

**Thematic conference "Prevention of Depression and Suicide – Making it happen",
Budapest, 10-11 December 2009**

**Statements received on
Demonstrating Commitment and contributing to joint Implementation**

1. Governmental bodies:

- 1.1 Ministry of Health and Social Policy, ES
- 1.2 National Centre for Public Health Protection (NCPHP), BG
- 1.3 Flemish Agency Care and Health. Ministry of Welfare, Public Health and Family Affairs, BE

2. Professional organisations:

- 2.1 Pharmaceutical Group of the European Union (PGEU)
- 2.2 European Federation for Psychosynthesis Psychotherapy (E.F.P.P.)
European Association for Psychotherapy
- 2.3 World Organization of Family Doctors (Wonca)

3. Clinical service providers:

- 3.1 Tourcoing: Crisis and Suicide Healthcare, FR (to be added on-line)
- 3.2 Institute of Clinical Psychology and Psychotherapy, Technische Universität Dresden, DE

4. Non-governmental organisations:

- 4.1 HUG (Highland Users Group)
- 4.2 Háttér Support Society for LGBT People, HU
- 4.3 Foundation Cry For Help, RO
- 4.4 Mental Disability Advocacy Center, EU
- 4.5 Psychological Center TESA, HN
- 4.6 Mad Pride, IE
- 4.7 Association for the Improvement of Mental Health Programmes
- 4.8 European Network of (ex)Users and Survivors of Psychiatry (ENUSP)

5. Research institutes:

- 5.1 Trimbos Institute (Institute of Mental Health and Addiction), NL
- 5.2 Department of Psychiatry/Psychotherapy University of Pecs, HU
- 5.3 Dept of Psychiatry, University of Szeged, HU
- 5.4 Child and Adolescent Psychiatry Department of University of Szeged, HU

1.1 MINISTRY OF HEALTH AND SOCIAL POLICY SPAIN, ES

Demonstrating commitment and contributing to joint implementation

Organisation name

MINISTRY OF HEALTH AND SOCIAL POLICY

Organisation type: (please mark with X)

Governmental body: **X**

Research institute:

Non-governmental organisation:

Clinical service provider:

Other, please specify:

Please describe why the organisation is engaging in action to prevent depression and / or suicide and any other relevant contextual information (max 300 words):

The Strategy of Mental Health of the National Health System, developed in 2006 from the Quality Agency of the Ministry of Health and Social Policy, in coordination with the regional governments, scientific societies and relatives' associations, is based on the philosophy and content of the Helsinki Declaration on Mental Health, sponsored by the European Regional Office of WHO, which was signed by Spain in 2005.

The Strategy therefore adopts a community approach that combines mental health promotion, prevention of mental disorders, diagnosis and treatment in community-oriented services, inter-and intra-institutional coordination and mental health research.

With this approach to public health, strategies for prevention of more prevalent diseases, such as mood disorder, play an important role in mental health care of the population. In this sense, is a challenge for our health system, to the extent that should deepen the preventive actions raised by the principles of the community approach, but with little presence in everyday practice today.

Please describe what actions the organisation is currently carrying out to prevent depression and / or suicide (e.g., process, specific target group, duration of commitment, date of action etc.) (500 words approx):

- Prevention program in mental health in primary care, which includes specifically the early detection of anxiety disorders and the prevention of depression and suicide in two of its subprograms.
 - o Specific interventions:
 - Pilot program for prevention of depression in primary care (Catalonia): Patients at risk receive training in problem-solving strategies of primary care health professionals. The project is based on the IMHPA (European Network for Mental Health Promotion and Mental Disorder Prevention) and implemented successfully in other countries.

- Participation in the project EAAD (European Alliance Against Depression), a regional training networks among health professionals, patients, families, people who work for the community and the general public (Balearic Islands and Catalonia) [www.eaad.net]
 - Protocols, programs and / or plans for suicide prevention and early detection of suicidal ideation, in place or being designed, in Andalusia, Asturias, Castilla y León, Extremadura, Galicia, Madrid, Murcia and Basque Country.
- Raising awareness about depression and its recovery:
 - Participation in the project ASPEN (Anti Stigma Program: European Network), an international project involving 18 partners, aims to reduce the stigma and discrimination against people with depression (Madrid).
 - Actions to raise awareness of mental illness in Andalusia [www.1decada4.es], Aragon, Cantabria, Castilla La Mancha, Castilla y Leon, Catalonia, Valencia, Extremadura, Galicia, Madrid, Murcia and Basque Country. In several Autonomous Communities, these actions have been developed in collaboration with FEAFES (Spanish Confederation of Family and People with Mental Illness).
 - Campaign MENTALÍZATE developed by FEAFES, with the aims of raising awareness of mental illness by reports, awareness and education for youth and educators about mental illness, its treatment, and the behaviours and actions to enhance the detection of disorders [www.feafes.com]
- Interventions to prevent stress at work, burnout and related mental disorders
 - Program to promote mental health in the workplace (Andalusia). Program focused on strategies for coping with stress at work, at the design stage. Its implementation will take place through the risk prevention services of public sector and private firm of Andalusia.
 - Actions of promotion and prevention training for professionals of the public sector of the Principality of Asturias and a policy for coordination, prevention and care of mental health problems in the workplace (Extremadura), in preparation.
 - Specific interventions aimed at prevention of stress at work and burnout of health professionals, in place or being designed for the following Autonomous Communities: Aragón, Asturias, Balearic Islands, Cantabria, Castilla y León, Castilla-La Mancha, Catalonia, Valencia, Galicia, Madrid, Murcia and the autonomous cities of Ceuta and Melilla.
- Interventions in Primary Care to support families caring for people with chronic disabling conditions, to prevent mental health problems in the following Autonomous Communities: Andalusia, Asturias, Balearic Islands, Castilla y Leon, Catalonia, Comunidad Valenciana, Extremadura, Galicia, Murcia and Country Basque.
- Process of Care, Clinical Practice Guidelines and support guides for addressing depression in primary and mental health care:
 - Edition of the Clinical Practice Guideline on the Management of Major Depression in Adults, belonging to a project to promote the use of Clinical Practice Guidelines (CPG) based on scientific evidence.

- Most of the Autonomous Communities have developed evidence based tools for addressing depressive disorders
- Inclusion of mental health content in undergraduate training of health professionals in Andalusia.
- Research activities in mental health network related to depression:
 - Participation in the project PREDICT (Prediction of future episodes of depression in primary medical care: evaluation of a risk factor profile),
 - Project PREDICT-Spain, replication of the international project PREDICT. The project has followed 5442 patients for 3 years. As a result thereof, have identified 10 risk factors for depression at 6 months away.
 - Project predictD-CRTC (Primary prevention of depression through an intervention based on the level and type of risk in primary care: cluster randomized controlled trial).
 - Creation of CIBERSAM (Biomedical Research Center for Mental Health Network) with the participation of established research centers of the autonomous communities and other research centers. It's integrated by 25 sets of clinical and basic research, belongs to 8 autonomous regions, and includes about 300 people. The network activities include affective disorders research (epidemiology, molecular, genetic and pharmacological basis and diagnostic and therapeutic procedure)
 - "Images and Realities: Mental Health in the General Population", multicenter project emerged in Lille (France) and replicated in a large number of countries, under the guidance and supervision of the WHO Collaborating Center, among others, studied the social representation of depression (Asturias and Andalusia)
- Dissemination of Clinical Practice Guidelines and best practices:
 - Portal GUÍASALUD [www.guiasalud.es] National Health System.
 - Portal Psicoevidencias [www.psicoevidencias.es] Andalusian Health Service.
- Consensus on the promotion of mental health, the prevention of mental illness and the reduction of stigma elaborated by the Spanish Association of Neuropsychiatry 2007. [www.aen.es]

Please describe any future actions planned by the organisation to prevent depression and /or suicide (as above + estimated date of action). (500 words max):

- Interventions to promote and disseminate new models of healthy and egalitarian relationship between women and men, effective communication strategies and adequate financial support for their achievement.
- Include in the plans for prevention of depression and substance abuse, measures to improve social conditions of gender determinants of gender differential vulnerability of women and men.
- Encouraging the creation of therapeutic group for the prevention of common mental disorders and to promote social rehabilitation, specifically for women in primary health care, social service and / or community.

- Adequacy of services and specific programs in primary health care to meet the specific needs of women in adulthood and maturity, enhancing a biopsychosocial approach, sensitive to the psychosocial determinants of gender

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1.2 National Centre for Public Health Protection (NCPHP), BG

Demonstrating commitment and contributing to joint implementation

Organisation name

National Centre for Public Health Protection (NCPHP)

Organisation type: (please mark with X)

Governmental body: X

Research institute: X

Non-governmental organisation:

Clinical service provider:

Other, please specify:

Please describe why the organisation is engaging in action to prevent depression and / or suicide and any other relevant contextual information (max 300 words)

The role of NCPHP is to provide the Ministry of health with expertise, consultation and analysis in the field of public health: promotional activities, expertise in variety of aspects that influence the public health: environment, work place, foods and nutrition, physical and chemical factors etc. Mental health is one of the four main Directorates in the Centre. There is no other relevant unit in Bulgaria, which is engaged with methodology, research, analysis, expert consultation and organization of training in Psychiatric field. Most of the governmental projects and programs are coordinated by the Directorate. Regarding the suicide prevention a national Program was formulated and coordinated by the Centre since 2001-2006. The program is reformulated and proposed to the Government for continuation from 2010. A bilateral project between Flanders and Bulgaria is completed in 2009 aiming to improve the knowledge and skills of the General practitioners in recognition of depression and anxiety in the everyday practice. There is a proposal for continuation the Project in order to guarantee sustainability of the achieved results for larger number of General practitioners.

