Newsletter | Prevention and Health Promotion | November 2009

spectra

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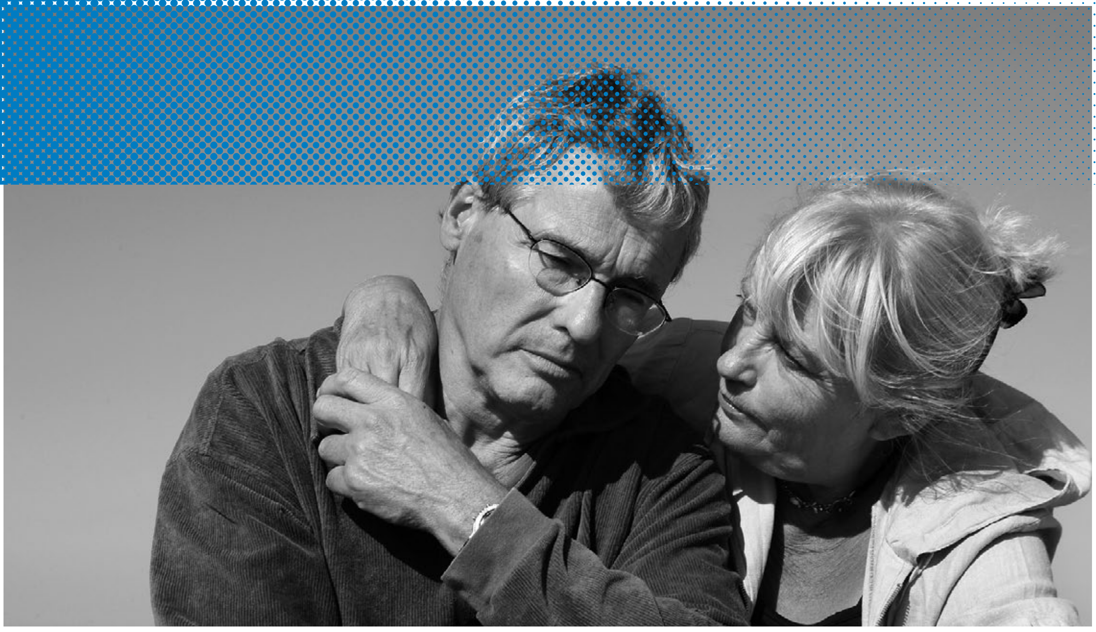

Mental Health

2 Joining forces to combat depression

Every second person will suffer from a mental illness at some time in their lives. Depression and suicidality are widespread in Switzerland. Yet only one in four who suffer from moderate to severe symptoms is treated. «Alliances against Depression» have been established in several cantons. Following in the footsteps of Zug and Berne, Lucerne launched such an alliance two years ago. The main goals are the provision of information and destigmatisation. Depression should be recognised as an illness of which there is no need to be ashamed.

3 Migration weighs on the mind

«Depression can affect anybody» is the title of an information brochure for people and families affected by depression. Migrants in Switzerland have a higher incidence of depression than the native population because migration is associated with a number of stressful factors – stressful particularly for mental health. The brochure has therefore been expanded to include migration-specific content and recommendations and will be available in eight different languages. This measure is related to the National Migration and Health Programme. The overriding goal is to ensure equal access to the Swiss healthcare system for everybody.

4 A course for people with HIV/AIDS

When people learn that they have been infected with HIV, they have many questions to ask. What effect will their new serological status have on their jobs, careers, insurance arrangements, families and partnerships? As well as medical care, HIV-positive people need support in coping with the new circumstances. The threat of suffering from loneliness and isolation is very real. A course in Arosa for people with HIV was held for the first time last spring: it generated initial insights into the kind of help that was most urgently needed by the people affected. A second course is already being planned for spring 2010.

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Successful Lucerne alliance against depression

Depression. Following in the footsteps of Zug and Berne, Lucerne set up the third Swiss «alliance against depression» two years ago, which means that a further canton has stepped up its efforts to combat depression and suicidality and improve the treatment of people suffering from depression.

At some time in their lives, about half of all people living in Switzerland suffer from a mental illness requiring treatment. Two to three times more people in Switzerland commit suicide than the total number that dies as a result of road accidents, AIDS and drugs. A large proportion of these suicides are committed by people suffering from a mental illness.

