



The European Alliance against Depression in Hungary Strengthening social capital in the intervention region

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- „10th World Conference on Injury Prevention and Safety Promotion
 - 21st-24th September 2010.
 - Queen Elisabeth Conference Center, London
 - www.behsci.sote.hu
www.depressziostop.hu

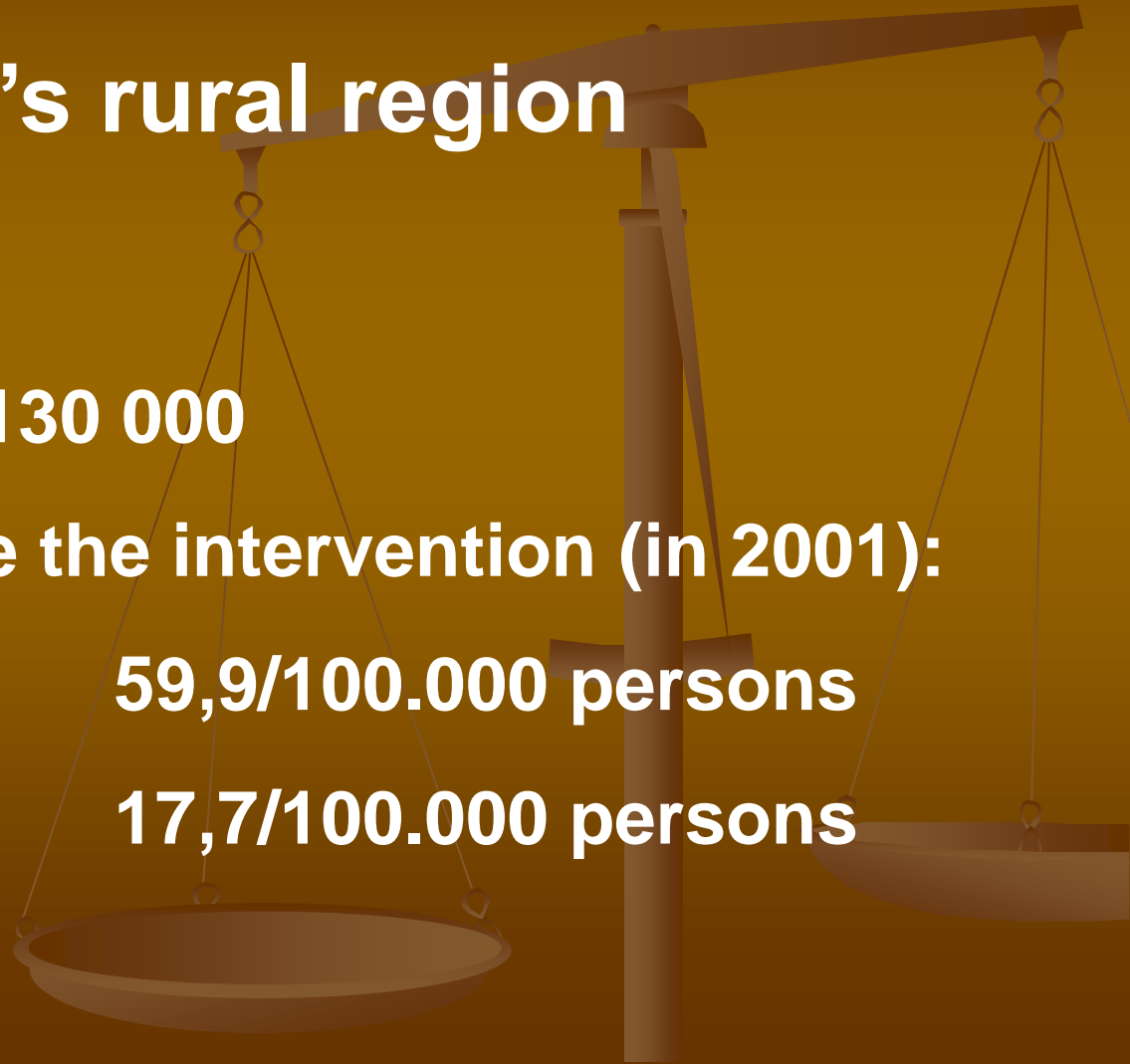
First intervention area

Szolnok and it's rural region

Population: appr. 130 000

Suicide rate before the intervention (in 2001):