Please describe what actions the organisation is currently carrying out to prevent depression and / or suicide (e.g., process, specific target group, duration of commitment, date of action etc.) (500 words approx)

Project BUL/012/06. The project is designed as training trainers process including Flemish trainers experienced in teaching mental health problems in General Medicine. The scope of the training is detection of and dealing with depression and anxiety in everyday practice. The project is part of long term bilateral cooperation between two WHO Collaborative Centers for mental health problems in Belgium and Bulgaria. The project is divided on five stages: initial – study tour in Belgium for the basic team of specialists who is responsible for developing the training materials (scenario book and basic manual) and the program for training and supervision for the period of the project. Second stage includes pilot course in Bulgaria with the local trainers from three academic chairs for Family Medicine in three universities in Bulgaria – Varna, Plovdiv and Blagoevgrad (consequently the team from Sofia Medical University joined the project.). The third stage is local training of general practitioners in four cities in the country using the developed materials. The fourth stage is supervision organized by trained specialists (psychiatrists) from a group practice for psychiatric care. The fifth stage was evaluation of the results and the process of training using the experience of the Belgium specialists. The program for training on depression and anxiety is in a process of integration within the curricula of the university programs for general medicine. Over 30 trainees passed the courses during the period of the project. The

number of trained specialists from the chairs is 10 persons. Length of the course – 2-5 days. Content of the course - 5 modules. Each in half a day or 3-4 academic hours total 15-20 hours resp. credits in the future certification of the courses. Trainees - groups of 8-10 GPs (the training will be integrated in the program for specialization in General Medicine). Teams include GP and psychiatrist as co-trainers in the pilot version. The idea is the psychiatrist gradually to withdraw from the training process into a position of supervisor. General principles of the training – the key element is work with own cases from the practice. The GP is supplied with a brief description of the case including anamnesis definition of the problem, justification of the reason why the case is presented (rising questions, giving opportunity for education and development). The idea of the project is to use the courses as a generic frame for cooperation between GP and specialists (not only psychiatrists).

National program for suicide prevention.

First proposal for a National program for Suicide prevention is in 2001. The program is adopted by the Ministry of health up to 2006. Main goal of the program: to reduce suicidal rate on national level. The program has finished in 2007 establishing relatively stable system of gathering routine information about suicidal attempts and actions taken afterward. Still the data gathered through the established model is considered to be not reliable enough due to the fact that number of cases are not reported by the medical or other services concerned. The financing of the Program was also not sufficient.

Please describe any future actions planned by the organisation to prevent depression and / or suicide (as above + estimated date of action). (500 words max)

After completion of the overall report for the Project **BUL/012/06**, a new proposal for another bilateral agreement between Belgium and Flanders will take place in the beginning of 2010. The proposal for a new project will scope mainly on ensuring the sustainability of the results of the activities so far. It will aim to enlarge the number of trainees among general Practitioners as well to include more topics related with anxiety and depression in the general practice.

A new proposal for the ***National Program for Suicidal Prevention*** is submitted to the Ministry of Health and it is expected since 2010 that it will be re-initiated. The Program has several main directions of action:

Main goal: reducing the number of suicide attempts and mortality rate due to suicides.

Specific goals:

Providing the reliable information;

Developing vertical and horizontal structures for the successful execution of the program;

Assessment and update of the activities on suicide prevention provided so far in the country and prioritisation of the future tasks;

Defining the target groups for training and developing training programs;

Analysis and evaluation of the achieved results and planning the future activities;

Target groups identified prior to intervention.

The program is aiming to supportive professions and mostly in the field of health care.

A larger target group of the program is the risk population that is identified so far.

Work methods.

The successful suicide prevention supposes combination of the high-risk population with the common population groups in order to achieve optimum results.

It should include primary prevention, secondary prevention (including psychological social and rehabilitative interventions) and tertiary prevention (based on the international

experience it is considered as highly effective and achievable in most of the cases).

Basic activities of the Program.

- Elaboration and support of the data base for monitoring of the suicidal attempts and realized attempts on national and regional level;
- Information system for monitoring and obligatory registration of the suicidal behaviour;
- Defining the indicators for monitoring and evaluation;
- Preparation and delivering operational information and analyses to the Ministry of health and other services engaged with the Program;
- Provision of a methodology for registration to the relevant services of the Police and Ministry of Defence in order to unification of the information for the suicidal behaviour in the country.

Expected results.

Better information for the general population

Increased concern for the problems of suicidal behaviour on behalf of the services engaged with the problem;

Knowledge, skills and attitudes acquired among the doctors, psychologists, educationalists and other staff for mental health promotion and adequate help provision.

Knowledge, skills and attitudes in the primary health care settings and the relevant service in the Police Ministry of Defence, Ministry of Education etc.

Crisis interventions and psychosocial support to prevent suicidal attempt on individual and population level

Effective communications and intersectional cooperation among the different types of professionals

Good media communications

Ensuring the information flow by establishing stable system for gathering reliable information for suicidal attempts and deaths because of suicide.

Information database created

International cooperation and exchange of experience.

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1.3 Flemish Agency Care and Health, BE

Demonstrating commitment and contributing to joint implementation

Organisation name

Flemish Agency Care and Health:

Agentschap Zorg en Gezondheid; Ministry of Welfare, Public Health and Family Affairs

Organisation type: (please mark with X)

Governmental body: **X**

Research institute:

Non-governmental organisation:

Clinical service provider:

Other, please specify:

Please describe why the organisation is engaging in action to prevent depression and / or suicide and any other relevant contextual information (max 300 words)

Flanders was found to have an incidence of death by suicide that was significantly higher than the European average. The action plan for the prevention of suicide started with a health conference on the prevention of depression and suicide in 2002 where the goal, in line with the WHO mental health objectives, to increase mental health and reduce the number of deaths by suicide, was established. Based on scientific results, exemplary action plans in other European countries and the Who report on good practices, this has resulted in an action plan for suicide prevention by 2006. 5 strategies were defined with the goal to decrease by 10 % the predicted suicides by 2010, which translates to a standardized 8 % decrease from baseline measurements in 2000, by:

1. Mental Health promotion
2. Optimising helpline and online assistance
3. education of health workers and networking
4. influencing 'triggers'
5. special care for high risk groups

For the implementation of the action plan, structural platforms were created. A Working Group Flemish Action Plan was created with the task to carry out the action plan for the prevention of suicide. The working group consists of regional and local stakeholders, the experts in the field, as well as interested partners of other policy domains and scientists, the experts in the prevention of suicide. Local networks of stakeholders and experts have been set up in order to translate the action plan for the prevention of suicide to a more local level.

Please describe what actions the organisation is currently carrying out to prevent depression and / or suicide (e.g., process, specific target group, duration of commitment, date of action etc.) (500 words approx)

Under the first strategy, **mental health promotion**, we have grouped actions such as the community based '10 steps for mental health', which was re-launched in 2009 as an online version with self-assessment application. We are currently implementing a project to provide schools with a prevention coach, to help each school implement a comprehensive and integrated mental health care system.

We have been able to increase the amount of telephone help-lines, **the second strategy**, and are

now providing an online chat help facility.

For the 3rd strategy, we have provided the means for training facilities through mental health care centres, where suicide prevention workers have been employed. Local health organisations have been motivated to include mental health care and suicide prevention in their networking activities. They have been stimulated to play an important role towards the community in spreading actions, promotions, organise information and training sessions. Especially for family doctors, an extra e-application has been developed, allowing doctors to be trained in the prevention of suicide at home, in their own time.

In the 4th strategy, the influencing of available triggers, media guidelines have been set and were presented to all journalists or their representing organisations. The guidelines are made available online. Implementing these guidelines has made a significant difference in the way suicide is generally portrayed in Flanders. One of the initiatives to keep the momentum is to reward journalists that have made a particular effort with a yearly media award.

Within the 5th strategy, the special care for high risk groups, several high risk groups, such as people who have made a previous suicide attempt, people with a first psychosis or early symptoms of schizophrenia and survivors of suicide, people who have lost a relative or friend because of suicide, were identified. For each of these groups, special a model of care was set up in order to reduce the risk of suicide.

Please describe any future actions planned by the organisation to prevent depression and / or suicide (as above + estimated date of action). (500 words max)

Adapting 10 steps to mental health for the under 16

Adapting 10 steps to mental health for socially excluded and deprived people

MBCT for patients suffering from major recurrent depression

Extending helpline for General Practitioners

Evaluating the current actionplan

Organising a new health conference for Flanders, in order to generate a new health goal with regards to the prevention of suicide

Identify indicators for the evaluation of future plans

Draft a new action plan for the prevention of suicide in Flanders, as a follow up of the current action plan.

Contact details (name, position, institution, and e-mail/telephone of the correspondent)

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2.1 PGEU

Demonstrating commitment and contributing to joint implementation

Organisation name: **Pharmaceutical Group of the European Union (PGEU) – representing European community pharmacists**

Organisation type: (please mark with X)

Governmental body:

Research institute:

Non-governmental organisation:

Clinical service provider:

Other, please specify: **Health Professional Organisation, not-for profit association**

Please describe why the organisation is engaging in action to prevent depression and / or suicide and any other relevant contextual information (max 300 words)

The PGEU believes that community pharmacists, through the broad network of pharmacies throughout all EU Member States, are a useful and highly accessible resource that should be used to its full potential in the development and implementation of Mental Health policies and strategies.

PGEU considers that community pharmacies have an important role to play in improving the mental health of the population, preventing illness and disease, promote health information and education, and reducing drug-related damage. The expertise of pharmacists and the existing network of pharmacies throughout national territories are readily available and should be fully utilised.

In the specific area of action to prevent depression and/or suicide, and taking into account that one of the aspects that needs to be tackled is the use, misuse and abuse of medicines, pharmacists are well positioned to provide a relevant contribution in what concerns rational and appropriate use of anxiolytics, antipsychotics, and antidepressants, avoiding inappropriate use and reducing potential harm associated with these type of medication.

