



FINAL CONFERENCE

**2016**

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# **Action against depression and suicide**

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# Why prevention of depression and suicide is important?

- *Every year around 30 million European citizens suffer from unipolar depression*
- *Every fourth woman and every ninth man suffers from a major depressive episode at least once in their lifetime*
- *By the year 2020, depression is projected to reach 2nd place in the ranking of DisabilityAdjusted Life Years (DALYs)*
- *About 58,000 suicides are committed in the EU countries per year*
- *Depression was found to be a leading risk factor for suicidal behaviour in many studies*

<http://www.mentalhealthandwellbeing.eu/assets/docs/publications/WP4%20Final.pdf>

# Key recommendations for tackling depression and suicide developed through the activities of WP4

- Engage stakeholders at the government level to update health legislation to include depression and suicide as a priority
- Promote legislation concerning the rules of responsible media communication about suicidal events
- Promote legislation about the restriction of lethal means and alcohol
- Promote intersectorial collaboration with important industrial/economic stakeholders increasing awareness of depression at the workplace
- Stimulate investment in programmes targeted at families and high risk groups e.g. unemployed, migrants, LGBTQ, people with chronic disorders with support to build resilience and reduce stress
- Support early learning and coping with disabilities in childhood and adolescence in order to enhance resilience (possible intersectorial link: early learning and mental health promotion in schools)

# Key recommendations for tackling depression and suicide developed through the activities of WP4 II.

- Stimulate school preventive programmes and start prevention early. Support pupils in crisis and give them treatment opportunities
- Promote workplace stress management programmes with a special focus on prevention and awareness of depression.
- Capacity building I. Increase the surveillance of depression in the health sector especially among patients with chronic conditions.
- Capacity building II. Increase the accessibility of treatment for depression.
- Capacity building III. Increase the availability of low threshold support in crisis.
- Strengthen the community response to mental health problems, reduce stigma.

# Legacy of professor Mária Kopp

- Maria Kopp was initially with us at the preparation and at the birth of the WP 4, prevention depression, suicide and e-health. She is best known for the so called Hungarostudy, the representative research on the mental health status of the Hungarian population. Beside many other activities, she was a member of the Marmot Committee, Social Determinants of Health and Inequalities



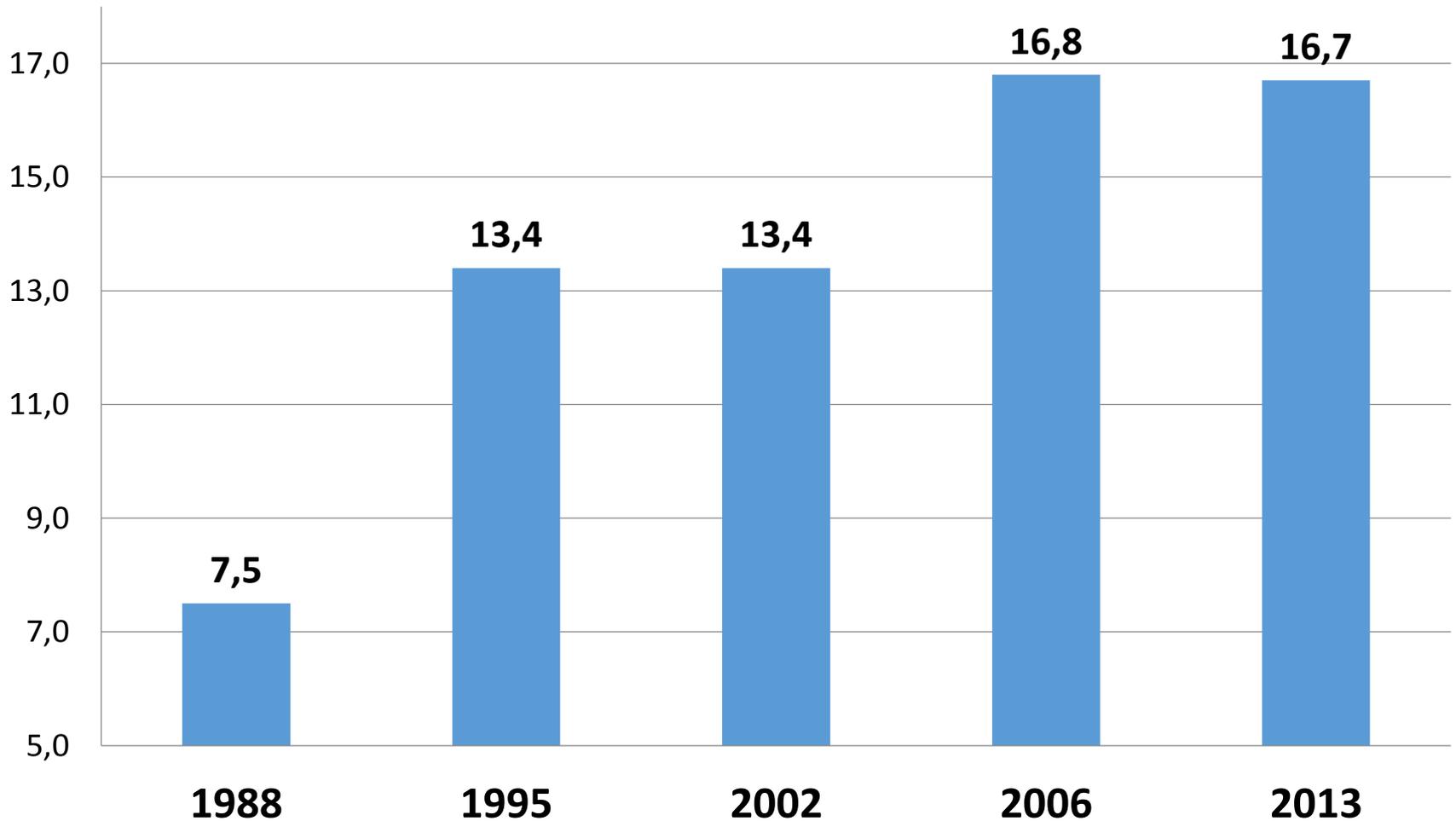
# Depression and Suicide: loss of hope and meaning