- Men: 59,9/100.000 persons
- Women: 17,7/100.000 persons

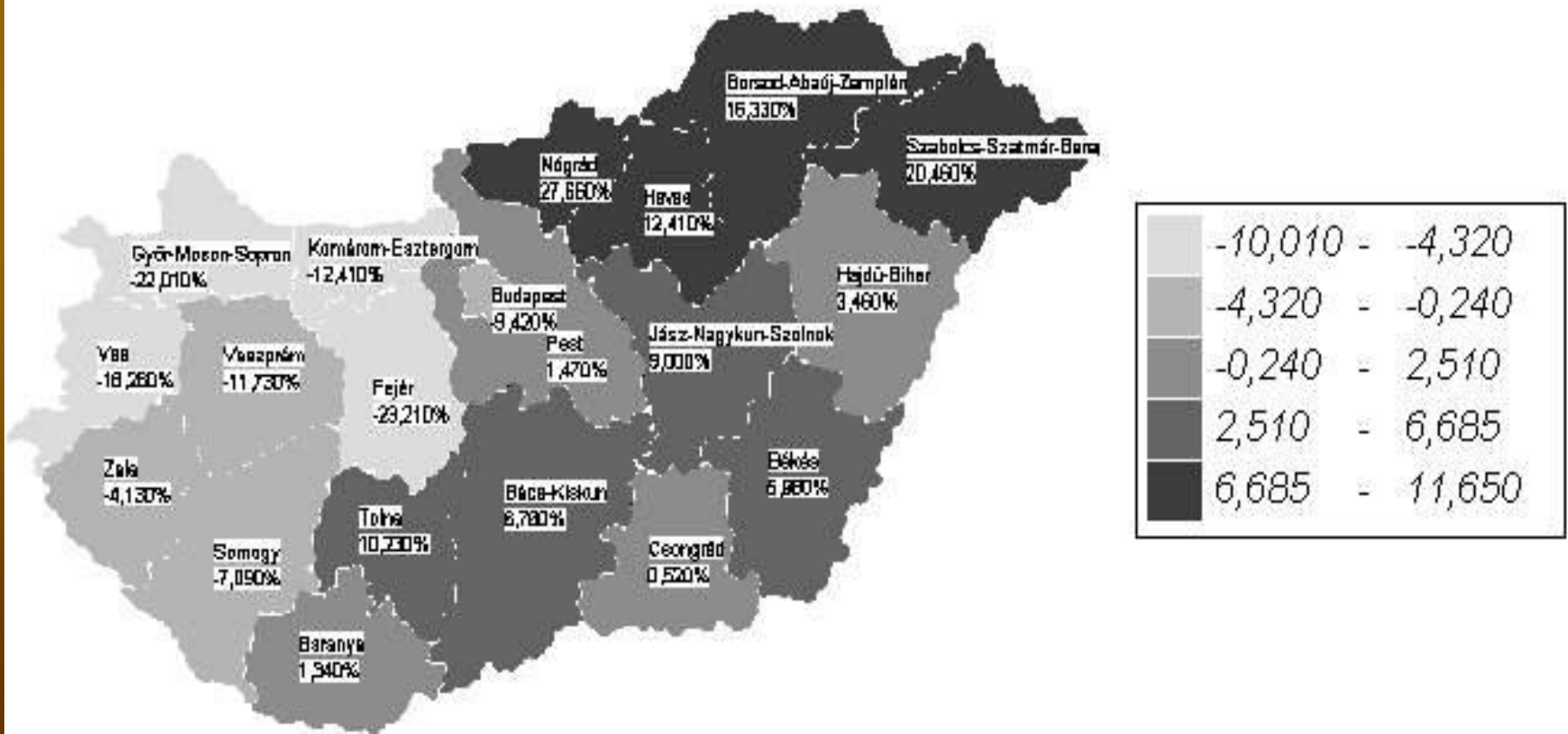


Hungarostudy 2002, difference from mean

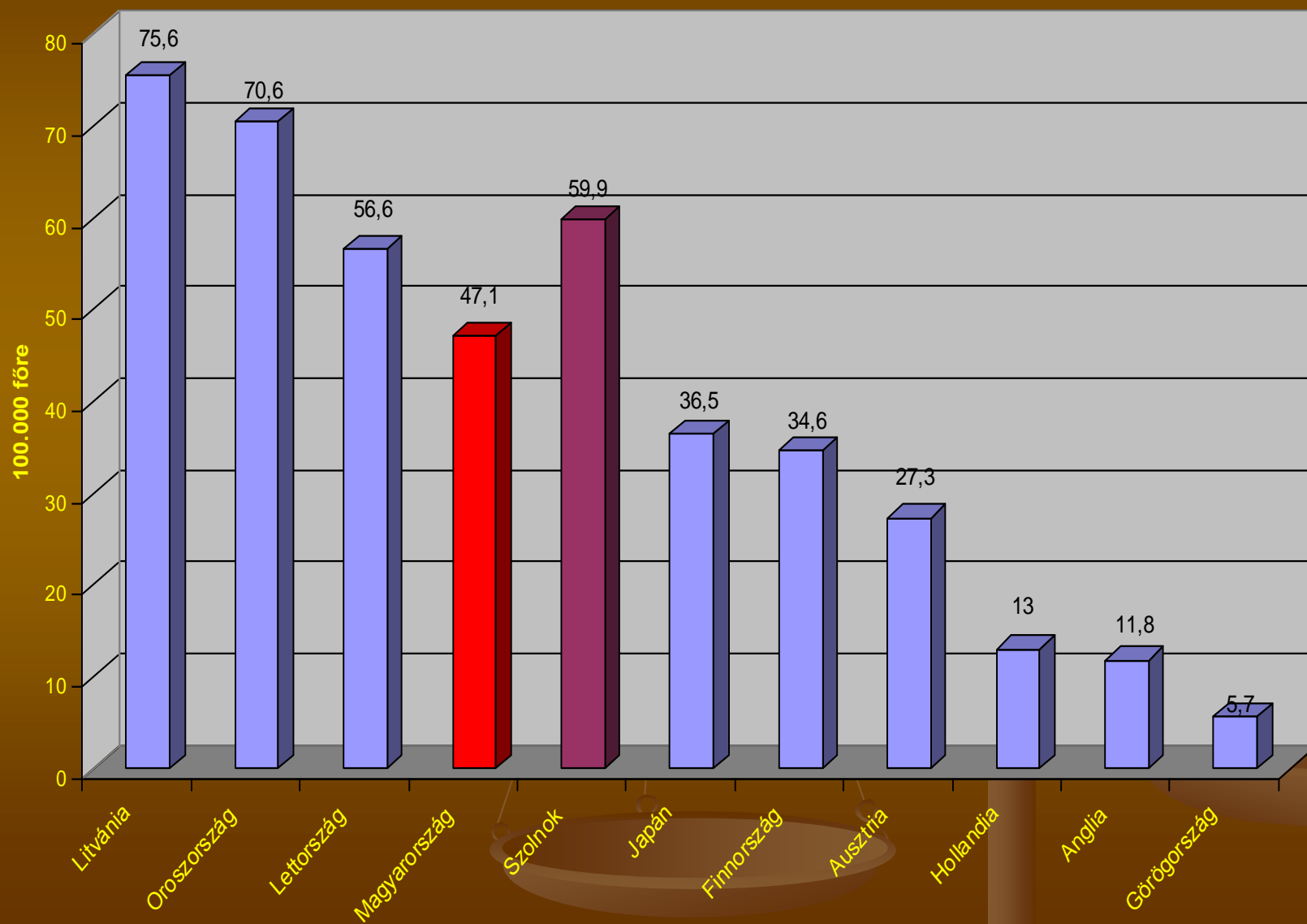
Beck depresszió

Eltérés az átlagtól (százalék)

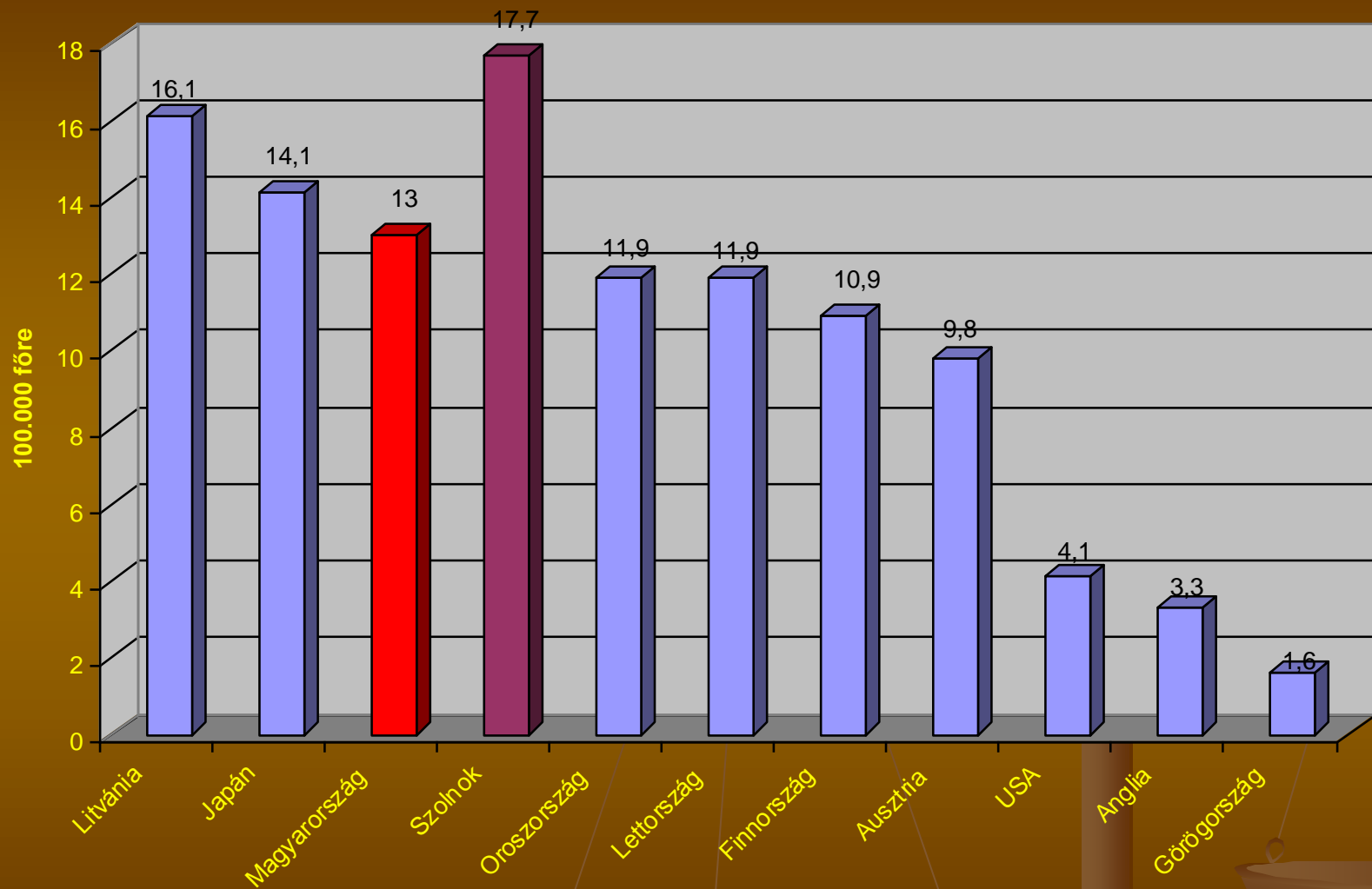
Átlag: 7,884 SE: 0,092 F: 6,288 Sig.: 0,000