Moreover, community pharmacies in several EU member states not only promote the rational use of medicines but have also established systems that allow patients to return unused or out of date medicines reducing therefore the risk of exposure to medicines which could be used in a suicide attempt. In addition, pharmacists have a potentially important role in early recognition of possible cases of depression and referral of those to other appropriate health professionals.

Please describe what actions the organisation is currently carrying out to prevent depression and / or suicide (e.g., process, specific target group, duration of commitment, date of action etc.) (500 words approx)

In 2008, PGEU has collected several examples of good practices which have been included in a policy statement publicly available at

<http://www.pgeu.eu/Portals/6/documents/2008/Position%20Papers/08.11.18E%20010%20PGEU%20Statement%20on%20Mental%20Health%20FINAL.pdf>

The examples provide concrete information on what is being done in different countries. Actions include the development of information leaflets to the general public, educational tools for pharmacists to be better prepared to engage in a dialogue with **potentially depressed** patients, and the pharmaceutical monitoring of patients undergoing antidepressant therapy.

During 2009, PGEU has used this statement to raise awareness among EU stakeholders and PGEU members on the need for further action for prevention of depression and/ or suicide which would involve, preferably, a multi-stakeholders approach at national level.

Please describe any future actions planned by the organisation to prevent depression and / or suicide (as above + estimated date of action). (500 words max)

PGEU intends to update and expand the examples included in its policy statement on an annual basis and use them as a motivational tool to encourage countries where similar actions could be developed to do so, through the involvement of the national professional associations, members of PGEU.

In addition, PGEU is engaged in raising awareness about the risks of acquiring medicines via the internet and access to medicines with potential suicidal risk. To this end, during 2010, PGEU will be collecting information among its members on specific actions targeting this particular topic in order to identify good practices and promote them throughout the EU.

During 2010, PGEU will also be collecting information along its members on aspects related to training of pharmacists on mental health.

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2.2 European Federation for Psychosynthesis Psychotherapy (E.F.P.P., Florence, Italy) and European Association for Psychotherapy (E.A.P., Vienna, Austria)

Organisation Name :

- European Federation for Psychosynthesis Psychotherapy (E.F.P.P., Florence, Italy) and
- European Association for Psychotherapy (E.A.P., Vienna, Austria)

Organization Type :

- E.F.P.P. is a professional non-profit association federating national institutes of practicing therapists specialized in Psycho-synthesis. Founded in Florence, Italy, in 1997, E.F.P.P. organizes a three-day Summer School every two years to promote sharing of psycho-synthesis tools and techniques. It supports research projects included the award of scholarships, and works on establishing European standards of training and ethics. It is an accredited organization for awarding the European Certificate of Psychotherapy.
- E.A.P. is a NGO with a consultative status with the European Council in Strasbourg and is founding member of the World Council for Psychotherapy (WCP). Founded in Vienna in 1991 as a non-profit association, EAP represents 128 national and European psychotherapeutic organizations and individual therapists in 41 countries. Functioning on the basis of the Strasbourg Declaration of 1990, EAP represents more than 120.000 psychotherapists.

1. Please describe why the organization is engaging in action to prevent depression and / or suicide and any other relevant contextual information (max 300 words):

Why engage in action to prevent depression and/or suicide and in what context?

Years of work (with a national association in France) training and counseling bereaved parents (about 50% of whom lost teens or young adult children through suicide) brought attention to the pertinence of psychosynthesis concepts in understanding depression and in preventing suicide of these bereaved parents.

Work with French government agencies training the unemployed by first rebuilding self-esteem (6 days over 3-6 weeks) allowed 86% of the subjects to find gratifying jobs or create companies within 3 months. Without changing attitudes they wouldn't have been able to change the results they were getting.

As well as teaching personal development courses, counseling and therapy experience, notably with women feeling depressed and unhappy in their marriage, teens having dropped out of school, professionally disoriented young adults and midlife executives having lost enthusiasm about work and life, also revealed the priority need of rebuilding self esteem to allow for regaining some form of power over one's own life.

This feeling of impuissance seems to be a determining factor in depression, chronic fatigue, addictions, bereavement, etc. The subject's attitude changes upon awareness of options and a certain freedom of choice. Sometimes the options examined are death, and mentally exploring this option gives distance and defuses the importance that death holds as a solution.

The subject learns that death is not a simple suspension of suffering but a one-way ticket without return. He/she learns that depression can be managed and that agreeable situations can be developed (i.e. exploring emotions and senses). He/she rediscovers hope and curiosity. He/she can then work on developing self esteem and identifying needs and the direction in which he/she would like to navigate.

2. Please describe what actions the organization is currently carrying out to prevent depression and/or suicide (e.g. process, specific target group, duration of commitment, date of action (+/- 500 words))

Process carried out to prevent and cure depression (without targeting specific groups)

Solutions proposed for dealing with depression and/or suicide must necessarily deal with the vital questions of identity and purpose, without which the depressed person's "self" will remain blocked or paralyzed.

If accompanied, the subject can leave his "comfort zone", the only one with which he is familiar and comfortable, no matter how dysfunctional and limiting. Accompanied, sometimes doing nothing more than following the voice of the trainer/therapist/counselor, the depressed person can explore and visualize other options, attitudes and sub-personalities within his own personality.

Psycho-synthesis was originally considered the opposite of Psycho-analysis because of looking towards the future instead of the past and because of its use of rapid-result exercises. Psychosynthesis facilitates the development of harmony and uniqueness by integrating all aspects of each person's multiplicity. The depressed person is capable of becoming aware of, and accepting, the multiplicity of sub-personalities, facets, roles, strengths and weaknesses which co-exist within his personality. Freed from being submitted to total identification with his depression, which he has not consciously chosen, the subject can, by a conscious act of will, choose identifications with other aspects and facets within himself. This choice procures relief of suffering, hope, and openness to new experiences, etc.

It is essential that the subject identify positive models towards which he would like to navigate, failing which the subject will return to former attitudes, depressed feelings, thoughts and sensations. With exercises based on concrete life situations, strengths the subject has demonstrated in past situations are identified. Inner wounds receive recognition, legitimacy and acceptance. The subject's sub-personalities that are in conflict (e.g. the inner spirit that aspires for a good world is in conflict with the internal critic that points out every bad thing that happens) can communicate through exercises of internal dialogue which enlarge understanding, acceptance and co-existence. Blockages become unblocked. A healing process begins.

A specificity of Psychosynthesis training is that there is no right and no wrong answer. The work the subject does is not between him and the trainer but between him and the exercise itself. Work with groups demonstrates the enormous variety of answers and results that the same exercise, given identically to the entire group, can procure. This freedom enables working with totally heterogeneous groups (e.g. young adults in groups with seniors, socially disfavored with middle class). Rules of group work impose total respect whereby no one can comment, correct or appropriate in any way the words of another participant; each one can only use another's words to enrich his own understanding. Subjects are given the time necessary to complete the exercises at their own rhythm; trainers induce no models and give no norms other than that of total respect of oneself and of others.

Because Psychosynthesis exercises facilitate awareness which can't be erased (and who would want to?), it can be considered as part of a process of durable development, especially when awareness is accompanied by training in taking the first step of pragmatic action. Enabling the subject to acquire an observer's curiosity about situations gives him that bit of distance necessary to protect his vulnerable side and that bit of time necessary to assess situations before choosing to join in or walk away. The more he trains his capacity to observe events and situations with neutrality, the more he is at peace with the world in which he chooses to live and grow.

3. Please describe any future actions planned by the organization to prevent depression and / or suicide (as above + estimated date of action). (500 words max):

Situation: With experience, therapists know that alcoholism, drug addiction and other addictive behaviors, and some cases of suicide, are symptoms of depression. If you try to cure alcoholism, for example, without curing the depression, there is a good chance the subject will turn to other forms of addiction and self-destruction. Some medical practitioners, lacking time and appropriate training, will medicate to try to suppress the symptoms without searching to understand the cause itself. If medication alone is not sufficient, the patient's feelings of failure and hopelessness increase, reinforcing the depression already set in, probably from an early age.

Solution: Improving cooperation and consultation between doctors and therapists/counselors, proposing three-headed (doctor-therapist-patient) planning (time-budget-means) for dealing with patient's problems with easily attainable, clearly defined objectives. This solution implies a political will to coordinate and pre-finance (while awaiting return on investment).

Situation: How to determine which professionals are competent to deal with problems of depression and/or suicide prevention?

Solution: The European Association of Psychotherapy is currently establishing criteria for evaluating, testing and validating competencies and professional experience so that European therapists can freely circulate and practice their skills within the European Union. This EAP task force could usefully be expanded to include representatives from European and national medical and governmental bodies, being a moderator and managing these multiplicities so as to bring such a project to completion.

Situation: How to inform people on depression, its symptoms and ways of overcoming depression, on management of identity crisis issues (e.g. adolescence, mid-life, retirement), and on tools and techniques that facilitate well-being?

Solution: The European Federation of Psychosynthesis Psychotherapy gives scholarships to encourage writing of articles, books and university thesis with appropriate subjects. More visibility through the Medias (e.g. a television channel financed by the European Union) could allow pooling techniques and tools used in different countries so that professionals and private parties could access all that is available. Public exposure would bring the spotlight not only on successful and useful techniques, but also on unacceptable ones (thereby informing the public on possible sources of abuse). Government could consider accepting that personal development courses be included in employees' right to professional training during their career. N.B. In France, some companies are offering employees pre-paid tickets for consulting therapists (e.g. for stress, anger-management, depression) based on the current pre-paid restaurant ticket system.

Situation: A certain number of people are attracted to helping depressed people, not because they have resolved their own problems, but as if by proxy they could better understand their own issues. They bring to the solutions they propose their own fears and lack of confidence. They want innovative solutions with different results, but demand that new attitudes and solutions fit into old schemas of functioning.

