

Mental Health Briefing Sheets

Facts and Activities in Member States

SLOVENIA

Situation on Mental Health

Suicide: Suicide rates in Slovenia have fallen over the last decade, from a rate of 32.9/100000 in 1985 to 25.6/100000 in 2004. The rate fall has been particularly clear in males. Suicide rates rise with age, and in 2004 there was a particularly high rate of suicide in males over 65 to 74¹.

Depression/anxiety: According to the Eurobarometer (2007), Slovenia had the lowest self-reporting rate of depression/anxiety, at only 3%. Only 5% of those receiving medical treatment were receiving treatment for depression or anxiety.

Children's mental health: Regarding bullying reported by 13 year olds, substantially more boys than girls (31% vs 19%) admitted bullying, but more girls than boys said they had been bullied (26% vs 23%) (HBSC survey).

Other: Mortality related to drug use has risen steadily since 1995, whereas there has been a marked fall in alcohol related mortality in the same period. Inpatient mental health treatment remained relatively constant, whilst outpatient service use has increased dramatically, as have prescriptions for antidepressant medication.

Policy context

A National Programme for Public Health Prevention, ran until 2004, but did not specifically include mental health priorities and prevention and promotion actions. A National Public Health Prevention Programme is in preparation, which will be a base for a National Mental Health Promotion and Mental Disease Prevention Programme.

Several legal instruments in place are relevant to mental health care, or the mental health field. These include measures for social care, social services and health care and health insurance. Additional laws are in preparation, including a mental health act, and measures to promote patient advocacy. The Slovenian National Action Plan on Social Inclusion also refers to mental health, and the NGO sector has been involved with the EU transnational Exchange Project on social inclusion for people with mental illness.

Mental health problems, such as depression, bipolar disorders, anxiety, schizophrenia, eating disorders, and deliberate self-harm are well monitored in accordance with the Healthcare Databases Act (2000)².

Examples of activities on priority areas:

Prevention of Suicide and Depression

The European Alliance against Depression model has been applied in the Slovenian regions of Celje and Koroška, which have the highest suicide rates. This project

¹ http://www.who.int/mental_health/media/slov.pdf

² http://zakonodaja.gov.si/rpsi/r09/predpis_ZAKO1419.html

includes an educational programme about treatment of depression and suicide prevention with general practitioners and medical nurses. An educational programme about prevention of depression and suicide has also been implemented with some professionals including police officers, social workers and priests.

Mental Health in Youth and Education

The project "THAT IS ME - health promotion among youth" was launched in 2000 as an example of primary prevention aimed at adolescents in Celje region in Slovenia. The project developed the "that is me" website as an outcome of the survey with young people to identify important issues and best communication channels. It aims to provide adolescents with information regarding their health and well-being in general and, to prevent risk behaviour and to help adolescents solve their problems by getting advice from counsellors and peers.

Slovenian Schools are active in the Schools for Health Europe network, with a network of 130 health-promoting schools (100 primary schools, 25 secondary schools, 5 dormitories) in the country.

Mental Health at the Workplace

The programme BRIDGE to successful inclusion in the labour market aims to develop a partnership to provide career planning and development and attendance of disadvantage people in the labour market. The partnership also:

- updates programmes for training fundamental skills,
- stimulates deprived target groups to engage in existing forms of work
- develops programmes of awareness-raising for human resources personnel in companies to help overcome barriers in employing deprived groups.

Mental Health in Older People

Examples of good practice in health promotion for older people, including mental health, were identified as part of the European project HealthProElderly.

Combating Stigma and Social Exclusion

A regional anti stigma campaign 'Depression' was started in 2005 and has been well received. The programme "IN-VALID-IN" identifies the structures, which discriminate and exclude disabled persons from working life and the labour market, while finding out the needs and experiences of employers when employing disabled persons.³

³ Sources of information for the production of this briefing sheet:

Healthy Children and Young People: Laying the Foundation for Lifelong Wellbeing. Consensus paper

Mental Health and the Workplace. Consensus paper (2008)

Mental Health in Older People. Consensus paper (2008)

Prevention of Depression and Suicide. Consensus paper (2008)

EMIP Consortium (2006). Country reports: Implementation of Mental Health Promotion and Prevention Policies and Strategies in the EU member states and applicant countries (EMIP)

McCollam et al., (2008). Mental Health in the EU - Key facts, figures and activities. A background paper.

Jané-Llopis & Anderson (2006). "Mental health promotion and mental disorder prevention across European Member States: a collection of country stories" (2nd edition), Luxembourg: European Communities