- Life meaning and trust are important elements of physical and mental health

(Skrabski Árpád – Kopp M. – Rózsa S. – Réthelyi J. – Rahe, R. (2005): Life Meaning: An Important Correlate of Health in the Hungarian Population. International Journal of Behavioral Medicine. 12, 2, 78–88.)

# HUNGAROSTUDY

## Clinically significant depression symptoms in Hungary 1988-2013



# Main EU level activities on MH in the light of prevention of depression and suicide

- **Conferences**

- Together for Mental Health and Well-Being (Brussels, 13th June 2008). **European Pact for Mental Health and Well-Being**

- Thematic conferences 2009-2011:

- Prevention of Depression and suicide - Making it happen (Budapest, 10<sup>th</sup> -11<sup>th</sup> December, 2009)** Organised by the European Commission and Hungarian Ministry of Health with the Support of the Swedish Presidency of the EU and in collaboration with WHO Regional Office for Europe.

Available: [http://ec.europa.eu/health/mental\\_health/events/ev\\_20091210\\_pres\\_en.htm](http://ec.europa.eu/health/mental_health/events/ev_20091210_pres_en.htm)

- **Lithuanian Presidency conference: Mental Health:Challenges and Possibilities, 10 October 2013**



# Main EU level activities on MH in the light of prevention depression and suicide 2

Commission policies, EU Parliament acts on mental-health

- **Green Paper - Improving the mental health of the population: Towards a strategy on mental health for the European Union**, Health & Consumer Protection Directorate-General, Brussels, 2005. Available: [http://ec.europa.eu/health/archive/ph\\_determinants/life\\_style/mental/green\\_paper/mental\\_gp\\_en.pdf](http://ec.europa.eu/health/archive/ph_determinants/life_style/mental/green_paper/mental_gp_en.pdf)
- **The European Parliament adopted two Resolutions addressing Mental Health: Available (2009):** <http://www.europarl.europa.eu/sides/getDoc.do?pubRef=-//EP//TEXT+TA+P6-TA-2009-0063+0+DOC+XML+V0//EN>
- **Council Conclusions on the European Pact for MH and Well-being of 2011 (Under the Hungarian Presidency)** , to identify evidence based best policy approaches and practices and analyze activities in different areas including taking evidence based measures against depression and to address suicide prevention ([http://www.consilium.europa.eu/uedocs/cms\\_data/docs/pressdata/en/lisa/143285.pdf](http://www.consilium.europa.eu/uedocs/cms_data/docs/pressdata/en/lisa/143285.pdf))

# Main EU level activities on MH in the light of prevention depression and suicide 3

- **Implementing the mental health pact**

## **Mental Health Compass: Database of policies and good practices**

- The Compass contains information on the 5 priority issues in the European Pact for Mental Health and Well-being. It will be developed in parallel with and through the pact conferences on these issues.
- ***Prevention of depression and suicide*** Available: [https://webgate.ec.europa.eu/sanco\\_mental\\_health/public/form/list.html?categoryid=11](https://webgate.ec.europa.eu/sanco_mental_health/public/form/list.html?categoryid=11)
- **Joint Action on Mental Health and Well-Being**
- The Joint Action for Mental Health and Well-being (JA MH-WB), launched in 2013, aims at building a framework for action in mental health policy at the European level and builds on previous work developed under the European Pact for Mental Health and Well-being.
- **Depression, suicide and E-health**  
<http://www.mentalhealthandwellbeing.eu/depression-suicide-and-e-health>



- **EU Joint Action on Health Workforce Planning & Forecasting. (2013-2016)** This Joint Action aims to improve the capacity for health workforce planning and forecasting by supporting European collaboration.

