

# Destigmatisation Programs in Slovakia

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Psychiatric disorders are still very far from social acceptance  
and it is the most essential part of stigmatisation

# Are brain diseases public health issue?

*European Journal of Neurology* 2003, **10**: 471–477

## SPECIAL ARTICLE

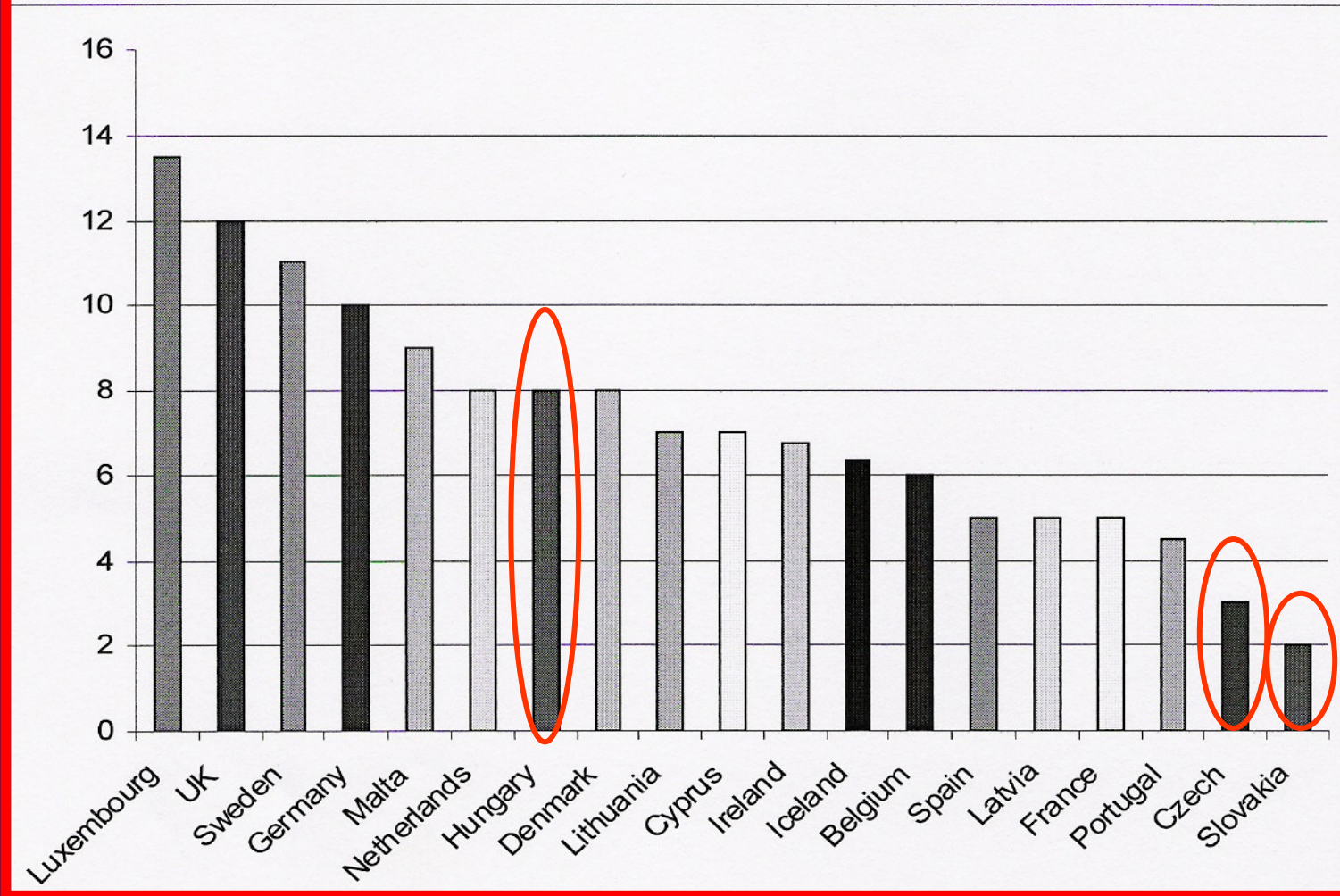
### The burden of brain diseases in Europe

