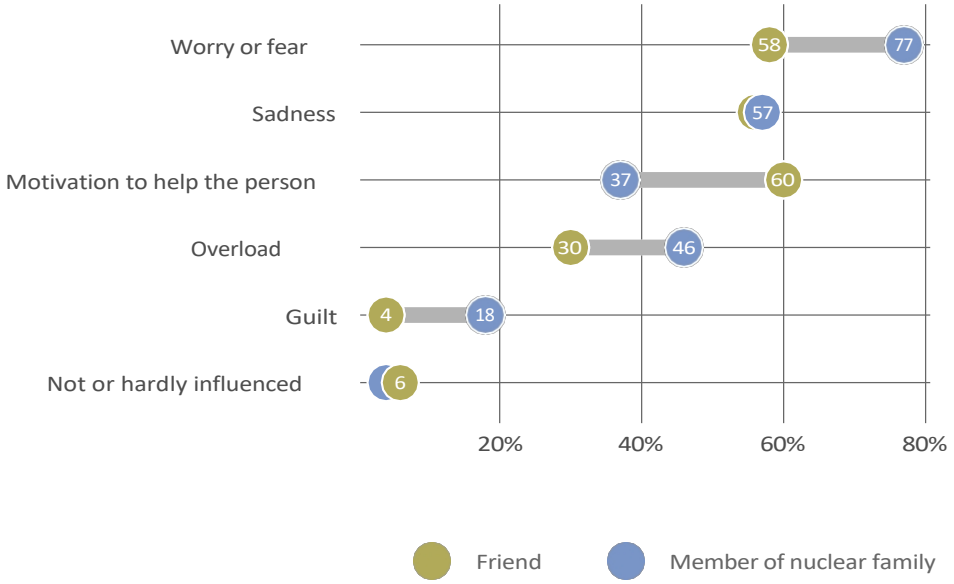
Figure 18 clearly shows that a mental illness often triggers different feelings in the social environment if the person affected is a member of the (nuclear) family than if they are a friend, for example. The feelings of worry or fear are even more pronounced in this case (77% compared to 58%). Similarly, overwhelm (46%) and guilt (18%) are significantly more likely to characterise such a situation than when a friend is suffering from a mental illness.

Conversely, if a friend has a mental illness, the motivation to help the person is often a strongly predominant feeling. At 60 per cent, this is

was even the most frequently mentioned feeling among respondents who had a friend with a mental illness.

Feelings triggered by the mental illness - by relationship (Fig. 18)

"What feelings did the mental illness of the person concerned trigger in you?" - Only relatives and confidants