# **Partners hand in hand for better mental health including prevention depression and suicide**

- WHO European Ministerial Conference on Mental Health Facing the Challenges, Building Solutions Helsinki, Finland, 12–15 January 2005**
- WHO Global Mental Health Action Plan (adopted at WHA in May 2013)**
- WHO European Mental Health Action Plan (adopted at RC in Izmir, Sept 2013)**
- The WHO World Suicide Report (World Health Organization (2014): Preventing Suicide. A global imperative. WHO Geneva)**

# Actions against depression and suicide

## EU and Member states' role in them

- **Member States have the major responsibilities for action on mental health and well-being. The role of the EU is to support them in their actions;**
- In its "Social Investment Package" of February 2013, the Commission called on Member States to prioritise social investment and to modernise their welfare states;
- A Commission paper "Investing in health", part of the Package, showed how investing in health contributes to the Europe 2020 objective of smart, sustainable and inclusive growth;
- **EU-policies promote the exchange and co-operation between Member States and address mental health through own policies and EU-financial instruments.**
- (Pursuing mental health reforms and well-being through times of crisis: challenges and possibilities: State of play, priorities and perspectives in Member States and EU-policies. Lithuanian Presidency conference: Mental Health:Challenges and Possibilities, 10 October 2013, Michael Hübel, DG SANTE(SANCO))

# Focus on health promotion and disease prevention

Key messages:

- There is strong evidence showing that **mental health promotion** and the **prevention** of mental disorders leads to improved health outcomes and also to benefits in many other fields, such as **education, work, and social inclusion**;
- In the longer-term, health promotion and disease prevention can meaningfully contribute to **reducing the disease burden of mental disorders and their direct and indirect costs**;
- Health promotion and disease prevention interventions will deliver the greatest benefits and return, if they have a focus (1) **on early age** and youth, and (2) **on vulnerable groups**.

(Pursuing mental health reforms and well-being through times of crisis: challenges and possibilities: State of play, priorities and perspectives in Member States and EU-policies. Lithuanian Presidency conference: Mental Health:Challenges and Possibilities, 10 October 2013, Michael Hübel, DG SANTE(SANCO))

# Access to treatment – closing the treatment gap in depression (prevention suicide)

- Although effective treatments exist, it is estimated that around **56%** of patients with major depression receive no treatment at all
- **The lack of appropriate diagnosis and treatment of depression can be one of the main cause of the high suicidal rates across Europe**
- *Treatment barriers are: stigma of mental disorders and depression, limited accessibility to certain services for certain populations*  
(<http://www.mentalhealthandwellbeing.eu/depression-suicide-and-e-health>)
- Difficulties, barriers:
  - regional disparities in access of treatment
  - shortages of MH workforce (some countries migration is a problem)
  - access to psychotherapy

# WHO 10 recommendations to address treatment gaps

(<http://www.who.int/whr2001/>) (Bebbington, 2001)

- Mental health treatment should be accessible in primary care
- Psychotropic drugs need to be readily available
- Care should be shifted away from institutions and towards community facilities
- The public should be educated about mental health
- Families, communities and consumers should be involved in advocacy, policy-making and forming self-help groups
- **National mental health programmes should be established**
- The training of mental health professionals should be increased and improved
- Links with other governmental and nongovernmental institutions should be increased
- Mental health systems should be monitored using quality indicators
- More support should be provided for research.

# Some key recommendations for closing the treatment gap in depression

- **Train all primary care health professionals** on depression and person in crises
- Provide **adequate number of trained MH workforce**
- Increase the accessibility of **psychotherapy** where it is relevant
- **Use e-health**
- **Co-ordination, and co-ordinated actions** on all levels of sectors, including policy, stakeholders, funding, resources etc.

Participation of Hungary in WP5 of JAMHWPB  
and Co-operation with WP4  
(Semmelweis University, Psychiatric and  
Psychotherapeutic Clinic, Budapest, Ass. Prof.  
Lajos Simon)

- Overview of the situation in Hungary
  - Policy and legislation
  - Transition from Mental Hospitals to General Hospitals and Development of community-based care
  - Human and material resources
  - Human rights
- Capacity building workshop Budapest, 2015.
  - **to develop proposals to improve community-based mental health care in Hungary**

# Workplace MH WP6 – Hungarian participation, and Co-operation with WP4

- University of Pecs Faculty of Health Sciences
  - Dr. Jozsef Betlehem
  - Mrs. Emese Pek
  - Dr. Kinga Lampek
  - Mr. Balint Banfai
- Hungarian SWOT survey
  - Meeting with Hungarian stakeholders 26th June 2013 in coordination with Ministry of Human Capacities
  - 25 institutions involved in SWOT
  - **3 sectors** were present.
  - Health care services
  - State administration
  - Health industry