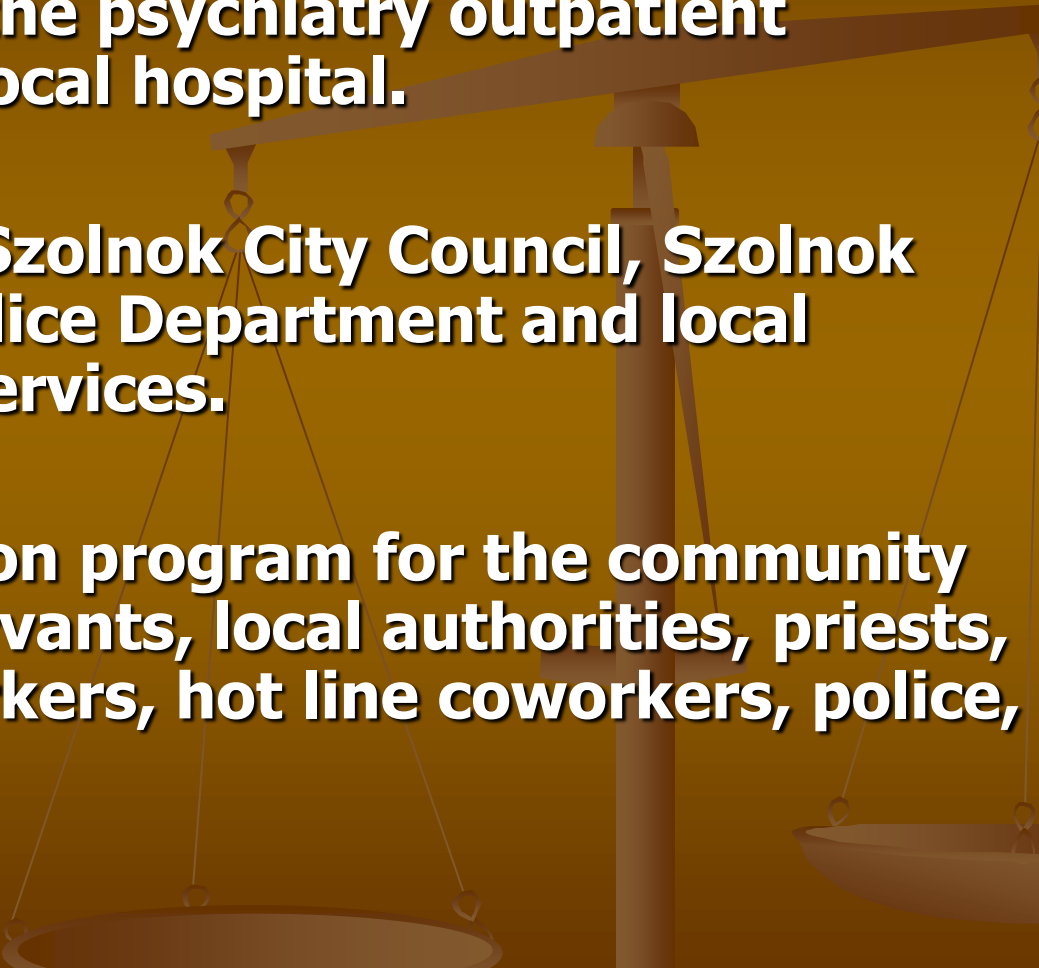
Suicide rate among men, 2001



Suicide rate among women, 2001

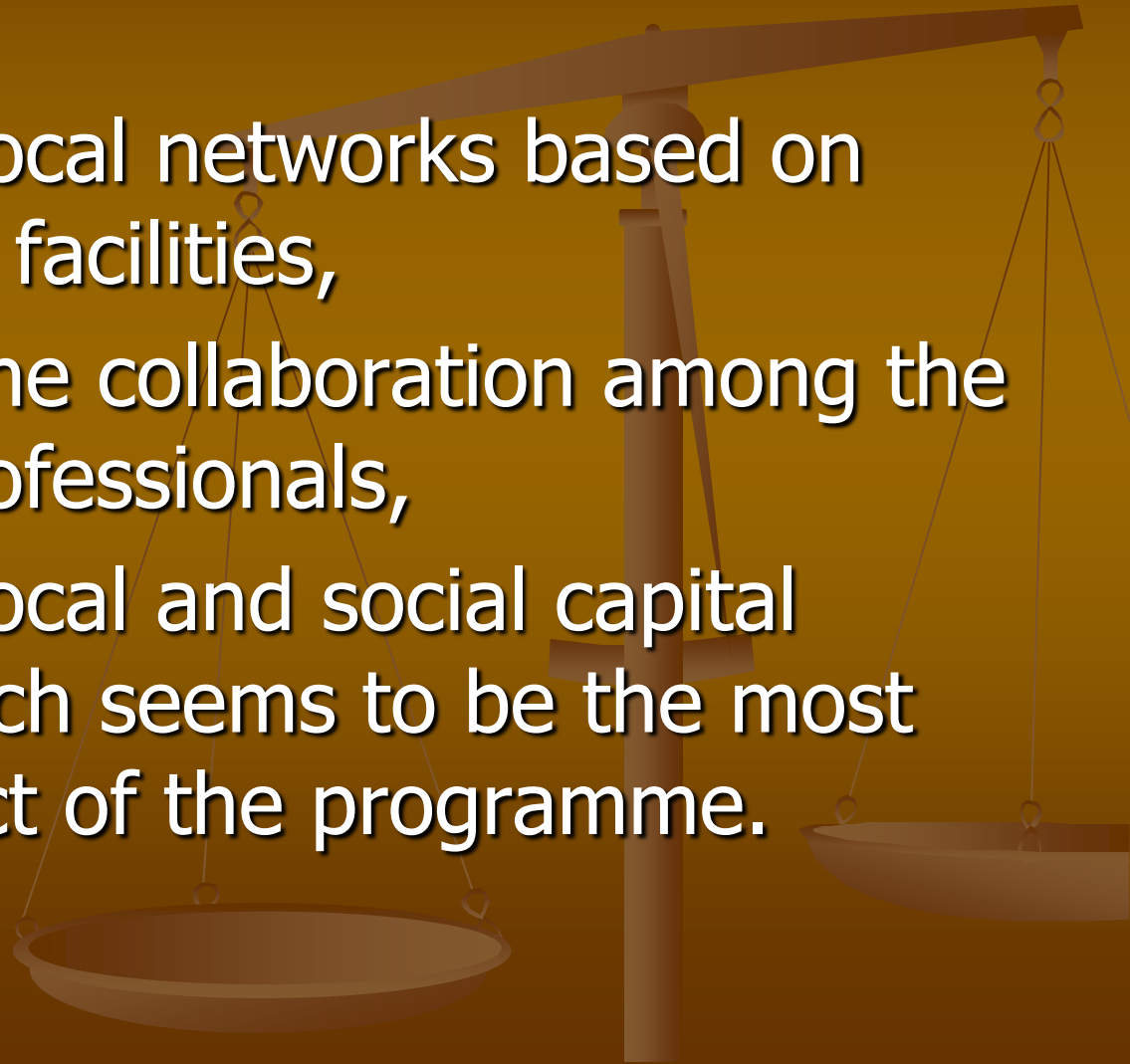


Hungarian Alliance Against Depression activities:

- **Collaboration with the psychiatry outpatient department of the local hospital.**
 - **Collaboration with Szolnok City Council, Szolnok College, Szolnok Police Department and local psychiatric/social services.**
 - **Continuous education program for the community facilitators (civil servants, local authorities, priests, teachers, social workers, hot line coworkers, police, etc.)**
 - **Public campaign.**
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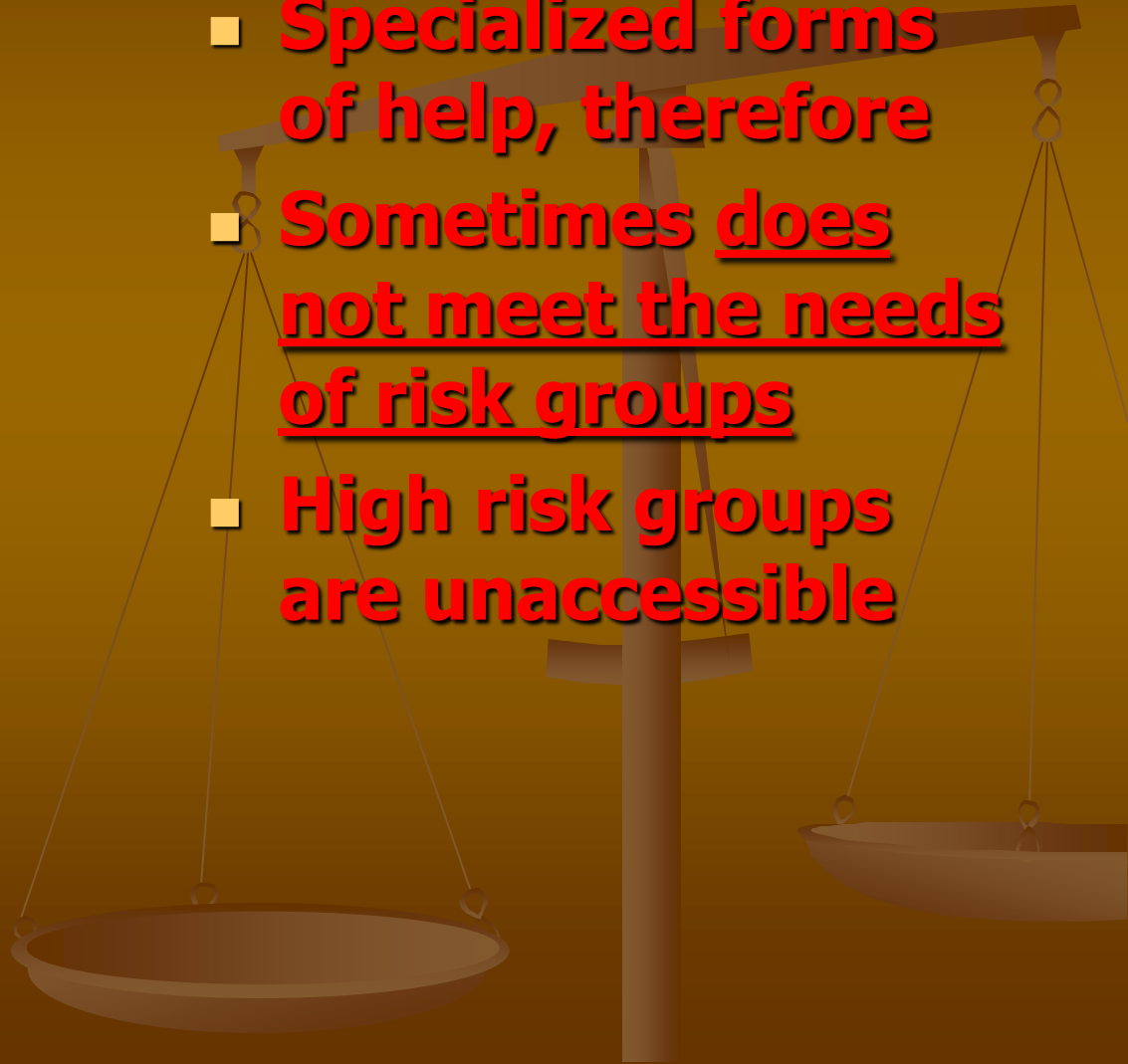
Social capital building approach

- Objectives:
- Strengthening local networks based on local needs and facilities,
- strengthening the collaboration among the local helping professionals,
- that is a multi-focal and social capital building approach seems to be the most important aspect of the programme.



Professional activities

- **Highly trained professionals**
- **Well organized systems**
- **Continuous activities and access**
- **Quality control**
- **Specialized forms of help, therefore**
- **Sometimes does not meet the needs of risk groups**
- **High risk groups are inaccessible**



Civic activities

(teachers, priests, social workers, district nurses, police, emergency service etc.)