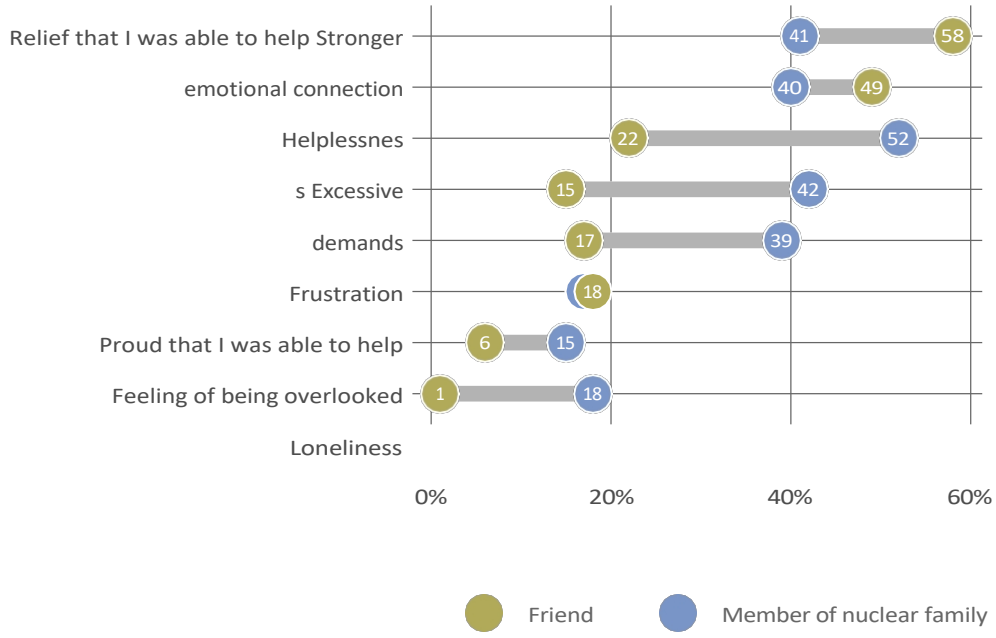


The feelings triggered by the support of a mentally ill person also differ greatly depending on whether the person concerned is a close family member or a friend (Fig. 19). If the person affected is a member of the nuclear family - i.e. a parent, partner, son or daughter - this triggers feelings such as helplessness (52%), overwhelm (42%) and frustration (39%) much more frequently among the people who support them than if a friend is affected. Conversely, positive feelings tend to be more common when a friend provides support, especially relief from the help provided (58%) and a stronger emotional connection (49%).

This difference can be explained by the fact that it is particularly difficult to distance oneself from a stressful situation when necessary if the person concerned comes from the nuclear family. With friends, on the other hand, it seems to be more possible to remove oneself from a situation if it becomes too much.

Feelings triggered by the support - by relationship (Fig. 19)

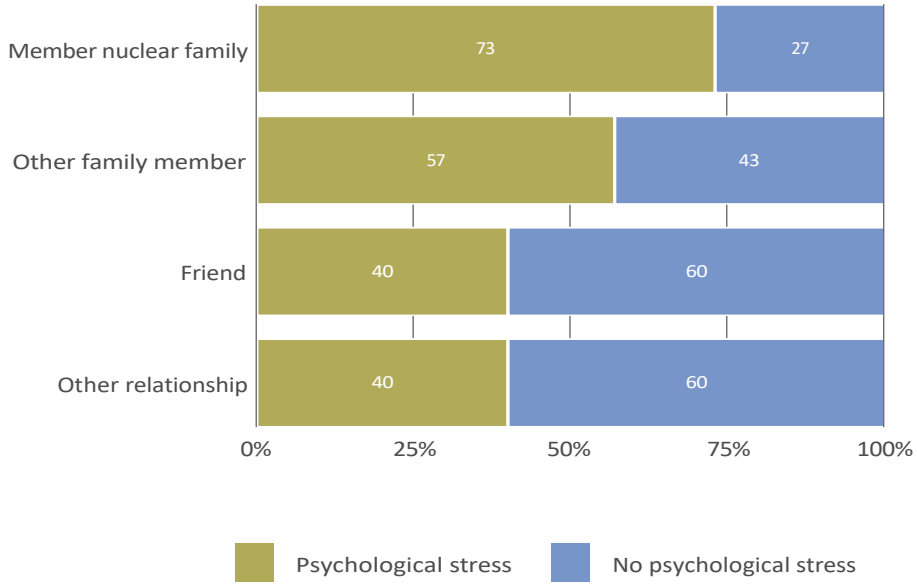
"What feelings did the support of the person concerned trigger in you?" - only relatives and confidants who support/supported mentally ill people



Finally, support in the case of a close family member is also significantly more often a burden on the individual's own psyche, as Figure 20 shows. 73 per cent of people who support or have supported a member of the nuclear family state that the support is or was a psychological burden for them. At 40 per cent, this proportion is still high in the case of support from friends, but still significantly lower than for members of the nuclear family.