J. Olesen<sup>a</sup> and M. Leonardi<sup>b</sup>

<sup>a</sup>*Department of Neurology, Glostrup University Hospital, Glostrup, Denmark; and* <sup>b</sup>*Italian National Neurological Institute Carlo Besta, Milan, Italy*

35% of all medical disorders and diseases are caused by neurological and psychiatric ones.

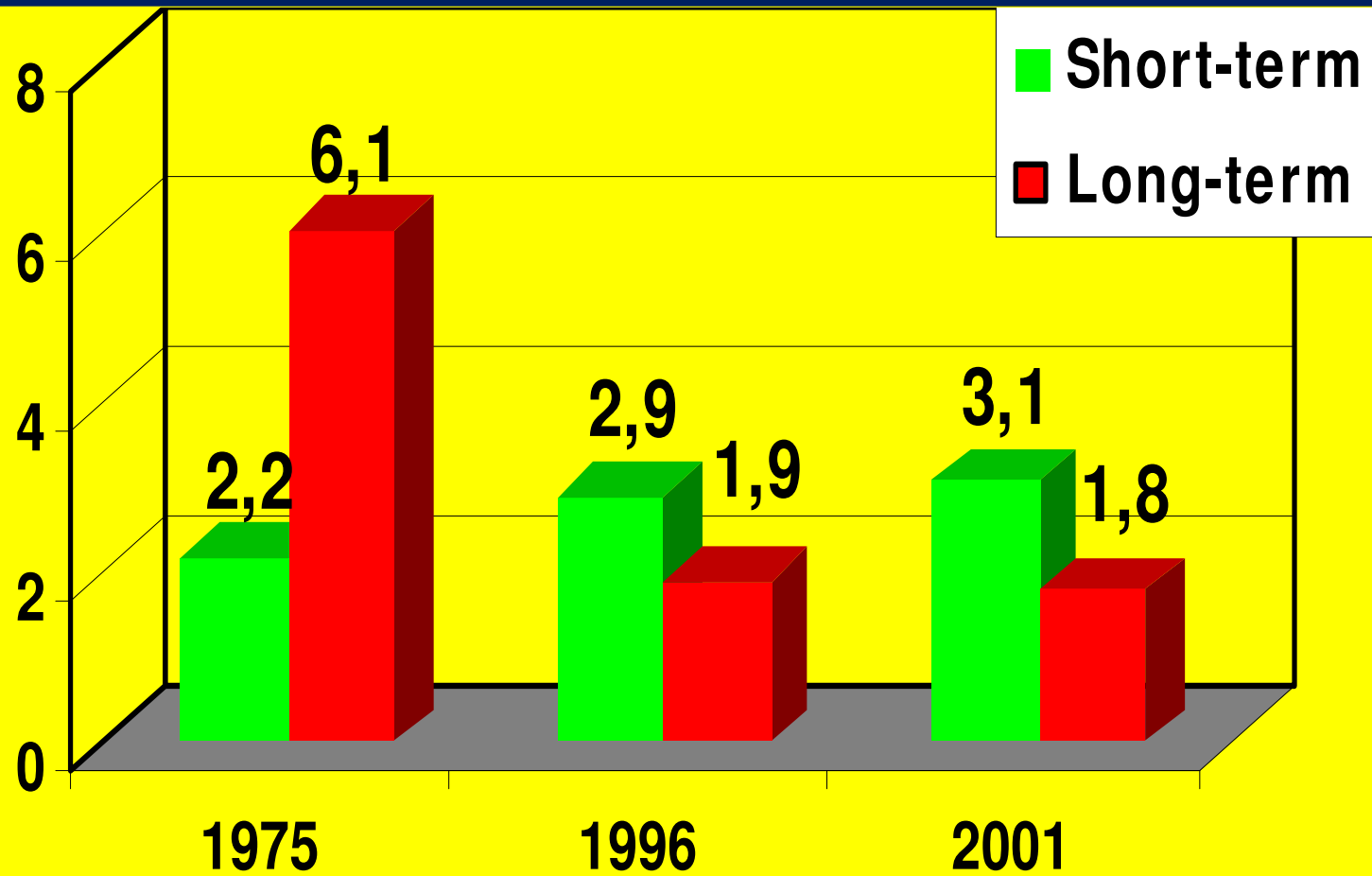
**Mental Health Expenditure in European Economic Area countries (% of total health expenditure)**