- **High internal motivations**
- **Better communications and**
- **Better accessibility considering the high risk groups**



- **Probelms with funding**

- **Sometimes lack of quality control**



Public campaign

Public information events: *Press conference and press releases*

Media appearances in 2005

- **49 press interviews or articles**
- **24 appearances in the EM in following the press conference, several replays**
- **Two thematic editions in scientific journals: *Teaching and Health- Communication***

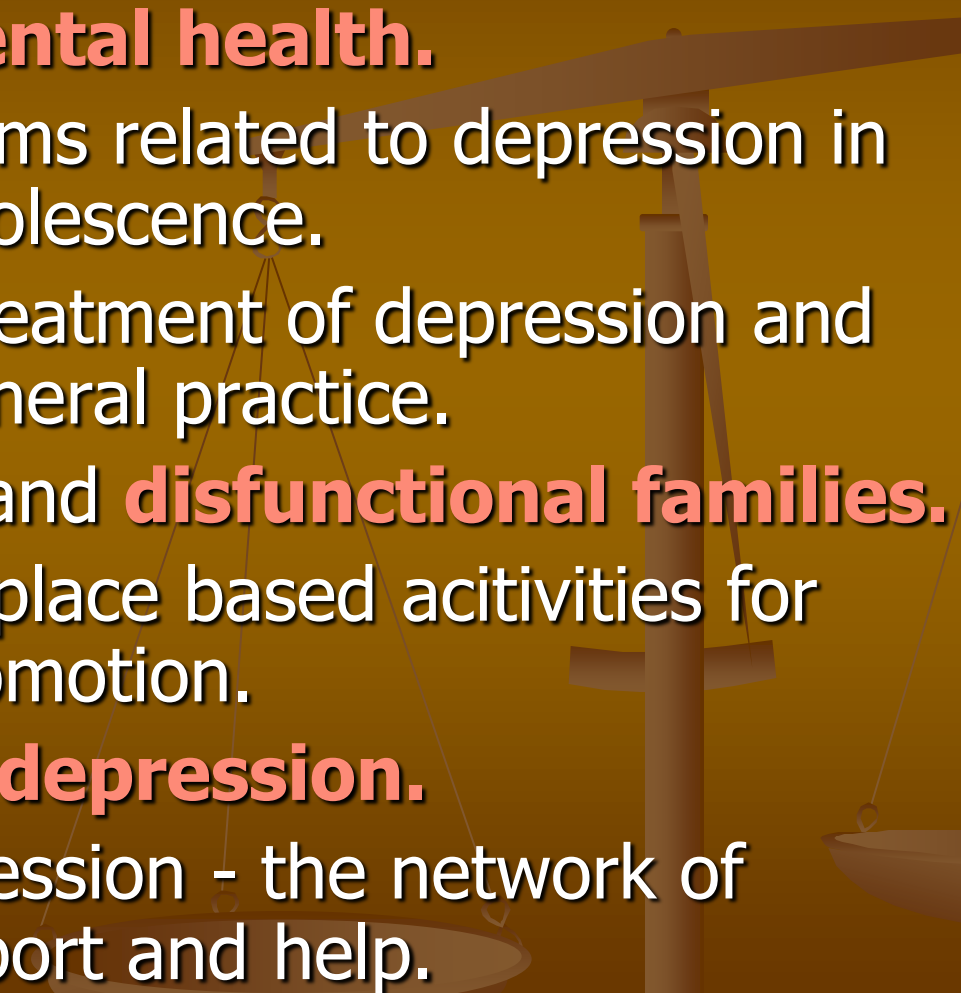


Public campaign

We delivered posters, videos, brochures, fliers and a web-page to the population. We used the electronic media and the press as well to forward the materials.

The aim was to inform the population about the basic prevention and treatment possibilities of depression and suicide and decrease the stigmatisation of the mental disorders

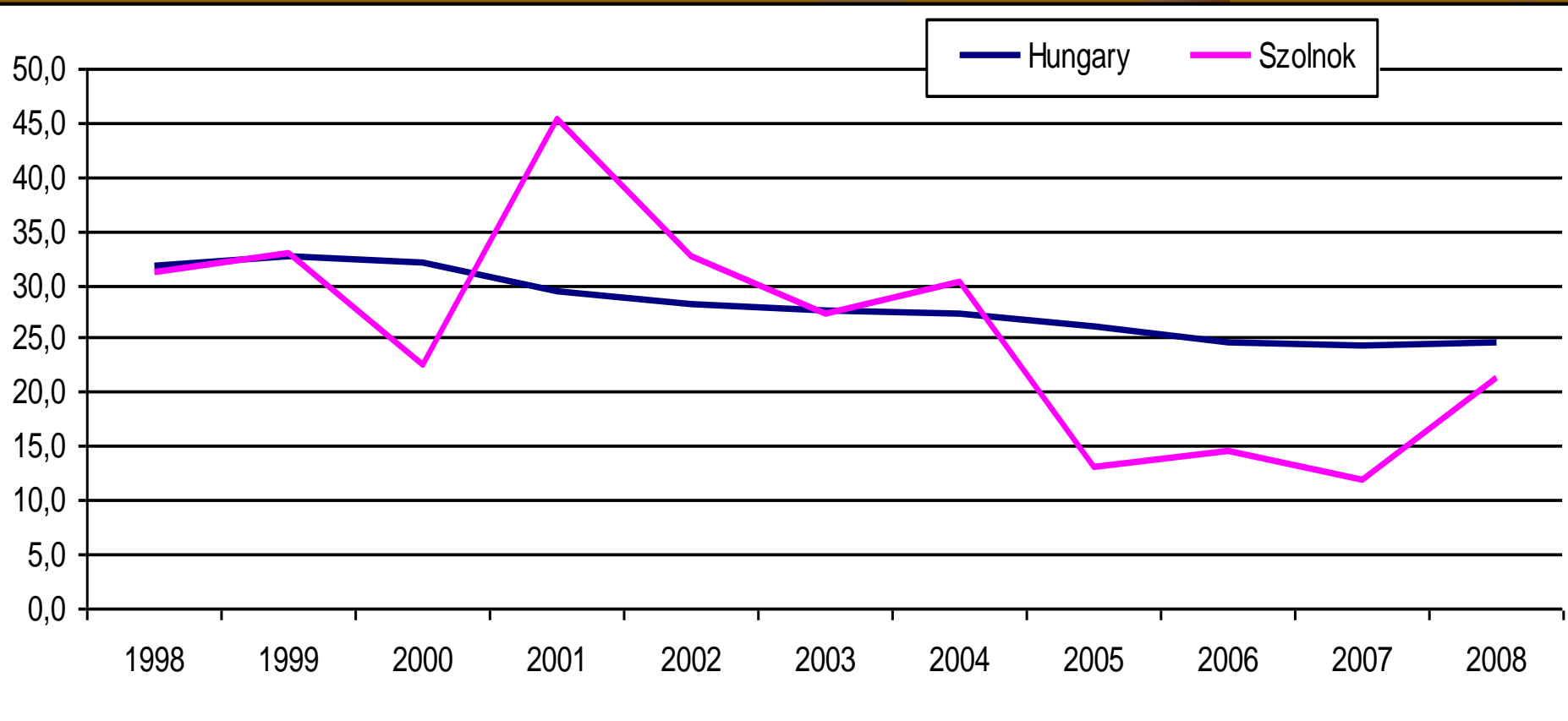
Highlighted topics of continuous education