Psychological stress caused by the support - by relationship (Fig. 20)

"Is/was the support of the person concerned a psychological or emotional burden for you?" - only relatives and confidants who support/have supported mentally ill people

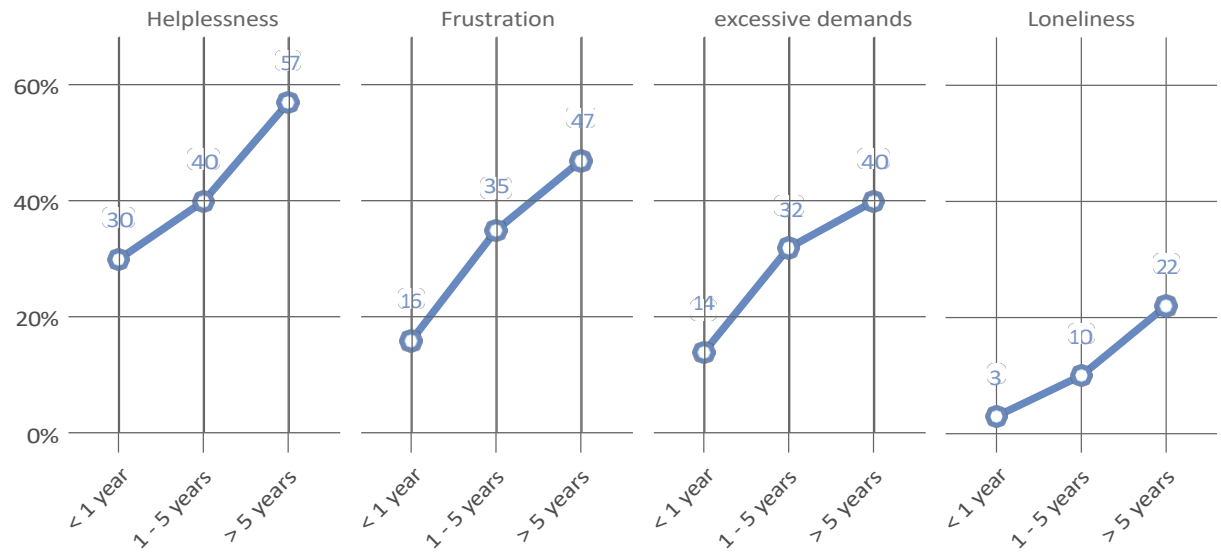


5.4. STRESS INCREASES SIGNIFICANTLY WITH THE DURATION OF SUPPORT

The longer relatives or confidants support a person from their social environment, the more often the support triggers negative feelings. Figure 21 shows that helplessness, frustration, excessive demands and loneliness among relatives and confidants increase significantly the longer their support lasts. For example, only 30 per cent of relatives and confidants who have provided support for less than a year feel helpless. Among those who have (already) provided support for more than five years, the figure is 57 per cent.

Feelings triggered by support - by duration of support (Fig. 21)

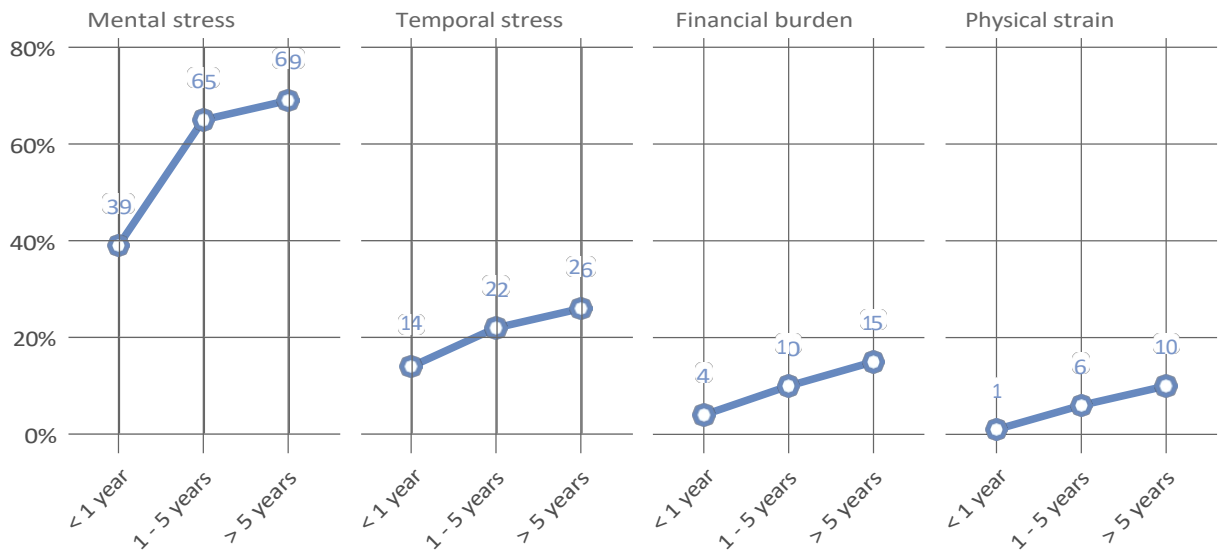
"What feelings did the support of the person concerned trigger in you?" - only relatives and confidants who support/supported mentally ill people