# Psychiatric services (2007)

Country	Psych.Dept.	Psych.Wards GH	Psych.Hospitals
Bulgaria	6	10+1	11+12
Czech Republic	6	5	7+1
Hungary	NA		
Poland		103+75	54
Romania	9	30	48
Slovakia	6	22	4+2
Slovenia		1	5

## Number of Beds per 10.000 Slovak Republic



## Number of psychiatrists

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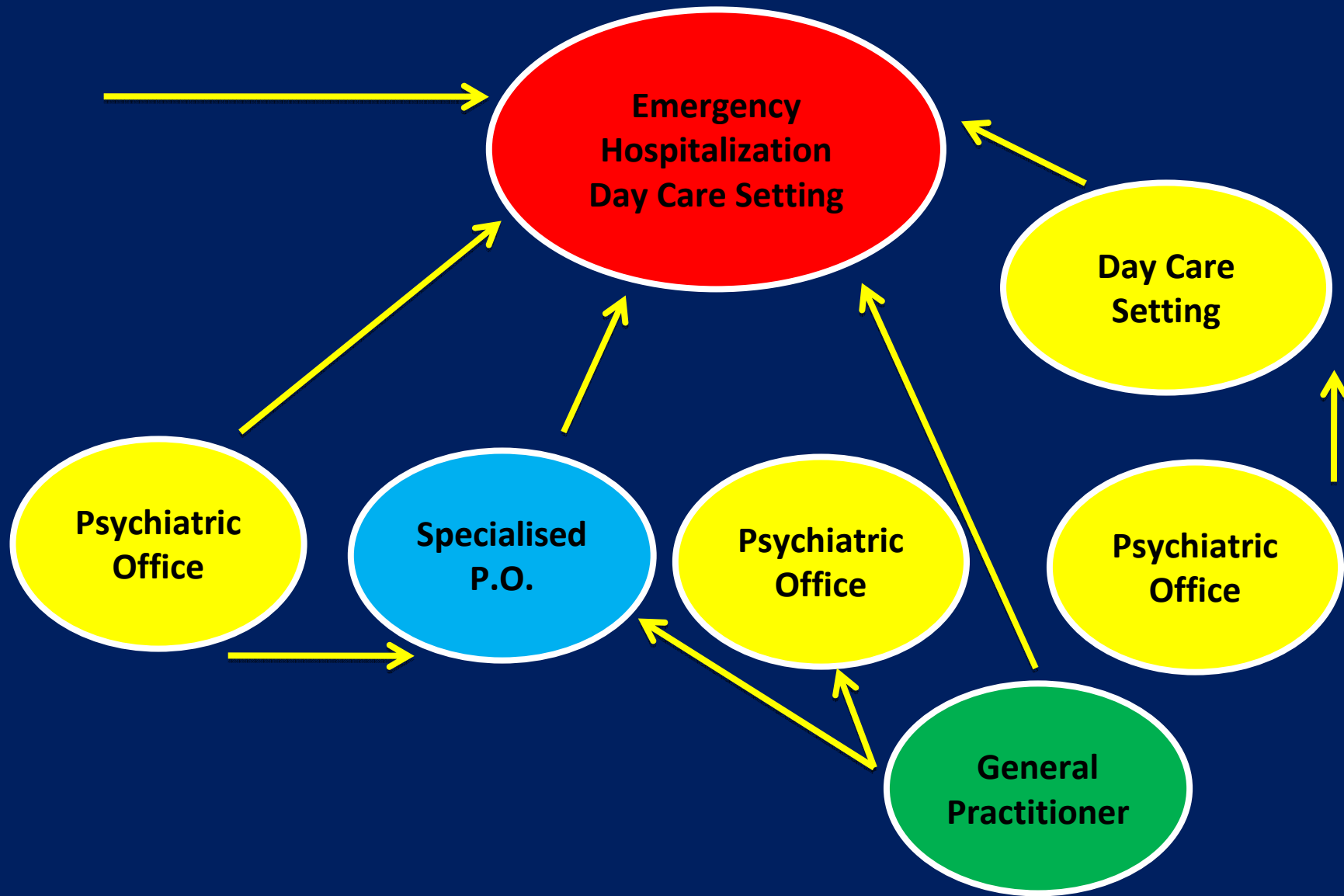
<b>Bulgaria</b>	1 / 12.000	600
<b>Czech Republic</b>	1 / 8.500	1200 (420 PH,180 GH, 600 PO)
<b>Hungary</b>	1 / 13.000	850
<b>Poland</b>	1 / 7.000	2000 - 2500
<b>Romania</b>	1 / 19.000	1150
<b>Slovakia</b>	1 / 9.000	586
<b>Slovenia</b>	1 / 8.000	250

