



Results of Hungarian EAAD Activities

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Philosophy

- Facilitation the collaboration between civil and professional contributors
- Local networks based on local needs and facilities.
- Continous education
- Continous media presence

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

Civil activities

- High internal motivations
- Better communications and
- Better accessibility considering the high risk groups
- Problems with funding
- Sometimes lack of quality control

Objectives

- (Local) community based programs
- Collaboration among health care providers
NGOs and local social services in practical
issues
- Enhancing the collaboration between NGOs
- Flexible network based on local community
needs and facilities

- **Continous education essential after launch campaign**
- **Active searching of high risk groups instead of increasing accesibility only**
- **Emphasis on skills not only on information**

- Empowerment
- Social/community support
- Psychological skills trainings
- Enhancing social capital

The social capital concept

Resources of

- information
- support
- social control

in a practical problem solving network rather than structure and institutionalization

First intervention area

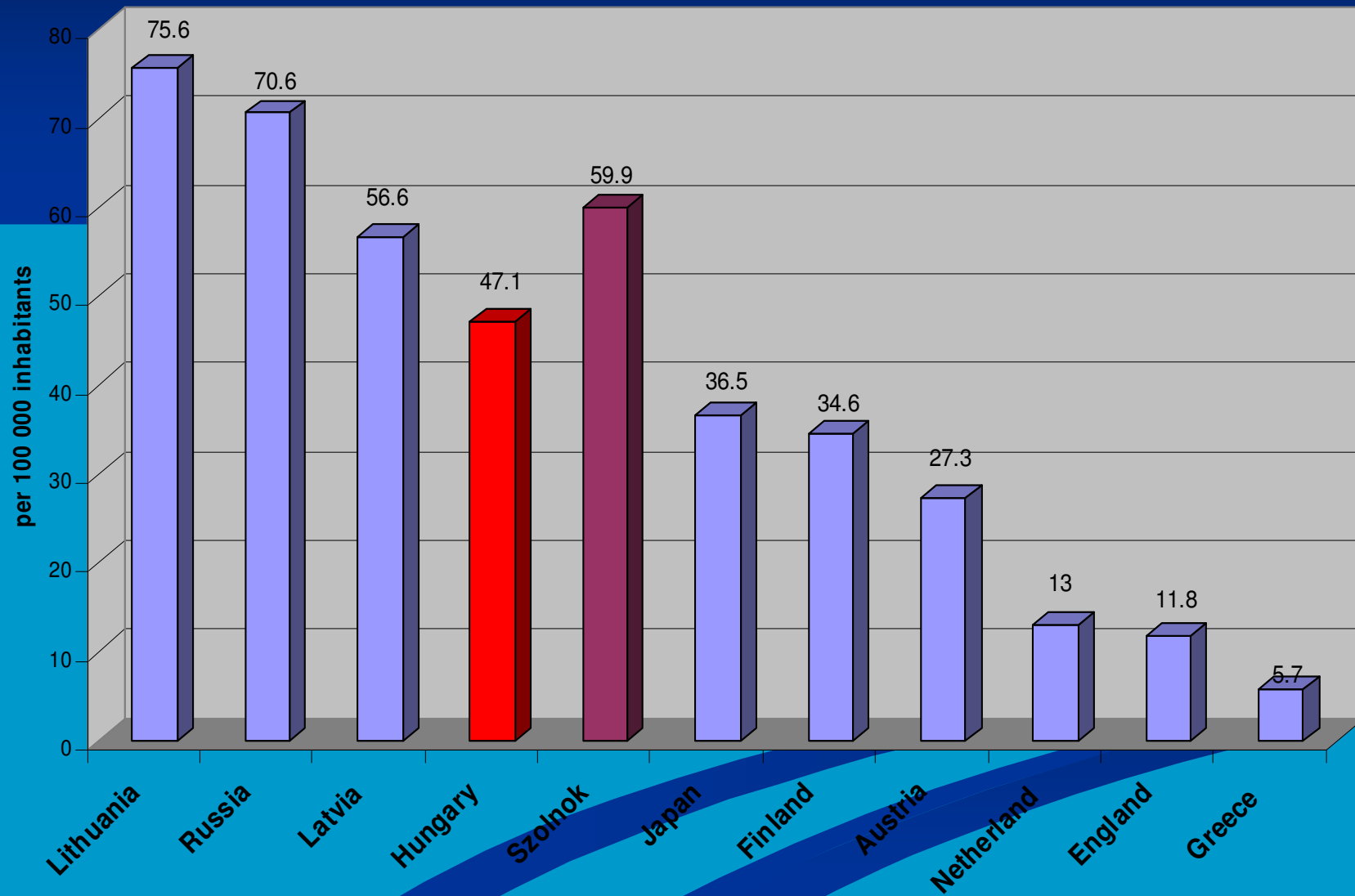
Szolnok and it's rural region

Population: appr. 130 000

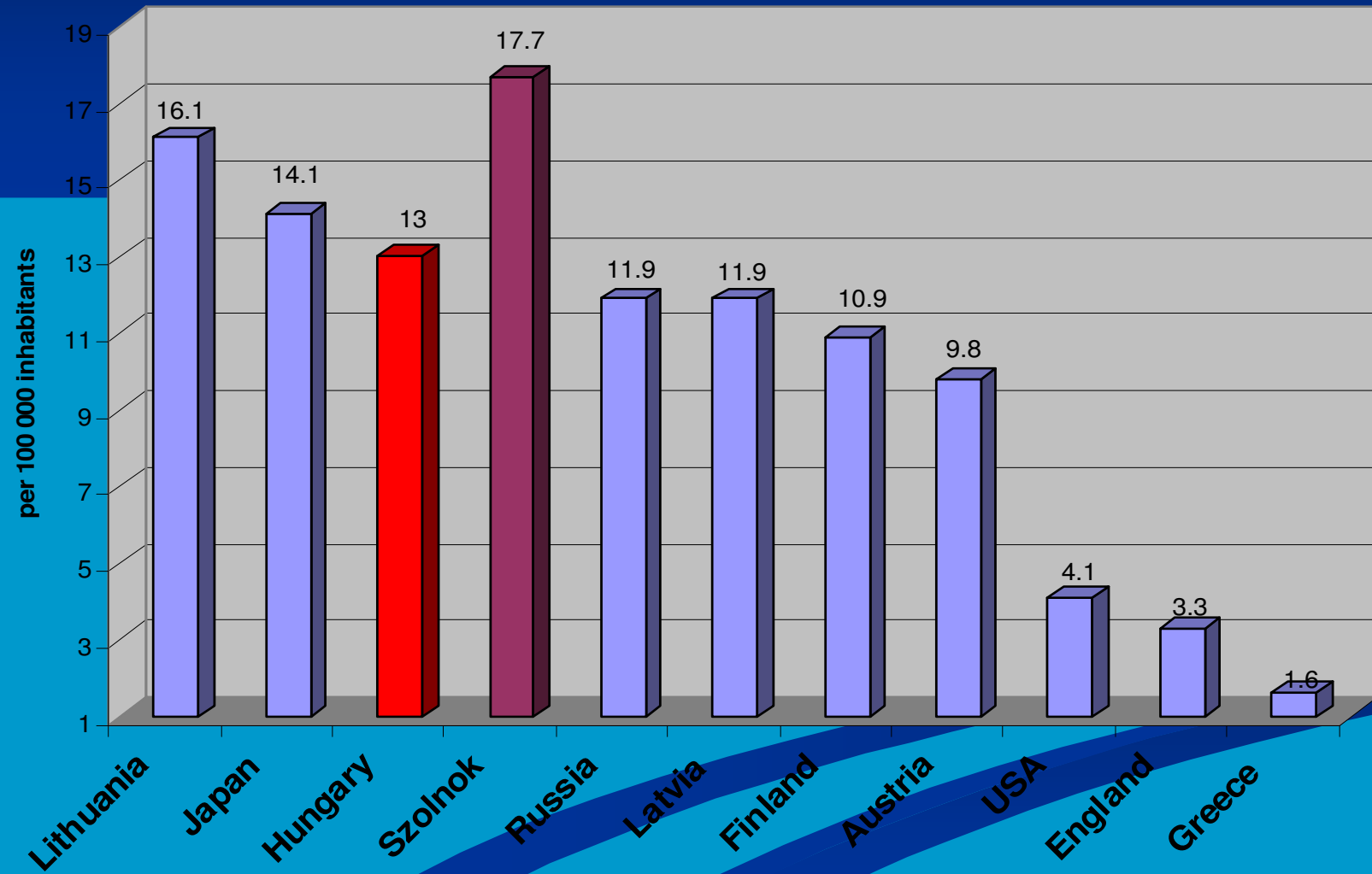
Suicide rate (in 2001):

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

Sucide rate among men in 2001



Sucide rate among women in 2001



Activities

- Collaboration with Szolnok College, Szolnok Police Department and local psychiatric/social services
- Continuous education for the civil servants, local authorities, teachers, social workers etc.