- **Adolescents mental health.**
 - Behavioral problems related to depression in childhood and adolescence.
 - Prevention and treatment of depression and suicidal risk in general practice.
 - Family functions and **disfunctional families.**
 - School and work place based activities for mental health promotion.
 - **Addictions and depression.**
 - Coping with depression - the network of psychosocial support and help.
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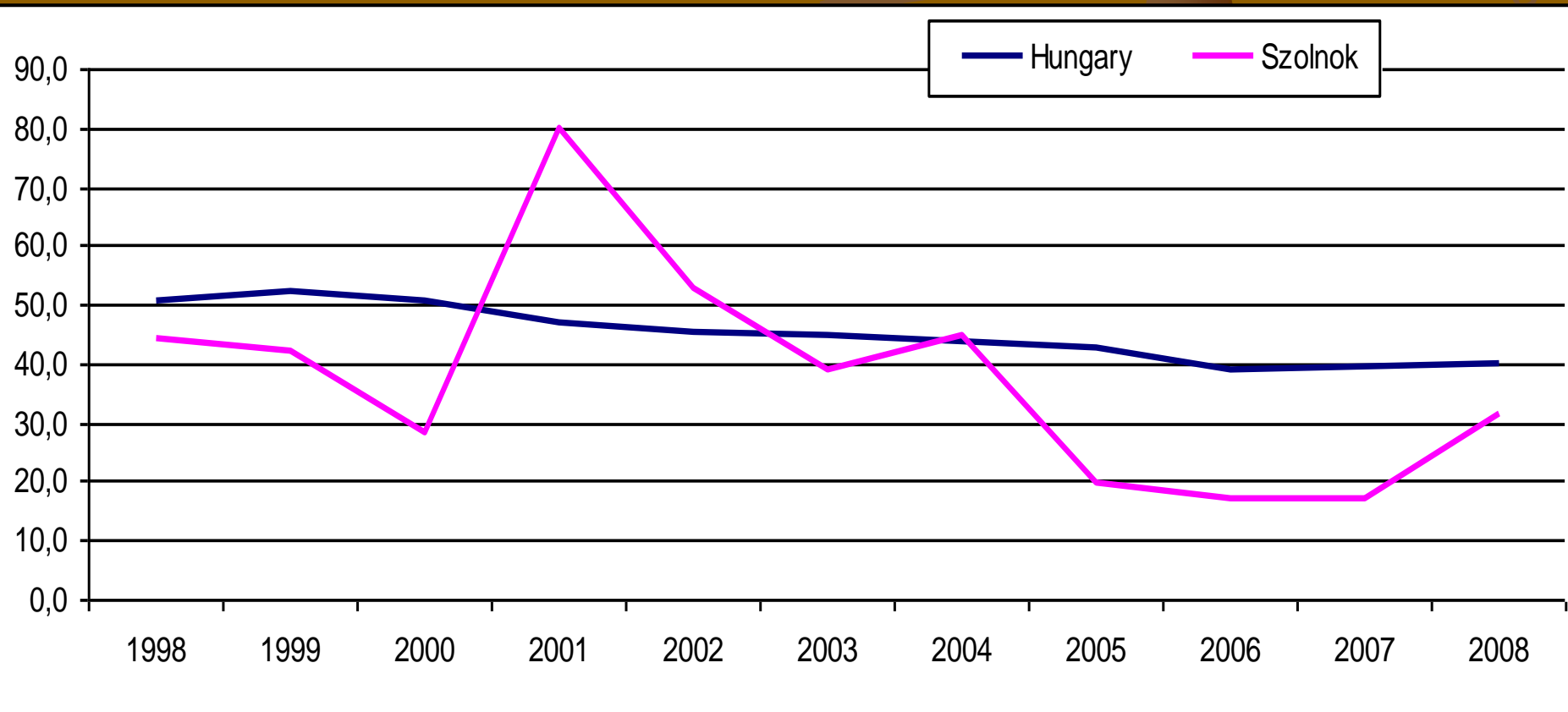
Results in Szolnok

- Decreasing number of suicides:
- Compared to the average of the previous 9 years
- in 2005, in the first year of the programme suicide rates decreased with 57 %,
- in 2006 with 47 % in Szolnok city.
- This means that the suicide rate was 30.1/100.000 in 2004,
- 13.1/100.000 in 2005 and
- 14.5/100.000 in 2006 and it remained on the same level in 2007.
- The decrease was higher among men than among women!
- Nowhere in the country was such a decrease!

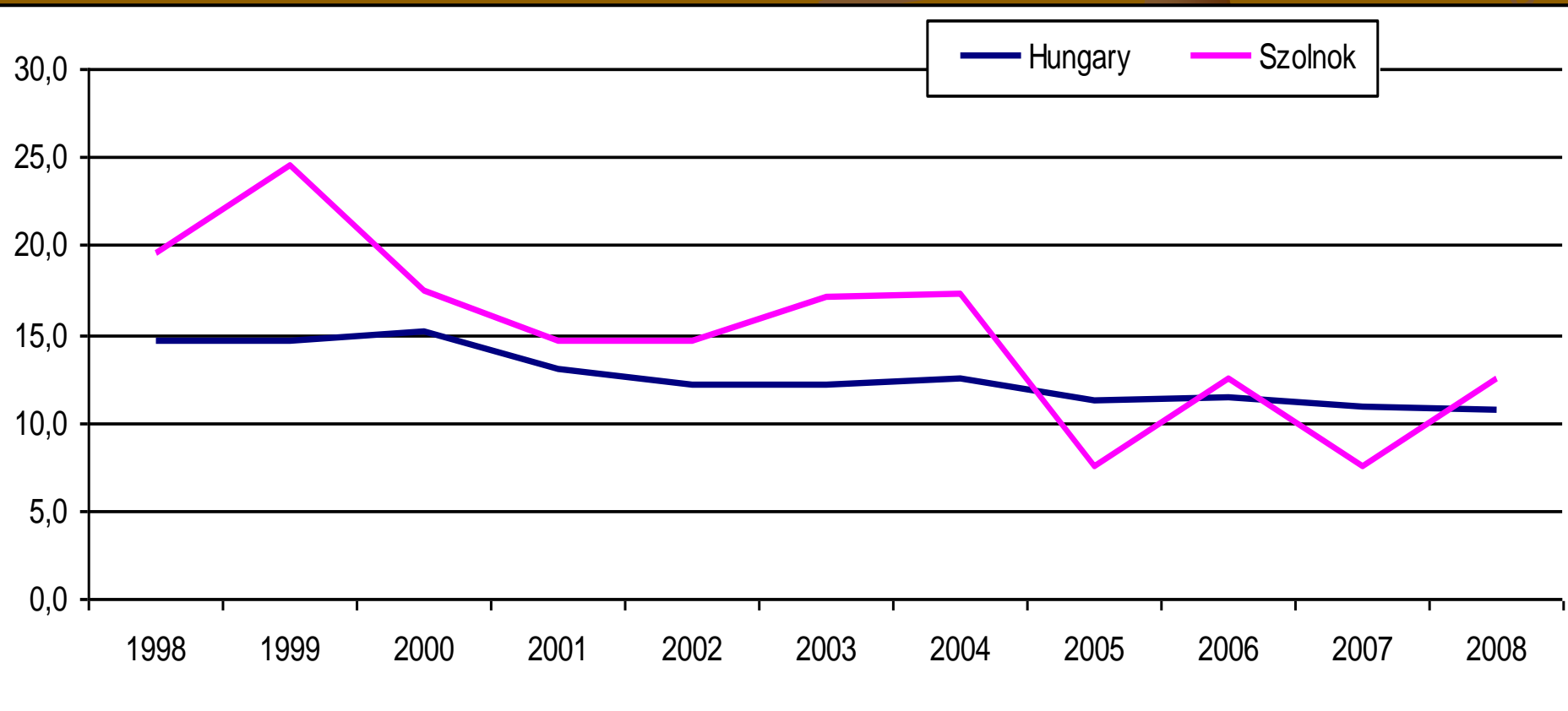
Suicide rate in Hungary and in Szolnok for 100.000 persons, between 1998 and 2008, total population