The burden on their own mental health also increases with increasing duration of support (Fig. 22). While 39 per cent reported a mental strain when receiving support for less than one year, this figure rises to 69 per cent when receiving support for more than five years.

Burden of support - by duration of support (Fig. 22)

"Is/was the support of the person concerned a burden for you?" - only relatives and confidants who support/have supported mentally ill people

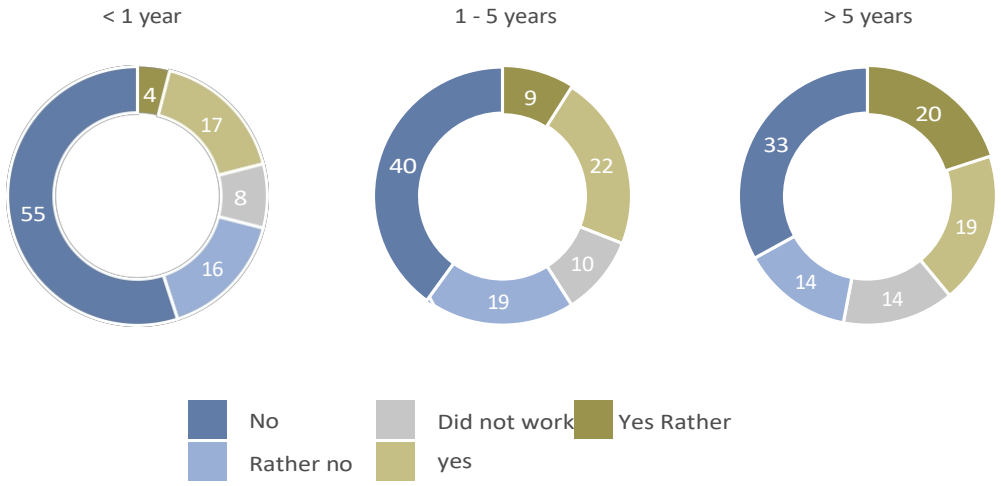


For some relatives and confidants, support has a negative impact on other areas of life in addition to the psyche, and these types of stress also increase with the duration of the support. Of the people who had been providing support for more than five years, 26 per cent reported a time burden, 15 per cent a financial burden and ten per cent a physical burden.

In addition, 39 per cent found it clearly or rather difficult to combine the support with their own professional activity, as can be seen in Figure 23.

Negative effects on professional life - by duration of support (Fig. 23)

"Was it difficult to combine your support for the person concerned with your own professional activity?" - only relatives and confidants who support/ have supported mentally ill people



Expressed as a percentage, these proportions are not massive, but if you consider the absolute number of relatives and confidants in Switzerland shown in Chapter 3, it becomes clear that this also affects a large number of people. For example, the total of 28 per cent of supportive family members and confidants who have already had (some) difficulty combining their support for the person concerned with their professional activity corresponds to a good 900,000 people.