Solution: Ideally those working with depressed people, and those having power over hiring and use of funds, could be trained in fixing neutral, result-oriented objectives for recipients to attain, even in subjective issues such as healing of depression.

Contact details (name, position, institution, and e-mail/telephone of the correspondent):

- **Correspondent's name:** Mrs. Joanne Graham-Wilson, D.E.A. in Law, D.U. in Psychotherapy
- **Correspondent's position:** Representative of *European Federation of Psychosynthesis Psychotherapy (E.F.P.P.)* to the Board of *European Association of Psychotherapy (E.A.P.)*
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2.3 World Organization of Family Doctors (Wonca)

DEMONSTRATING COMMITMENT AND CONTRIBUTING TO JOINT IMPLEMENTATION

Dr Gabriel Ivbijaro, Chair World Organization of Family Doctors (Wonca) Working Party on Mental Health

Organization Name:

World Organization of Family Doctors (Wonca)

Organisation Type:

Non Governmental Organization

Description Of Why Wonca Is Engaging In Action To Prevent Depression And Suicide:

Wonca (World organization of Family Doctors) is made up of national colleges, academies or organizations concerned with academic aspects of General and Family Practice. There are 120 member organizations in 99 countries and Wonca represents over 250 000 family doctors. The mission of Wonca is to improve the quality of life of the people of the world by fostering and maintaining high standards of care in general practice by providing opportunities for exchange of ideas, supporting education, research and peer support.

Wonca believes in the virtues and values of primary care. Primary care oriented countries have fewer low birth weight infants, lower infant mortality especially in the post neonatal period, fewer life years lost due to all except 'external causes,' higher life expectancy at all ages up to 80 and fewer life years lost due to suicide, regardless of the number of specialists available. Primary care is often the preferred point of contact when individuals fall ill, and this is particularly the case with mental ill health, as attendance at a primary care facility is perceived as non- stigmatizing. A lot of distress is caused to families whose members suffer from mental ill health, including depression and other psychological conditions which have suicide as a significant risk outcome. This is one of the reasons that Wonca is engaged in action to prevent depression and suicide. Primary care clinicians and their teams are in a unique position to make a difference in prevention of depression and suicide resulting from a variety of causes, as we can harness resources from within the wider range of services taking into account the wider social determinants of health.

Description Of The Actions Wonca Is Currently Carrying Out To Prevent Depression / Suicide :

In recognition of the importance of mental health in primary care, Wonca has a Working Party for Mental Health whose mission is to improve the recognition and access to treatment for mental health worldwide by working with members and other stakeholders to develop mental health knowledge and skills. Some of the activities of the Wonca Working Party on Mental Health targeted at the prevention of depression and suicide incl

- Improved mental state assessment skills in primary care:

Wonca has developed a method of improving mental state assessment in primary care by using the concept of 'look, listen & test.' ([Primary Care Mental Health](#), Volume 3, Number 2, June 2005 , pp. 145-147(3))

The Wonca Working Party on Mental Health has carried out a series of workshops and training at Regional Wonca conferences to raise awareness of the role of primary care clinicians in the recognition of depression and prevention of suicide.

- The Integration of mental health into primary care:

In 2008, Wonca and the WHO issued a report 'Integrating mental health into primary care: A global perspective' (www.who.int/mental_health/resources/mentalhealth_PHC_2008.pdf).

This influential report has made an international impact and provides practical examples for achieving integration in a variety of low, middle and high income economies. The report has been translated by the Portuguese government into Portuguese and will be available to other European governments who may wish to translate it.

- Journal of Mental Health in Family Medicine:

To support the dissemination of evidence based best practice in primary care mental health, the Wonca Working Party on Mental Health has developed a resource, the journal of Mental Health in Family Medicine (http://www.radcliffe-oxford.com/journals/J20_Mental_Health_in_Family_Medicine/default.htm)

- Call to Action – World Mental Health Day 2009:

Wonca supports mental health advocacy and the rights of service users worldwide and collaborates with mental health advocacy organizations at every opportunity. This year's collaboration with the World Federation for Mental Health resulted in Wonca leading the 2009 World Mental Health Day Call to Action. This focused on the importance of reducing stigma at all levels of society by integrating mental health into primary care and will contribute to improved mental health outcomes including depression and suicide prevention. (<http://www.wfmh.org/00WorldMentalHealthDay.htm>)

- Membership of the Mental and Physical Health Platform

This year, Wonca collaborated with the other members of the Mental and Physical Health Platform in Europe to produce a document on how best to improve the mind and body connection. As physical health is often co-morbid with depression, targeting this connection will result in improved depression outcomes and suicide prevention.

Description Of Wonca's Future Plans For Actions To Prevent Depression And Suicide:

- DVD Training

Within the next 12 month period Wonca will complete the production of a DVD based resource that will be distributed to primary care teams worldwide to highlight the importance of the recognition and management of mental disorders including depression and suicide prevention. This DVD will use actors to illustrate clinical encounters of family doctors worldwide. It will also address issues related to dementia and co-morbidity in general.

- mhGAP Forum

Wonca has agreed to be part of the WHO initiative that is looking at how the mental health gap can be addressed in Europe and the rest of the world. Wonca will play it's part by joining others in applying for grants to support developing nations and in the provision of technical expertise and manpower for states that require such input. Through the improvement of government awareness and the upskilling of individual health workers mental health outcomes, including depression and suicide prevention will be a global priority.

- Future Wonca Working Party on Mental Health Publications

The Wonca Working Party is currently developing a work plan dedicated to the production of training and reference material that will be of use to primary care clinicians globally. Wonca will identify and collaborate with other stakeholders to ensure that the material continues to be robust and of high utility value in high, middle and low income countries.

- Contribution To Conferences Through Workshops, Plenary Sessions, Seminars

The Wonca Working party on mental Health will continue to maintain a high profile presence at Wonca Regional and World Conferences and at Psychiatric Conferences world wide.

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3.2 Technische Universität Dresden, DE

Demonstrating commitment and contributing to joint implementation

Organisation name

Institute of Clinical Psychology and Psychotherapy, Technische Universität Dresden, Germany

Organisation type: (please mark with X)

Governmental body:

Research institute: X

Non-governmental organisation: X

Clinical service provider: X

Other, please specify:

Please describe why the organisation is engaging in action to prevent depression and / or suicide and any other relevant contextual information (max 300 words)

For many years our Institute has been involved in major clinical and epidemiological studies aiming at the identification of risk factors for suicidal ideation and suicide attempts. We have been instrumental in showing a particularly enhanced risk not only in subjects and patients with depression, but in demonstration the crucial role of comorbidity, highlighting in particular the role of temporally primary anxiety, anxiety disorders and substance use disorders. Consequently we have started to translate this knowledge in further investigations on how to prevent suicide attempts by early targeted interventions to prevent both, secondary depression and suicide attempts. Particular focus is laid upon targeting primary anxiety and substance use disorders in early stages of this pathogenic pathway.

Please describe what actions the organisation is currently carrying out to prevent depression and / or suicide (e.g., process, specific target group, duration of commitment, date of action etc.) (500 words approx)

Prompted by a series of studies on the considerable familial transmission of anxiety, depressive disorders and suicide attempts we currently examine the mechanisms of familial transmission to identify new targets for preventing more effectively depression and suicide attempts. In particular we examine pregnant women (and fathers) at high risk (pregnant women with anxiety, depression or both including fathers) from conception to years after they have given birth, to identify critical mechanisms involved in the transmission of mental disorders and suicidal behaviours. We are also exploring low level psychological intervention to prevent such malignant patterns on all levels: outcomes of mothers, fathers and children.

Please describe any future actions planned by the organisation to prevent depression and / or suicide (as above + estimated date of action). (500 words max)

We are planning to extend the ongoing work to more comprehensive, multicenter and multinational studies to examine how to:

- (a) screen more effectively for high risk subjects in the population, focussing on young women and spouses planning to get children,
- (b) lower the prevalence of maternal and paternal anxiety and depression during the pregnancy period and post-partum,

(c) lower the incidence of early signs of psychopathology in the newborn and children. We focus in particular on symptoms and syndromes of anxiety, because they are the most powerful predictors for chronicity of emotional disorders of various sorts and suicidality in particular. The interventions are of psychological nature and include both, low level psychoeducative efforts, as well as higher level cognitive-affective interventions targeting risk factors.

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4.1 HUG (Highland Users Group), UK

Demonstrating Commitment and Contributing to Joint Implementation

Organisation name

HUG (Highland Users Group)

Organisation type

Non-government organisation

Why HUG is engaging in action to prevent depression and suicide

HUG is a network of people who use or have used mental health services and live in the Highlands of Scotland. It has a membership of around 380 people, although an additional 350 receive reports and newsletters. HUG consults its membership through branch meetings, which occur quarterly in 14 locations across the Highlands. These happen in a variety of places where people are comfortable to meet and speak frankly about issues which affect them. These consultations are translated into reports which attempt to reflect all the views expressed without necessarily arriving at consensus.

We are participating in the Scottish Government Review of its Suicide Prevention Strategy. Suicide rates in Scotland are amongst the highest in Europe, with Highland being second in Scotland according to recent statistics. This impinges on the lives of a huge number of people. HUG members campaign to influence service provision to support those who may be suicidal. We are engaged in this work because our aim is to reduce the impact of mental illness on our members. Depression and suicide feature prominently in the lives of our members and in the general population. We wish to help reduce the negative effects of depression and to reduce suicide because this improves the quality of life of our members and the population in general.

What actions HUG is doing to prevent depression/suicide

HUG works to prevent suicide and depression in the following ways:

Acting on the voice of our members through the creation of reports on what we think will help people with a mental illness e.g. reports on: suicide, employment, out of hours services, stigma, benefits, inclusion and places of safety each involving between 70 and 100 people. Participating in the local Choose Life Project, part of the national anti suicide campaign. · Participating in regional, local and national planning initiatives that amongst others aim to reduce suicide and depression.