Informing and destigmatising

Despite these figures, there is a great deal of stigmatisation and ignorance of depressive illnesses. This leads to deficits and errors in the care of those affected, even though depressions can now be treated effectively. Thus, only one person in four with moderate to severe symptoms seeks treatment. Lucerne's cantonal government responded to the need for action by launching the «Lucerne Alliance against Depression» in August 2007. The campaign seeks to remove the stigma from depression, promote early diagnosis of the illness and improve the treatment of those who suffer from it. The aim was to inform the population of Lucerne about the disease and raise their awareness of it. People should know what the symptoms of depression are and what can be done against it, and they should realise that depression is an illness and not an expression of personal failure.

Measures on four levels

Over the last two years, the Lucerne Alliance has engaged in numerous activities on four levels in order to achieve these goals:

1. Cooperation with GPs. The activities include continuing education events for doctors, mailing of a leaflet to all doctors in the Canton of Lucerne and an ordering service for information material that can be handed out to patients.
2. Public relations and information activities. Testimonials from people affected and articles on the topic have been published at regular intervals with a view to increasing acceptance for people with mental illnesses. In addition, a leaflet has been produced and widely disseminated. In May 2009, two activity weeks comprising a wide and varied series of projects ranging from information events to interactive plays were organised.
3. Raising public awareness by cooperating with multipliers. Besides providing the general public with information, the Alliance has organised continuing education events for nursing staff in hospitals and retirement homes, members of church-visiting and emergency pastoral-care services and employers.
4. Services for patients and their relatives. In addition to public events and information platforms such as the activity weeks and the website, an information event specifically for patients and their families has been held and more publicity given to the advice hotline for family members.

Pioneering needs-analysis study and population survey of mental health literacy

To ensure that the resources deployed are properly invested, the Lucerne Alliance commissioned the University of Applied Sciences of North-western Switzerland (FHNW) to carry out a professional needs analysis and a representative population survey of mental health literacy.

These enabled people's knowledge of depression, any healthcare gaps and the priorities existing among the different specialist groups and sections of the public to be identified. This survey has played an important role in preparing the ground for comparable studies in other cantons: the Canton of Thurgau has already adopted the survey tools and conducted a survey of its own.

An international initiative with two Swiss role models

The Lucerne Alliance is not an individual initiative but part of a campaign that has been tried and tested throughout Europe. The successful pilot project in Nuremberg (2000–2002) set the ball rolling for the creation of a «European Alliance Against Depression». Two such alliances exist in Zug and Berne in addition to that in Lucerne. The Federal Office of Public Health (FOPH) is responsible for coordination between them and for cooperation with the Alliance headquarters in Germany. The pilot phase of the Lucerne Alliance ended on 31 August 2009. The question of whether and, if so, in what form the project will be continued is currently being examined.

Links: www.luzerner-buendnis.ch
www.zugerbuendnis.ch
www.berner-buendnis-depression.ch.
www.eaad.net (European Alliance Against Depression)

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Forum

Effects of torture and war on survivors' health

Torture and war are expressions of organised violence, and include aggravated and deliberate forms of inhuman treatment that have serious physical and mental effects on survivors. While physical injuries are often visible as deformities or disabilities, the mental effects (e.g. of sexual violence) may be less immediately evident. Torturers and warlords are increasingly at pains to ensure that their victims do not exhibit any physical signs of mistreatment.

Torture, war, persecution and captivity cause long-term impairment of survivors' health: flash-backs cause them to relive what they went through over and over again as uncontrollable traumatic experiences. The traumatised survivors suffer from sleep disturbances, isolation and loss of confidence in themselves and others. Other typical symptoms include disturbed sexuality, feelings of shame and guilt, and depression. Concentration is poor, the ability to absorb and process information is impaired, and victims become unfit for and disinterested in work. They also suffer from cognitive disturbances, personality changes and loss of autonomy and control over their lives. In addition, forced migration entails social and economic losses.

The Swiss Red Cross AFK (Outpatient Clinic for Victims of Torture and War) has been providing treatment, advice and support for severely traumatised migrants since 1995. Patients are looked after by a multidisciplinary team of specialists from psychiatry, psychology, medicine, social work, physiotherapy and nursing care, who offer treatment of both individuals and groups of patients, including children, adolescents and adults. Highly qualified staff – some of them with a migration background – and translators/interpreters ensure effective communication with clients. The SRC AFK can pass on a small part of the overall costs to health insurers, but is otherwise dependent particularly on donations and contributions from the Swiss Red Cross Humanitarian Foundation.

Treatment at the SRC AFK focuses on mobilising the patients' existing resources and coping skills. These resources are often weakened or virtually depleted as a result of traumatic experiences. The medical, therapeutic and psychosocial treatment provided plays a major role in improving patients' health. Sometimes even just stabilisation as a result of the treatment is rated a success. Learning how to cope with their experiences demands a great deal of strength from patients, and this strength often starts growing only after prolonged treatment. In many cases, the process is made more difficult by the regulatory mechanisms and negative attitude of parts of the host society towards migrants.