# Hospitalizations in the year 2001 according to the diagnostic groups

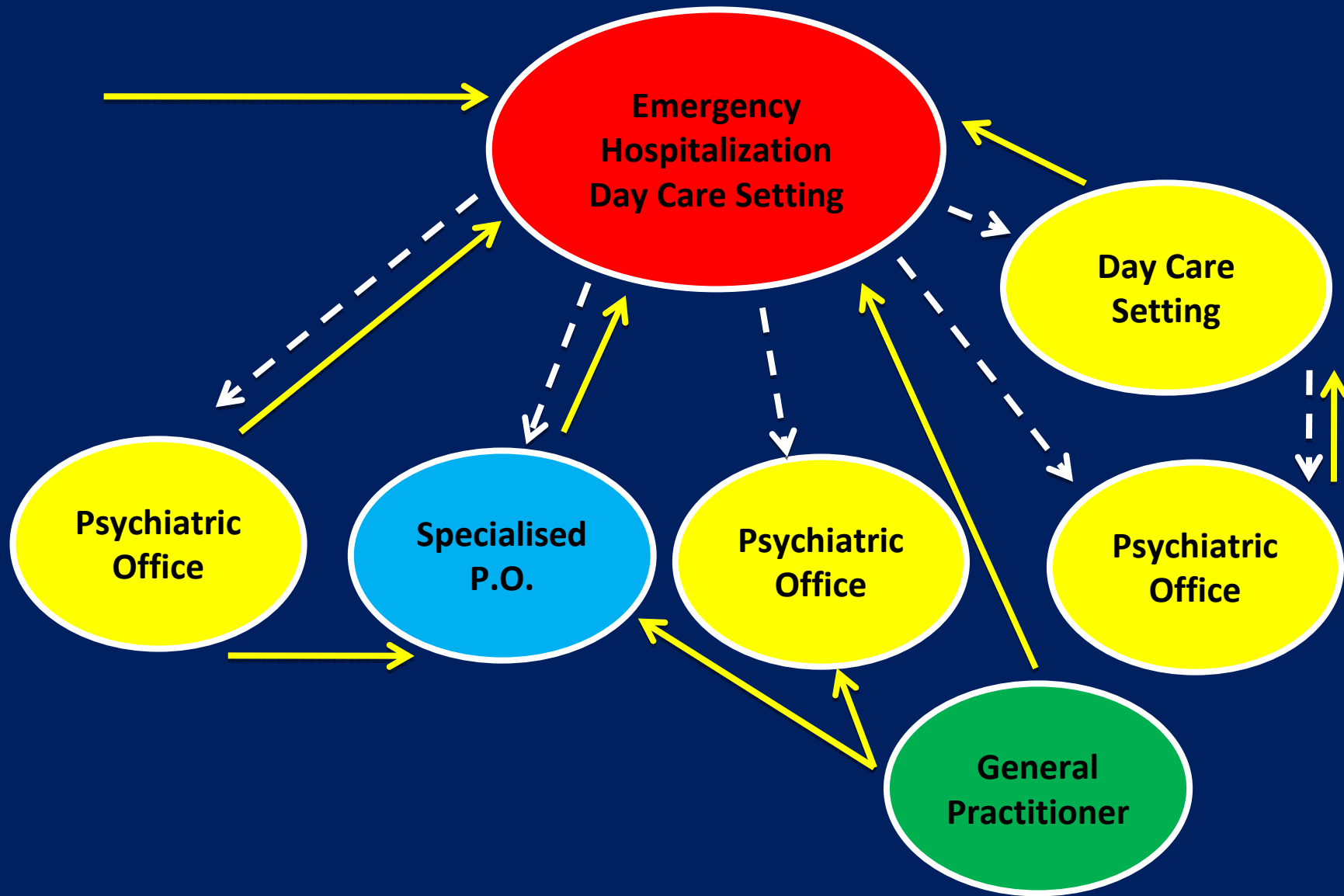
ICD – 10 category*	Bulgaria		Czech Republic		Hungary		Poland		Slovakia	
	Number of points	%	Number of points	%	Number of points	%	Number of points	%	Number of points	%
Organic, including symptomatic disorders	10 092	4.36	6804	11.6	27 130	17.15	25 323	14.2	6215	16.3
Disorders due to substance use	26 051	11.25	14 953	24.5	27 296	17.25	61 699	34.7	11 743	30.1
Schizophrenia, schizotypal and delusional disorders	43 173	18.6	11 612	19.8	32 775	20.72	42 802	24	8199	21.4
Mood disorders	33 135	14.33	5781	9.9	43 465	27.47	22 080	12.4	4273	11.24
Neurotic stress-related and somatoform disorders	29 381	12.7	8670	14.8	14 428	9.12	15 561	8.7	3319	8.75
Syndromes associated with physiological disturbances and physical factors	299	0.13			275	0.17	723	0.4	279	0.76
Disorders of adult personality	8114	3.5	3704	6.4	5647	3.57	3017	1.7	1662	4.38
Mental retardation	49 014	21.16	1818	3.1	3571	2.26	3574	2	1416	3.76
Disorders of psychological development	124	0.05	2914	5.0	967	0.61	380	0.2	40	0.16
Disorders with onset in childhood and adolescence	3965	1.71			2655	1.68	3009	1.7	1221	3.15
Epilepsy†	24 825	10.7								
Others	3454	1.5	2473	4.2						
Total	231 627	100	58 729	100	158 209	100	178 168	100	38 367	100