# Exercise reduces depressive symptoms

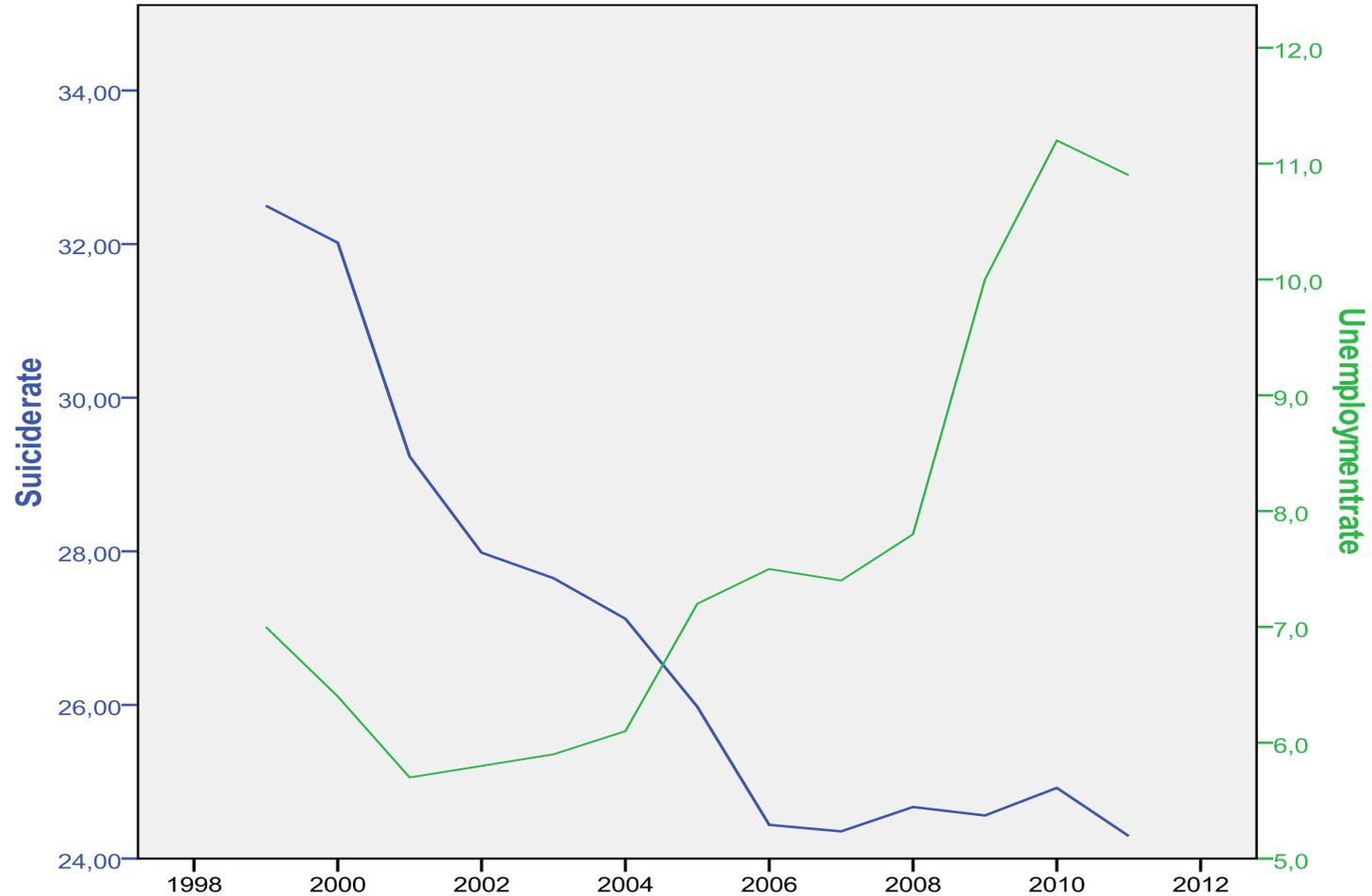
- Exercise can reduce the risk of depression in employees with sedentary jobs, an inactive lifestyle, and a high-risk of depression (de Zeeuw ELEJ, Tak ECPM, Dusseldorp E, Hendriksen IJM. Workplace exercise intervention to prevent depression: A pilot randomized controlled trial. Mental Health and Physical Activity Volume 3, Issue 2, December 2010, Pages 72–77)
- - „Exercise is moderately more effective than no therapy for reducing symptoms of depression
  - Exercise is no more effective than antidepressants for reducing symptoms of depression
  - Exercise is no more effective than psychological therapies for reducing symptoms of depression”

(Cochran Summaries - **Exercise for depression**, Cooney GM, Dwan K, Greig CA, Lawlor DA, Rimer J, Waugh FR, McMurdo M, Mead GE, Published Online: September 12, 2013)