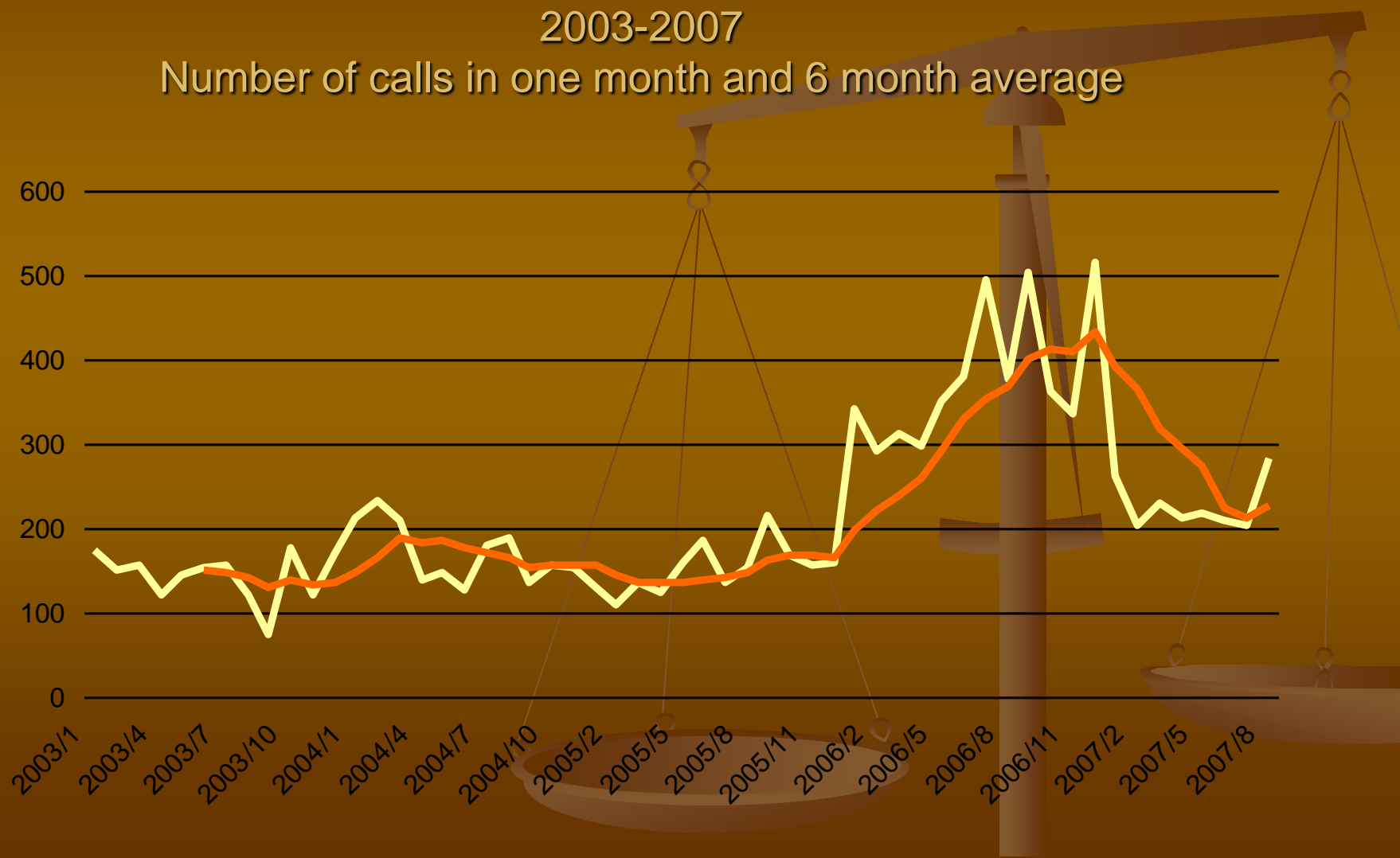
Suicide rate in Hungary and in Szolnok for 100.000 persons, between 1998 and 2008, men



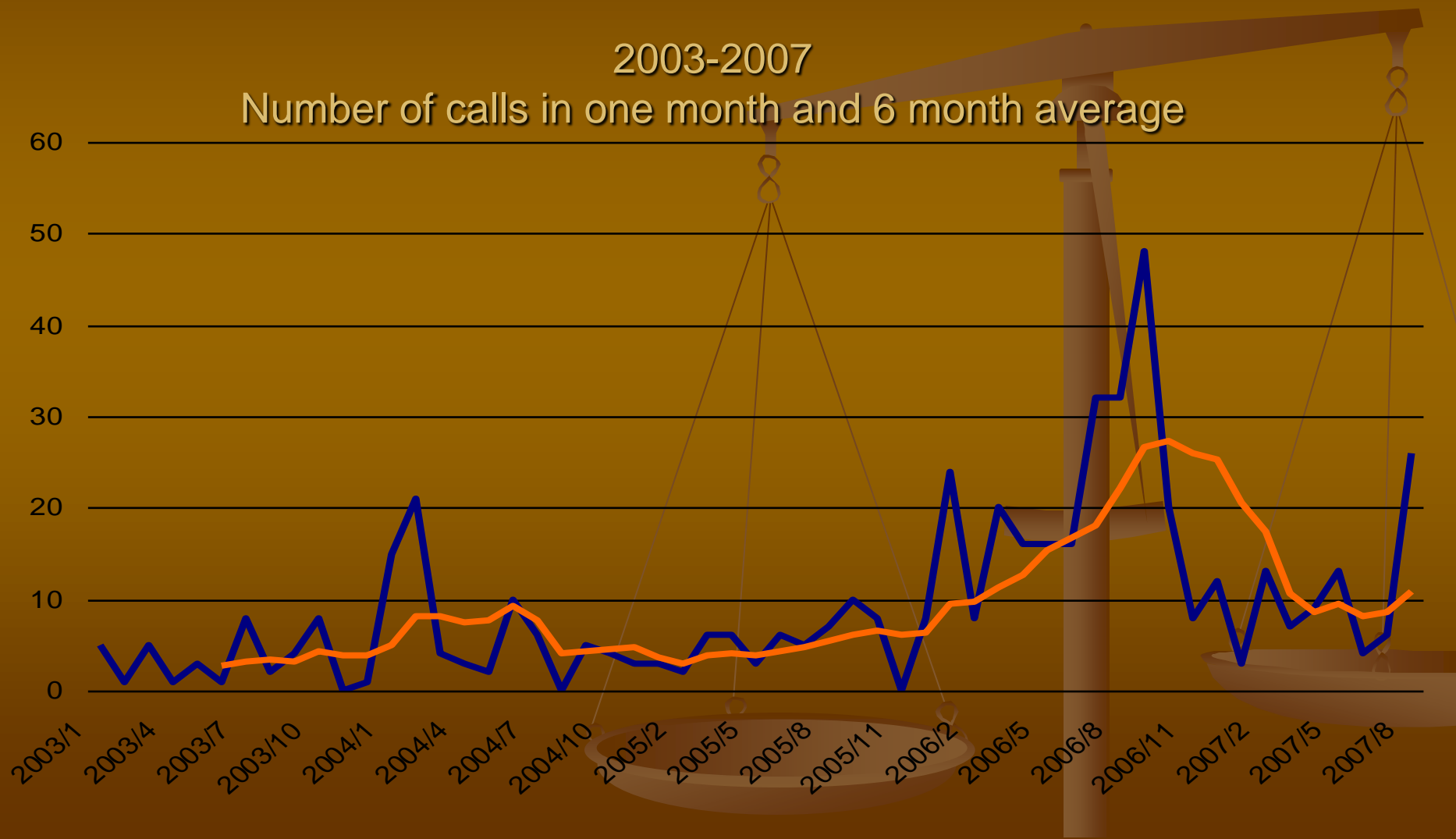
Suicide rate in Hungary and in Szolnok for 100.000 persons, between 1998 and 2008, women