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***



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
- The German method cannot be adopted in every situation (ie.: differences in prescription practices, 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.



Second stage of the program

New centers:

- Budapest, Józsefváros
- Székesfehérvár
- Kiskunhalas

Target communities I. Budapest- Józsefváros

- Approx 80.000 inhabitant
- Poverty
- Unemployment
- Different cultural/ethnic communities
(large Hungarian, Hungarian-gypsy, Asian,
Turkish populations).
- Higher proportion of elderly people

Activites

- Facilitation of collaboration among local NGO-s,
- „Visiting psychiatrists” in the GP offices
- Development of social network for the prevention and treatment of mental disorders

Székesfehérvár

- Western Hungarian industrial city
- Approx 101.000 inhabitant in Székesfehérvár, 137.000 in the region
- Rapid economical development

Local activities

- School based prevention of youth depression and suicide conference
- Childhood and adolescent depression: manifestation, course and management
- CME courses about depression for GPs

Kiskunhalas

- Rural city
- Approx 29.000 inhabitant in Székesfehérvár,
46.000 in the region

Local activities

- School based prevention of youth depression and suicide conference
- Strengthening the enhancement of the collaboration between GPs and local psychiatric services rather than CME – practical help for GPs

Media based activities

- Continuous development of HAAD website
- Összefogás a depresszió ellen (Alliance against depression –Handbook for helpers). Published in May 2007
- Continuous media presence