Demand for suitable offers of help

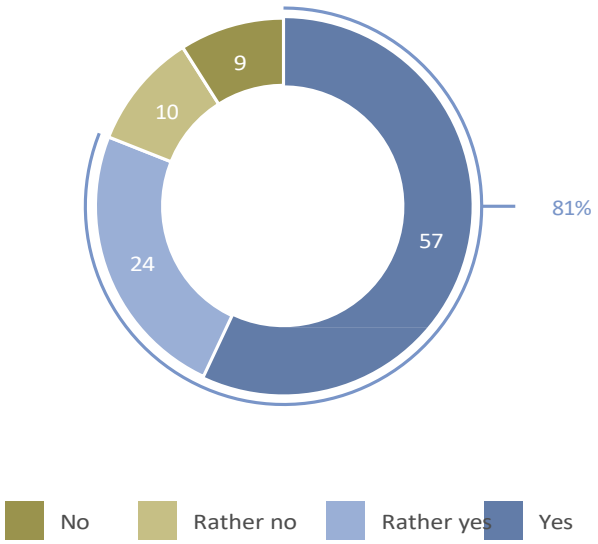
Where do relatives and confidants go for help? What support services specifically for relatives and confidants do they find useful? This chapter provides with an overview of the answers to these questions.

6.1. REQUEST FOR ADDITIONAL SUPPORT

The good news first: most relatives and confidants know a person or organisation they could turn to if they are not feeling well due to the situation with the person concerned. As shown in Figure 24, over half (57%) state that they know for sure who they would turn to in such a situation. A further 24 per cent answered the question with "Rather yes". 19 per cent of the relatives and confidants surveyed - an estimated 80,000 people in Switzerland - did not know who they could turn to.

Knowledge of support in difficult times (Fig. 24)

"Do you know who you could turn to if you are not feeling well yourself because of the situation with the person concerned?" - Only relatives and confidants

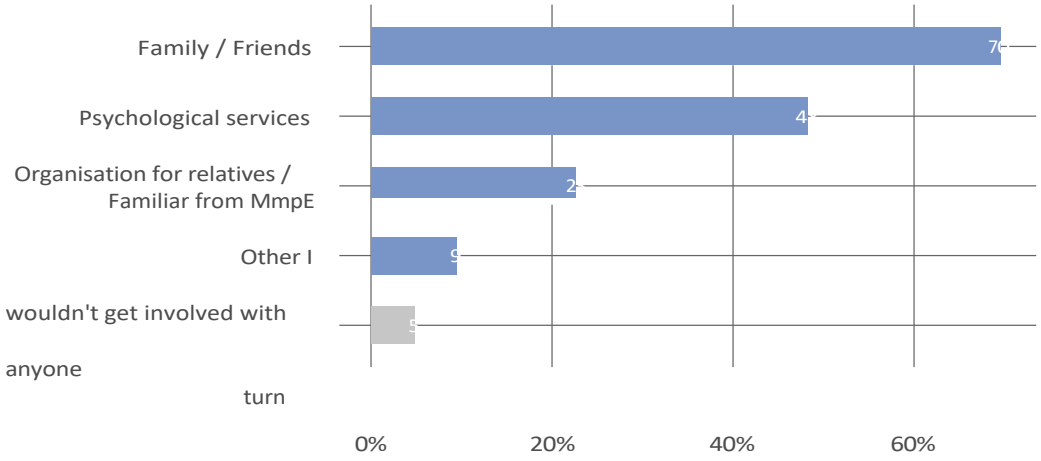


As Figure 25 shows, 70 per cent of people would turn to family members or friends if the situation with the person affected by a mental illness was stressful. Just under half (48%) would seek help from a psychological service.

However, less than a quarter of respondents - namely 23% - stated that they would turn to a specific organisation for relatives and confidants of people with mental illness in such a situation.