**Multi-level approaches against depression and suicide in Hungary. What could we learn from countries with traditionally high suicide rates? Some examples**

# Suicide rate reflects socio-economic processes

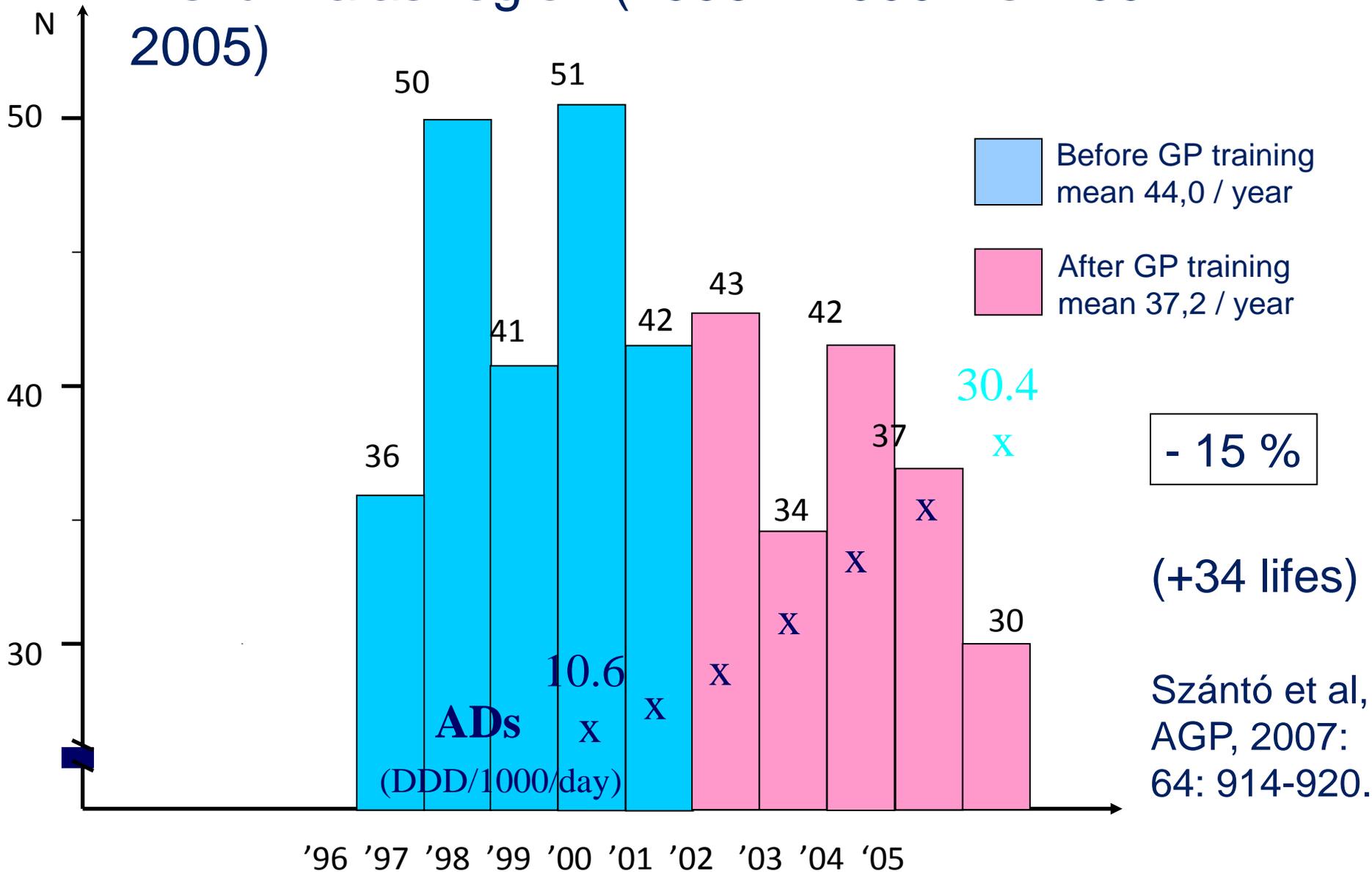
## Suicide and unemployment rate between 2000-2011 in Hungary