We provide awareness raising activity all of which aims to improve the treatment of people who attempt suicide and experience depression. This includes mental health awareness training, media work featuring users' testimony, DVD production, newsletter production and work with young people. In particular, we produced an interactive play called "Stigma" which featured the experiences of young people affected by suicide and depression and was seen by around 6,000 young people in 28 schools across Highland over 4 years. Also, we provided joint training of teachers with the dept of child and adolescent psychiatry on self harm, an area known to be related to both subjects. We have produced a nationwide DVD on Mental Health First Aid.

Future Actions

We are in the process of writing a report on Poverty and will continue our campaign for access to psychological services such as CBT within reasonable timescales.

We will continue our mental health awareness training. We will complete a DVD on self harm as well as continuing our user led work in schools across Highland. We will produce a multimedia performance to take round schools in 2010. We will produce an animation on mental health. We will continue to pursue creative expression as a means of raising the profile of mental health, reduce stigma and improve access to services. This will be done through creative writing, an arts exhibition, photography and participation in the Scottish Mental Health Film and Arts Festival and through the promotion of a festival on mental health and creativity in 2011.

We will promote recovery and provide training in WRAP and Mental Health First Aid if capacity allows.

4.2 Háttér Társaság a Melegekért (Háttér Support Society for LGBT People in Hungary), HU

Demonstrating commitment and contributing to joint implementation

Organisation name

Háttér Társaság a Melegekért (Háttér Support Society for LGBT People in Hungary)

Organisation type: (please mark with X)

Governmental body:

Research institute:

Non-governmental organisation: x

Clinical service provider:

Other, please specify:

Please describe why the organisation is engaging in action to prevent depression and / or suicide and any other relevant contextual information (max 300 words)

LGBT people, especially youth, are internationally recognized as a risk group for mental health

problem and suicide (see e.g. IGLYO's report on the social exclusion of LGBT youth, <http://www.iglyo.com/content/files/2006-Report-SocialExclusion.pdf>). Our organization was founded

in 1995 to operate support services aimed at specifically (but not exclusively) towards LGBT people. We are members of the Association of Nonprofit Human Services of Hungary (Nonprofit Humán Szolgáltatók Országos Szövetsége), Civic AIDS Forum of Hungary and ILGA. We are currently negotiating associate status with the Association of Hungarian Telephone Helplines (LESZ), whose conferences we have been attending in the past few years.

Please describe what actions the organisation is currently carrying out to prevent depression and / or suicide (e.g., process, specific target group, duration of commitment, date of action etc.) (500 words approx)

Our telephone helpline has been operating since February 1996. We work every day from 18.00 to 23.00 hours. All our operators are volunteers, mostly involved in the LGBT community, which makes them especially sensitive to the problems of this target group. The operators, two of whom are on duty each evening, receive special training, which includes self-awareness, information related to helping LGBT callers (e.g. LGBT rights, sexually transmitted diseases etc.) and information about mental health problems, including suicide prevention, as well as practical training. Our service targets mainly the LGBT community, but we also receive calls from heterosexuals who are lonely or suffer from mental health problems. In case we think the caller needs specialist help, we have a list of LGBT-friendly psychologists, psychiatrists and family counsellors. We have two numbers, one of which is toll-free if called from a landline. This is especially important as this way the most isolated group of LGBT people, those living in small communities, can reach us more easily.

On December 1st, 2005 we started another telephone hotline, specifically targeting people with HIV and AIDS. This is another group in danger of mental health problems due to not only their condition but also the social stigma, which forces many of them to hide their

condition (and often also their sexuality) from even their immediate environment. The operators of the HIV helpline have mobile phones, which are available 24 hours a day. In contract with the LGBT hotline, they are allowed to make personal contact with the callers when necessary (e.g. accompany them to hospital tests or to communities). They are in close contact with a self-help group for people with HIV and AIDS, which is a very important tool in maintaining the mental health of these people. Although the target group of this hotline is people with HIV and AIDS, there are many calls in the field of HIV/AIDS prevention, as well as other crisis calls.

We try to be present at various events of the LGBT community as well as professional conferences and meetings (e.g. World AIDS Day, LGBT Festival, yearly conference of telephone hotlines in Hungary). In 2007 two of our volunteers held a workshop at the yearly meeting of family counsellors held a workshop on the specific problems of LGBT people, hoping to raise awareness within this professional community of the needs of LGBT. We have built contacts with several other telephone helplines.

The other projects of our organization (HIV/AIDS prevention, Legal Aid) also carry out projects related to mental health issues. In 2009, for instance, our Legal Aid organized human rights awareness and assertivity trainings in several towns in Hungary. These 2-day trainings, aimed at the LGBT community, taught participants about combating discrimination, one of the main causes of isolation, depression and suicide within this community.

Please describe any future actions planned by the organisation to prevent depression and / or suicide (as above + estimated date of action). (500 words max)

We plan to carry on with our existing projects. The next group of volunteers for the LGBT and the HIV hotlines are being trained right now. We are also planning further trainings for the volunteers already working, including a two-day workshop on the connection of HIV/AIDS and mental health. Our organization has applied for funds to the National Development Agency (Nemzeti Fejlesztési Ügynökség) for a project on HIV-prevention and mental health. These workshops will target the LGBT community and will aim at increasing the participants' self-acceptance and health awareness, including mental health and sexually transmitted diseases.

Contact details (name, position, institution, and e-mail/telephone of the correspondent)

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4.3 FOUNDATION CRY FOR HELP, RO

Demonstrating commitment and contributing to joint implementation

Organisation name: *FOUNDATION CRY FOR HELP*

Organisation type: (please mark with X)

Governmental body:

Research institute:

Non-governmental organisation: X

Clinical service provider:

Other, please specify:

Please describe why the organisation is engaging in action to prevent depression and / or suicide and any other relevant contextual information (max 300 words)

Please describe what actions the organisation is currently carrying out to prevent depression and / or suicide (e.g., process, specific target group, duration of commitment, date of action etc.) (500 words approx)

Please describe any future actions planned by the organisation to prevent depression and / or suicide (as above + estimated date of action). (500 words max)

ITS TASK IS AN DECREASING OF THE SUICIDE PHENOMENA AND DISCOVER OF THE DEPRESSION IN ITS INCIPIENT PHASE. ORGANISE 5 NATIONAL AND INTERNATIONAL CONFERENCE IN THIS THEMA, COURSES FOR G.P. AND OTHER SPECIALISTS FOR DEPRESSION AND PRESUICIDAL SYNDROME, INTERVENTION IN THE SUICIDAL CRISIS BETWEEN 2000-2009

24th-27th June of 2010: WILL ORGANISE OF THE VIth INTERNATIONAL PSYCHIATRIC CONFERENCE with main thema: AFFECTIV DISSORDERS, SUICIDAL BEHAVIUOUR

Contact details (name, position, institution, and e-mail/telephone of the correspondent)

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4.4 Mental Disability Advocacy Center, HU

Demonstrating commitment and contributing to joint implementation

Organisation name: **Mental Disability Advocacy Center**

Organisation type: (please mark with X)

Governmental body:

Research institute:

Non-governmental organisation:

Clinical service provider:

Other, please specify:

Please describe why the organisation is engaging in action to prevent depression and / or suicide and any other relevant contextual information (max 300 words)

MDAC is an international NGO based in Hungary which works on advancing the human rights of people with actual or perceived psycho-social (mental health) disabilities and people with intellectual disabilities in various countries across Europe and beyond.

Our work focuses on three strategic priorities and human rights issues that are now in urgent need of change:

- right to legal capacity
- Institutions and the community, including the right to education
- Ill treatment and deaths

Our approach to secure this change is varied. MDAC intervenes in cases before domestic courts and the European Court of Human Rights, influences international law and policy, investigates and monitors human rights violations, provides recommendations on law and policy reform, and builds the capacity of civil society to take action.

MDAC has participatory status with the Council of Europe and is entitled to take collective complaints under the European Social Charter. Currently MDAC implements its mission by working at the national level with local partner NGOs on various projects in Bulgaria, Croatia, the Czech Republic, Estonia, Hungary and Russia. In these countries MDAC carries out a combination of strategic litigation: it is involved in around 25 pending cases before the European Court of Human Rights, as well as another twenty in domestic courts. MDAC also carries out parliamentary and governmental advocacy to advance its mission.

MDAC is active at the international policy level, and partners in European research projects: notably one on monitoring institutions and developing a toolkit for inspectorates, and the other on measuring stigma against persons with mental illness and assessing the extent to which disabled people's NGOs are involved in disability law and policy reforms. MDAC engages in advocacy activities with various bodies of the United Nations, the European Union, and the Council of Europe. MDAC is currently developing an "Educational Training Package on the UN Convention on the Rights of Persons with Disabilities" which it will utilize in capacity-building programming in Europe and Africa.

For more information, please see <http://www.mdac.info/>.

Please describe what actions the organisation is currently carrying out to prevent depression and / or suicide (e.g., process, specific target group, duration of commitment, date of action etc.) (500 words approx)

MDAC has been carrying out advocacy and legal projects with regard to persons with real or perceived intellectual disabilities and people with mental health disabilities in general. The organization does not focus on prevention of depression and suicide per se, but all of our activities have a larger impact on the mental health, as the promotion of mental health and the promotion of human rights go hand-in-hand.