Primary auxiliary contacts (Fig. 25)

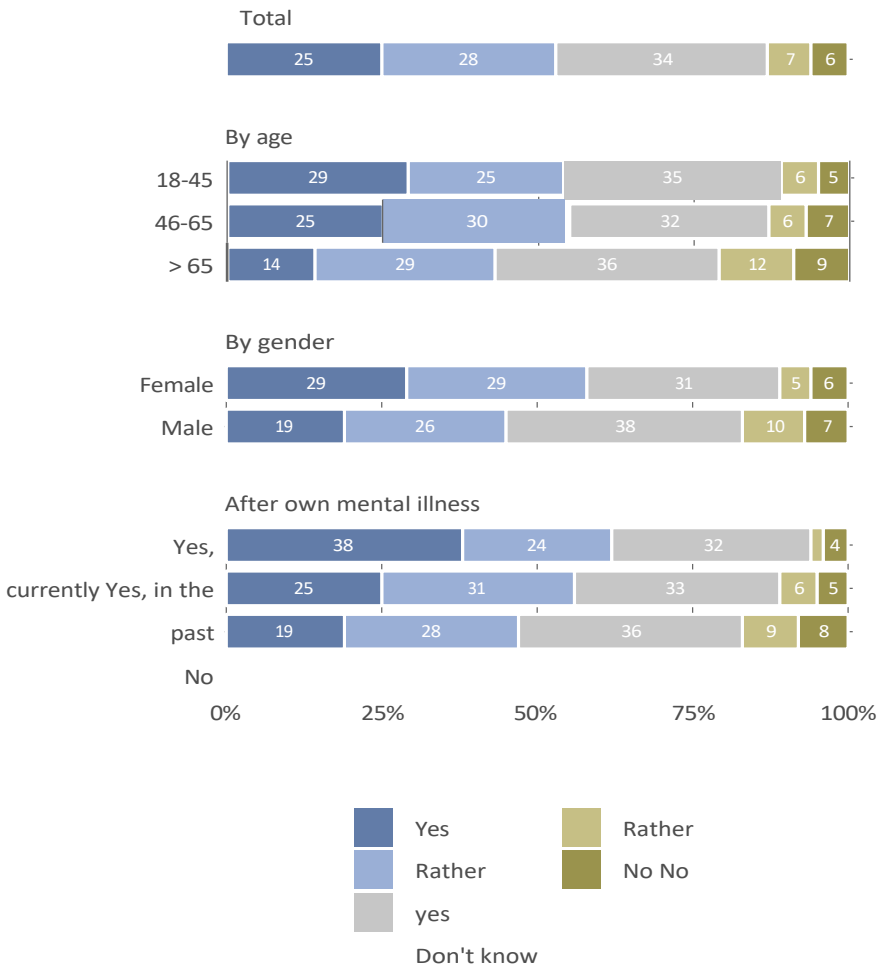
"Who would you turn to if you are not feeling well yourself because of the situation with the person concerned?" - Only relatives and confidants



The results in Figure 26 indicate that such organisations or services are currently either not available or not sufficiently well known or accessible. Although most relatives and confidants state that they know where they can turn if they are not feeling well, many of them would still like additional support services. 53 per cent of relatives and confidants say that there are currently clearly or rather too few specific services to support relatives and confidants of people with mental illness. 34 per cent of the relatives and confidants surveyed answered "Don't know", which also indicates that such services are currently not sufficiently accessible or known. Only 13 per cent said rather or clearly no and therefore believe that there is no need for additional support services for relatives or confidants.

Desire for additional support services for relatives and loved ones (Fig. 26)

"Are there currently too few services at to support relatives and confidants of people with mental illness?" - Relatives and confidants only



The desire for additional services is not equally pronounced among all groups of people. Women, younger people and people who suffer from a mental illness themselves in particular believe that additional support services are needed specifically for relatives and confidants.