# Usual Model of Psychiatric Care Network



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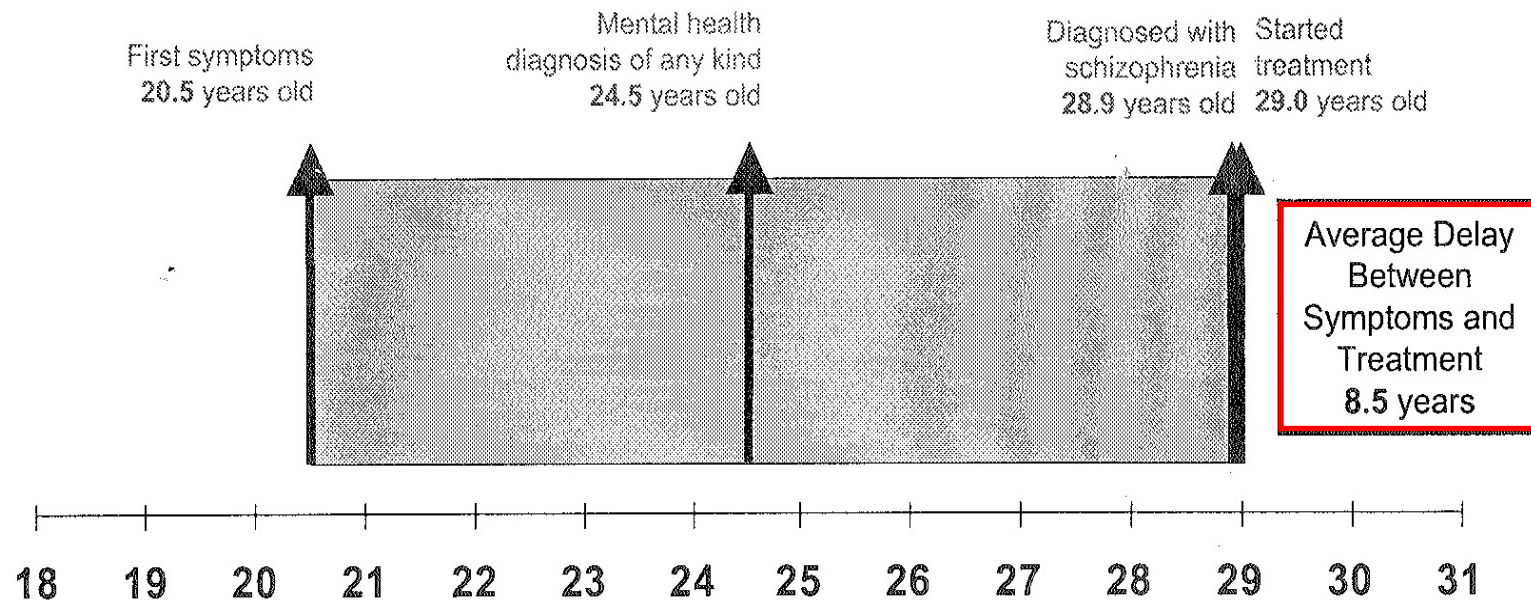
Living with Psychiatric Disorder