Suicide statistics

In Szolnok and other Hungarian towns,
subregions

Data from the Hungarian Central Statistics
Office

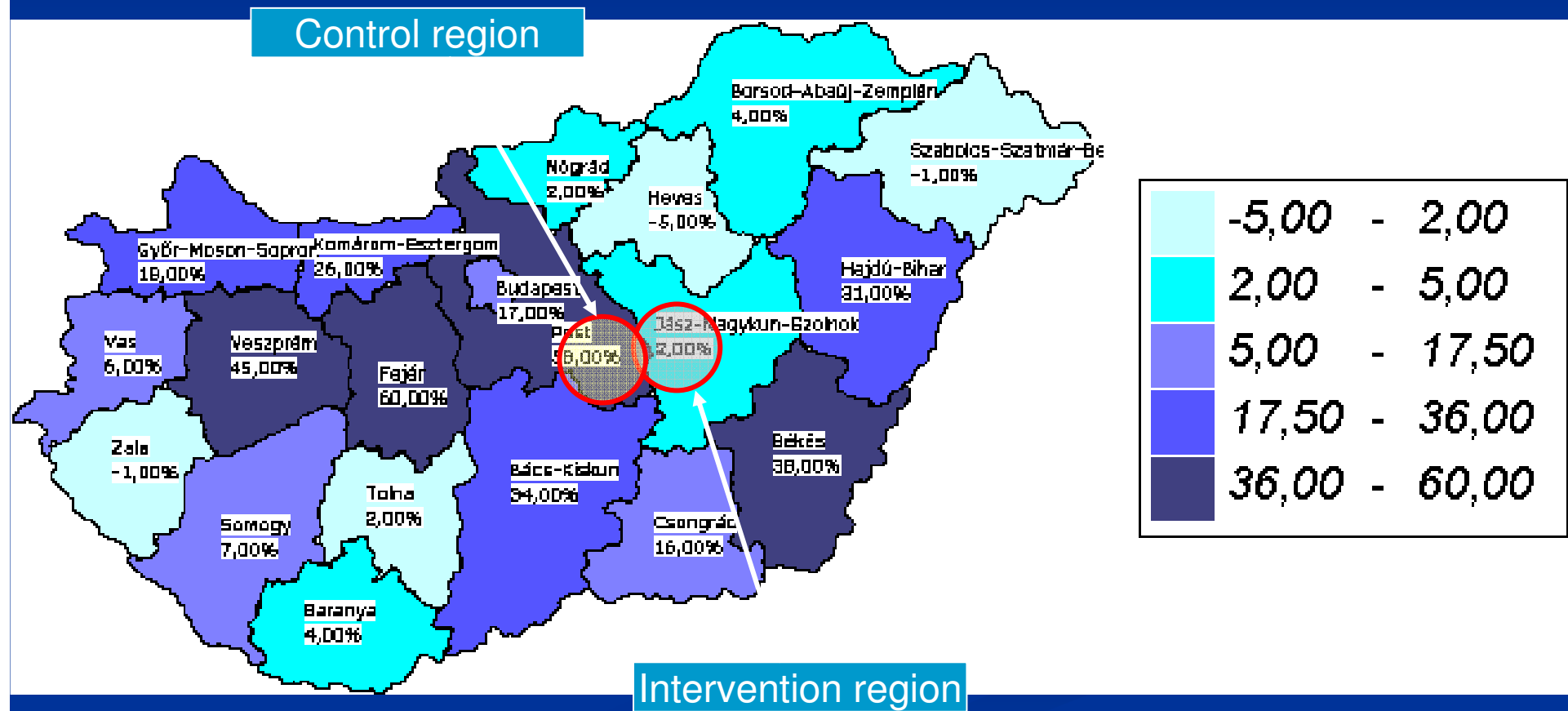
Number of inhabitants in the selected subregions and towns

	Region	Town
Second round intervention subregion Székesfehérvár	136 793	101 450
Győr	178 221	128 272
Control subregions Cegléd	122 014	38 458
Szolnok	119 599	75 623
First intervention subregion		