In the individual psychotherapy provided, support for those seeking help is focused on individual needs. Besides the wide range of professional help provided, the respect and the recognition of their worth that are shown to them help close the wounds left by the humiliations they have endured.

The AFK's social work focuses on improving patients' work prospects and providing advice on upbringing and other family-related issues. It also includes mediating in conflict situations and strengthening patients' coping skills.

With the help of treatment at the SRC AFK, survivors' skills can be built up and their ability to make decisions and their sense of responsibility restored to them.

Hasim Sancar
HSA degree in social work; individuals, couples and family therapist; head of Social Advisory Services at the SRC Outpatient Clinic for Victims of Torture and War; member of Berne City Parliament.

Focus on the mental health of migrants

Depression and migration. Severe depression is more common in people with a migration background than in the Swiss-born population. On behalf of the Federal Office of Public Health, the Swiss Red Cross's Health and Integration Department has produced a new edition of the brochure «Depression can affect anybody», which has been revised to take account of the needs of migrants.

Migration-specific education and information are essential if migrants' health skills, and the prevention and early diagnosis of depression in the migrant setting, are to be improved. The migration process means that people with a migration background are exposed to a number of stressful factors that can facilitate the onset of depression. These factors include restriction of the freedom to choose and to shape their own lives, inequality of opportunities, socio-economic hardship and social disintegration. In addition, depression is often diagnosed either too late or not at all, both generally and in the migrant community as well. To step up efforts to remedy these problems, the Alliance against Depression's existing brochure on depression was updated to include migration-specific content and practical recommendations on prevention, early diagnosis and treatment.

Migration-specific information and education

Migration-specific information and education involves a lot more than just translating a brochure into other languages. In order to adapt the existing brochure to the requirements of the migrant communities, a needs analysis involving both the target group and experts on the subject was carried out. A qualitative empirical survey was used as a basis for determining what content-related and linguistic changes should be made and how the structure, picture material and layout should be revised. Existing awareness of prevention, causes, symptoms and treatment options for depression were elucidated in a group discussion with migrants from different countries and in interviews with individuals affected by depression. In addition, stigmatisation and prejudice towards the people affected, the treatment options and the specific institutions of the healthcare system and social services involved were discussed and explicit questions asked to determine where there was a need for more information. In addition, a group discussion involving representatives from general practice, social services, nursing care, psychiatry and psychology, and also an imam as a religious expert, shed light on the challenges facing professionals in connection with the prevention, early diagnosis and treatment of depression in migrants.

Recommendations to the Alliance against Depression

Action needs to be taken at different levels to improve information and education measures aimed at the migrant communities and thereby also improve prevention, early diagnosis and treatment. This includes expanding the Alliance against Depression, further developing the transcultural skills of professionals and sensitising key figures in the migrant communities. At the structural level, measures to prevent and combat racial discrimination and to destigmatise depression need to be implemented in society as a whole. At the behavioural level, the migrant communities need to be empowered to develop their mental health skills. Adaptation of the distribution concept is also recommended.

Free download of the brochure «Depression can affect anybody»

The revised text of the brochure is now available to the cantonal Alliance partners. It will also be available – probably from February 2010 on – in French, Italian, Albanian, Portuguese, Bosnian/Croatian/Serbian, Spanish and Turkish in PDF form. It can be downloaded at www.migesplus.ch.