6.2. INFORMATION AND EXCHANGE OF EXPERIENCES ARE DESIRED

Figure 27 shows a further indication that the services of specific organisations to support relatives and confidants are generally

in demand. *Stand by You Study*

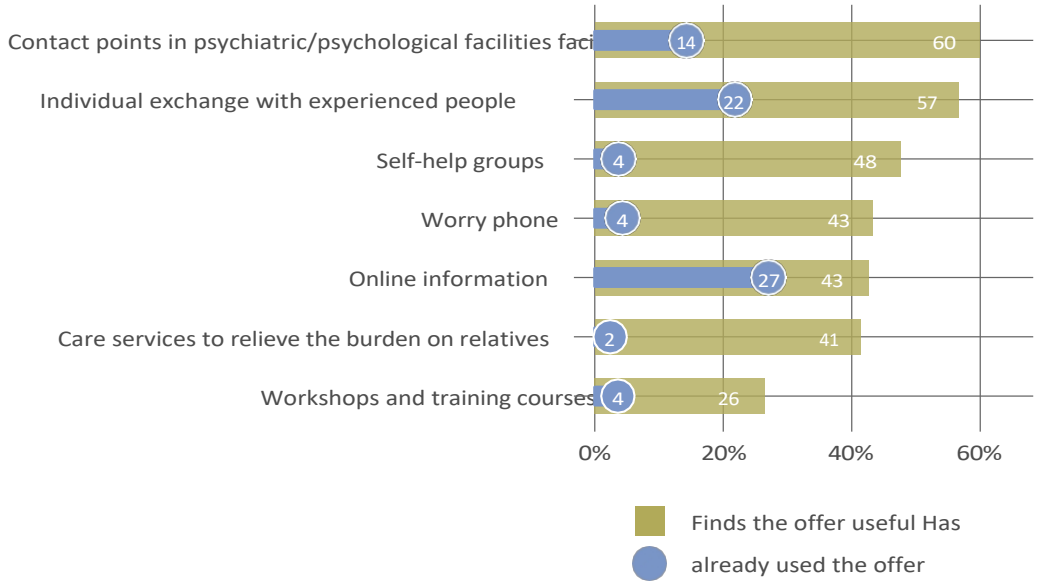
The chart shows a comparison of which support services relatives and confidants would find useful and which they have already used themselves. It is primarily noticeable that although many respondents consider almost all of the services to be useful, significantly fewer people have already used them. Over half of respondents (52%) stated that they had never used any of the services listed - not even specific online information for relatives and loved ones.

This shows a large gap between what people would consider useful from their experience as relatives and confidants and what they have already used. Coupled with the results from the previous figures, it can be concluded that specific services for relatives and confidants would be in demand, but that the organisations that could offer them are currently either too little known or too inaccessible.

Meaning and utilisation of specific services for relatives and confidants (Fig. 27)

"What kind of angl ogies for relatives and confidants of people with mental illness do you find useful?" - Relatives and confidants only

"What services for relatives and confidants of people with mental illness have you already used yourself?" - Only relatives and confidants



Most respondents found the contact points in psychological and psychiatric facilities (60%) and individual exchanges with people who have been through similar things to them (57%) to be useful. However, a substantial proportion of respondents also rated the other services as useful. Less than three per cent of the relatives and confidants surveyed thought that no specific services or offers of support for relatives and confidants were needed.

Figure 27 therefore shows two things: firstly, that the respondents consider those offers that enable them to gain information or share experiences to be particularly useful. Secondly, different people consider different offers to be useful. In order to support all family members and confidants in the way that is most helpful for them, it would therefore be ideal to have one or more organisations that can offer all of these services together as easily as possible.

Data collection and methodology

The data was collected between 14 and 27 November 2023. The basic population of the survey is the linguistically integrated resident population of German-speaking and French-speaking Switzerland. The survey was conducted online. Participants were recruited via the Sotomo online panel. After cleansing and checking the data, the information from 2042 people was used for the analysis.

As the participants in the survey recruit themselves (opt-in), the composition of the sample is not representative of the population. The distortions in the sample are counteracted by means of statistical weighting procedures. The weighting criteria include gender, age and level of education. The marginal distributions of these demographic characteristics were taken into account separately for each language region. This procedure ensures a high socio-demographic representativeness of the sample. For the overall sample, the 95 per cent confidence interval (for a 50 per cent share) is +/- 2.2 percentage points.

SOTOMO