# Main purposes of suicide prevention in Hungary

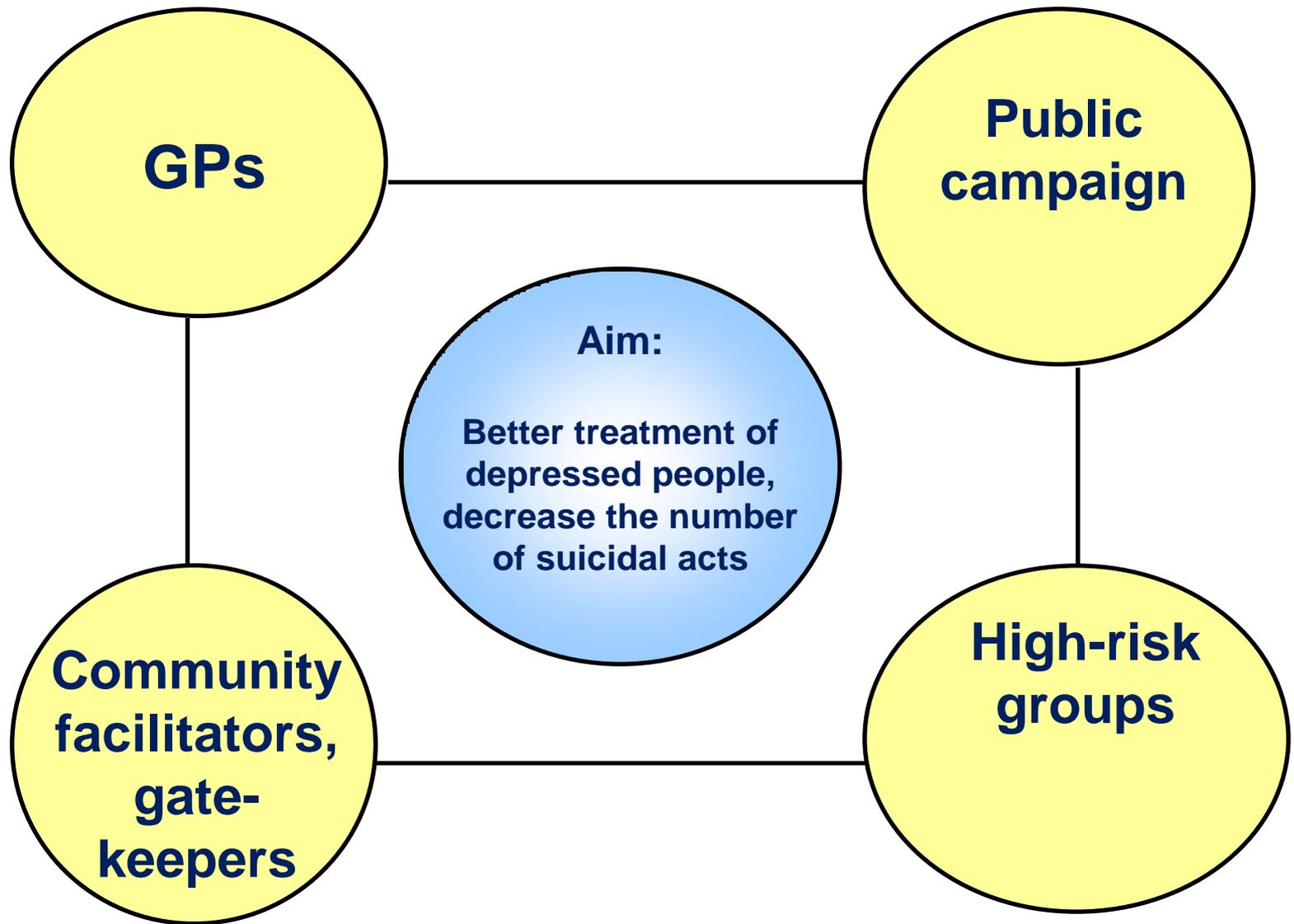
- **Better treatment of depressed people**
- **Better psychiatric health care utilisation**
  
- **Building local networks based on local needs, facilities and skills**
- **Facilitating civil-civil, professional-professional and civil-professional cooperation**
- **Continuous education**
- **Continuous media presence.**
- **Destigmatisation of depression**