Public Attitudes

Caregiver Experiences and Challenges

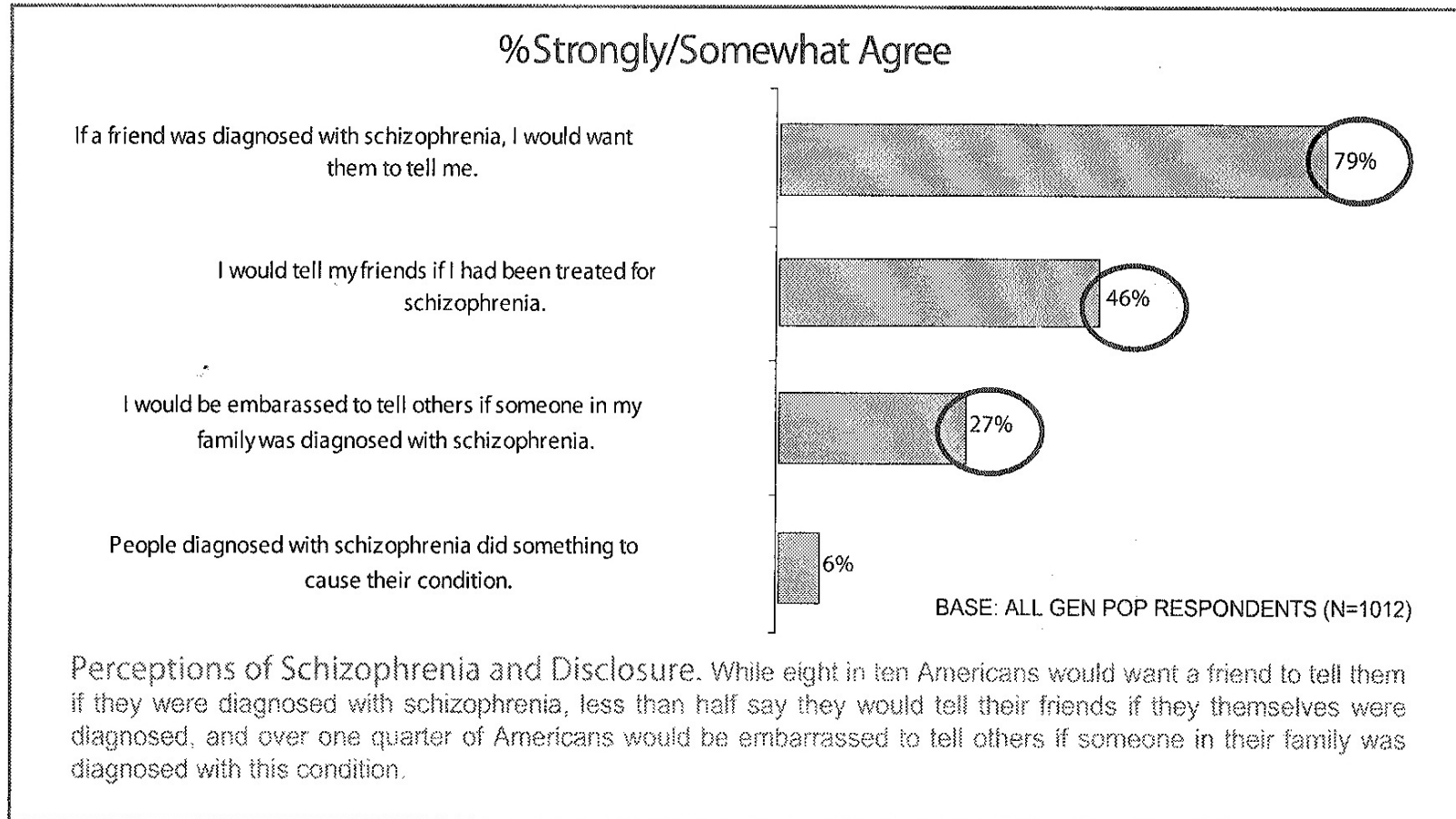
# Living with psychiatric disorder

**Age at First Symptoms, Diagnosis, and Treatment.** There is an average delay of 8.5 years between the onset of symptoms and the beginning of treatment for schizophrenia.



BASE: ALL RESPONDENTS LIVING WITH SCHIZOPHRENIA (N=258)

# Living with psychiatric disorder

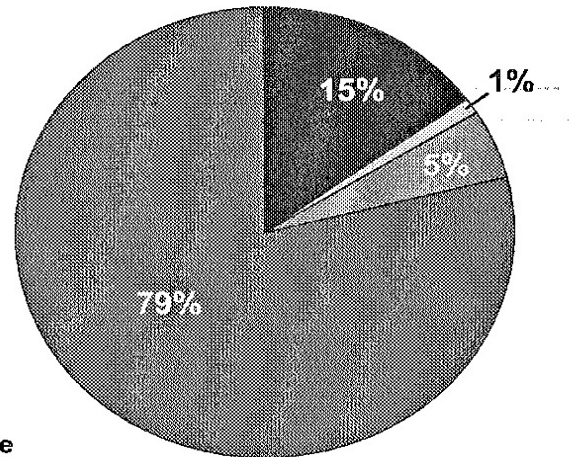


## Public attitudes

Psychiatric disorders fall in the middle of a ranked list when comparing the proportion of people who say they are **very concerned** about a given illness