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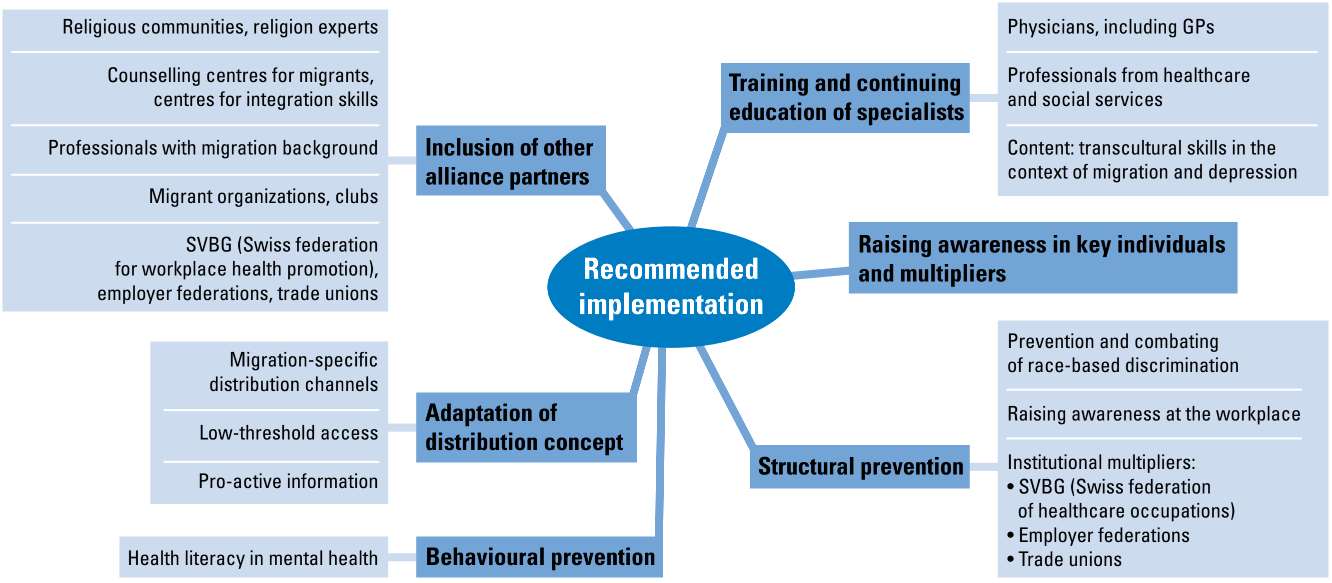

At first hand

Enjoying life, cultivating relations with other people and being able to cope with everyday life regardless of age are important attributes of mental health. So, too, are the ability to deal with stressful situations and to take charge of one's own life. Mental health is a dynamic process that is influenced by biological, personal and situational factors.

Studies carried out by the Swiss Health Observatory (Obsan) in Neuchâtel show that the majority of the population have considered themselves to be in good mental health for several years now. More and more people feel relaxed about themselves and mentally well balanced. Yet the incidence of mental illness is very high. Almost half the population suffer from a mental illness at some time in their lives, with women and men being affected in equal measure. Data show that mental problems can lead to disability or even suicide.

Since the Confederation and cantons acknowledged the importance of mental health for health policy and the economy in 2000, progress has been slowly achieved in this field at all levels:
Focusing on mental health as a priority, Obsan observes and analyses the key facts relating to the situation and development of mental health, mental illnesses and the treatment provided by the healthcare system in Switzerland.
On 30 September 2009, the Federal Council submitted the new prevention act to Parliament for consideration. This new act will provide a legal foundation for measures to prevent common mental illnesses and to promote mental health in stressful situations.

Until the act enters into force, mental health will continue to be the joint responsibility of the Confederation and cantons. The Federal Office of Public Health (FOPH), working in cooperation with the Swiss Conference of Cantonal Health Ministers and the specialist organisations concerned, will continue to support the cantons in their efforts to introduce regional «alliances against depression». In addition, mental health will be integrated more effectively into new prevention programmes and handled as a cross-sectoral topic.

Prof. Thomas Zeltner
Director,
Federal Office of Public Health

Support for people with recent HIV diagnosis

HIV/AIDS prevention. A two-day course for people who had recently been diagnosed as HIV-positive was held in Arosa at the beginning of April 2009. Among other goals, the «Arosa Course» aims to help HIV-positive people in a steady relationship with an HIV-negative partner to avoid passing on the virus.

The conceptual framework for this course was presented in spectra no. 75 («The HIV-negative partner must stay negative»). The article had mentioned that more recent approaches to prevention also had to target people with HIV and their HIV-negative partners because there was still a great deal of potential for prevention work in this group. This potential is evident from the findings of Swiss studies showing that more than one third of all HIV transmission occurs within steady relationships.

Preventive services for people with HIV

HIV treatment specialists are still the first-line providers of diagnostic and therapeutic support for people with HIV and of advice to them on prevention. It is, however, evident that further support is needed in the particular situation of people living with HIV, e.g. advice on issues relating to work or insurance or psychosocial support. These needs are generally met by the very good services provided by the Swiss AIDS Federation and its regional branches. However, a particular problem has emerged in the form of growing loneliness and self-imposed isolation which, despite the successes of AIDS treatment and the possibility of leading a «normal» everyday life, are very widespread. Training courses for those affected, some of them headed up by HIV-positive experts, have proved valuable. Course participants support one another in learning self-reliantly how to develop a satisfactory social life and thus improve their mental health. Mental well-being is important in HIV prevention because experience shows that people with impaired mental health are known to be less motivated and less capable of following prevention principles.