Change in depression 2002-2006

National average 17%

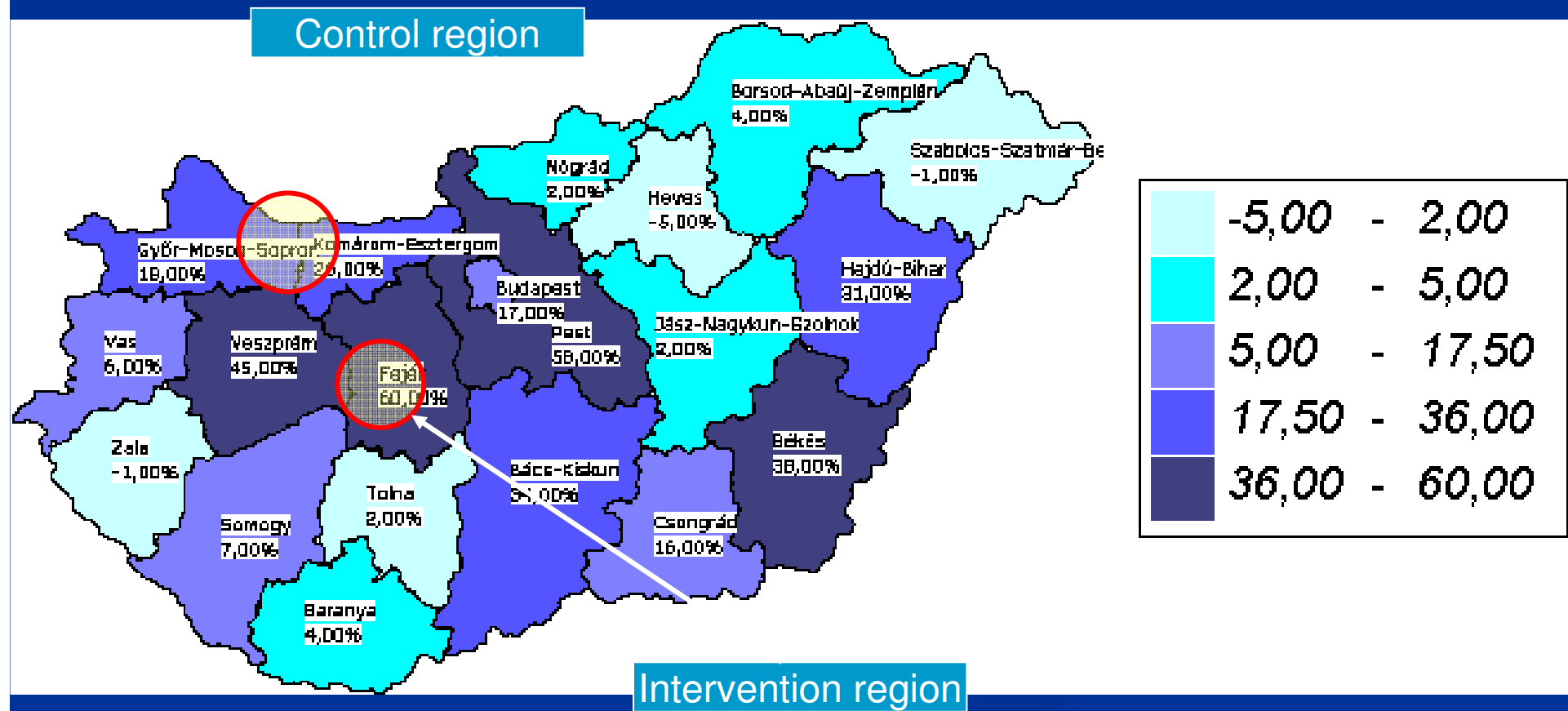
Hungarostudy follow-up study



Change in depression 2002-2006

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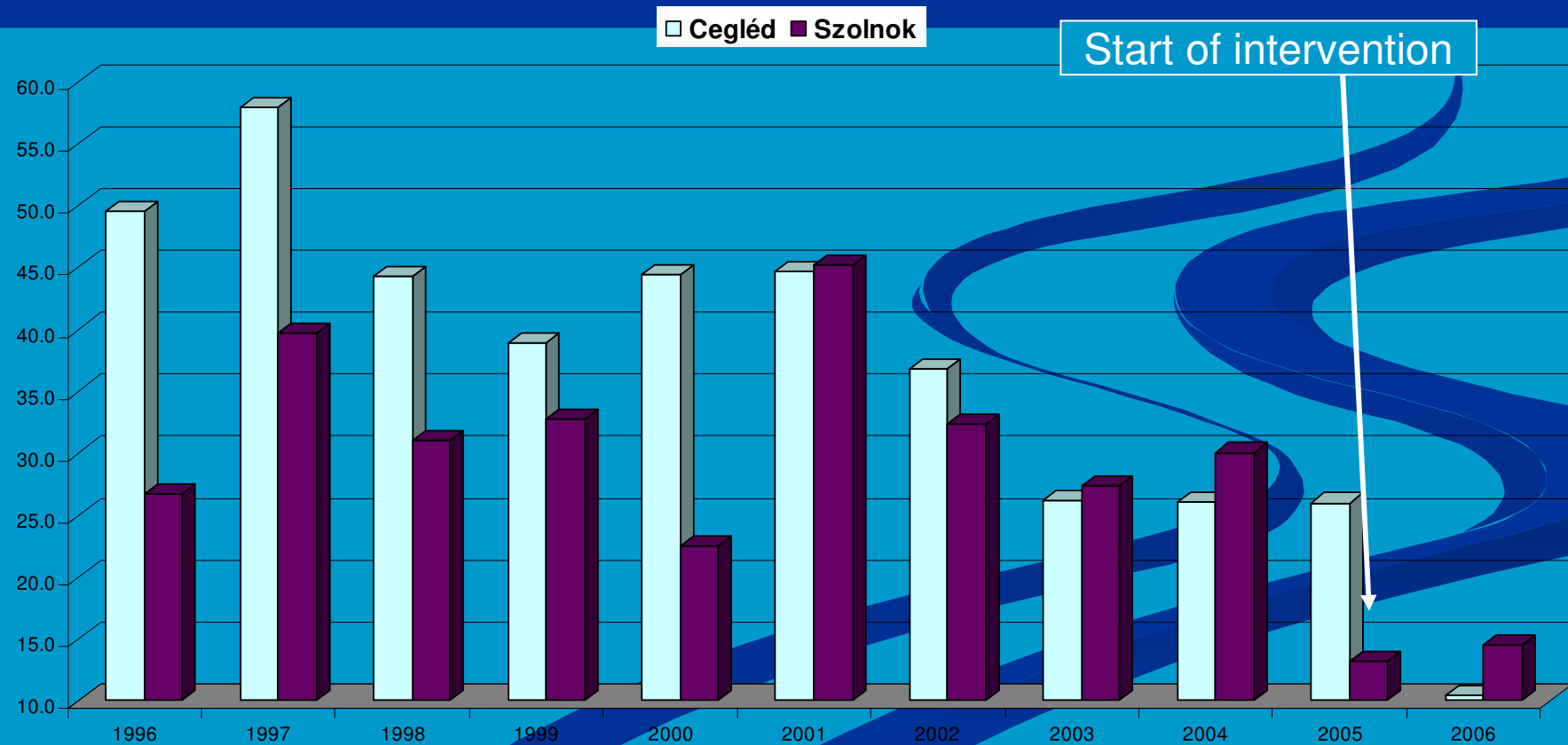
Hungarostudy follow-up study



Suicide rate in the selected Hungarian towns

between 1996 and 2006

(per 100 000 inhabitants)