• Cancer	82%
• HIV/AIDS	81%
• Lou Gehrig's disease	77%
• Multiple sclerosis	70%
• Heart disease	65%
• Schizophrenia	60%
• Diabetes	50%
• Bipolar Disorder	46%
• High blood pressure	37%
• Depression	33%
• Asthma	26%

**Can people diagnosed with schizophrenia lead independent lives?**



- Not sure
- Most people recover
- Most people need ongoing care and need to live in hospitals
- Most people need ongoing care, but can live independently

BASE: ALL GEN POP RESPONDENTS (N=1012)

**Schizophrenia Recovery.** Nearly eight in ten members of the general public believe that while those living with schizophrenia need ongoing care, they can lead independent lives. Two-thirds believe that schizophrenia cannot be cured.



## Education I

**“Strengthening the human resources by education”**

Project is subsidized by European social fund within the  
Operating program Employment and social inclusion.

## **Content**

Patient advocacy

Legal minimum

Who can be patients advocate

Strategy of problem solution

Health care system and patient organizations

Predicaments

## **Organization management**

Time management

Team creation

Raise funds

Establishment and operation of social services

Management by changes within the organization

## **Communitaion skills**

ABCs of Communication skills

Electronic communication

Media communication

Public communication

Public institution communication

## **Volunteer management**

Volunteer recruitment

Selection

Training and education

Supervision

Assessment and valuation of volunteer

## Education II :

### Mental Health at High Schools

Follow-up education provided by NGOs employees and volunteers performed by train-the-trainer programme with the aim to promote public education on psychiatric disorders in various regions of Slovakia

## Content of meetings

What is normal and what not?

Ten fables and preconceptions about psychiatric disorders.

Psychiatrist and psychologist. Who are they? When, where and how to speak to them?

What is sadness and what is depression?

Why is depression a disorder? Clinical symptoms. Meeting a patient.

What are the possibilities for treatment of depression?

Problems between generations. Pointlessness or regularity?

Stages and crises we are going through.

## Two major debates are held each year

**Spring debate** (Motivation center forget-me-not – Open Art Studio, Support – support provided for families with relatives suffering from psychiatric disorder )

**Autumn debate** ( World day of mental health, Days of forget-me-nots, information campaign on psychiatric disorders – those are organized by **Alliance for Mental Health**)

Through out the year

Forums for public – regular ones, at music festival Pohoda, Book fair ...



## Long-term projects

**Open the doors** - under support of WPA

**Program for good health** – sponsored by Eli Lilly

Public television provides national distribution of debates on mental health

**Public television show on psychiatric topics**

**The public programs are major vehicle for educating the public about psychiatry and psychiatric illness**

To encourage people who have a psychiatric condition to seek help and not suffer in silence.

To increase the awareness of psychiatric conditions

**The other major goal is to reduce stigma by having a combination of experts in the field explaining for instance, that schizophrenia is a brain disorder and what that means, and also showing real people living with these conditions.**

We have gotten very good feedback about educational programs and one common thread is that it opens up discussions in families where previously there was no discussion about mental health. We think that is very powerful.

# Conclusion

We feel a palpable increase in the demand for quality mental health public education coming from all aspects of our society

There is high demand for increasing the resources going to psychiatric facilities

There is also a high demand for more active attitude of patient organisations concerning improvement of rehabilitation and social care



Doplniť záujem o štúdium a VŠ o medicínu

Doplniť počty atestovaných – vývoj

Vývoj financovania psychiatrických zariadení

Vývoj preskripcie psychiatrických liekov

Postoje verejnosti k psychickým ochoreniam

Vzhodnotenie antistigmatizačných programov