Human rights violations – such as racism, poverty, social exclusion, arbitrary detention – can cause mental health problems and illness. And mental health difficulties can result in human rights violations by mental health services themselves, which in several countries has now been well-documented. Suicides and other deaths in institutions, for example, are sometimes the result of the way in which services are delivered. It is estimated that two thirds of people who are institutionalized attempt suicide during their life in institutional settings. However, more often they are under such strong influence of sedatives that they are not aware of their horrific situation and ill treatment. Several MDAC's legal cases concern deaths of people confined in institutions as consequences of inhuman treatment and abuses. MDAC's work contributes to the prevention of inhuman and degrading treatment and punishment, by calling for prompt and independent investigations into non-natural deaths. MDAC also monitors the extent to which independent inspectorates monitor the rights of persons who are de facto detained in mental health and social care institutions.

MDAC is currently engaged in the Anti Stigma Programme: European Network (ASPEN), a project funded by the European Union. The objective of ASPEN is to reduce stigma and prevent discrimination against people with depression in the 27 EU countries. It is estimated that in Europe, 20 million people experience depression, which leads to suicide in some cases. MDAC's work within this project is quite specific and concentrates on measuring the extent to which States involve civil society in legislation and policy reform related to mental health, and later MDAC will look at reasonable accommodation in employment for people diagnosed with mental illness.

Please describe any future actions planned by the organisation to prevent depression and or suicide (as above + estimated date of action). (500 words max)

MDAC will continue to work on advancing human rights abuses by using a combination of law and advocacy mostly in Central and Eastern Europe and to develop our programming into Africa.

MDAC will continue to be engaged in ASPEN, a project to reduce discrimination of people with depression. The will run till August 2011. MDAC hopes that the research will increase the awareness of health services, and policy makers at the domestic and European levels about mental health and human rights issues.

Contact details (name, position, institution, and e-mail/telephone of the correspondent)

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4.5 Psychological Center TESA, HU

Demonstrating commitment and contributing to joint implementation

Organisation name

Psychological Center TESA

Organisation type: (please mark with X)

Governmental body:

Research institute:

Non-governmental organisation: X

Clinical service provider:

Other, please specify:

Please describe why the organisation is engaging in action to prevent depression and / or suicide and any other relevant contextual information (max 300 words)

«The Psychological Center TESA» is the non-governmental organization with the mission to improve mental health, wellbeing and the quality of life of citizens, and to prevent mental deterioration as the state of depression is. The Center was established by the members of Croatian Psychological Association in 1991 at the very beginning of the war in Croatia. It started by project «Telephone for Psychological Help» offering information and psychological counseling to citizens and war victims – displaced people and refugees - preventing more serious psychological consequences of the war stress and trauma.

After the war, until now, Telephone Emergency Service (offered daily from 10 a.m. to 10 p.m.) continued to be the main form of providing psychological counseling to citizens of Zagreb but also the inhabitants of all Croatia – helping them to cope with stress and various problems of everyday life, as well as, supporting them in the state of loneliness, depression and suicidal crisis. The Center now offers psychological telephone counseling, E-mail counseling, and counseling in face to face settings, as well as, educations for various professionals and volunteers in communication skills, prevention of bullying, prevention of depression and suicide etc.. Special care is given to primary prevention of various psychological problems through the website (www.tesa.hr), leaflets and civil actions – conducting various mental health promoting activities at the World Suicide Prevention Day and the World Mental Health Day. The members-volunteers of TESA are nearly thirty psychologists and psychology students. They are continually being educated in various related topics and psychotherapies, and their work is supervised. NGO's various programs are financially supported by Croatian government (Ministries) and Town Government (Departments for mental health and social welfare), by accepting their proposals sent to Annual Concourses for NGO's preventive psycho-social programs.

Please describe what actions the organisation is currently carrying out to prevent depression and / or suicide (e.g., process, specific target group, duration of commitment, date of action etc.) (500 words approx)

Currently the organization is providing psychological counseling by phone, E-mail and in face to face settings. Our target group is all Croatian citizens. All programs are designed to promote mental health and to prevent unacceptable mental states and behaviors (including

depression, suicide, as well as, interpersonal abuse in family, work and peer settings and drug abuse).

Special care is given to youth (from 15 to 29 years of age) through the following programs: «Counseling Service for Youth» and «Prevention, Monitoring and Reviewing of Suicide in Youth». Observations, counseling experiences and psychological investigations, as well as, recent statistical data, document the increase in loneliness, lack of communication skills and social anxiety, which further results in social isolation and depression of young people, leading to the increased rate of self harm, suicide attempts, and committed suicide of youth in Croatia. The current project «Prevention, Monitoring and Reviewing of Suicide in Youth» intends to help young people to overcome their psychological crisis through primary, secondary and tertiary prevention.

Primary prevention includes publishing leaflets, brochures, and posters on suicide prevention in youth, website material on suicide and suicide prevention, and annual recognition of The World Suicide Prevention Day (by distributing leaflets and by preparing lectures on suicide and suicide prevention in youth for secondary school teachers).

Secondary prevention includes Telephone emergency counseling, E-mail counseling, and Face to face counseling of young people in crisis, and additional education of our TESA volunteers for treatment of suicidal persons. We are currently in the process of developing A Questionnaire for reporting and reviewing incidences of suicidal behaviors, suicidal attempts and committed suicides of youth. We are working to obtain the Croatian government's approval for implementation of our questionnaire to become part of The National Youth Suicide Prevention Program, as well as, to involve and motivate other agencies such as the police, hospital(s), emergency rooms, mental health professionals etc., to participate in the accumulation and completion of the proposed questionnaire. At the same time, we are working to involve and motivate all of the needed agencies that are instrumental in providing the necessary data for the questionnaire.

Tertiary prevention includes (in cooperation with psychiatrist, and school and family physicist) the psychological treatment and support to young people who attempted suicide, as well as, offering supportive trauma treatment to members of family and other persons close to youngster who have attempted or committed suicide.

Please describe any future actions planned by the organisation to prevent depression and / or suicide (as above + estimated date of action). (500 words max)

We plan to continue with programs oriented to primary and secondary prevention of youth depression and suicide – similar to those already in process. In addition, it would be useful to organize different kinds of preventative group workshops: a) focused on the development of peers and teacher sensibilities to recognize the signs of depression, and b) focused on development of social skills and the strengthening of social support networks for youth at risk for depression and suicidal crisis.

Additionally, we plan to prepare written materials (brochures) on emergency interventions and needed cooperation and obligations of various professionals possibly involved in the case of suicide attempt (policemen, physicians, psychiatrists, teachers), in order to prevent further traumatization of the attempter and people in his/her surrounding (peers, relatives, neighbors).

The other course of action will be further development of proper, carefully designed questionnaire and report list which has to be filled up by professionals and relatives of those who attempted or committed suicide. This questionnaire will collect socio-demographic data, psychological characteristics, previous behavioral trends of suicide attempter, characteristics of his/her social network and surroundings, as well as, data on antecedent factors of the suicidal act. Obligated, proper and careful collecting of such data, stored at in future established referral center for suicide, would in the course of time, through qualitative and quantitative

analysis, bring up the possible risk factors for youth depression and suicide – which would provide meaningful orientation for future suicide prevention programs.

Contact details (name, position, institution, and e-mail/telephone of the correspondent)

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4.6 Mad Pride Ireland

Demonstrating commitment and contributing to joint implementation

Organisation name

Mad Pride Ireland

Organisation type: (please mark with X)

Governmental body:

Research institute:

Non-governmental organisation:

Clinical service provider:

Other, please specify: Not for profit company

Please describe why the organisation is engaging in action to prevent depression and / or suicide and any other relevant contextual information (max 300 words)

The purpose of Mad Pride Ireland is through free family fun days to celebrate the normality of madness and to highlight the positive gifts that the mad community gives to society. Through community engagement without protest of any kind, no information leaflets, no discussion on better ways or otherwise we simply invite the community to engage in a music and laughter filled day where love and hope are evident. The purpose is through engagement to stop loneliness, isolation and to celebrate difference between **them and us**. Human Rights is based on equality and the celebration of that equality. Through our open air concerts we allow the community to open their hearts to each other and through love and engagement we attempt to dissolve fear and stigma and loneliness which combined are at the base of all depression and suicide. Depression is not a disease of the brain but a matter of emotional distress, love can fix that. Mad Pride Family Fun Days are designed to allow the community at large to mix and mingle and by their presence at the events dissipate the fear of difference that has been encouraged over the decades by the overriding and oppressive medical model of treatment. We of the mad community are proven to be the most peaceful members of society yet for some reason we are the most feared, the most stigmatised, the most abused by law that fear and abuse leads to loneliness and isolation, to depression and ultimately to suicide. To fix that is not rocket science it has by those with vested interest turned into a pseudo science that has no test to prove the theory of chemical imbalance that is the basis for the whole medical model. We cannot achieve success in this area through policy as long as we remain silent about the abusive power of law that we have given to the medical profession over its fellow citizens in the EU.

Please describe what actions the organisation is currently carrying out to prevent depression and / or suicide (e.g., process, specific target group, duration of commitment, date of action etc.) (500 words approx)

We have over the last two years organised Mad Pride Family Fun Days in Cork, Portlaoise and Mbula Uganda where we are involved in a project with partners in learning to try and fight stigma in that community. Up to the present time from a standing start we have had three major events in Ireland and one in Uganda and have had an estimated attendance of 20,000 people. We expected 500 people at our first event 5000 arrived this grew to 10,000 for the same event this year. As an adjunct to Mad Pride Ireland we have also started the Full Shilling Club in Cork and Uganda, the rules of the Full Shilling Club are very difficult, there are no rules. Drop In centres for those DIAGNOSED in Ireland are in the main behind closed doors, it was explained to me that these doors are to protect the patient from the public. Those who run these centres will say that they are attempting to address stigma yet the public are locked out, this always seemed farcical to me. Funding for the Full Shilling is NIL, funding requirements for the Shilling NIL. Why would we need funding we simply meet in a cafe or a hotel and the only requirement is you buy your own coffee, presently we meet for two hours weekly on a Friday. Those rules that apply to the Full Shilling are the same rules that apply in any polite society; there is no reason to accept rudeness or aggression in any context. We have been meeting in the same location now for 18 months, we have had our Christmas functions, the staff like and respect us and we like and respect the staff. We have all of us at various times been diagnosed with so called mental illness; some are in the system some are out of the system. Currently in my home town we have 38 people registered with the club one person volunteers to send a text every week to remind us of the day and time we are to meet and we could have anything from four to 16/17 people turn up, we contribute 50c to the texts. There is no agenda, if you go for a drink or coffee and one of your friends produced an agenda for the evening I don't think you would stay very long. We talk about our health, families, football, sex the same as anybody else in a public place. There is no committee there is no need for one, we have on occasion sat through the night with our friends who were suicidal and afraid of the medical model they are still alive because we held each other and loved each other through the long lonely nights. A number of our members have returned to employment and would give partial credit to the Full Shilling for allowing them feel normal. Currently there is a Full Shilling club in Mbula Uganda, and I have been informed recently of two starting in England. Please feel free to set up your own Full Shilling in your home town, but if you do please inform us.