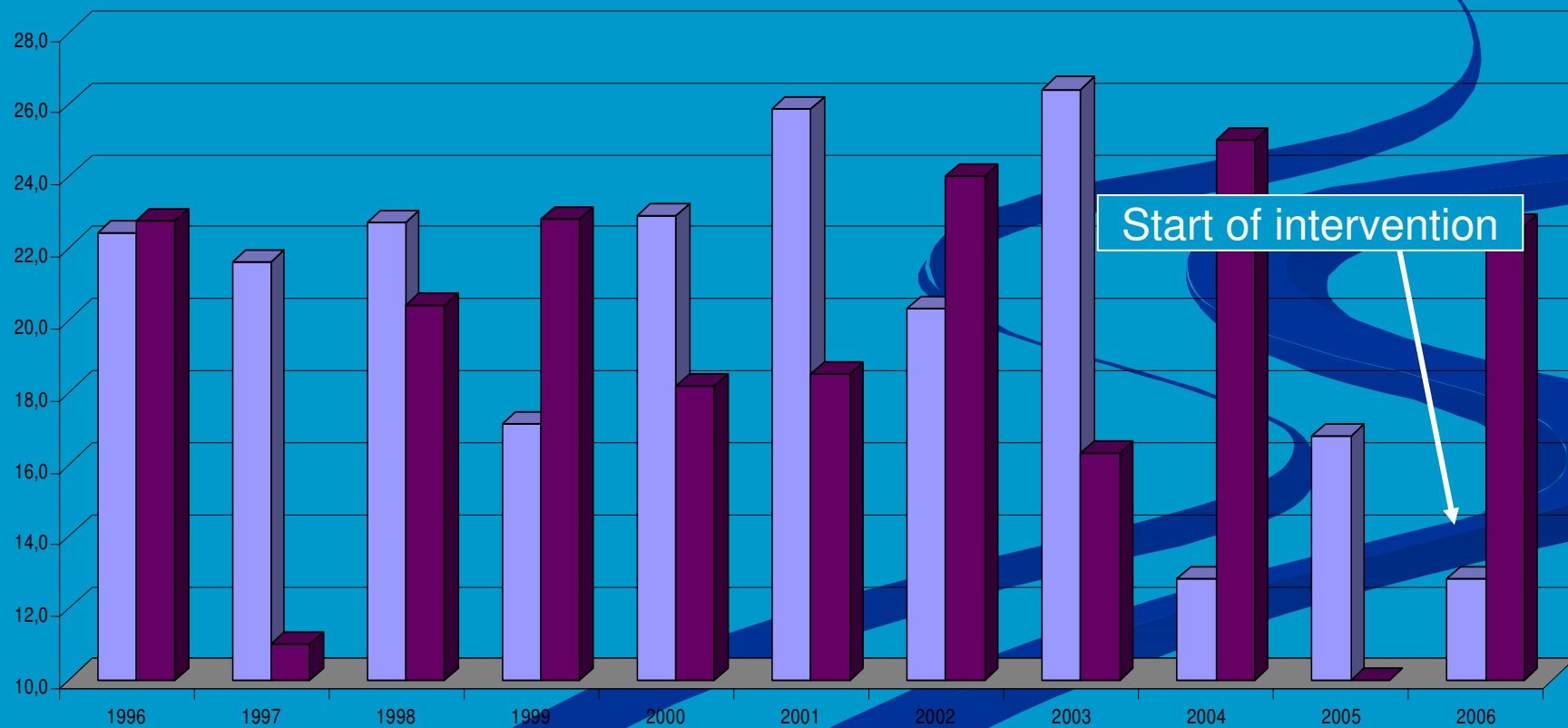


Suicide rate in the selected Hungarian towns

between 1996 and 2006

(per 100 000 inhabitants)

■ Székesfehérvár ■ Győr



Suicide data in the towns

2004 - 2006

	Towns			
	Győr	Székesfehérvár	Szolnok	Cegléd
	Suicide rate (per 100 000)			
2004	25,0	12,8	30,1	26,1
2005	9,4	16,8	13,1	26,0
2006	22,6	12,8	14,5	10,4
	Change compared to previous year			
2005	-62%	31%	-56%	0%
2006	141%	-24%	11%	-60%
	Change compared to 2004			
2005	-62%	31%	-56%	0%
2006	-10%	0%	-52%	-60%

Suicide data in the towns

9 years average

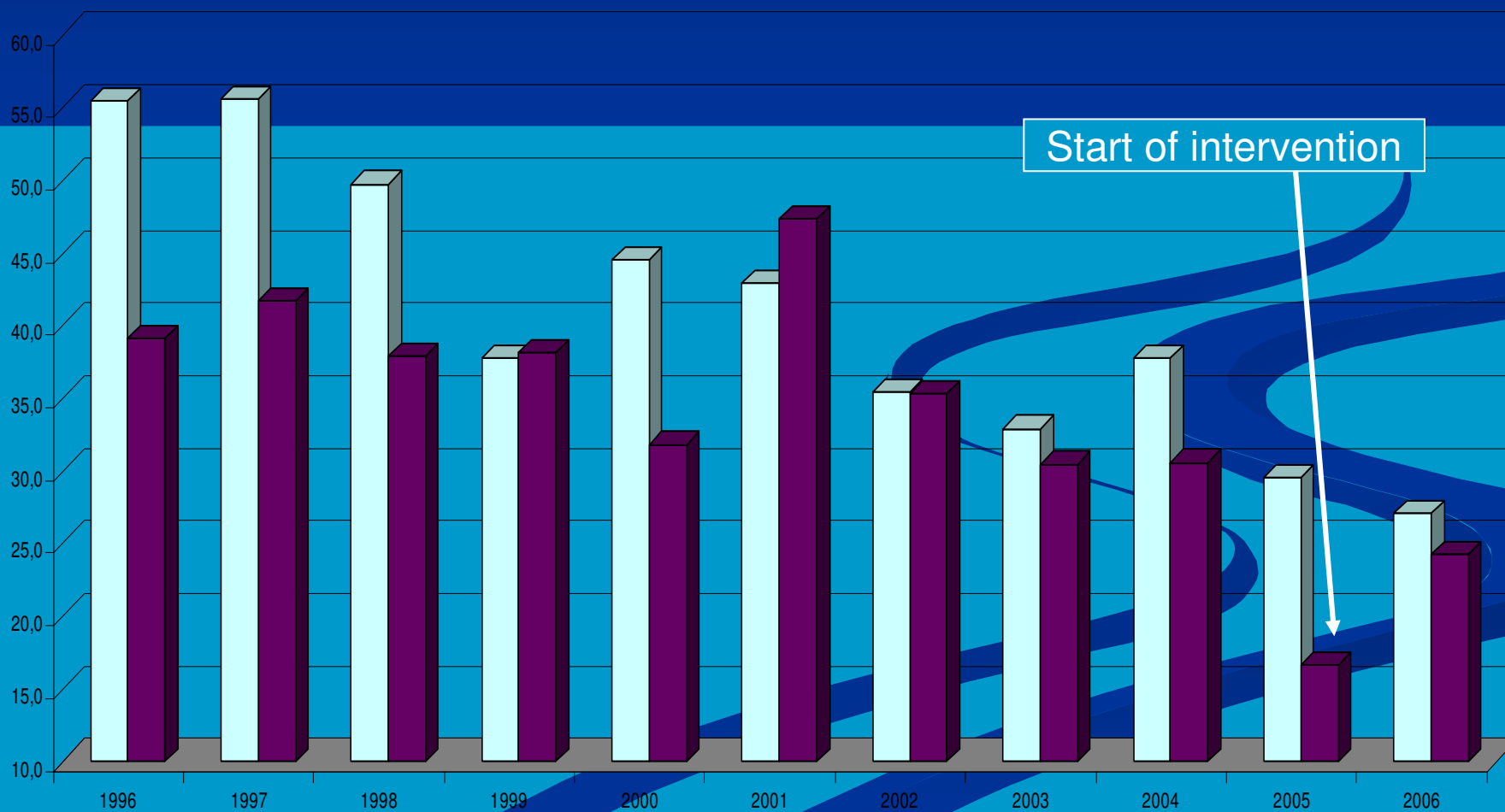
	Towns			
	Győr	Székesfehérvár	Szolnok	Cegléd
	Suicide rate 9 years average			
2004	19,9	21,3	32,0	41,0
2005	18,4	20,7	30,5	38,4
2006	19,7	19,7	27,7	33,1
	Change of average compared to previous year			
2005	-7%	-3%	-5%	-6%
2006	7%	-5%	-9%	-14%
	Yearly data compared to 9 years average			
2005	-49%	-19%	-57%	-32%
2006	15%	-35%	-47%	-69%