# Yearly number of suicides and ADs in Kiskunhalas region (1996 – 2000 vs 2001 – 2005)

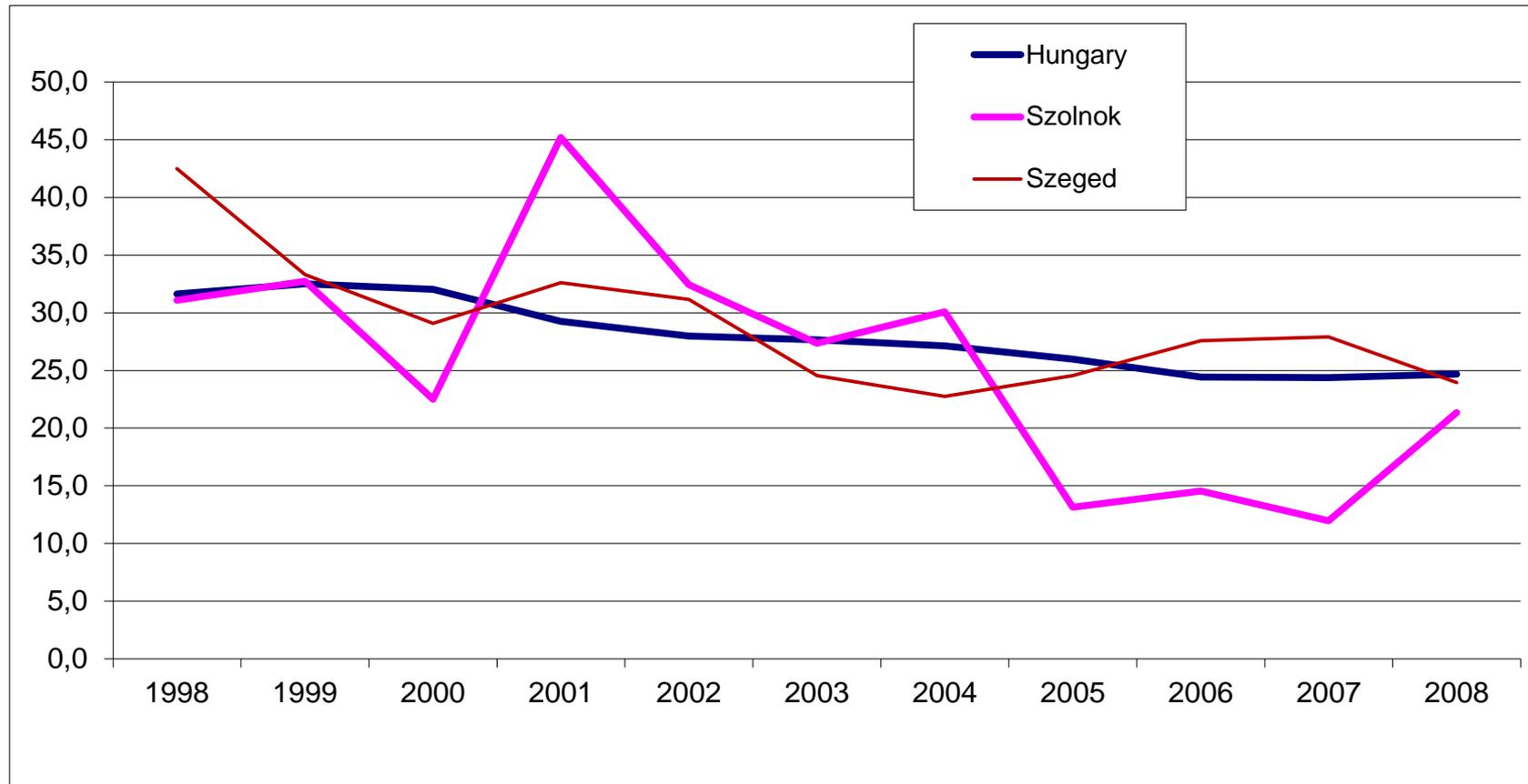


# EAAD (European Alliance Against Depression)

## 4-level intervention



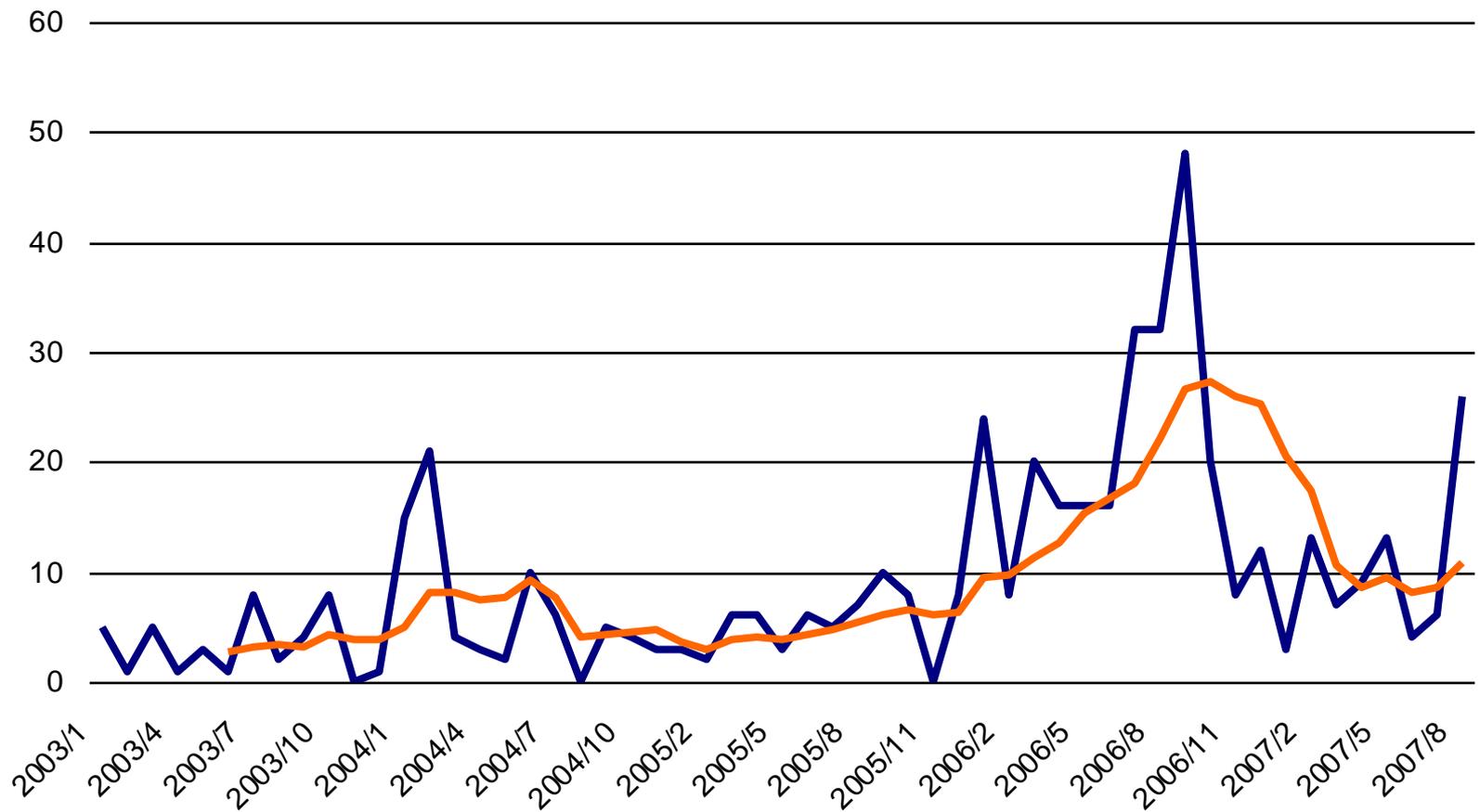
## Suicide rate in Hungary and in Szolnok for 100.000 persons, between 1998 and 2008, total population