Number of calls at the hot-line service in the Szolnok region

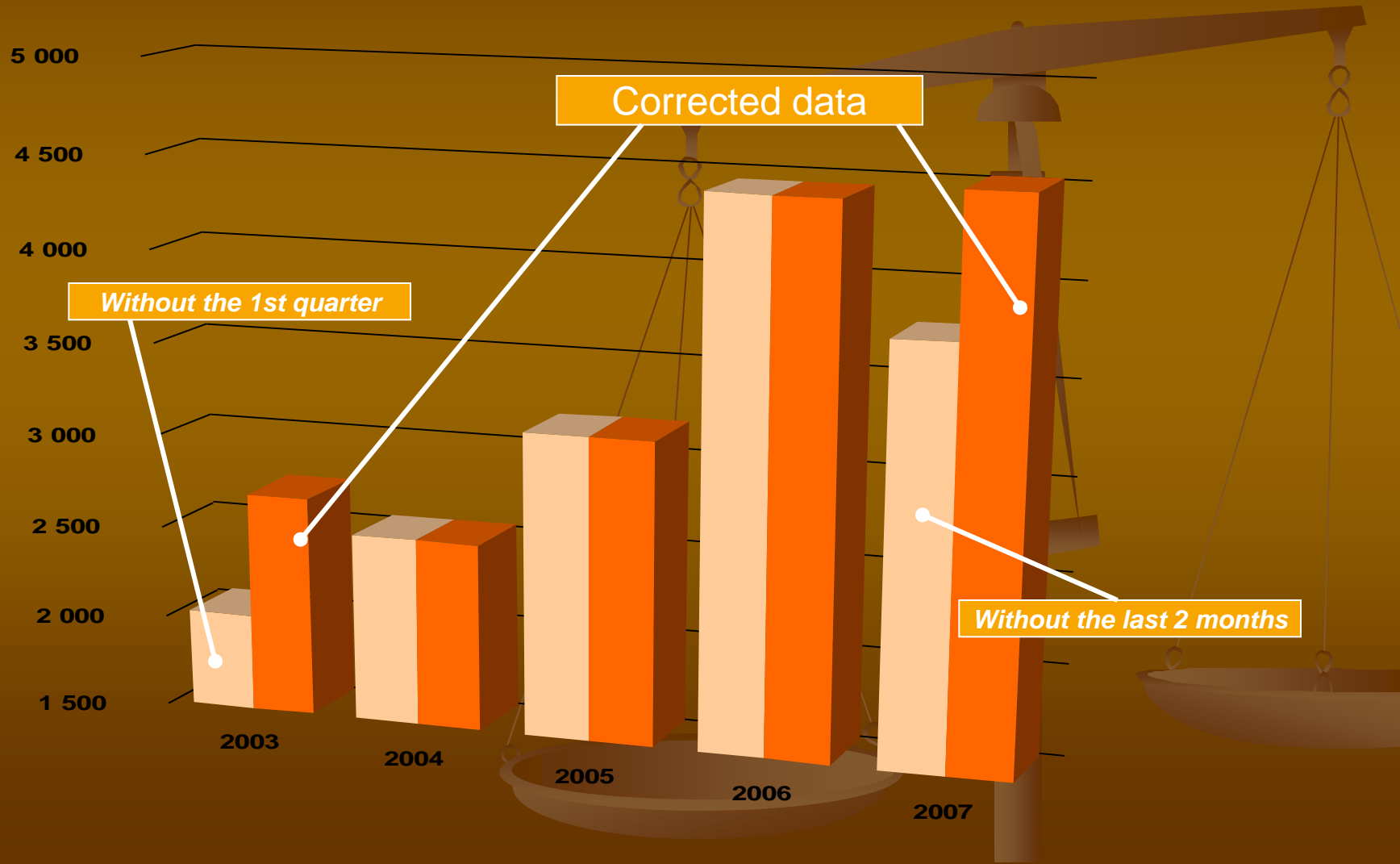


Number of calls with suicide problems at the hot-line service in the Szolnok region



Number of patient visits at the hospital's psychiatry in Szolnok

2003-2006



Changes in depression 2002-2006

Hungarostudy follow-up study

Subregion	Position <i>(among 150 subregions)</i>	BDI 2002	BDI 2006	Change in %
Szolnok	52	6,80	6,89	+1%
Cegléd	85	9,14	11,00	+20%
Győr	94	9,14	11,00	+20%
Székesfehérvár	131	5,44	7,01	+29%
Total		7,81	9,15	+17%

Possible explanations:

- Network building among the helping professionals,
- Destigmatisation of depression and suicidal ideations in the population and among helping professionals,
- More help seeking in the population, first of all among men: Increasing number of calls at the hot-line services (50 % male calls),
- Increasing patient visits at the hospital's psychiatry outpatient department



Experiences

- Important to strengthen the cooperation between different areas
- There aren't exact competence-definitions
- There is no financing for health promotion and mental health education in the health care system
- Cessation of governmental funding for the crisis hotlines
- The population needs more information
- The society and the media – on both personal and organization level– are open to this issue.

The crucial role of the Hot-line services:

- The role of the Mental Crises Telephone Hot-line Services is fundamental in preventing depression and suicide, especially among men,
- In spite of this, the financing of the Telephone Hotline Services is not in the health care financing system
- Most active, well trained helpers, need for crisis intervention
- 170-200.000 call pro year on national level, 25-30 %, 50.000 cases suicide and other crisis situations

Conclusions:

- **The multi-focal and social capital building approach seems to be the most important aspect of the programme:**
 - **Facilitation the collaboration between helping professionals and between civil and professional contributors,**
 - **Local networks based on local needs and facilities,**
 - **Continous education for helping professionals and civic associations,**
 - **Continous media presence,**
 - **Destigmatisation of help seeking and treatment because of depression and suicidal ris**
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