Suicide rate in the selected Hungarian subregions

between 1996 and 2006

(per 100 000 inhabitants)

□ Cegléd ■ Szolnok

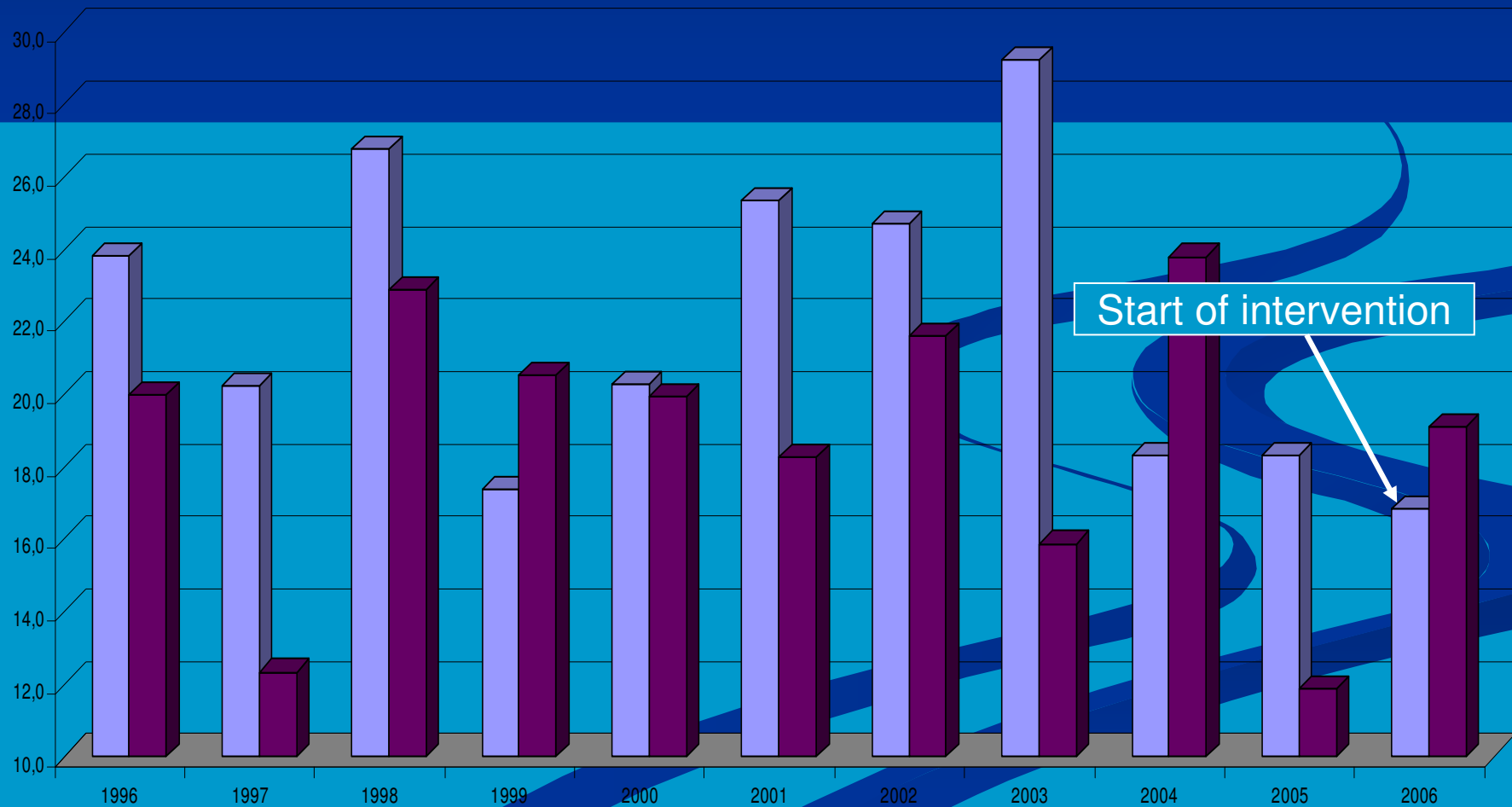


Suicide rate in the selected Hungarian subregions

between 1996 and 2006

(per 100 000 inhabitants)

■ Székesfehérvár ■ Győr



Suicide data in the subregions

2004 - 2006

	Subregions			
	Győr	Székesfehérvár	Szolnok	Cegléd
	Suicide rate (per 100 000)			
2004	23,8	18,3	30,6	37,7
2005	11,9	18,3	16,6	29,5
2006	19,1	16,8	24,2	27,0
	Change compared to previous year			
2005	-50%	0%	-46%	-22%
2006	61%	-8%	46%	-8%
	Change compared to 2004			
2005	-50%	0%	-46%	-22%
2006	-20%	-8%	-21%	-28%

Suicide data in the subregions

9 years average

	Subregions			
	Győr	Székesfehérvár	Szolnok	Cegléd
	Suicide rate 9 years average			
2004	19,5	22,9	36,9	43,6
2005	18,6	22,3	34,4	40,7
2006	19,3	21,9	32,5	37,5
	Change of average compared to previous year			
2005	-5%	-3%	-7%	-7%
2006	4%	-2%	-6%	-8%
	Yearly data compared to 9 years average			
2005	-36%	-18%	-52%	-28%
2006	-1%	-23%	-25%	-28%