The Arosa Course – held at a remove from everyday life

Other countries have developed various models for periodic evening courses held at the participants' place of residence and work. The disadvantage of such courses is that absences by participants, long interruptions and the proximity of the participants' everyday world often make it difficult for them to effectively engage with their own situation in any depth. The Federal Office of Public Health (FOPH) therefore decided that it would first try another route and offer people with HIV an intensive course held at a distance from their everyday lives – hence the Arosa Course.

The course was designed as a pilot project in which its practical feasibility, the success of different services offered and the sustainability of its impact were to be tested and evaluated. In order not to further complicate the «trial conditions» by having an excessively heterogeneous participant group, the target group was limited to gay men. This group was chosen because it has been disproportionately affected by the HIV epidemic. Another criterion of participation was a thorough knowledge of German. Organisational and primary responsibility for the course lay with Benedikt Zahno from Checkpoint Zürich, a medical service provided by the Zurich branch of the Swiss AIDS Federation for men who have sex with men. Also actively involved were eight experts – four of them HIV-positive – who headed up the workshops. A total of seven workshops focused on aspects of coping with a diagnosis of HIV and on the implications of the new serological status. The workshop topics included stress management, dealing with addictive substances, HIV in partnerships, and HIV in singles. As the name «Arosa Course» suggests, the course took place in Arosa, in a gay-friendly hotel with spa facilities.

«I gained more self-confidence and courage»

The evaluation focused on the following questions: A) Whom do we reach with the intervention? B) What experiences did the experts and participants take away with them from the programme as a whole (setting, workshop content)? C) How suitable is a spa hotel as a venue? D) What is the longer-term impact of the course on participants? (follow-up questionnaire six weeks after the course).

What surprised the course leaders most was the fact that, despite glorious weather, the spa and winter sport facilities were hardly used at all, with the majority of participants preferring to complete the busy workshop schedule. Besides this strong learning motivation, it was clear that many participants had great difficulty in dealing with their positive status, particularly with regard to maintaining social contacts and making new ones. Less use was made of the sessions dealing with medical and legal questions, whereas the workshops on lifestyle, in-depth discussion of the diagnosis of HIV and on life as a couple versus life as a single were very well attended. The evaluation showed that the course was very highly rated immediately after the end of the event and also six weeks later. By way of criticism, one of the course's goals was not adequately reached: only a small number of participants reported after six weeks that they were, on their own initiative, making increasing use of other services aimed at helping them to cope more effectively with HIV and stop them from becoming isolated. A further behavioural goal of the course was that regular partners with a different serological status should agree on binding prevention behaviour. This goal is derived from the finding that very few couples talk about the protective behaviour to be observed when having sex outside the partnership. It was not possible to draw any conclusions on this goal because ten of the 15 participants in the first Arosa Course were singles. When asked about the specific benefits of the course six weeks later, one of the participants said: «As a result of the many contacts and the experiences that were exchanged in Arosa, my awareness and my perception of myself living with the infection changed greatly. I gained more self-confidence and courage and I would like to be able to build on this even more for the future. I now know that I'm not alone and that we don't have to be ashamed on account of this illness.»

What now?

The way that invitations to participate and registration are handled needs to be improved if the addressees – the 300 or so gay men who are freshly diagnosed with HIV each year – are to be better informed on the event and are not put off from registering for fear of losing their anonymity. In addition, the follow-up evaluation has shown that more attention will have to be given to helping people to help themselves and to networking in the various workshops after the course. The overall outcome of the evaluation and the feedback received from the participants were, however, so promising that planning of the next course in spring 2010 has already begun. It will not be held in Arosa, but will be bilingual so that people with HIV from the French-speaking part of Switzerland can also take part.

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SBB to continue ban on sale of alcohol at railway stations after 10 p.m.

Alcohol control. Less public drinking, aggression and littering: the ban imposed a year ago by the SBB and its tenants on the sale of alcohol in stations after ten o'clock at night has proved effective and is to be continued.

Since 1 April 2008, shops and kiosks at railway stations have not been allowed to sell alcohol after 10 p.m. This measure taken by Swiss Federal Railways (SBB) and its tenants and was prompted by the steadily growing incidence of late-night public drinking sessions on their premises, which had resulted in increased aggression towards travellers and had aggravated litter problems at stations.

The situation has visibly improved at most stations affected by the ban. Acts of aggression towards both customers and station employees have fallen. There has also been a marked improvement in order and cleanliness, even late in the evening.

SBB's conclusions after one year are positive and the ban will be retained in order to improve safety at stations and help prevent substance abuse. As before, the ban will not apply to the consumption of alcohol in station cafés or restaurants.

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