Please describe any future actions planned by the organisation to prevent depression and / or suicide (as above + estimated date of action). (500 words max)

Mad Pride Ireland has been paid the great compliment by the Health Service Executive in Ireland of hosting a Mad Pride Family Fun Day at their forthcoming International Conference on Best Practice in Killarney, Ireland. We will also be hosting our annual event in Cork and also in Tullamore. We are developing a promotional package that will allow us to have a format in place that would allow you in your village, town, or community to host a Mad Pride Family Fun Day. The larger events are costly at present because we take a very professional attitude to production levels. What we would hope for the future is that smaller events would take place across the country on a given day to Celebrate the Normality of Madness. To repeat, through love and engagement we can defeat stigma and loneliness that contribute greatly to depression and suicide. I have a vision of a young 14year old walking in to his mother or father and being enabled to state without fear 'I am getting sad lately and I seem to be getting very angry and I don't know

why can I talk to you about it?' as simply as he might sate 'I have got a runny nose do you think I am getting the Flu?'

But of course he can't because we have given the right of force to the medical model and through that force we of the mad community are having our Human Rights violated.

Contact details (name, position, institution, and e-mail/telephone of the correspondent)

John Mc Carthy Founder Mad Pride Ireland

Johnfmccarthy_90@hotmail.com

00353 87 2073469

4.7 Association for the Improvement of Mental Health Programmes

Demonstrating commitment and contributing to joint implementation

Organisation name

Association for the Improvement of Mental Health Programmes

Organisation type: (please mark with X)

Governmental body:

Research institute:

Non-governmental organisation: X

Clinical service provider:

Other, please specify:

Please describe why the organisation is engaging in action to prevent depression and / or suicide and any other relevant contextual information (max 300 words)

Because of the public health and clinical importance of the comorbidity of depression and diabetes.

Please describe what actions the organisation is currently carrying out to prevent depression and / or suicide (e.g., process, specific target group, duration of commitment, date of action etc.) (500 words approx)

Currently the Association is coordinating an international programme on co-morbidity of depression and diabetes. A number of non-governmental organizations are participating in this work which includes reviews of knowledge and education activities.

Please describe any future actions planned by the organisation to prevent depression and / or suicide (as above + estimated date of action). (500 words max)

In addition to reviews of knowledge; publications and educational activities we expect to conduct research on epidemiology, pathogenesis and care for people with co-morbid depression and diabetes.

Contact details (name, position, institution, and e-mail/telephone of the correspondent)

Professor Norman Sartorius

President

Association for the Improvement of Mental Health Programmes

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4.8 European Network of (ex)Users and Survivors of Psychiatry (ENUSP)

Demonstrating commitment and contributing to joint implementation

Organisation name

European Network of (ex)Users and Survivors of Psychiatry (ENUSP)

Organisation type: (please mark with X)

ENUSP (www.enusp.org) is an initiative giving (ex-) users and survivors of psychiatric services a means to communicate and exchange opinions, views and experiences in order to support each other in the personal, political and social struggle against expulsion, injustice and stigma in our respective countries. We are an independent service European user/survivor umbrella organisation and reject all pharmaceutical funding on principle.

Please describe why the organisation is engaging in action to prevent depression and / or suicide and any other relevant contextual information (max 300 words)

ENUSP position statement:

We require alternatives to prevailing psychiatric/pharmacological responses to suicidality as well as the active participation of mental health service users and survivors of psychiatry, in the research, planning, implementation, and assessment of all suicide prevention efforts.

Please describe what actions the organisation is currently carrying out to prevent depression and / or suicide (e.g., process, specific target group, duration of commitment, date of action etc.) (500 words approx)

ENUSP is the only independent organisation led by and for mental health service users and survivors of psychiatry across Europe. We are committed to taking an active part in the European debate on suicide prevention as a matter of deepest concern to our members in 39 countries. Our national and regional organisations and individual members have direct and unique knowledge of crises, different professional interventions, self-help and recovery. Nevertheless, we have long been excluded from and derided in mental health policy forums – a tradition now widely seen as a cause for shame and regret for all involved professionals and institutions. Leading international researchers, lawyers and humanitarians have gone further, urging that those with lived experience must shape any credible and humane campaign to understand and prevent suicide

ENUSP welcomes the effort by some European policymakers to acknowledge the expertise of mental health service users. We are encouraged by parts of the European Pact for Mental Health and Well-being, which we understand to be a commitment to our meaningful role in the set-up, implementing and evaluation of all suicide prevention efforts:

"People who have experienced mental health problems have valuable expertise and need to play an active role in planning and implementing actions" (Art II.)

We also look with relief and expectation to the European Community's recent ratification of the United Nations Convention on the Rights of Persons with Disabilities, which applies wholly to users and survivors of psychiatry. The move to bring human rights issues into mental health policy generally, and suicide prevention in particular, is long overdue. If the Convention is respected, then as a matter of international law, standard treatments practices based on discrimination and force -

including limiting basic citizenship rights of people with a psychiatric diagnosis- must end¹.

While we commend these improvements in the EC's public mental health documentation, ENUSP remains aware that the new rhetoric is not matched by concrete and enforceable commitments to empower service users and survivors. Similarly, we question whether the "service user-friendly" language reflects any attitudinal shift away from the biomedical psychiatry model, which is still marketed as an essential and benign suicide prevention strategy - despite an astounding lack of evidence of its efficacy and safety.

We highlight the fact that this uncritical promotion of psychiatry and pharmacological treatment has come under international attack from academics, scholars, practitioners and human rights officials and advocates².

More poignantly, we draw your attention to the longstanding testimony and research of many service users and survivors linking harm (and in some cases suicidality) to mainstream treatment of the kind blithely supported by the EC.

These and other authors have pointed out the trauma – including a loss of self-worth and self-determination - that results for many people from aggressive programmes of individual labelling, drugging, confinement and coercion. They have also documented a range of safe, humane and effective options in mental health in their practice, research and training manuals.

Many individuals who have survived crisis refer to the importance of environments and communities that help them to *want to live*. For these people, mental health services that focus solely on policing suicidal behaviours are at best irrelevant; at worst, they are part of the problem.

ENUSP asks that European policymakers listen at long last to the views of those who have survived suicidal feelings (and in many cases also survived psychiatric interventions). We are urgently waiting for the reflection of our experiences and opinions in suicide prevention programmes.

Please describe any future actions planned by the organisation to prevent depression and / or suicide (as above + estimated date of action). (500 words max)

Contact details (name, position, institution, and e-mail/telephone of the correspondent)

ENUSP (www.enusp.org)

We encourage you to contact us at: desk@enusp.org

1 The international community is finally reforming suicide prevention policy to comply with the Convention, and ENUSP calls upon Europe to follow. We refer you to the recent statement of Suicide Prevention Australia chairman Michael Dudley that those who had either attempted suicide or had lost a loved one to the tragedy were "not treated as full human beings". This needs to be ramped up as a major human rights issue, that is taken up by governments as well as the whole community,' <http://news.smh.com.au/breaking-news-national/suicide-prevention-needs-review-groups-20091123-iu93.html>

2 See, for example, the comment of the UN Special Rapporteur on Torture Manfred Nowak: "The acceptance of involuntary confinement and involuntary treatment runs counter to the provisions of the Convention on the Rights of Persons with Disabilities." He concludes that these practices may constitute torture or ill-treatment in the recent Report on Torture and Other Cruel, Inhuman or Degrading Treatment or Punishment: <http://www2.ohchr.org/english/issues/disability/torture.htm>

5.1 Trimbos Institute, NL

(Netherlands Institute of Mental Health and Addiction)

Demonstrating commitment and contributing to joint implementation

Organisation name

Trimbos Institute
(Netherlands Institute of Mental Health and Addiction)
PO Box 725
3500 AS UTRECHT
THE NETHERLANDS

Organisation type: (please mark with X)

Governmental body:

Research institute: X

Non-governmental organisation:

Clinical service provider:

Other, please specify:

Please describe why the organisation is engaging in action to prevent depression and / or suicide and any other relevant contextual information (max 300 words)

Trimbos Institute (Netherlands Institute of Mental Health and Addiction) is an independent not-for-profit institute with the aim to develop, evaluate and disseminate interventions that help to promote good health, prevent disorder onset, and provide treatment and after care in the field of mental and substance use disorders. We have a dedicated staff of 250 people, and about half of them are researchers.

Prevention of depression and suicide is a well recognised field within the Trimbos Institute.

- We are among the world leaders with e-mental health interventions for the various manifestations and sequelae of depressive disorder.
- We support the Netherlands' Ministry of Health with data and advice on prevention of depression and suicide.
- We play a role at European level in collaboration with WHO, EC and the European Alliance against Depression.
- We spearhead epidemiological and health economic research in the field of depression prevention.
- We lead the Depression Initiative, a national initiative aimed at improvement of prevention, diagnosis and treatment of depression in several health care and community settings.