Depression statistics

Hungarostudy follow-up study
2002-2006

Change in depression 2002-2006

Hungarostudy follow-up study

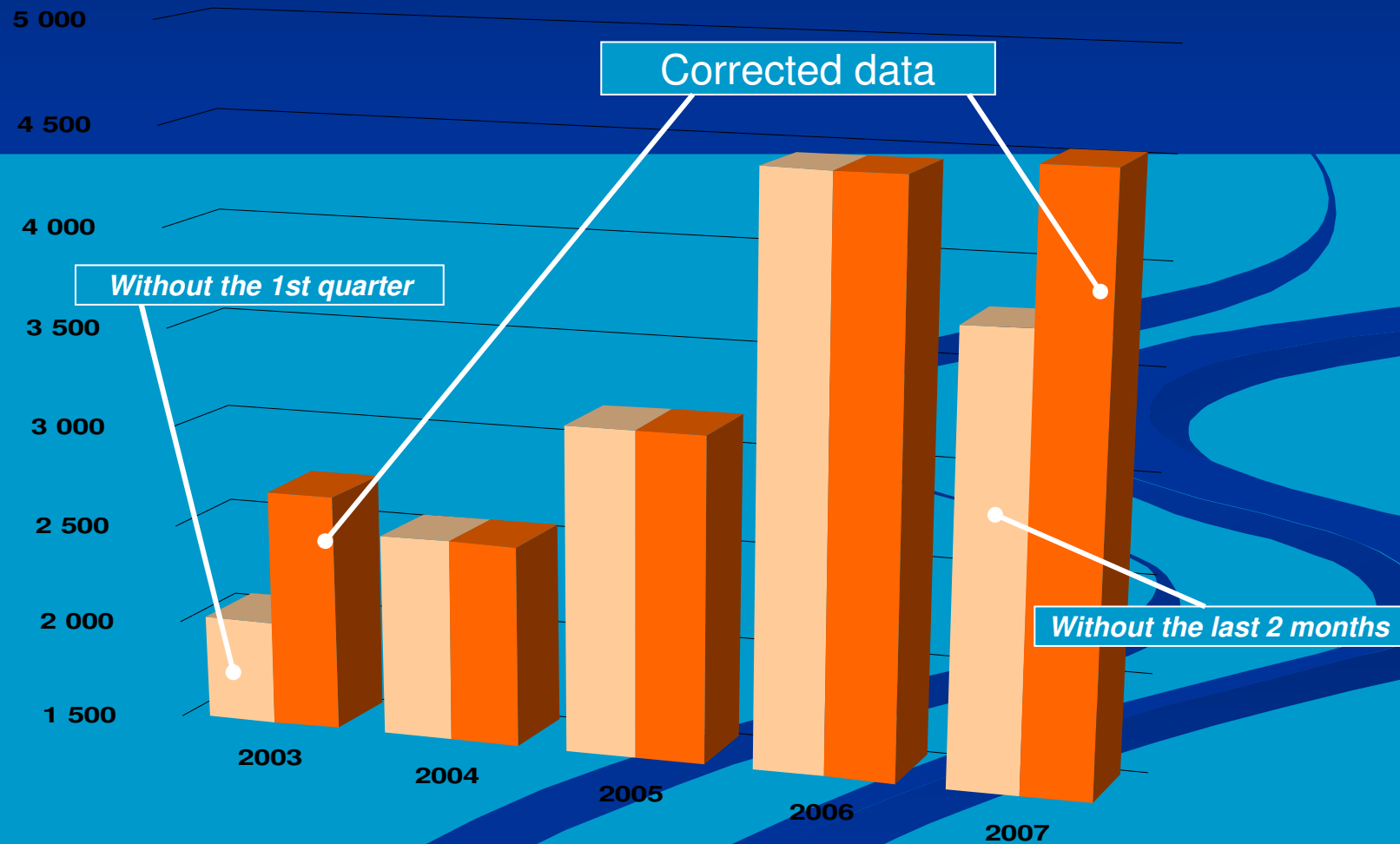
Subregion	Position <i>(among 150 subregions)</i>	BDI 2002	BDI 2006	Change in %
Szolnok	52	6,80	6,89	+1%
Cegléd	85	9,14	11,00	+20%
Győr	94	9,14	11,00	+20%
Székesfehérvár	131	5,44	7,01	+29%
Total		7,81	9,15	+17%