Szekely et al 2014, PLoS ONE PLoS ONE 8(9): e75081.  
doi:10.1371/journal.pone.0075081

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

Number of calls in one month and 6 month average  
2003-2007



# PREDINU - ifightdepression

- [www.ifightdepression.com](http://www.ifightdepression.com)

Modules Pages Interface: Magyar (Mag) Mode View

Mónika Tóth Logout



**iFightDepression**  
european alliance against depression

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## iFight Depression önssegítő program

Üdvözljük az iFightDepression oldalon!

- ✓ Önssegítő program, mely a kognitív viselkedésterápia elvein alapszik
- ✓ 15 év feletti fiatalok és felnőttek számára került kifejlesztésre
- ✓ 6 alap és 1 választható témakörből áll
- ✓ A depresszív hangulat javításához szükséges készségek elsajátításában segít

Ez az önssegítő eszköz segít megbirkózni a depresszióval oly módon, hogy általa képes lesz felismerni és megváltoztatni a kevésbé előrevivő gondolatokat, cselekvéseket és érzéseket. Az iFightDepression témakörei és feladatlapjai olyan készségek elsajátításában segítenek, melyekkel elkerülheti a depressziós tünetek visszatérését. Ha először jelentkezett be, kattintson ide [Az önssegítő eszközről](#), hogy többet megtudhasson a programról. Ha elolvasta az információkat, megkezdheti a munkát a témakörökkel [Témakörök](#)

## Required referral for enrollment

## Guided self management of mild to moderate depression symptoms

- Self-administered test
- E-resource on causes, signs and symptoms of depression and suicidal behaviour
- Online guided computerized cognitive behaviour therapy (cCBT) self- management programme

The project was funded by the EC in the Framework of the Health Programme, CHAFEA

Aresman et al. JMIR Res Protoc 2015;4(3):e99

# **SEYLE - Saving and Empowering Young Lives in Europe**

- **Screening**
- **Gatekeeper training targeting teachers and other school personnel**
- **Youth Aware of Mental Health (YAM) program targeting pupils**
- **Results:**
  - **Dramatic decrease in incident suicide attempts, suicide ideations and plans**
  - **Reduction of depression, negative emotions and conduct problems**

(EU Report for the Saving and Empowering Young Lives in Europe (SEYLE) study: [cordis.europa.eu/result/rcn/46234\\_en.html](http://cordis.europa.eu/result/rcn/46234_en.html), Wasserman et al. Lancet. 2015; 385:1536-44.)

# What we could learn from Central - Eastern Europe?

- *The multi-level approach is effective*
- *There is no need for profound amendment of the basic principles (culturally applicable)*
- *The gender-specific aspects need to put into consideration*
- *Increasing of mental health care utilisation seems to be a key element*
- *Telephone hotline services probably increase health care utilisation*
- *The shortage of health and MH workforce is an important issue for the quality of services*
- *Co-ordination among services works similarly to enhance the treatment gap*
- *Usage of new technologies (e-health) is growing*