Please describe what actions the organisation is currently carrying out to prevent depression and / or suicide (e.g., process, specific target group, duration of commitment, date of action etc.) (500 words approx)

E-mental health interventions for depression are directed at all age groups and encourage self-management with or without support by a therapist. Currently we develop dedicated eHealth applications for people with lower SES, immigrant populations, and co-morbid somatic conditions (e.g., diabetes, heart disease, cancer).

Advice to the Ministry of Health about **depression** has led to the Prevention Bill, which included prevention of depression. This Bill is currently being implemented across a wide range of institutes, health services and disciplines. The aim is to raise awareness in the public about depression, scale up preventive interventions for depression, and integrate these interventions in available health services (often as a first step in a stepped-care approach).

Advice to the Ministry of Health on **suicide** has resulted in the government's approval of a series of recommendations regarding suicide prevention by the national government, e.g. (1) to develop a multidisciplinary clinical guideline for prevention of suicide, (2) to establish regional approaches towards preventing suicide, (3) to develop of a 'standard' of good clinical practice re suicide prevention across institutions and disciplines, (4) to place suicide prevention firmly within the regular medical curricula, and (5) to facilitate and encourage development of preventive e-mental health applications for people who contemplate suicide and for their family members.

Epidemiological and Health Economic studies are aimed at the identification of high-risk groups, cost streams following onset of depressive disorder, randomised prevention trials (RPTs), and cost-effectiveness analyses alongside these RPTs.

The **Depression Initiative** is a € 2.3 million national effort financed by the national insurance companies in which several universities, many professionals and other stakeholders collaborate. It is aimed at implementation of the evidence based multidisciplinary guideline for depression and evaluates cost effectiveness of this approach. It started in 2006 and reports on effectiveness are expected in 2010. Preliminary results are positive.

Please describe any future actions planned by the organisation to prevent depression and / or suicide (as above + estimated date of action). (500 words max)

The above actions are embedded in research lines and programmes at the Trimbos Institute and are therefore likely to be continued over the next couple of years.

- More specifically we expect to make good progress with developing new e-mental health interventions and to conduct randomised trials to evaluate their effectiveness and cost-effectiveness.
- In addition, we expect to expand innovation, development, research and implementation of e-mental health interventions for special groups such as low SES populations, immigrant populations, and people presenting with (chronic) medical conditions.
- Finally, we expect to play a more prominent role at international level with both e-mental health interventions and cost-effectiveness (modelling) studies that help to assess the impact of these interventions on population health and health care expenditures at national level.

Contact details (name, position, institution, and e-mail/telephone of the correspondent)

Filip Smit, PhD
Professor of evidence-based public mental health
Programme of Public Mental Health,
E-mail: fsmit@trimbos.nl

Also on behalf of:

Heleen Riper, PhD
Chair of the Innovation Centre of Mental Health & Technology
E-mail: hriper@trimbos.nl

Christina van der Feltz-Cornelis, MD, PhD
Chair of the Program for Diagnosis and Treatment
Director of the Depression Initiative
Trimbos Institute
E-mail: cfeltz@trimbos.nl

All of us are working at:

Trimbos Institute
(Netherlands Institute of Mental Health and Addiction)
PO Box 725, 3500AS, Utrecht, The Netherlands

5.2 Department of Psychiatry/Psychotherapy University of Pecs, HU

Demonstrating commitment and contributing to joint implementation

Organisation name

Department of Psychiatry/Psychotherapy University of Pecs, Hungary

Organisation type: (please mark with X)

Governmental body:

Research institute:

Non-governmental organisation:

Clinical service provider: x

Other, please specify:

Please describe why the organisation is engaging in action to prevent depression and / or suicide and any other relevant contextual information (max 300 words)

Interventive/preventive work/studies on suicide and depression are tasks of our medical psychiatry/psychotherapeutic service. Otherwise this is an object of our university educational task in the Hungarian, English, German medical teaching and this is a research topic of our working group.

Please describe what actions the organisation is currently carrying out to prevent depression and / or suicide (e.g., process, specific target group, duration of commitment, date of action etc.) (500 words approx)

Participation as a Pecs Center in the Monsue Study (epidemiological data collection, semi-structured interviews, follow up interviews n=1500 suicide attempters, data on intervention therapy, prevention, public health issues, in EU collaboration).

Research Network on Suicide, further Collaboration with previous WHO study centers (methodology, attitudes toward suicide, PAS, media studies, from 2000).

CASE and AER Collaboration on adult and young suicidal behaviour (n=4400 adolescents people - CASE collaboration; n=600 in attitudinal AER study) GP education, primary care (from 2001, pharmacogenetical studies in depression in antidepressive treatments (n=250 depressives, controls) neuroendocrine, imaging studies on (violent) suicidal behaviour and mental, depressive disorders, recently

Former internet studies on suicide and depression

Please describe any future actions planned by the organisation to prevent depression and / or suicide (as above + estimated date of action). (500 words max)

Media guidelines, research on the internet issues, psychotherapy studies cross cultural studies, university/ highschool suicide prevention programs, peer education. Biological studies as well (fMRI and genetical studies on depression and (violent) suicide, antidepressant therapies)

Epidemiological studies, surveys of needs (differences in lifestyles and cultures).

Designing preventive projects Sensitivity training and education for GPs, persons working in primary healthcare to recognize crisis and depression better. Supporting NGOs, self-help groups, and individuals active in mental health, hotlines, internet help-lines care for survivors

Contact details (name, position, institution, and e-mail/telephone of the correspondent)

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5.3 University of SZEGED, HU

Demonstrating commitment and contributing to joint implementation

Participants in the thematic conference are invited to bring in their true commitment and to present their active contribution to action to prevent depression and / or suicide. In particular the participating organisations are therefore invited to provide before the conference a brief statement on their commitment and their actions. This statement should address the following points:

Organisation name

Department of Psychiatry University of Szeged

Organisation type: (please mark with X)

Governmental body:

Research institute:

Non governmental organisation:

Other, please specify:

Please describe why the organisation is engaging in action to prevent depression and / or suicide and any other relevant contextual information (max 300 words)

Secundar and terciar prevention of suicidal patients

Please describe what actions the organisation is currently carrying out to prevent depression and / or suicide (e.g., process, specific target group, duration of commitment, date of action etc.) (500 words approx)

Please describe any future actions planned by the organisation to prevent depression and / or suicide (as above + estimated date of action). (500 words max)

Contact details (name, position, institution, and e-mail/telephone of the correspondent)

Istvan Boncz MD associated professor

DEPARTMENT OF PSYCHIATRY
Albert Szent-Györgyi Center of
Medical and Pharmaceutical Sciences
Faculty of Medicine
UNIVERSITY OF SZEGED
6. Semmelweis str. Szeged
H-6725 Hungary
(6)

The statements received will be made available to conference participants and the will be entered into the EU Compass for Action on Mental Health and Wellbeing on the DG SANCO's website.

*Please send your statement using this template to the following email address:
EC-MentalHealthProcess@gencat.cat*

5.4 University of Szeged, HU

Albert Szent-Györgyi Clinical Center Faculty of Medicine Department of Pediatrics and Child Health
Center Child and Adolescent Psychiatry Department

Demonstrating commitment and contributing to joint implementation

Organisation name

University of Szeged Albert Szent-Györgyi Clinical Center Faculty of Medicine Department of Pediatrics and Child Health Center Child and Adolescent Psychiatry Department

Organisation type: (please mark with X)

Governmental body:

Research institute:

Non-governmental organisation:

Clinical service provider:

Other, please specify:

Please describe why the organisation is engaging in action to prevent depression and / or suicide and any other relevant contextual information (max 300 words)

Our department provides clinical service (psychiatric emergency service, diagnostic assessments, therapeutic interventions, out-patient therapies and screening) for children and adolescents up to 18 years of age. Our clinic is the only institute with inpatient and outpatient unit in South-Eastern Hungary. We are in cooperation with Pittsburgh University performing research on risk factors for childhood-onset depression to increase our knowledge about the possible etiological factors in the development of the disorder and about the risks for suicide behavior. Our team published several articles in peer-reviewed scientific journals about the results of our research. Sharing our experience in this topic could improve the early prevention of suicidal behavior and depression.

Please describe what actions the organisation is currently carrying out to prevent depression and / or suicide (e.g., process, specific target group, duration of commitment, date of action etc.) (500 words approx)

“Risk factors in childhood onset depression” research

1998-2007 funded by National Institute of Health, USA

- Under the leadership of our department we have screened, diagnosed and followed-up more than 700 children aged 7-14 years, their siblings and families at 22 sites (Child and Adolescent Psychiatry Units and Outpatients Clinics) across the country.
- Several articles have been published in peer reviewed scientific journals relating the risk factors in the development of early onset major depression and suicide behavior
- In case of need for therapeutic intervention we provided opportunity to get appropriate therapeutic help (cognitive behavior therapy, family therapy or supportive psychotherapy and medication if it was necessary) for the children and their families.

Individual and group cognitive behavior therapy (CBT)

Our department provides CBT for children and adolescents with depressive or anxiety symptoms/disorders.

Please describe any future actions planned by the organization to prevent depression and / or suicide (as above + estimated date of action). (500 words max)

We have already started our new project to follow-up our depressive sample and their families from the “Risk factors in childhood-onset depression” study. In this research we extend the

investigation of psychosocial risk factors of major depression with the examination of physiological signs of vulnerability to juvenile-onset depression and suicide. We are also planning to examine the role of emotional regulation in the pathophysiology of depression. As a consequence we will improve the chances of early detection and treatment of depressive disorders and prevention of suicidal behavior of children, as well as adults.

Contact details (name, position, institution, and e-mail/telephone of the correspondent)

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