Other statistics

Szolnok Hospital, hot-line
services

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

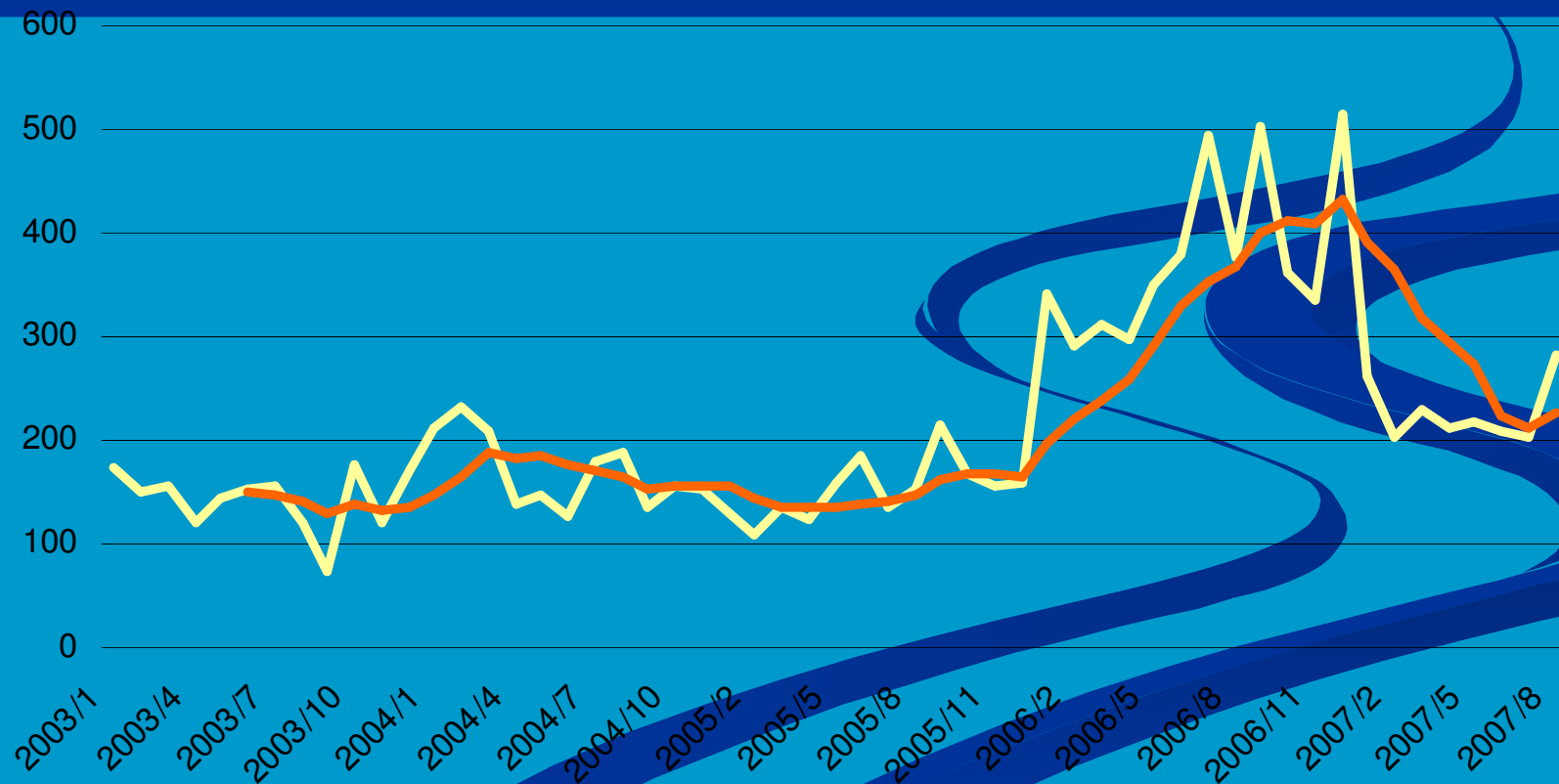
2003-2006



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

2003-2007

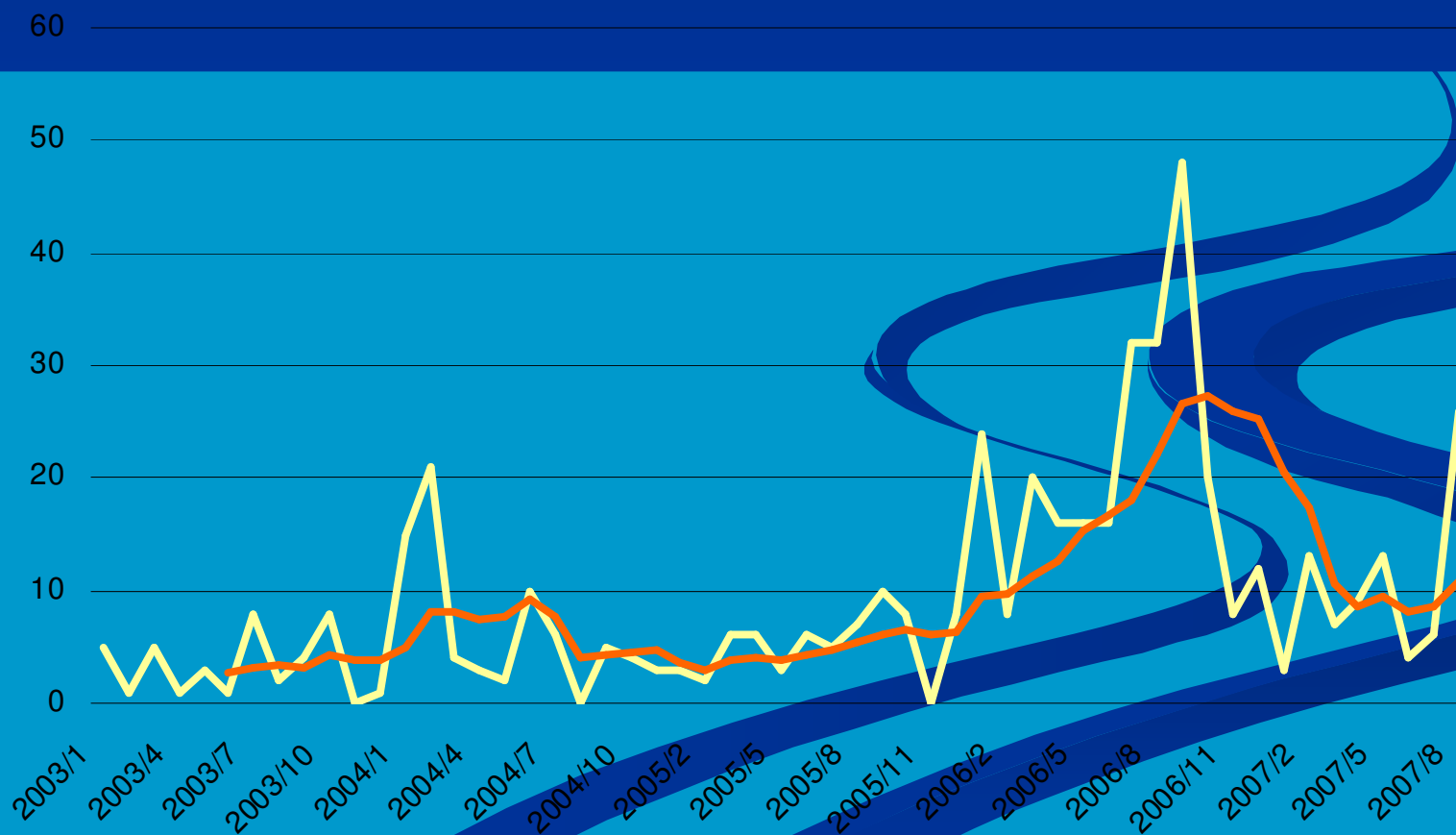
Number of calls in one month and 6 month average



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

2003-2007

Number of calls in one month and 6 month average



Results in Szolnok and it's rural area

- Slight increase in depression between 2002 and 2006 – lower than the national average
- Increasing number of calls at the hot-line services
- Increasing patient visits at the hospital's psychiatry department
- Decreasing number of suicides in the town, no real change in the rural region

Actual problem:

- The financing of the National Association of Mental Crises Telephone Hotline Services is not in the health care financing system
- After 30 years of service since April 2005 no salary for the staff of the services
- 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