Jagiellonian University in Kraków
Faculty of International and Political Studies
Institute of European Studies

Aleksander Gustaw Jaworski

student ID number: 1170917

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Comparison of suicides trends in Poland and Czech Republic with alcohol abuse and depression as chosen risk factors in the context of preventive policies.

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Prof. Dr. Kinga Sekerdej

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Introduction

According to WHO, almost 800 000 people die of suicide every year, which itself is very alarming, however the issue of suicide becomes even more alarming when looking at the leading causes of death among people aged 15-19, in which suicide is on the third place (WHO, 2021). Suicide is preventable, which means that states can apply specific measures targeted at lowering the suicide rate, however one need to look at the specific risk factors of

suicide in order to choose the most appropriate measure. For example, the risk of suicide attempt increases 7 fold after consuming alcohol, however this risk increases up to 37 times more after a heavy use of alcohol (Borges et al., 2017). People suffering from Alcohol Use Disorder (AUD) are twice as vulnerable to depressive disorders (Boden & Fergusson, 2011). Those with AUD tend to be 2-3 times more vulnerable to suicide attempt than the rest of the population. Depression is the most common mental disorder worldwide, affecting over 250 million people according to the World Health Organization (WHO, 2021). It is a disease that affects one's mood, causing one to experience lack of energy and disturbances of sleep, speaking more slowly and chaotically than usual, sudden swings in body weight (both increase and decrease) caused by disturbed appetite, or loss of libido. These are only physical symptoms of depression, as it primarily affects one in a psychological way. This includes sadness, losing self-esteem, becoming more irritable, losing motivation, losing interest in daily activities that have once been enjoyed and most importantly – feeling helpless. The latter is crucial in the more complex perspective, because depression (especially when untreated) is one of the leading causes of suicide (suicide.org).

The paper will discuss the issue of suicide in two neighboring countries in Central Europe - Poland and Czech Republic. The reason for choosing those countries are the similarities that can be noticed between them. They both have a similar history, also the one related to alcohol production and consumption. Also, the depression rates are on a rather similar level, therefore I have decided to choose only alcohol abuse and depression as selected risk factors. Considering the fact that alcohol and depression are easily comparable in the case of the two countriesI believe it is possible to successfully compare them and come up with conclusions, which could be more universal in nature. The fundamental question that I will try to find an answer to in this paper is how both of the chosen suicide risk factors have been considered during the process of designing suicide prevention methods and policies. In

case no consideration has been made, I will try to prove why they should be considered in order to minimize the suicide rates. As Poland and Czech Republic are members of the European Union, the paper will also take a look at the more general response and measures applied or planned by the EU in order to find out whether mentioned factors are considered in EU measures. Lastly, the paper will also contain certain recommendations regarding the issue of suicide prevention, especially considering the way in which alcohol abuse, mental health disorders and various other factor may affect the population of those two countries and the EU in general.

Methodology

In this thesis I have decided to take an exploratory approach to the data collection, which is based on both releases that had originally appeared online, and online re-editions of older books or articles. This approach is based on a variety of sources represented in a form of a literature review. It would consist of theory books, academic and medical research that describes suicide, abusive alcohol consumption and mental health disorders as individual problems in detail, or describe the correlation that occurs between them. rely on the policies that have been published in each of the described countries, together with more general policies introduced by the European Union. Furthermore, another piece of data that is

included comes from various independent, or public preventive initiatives, which try to approach the problem of suicide, often including a much broader spectrum of risk factors. For this paper I chose a number of programs that were or still are functioning in the EU, Poland and Czech Republic and briefly describe the way in which they operated, while also trying to visualize the way in which they cooperate with either national institutions or with each other.

This data, even if limited, allowed me to sum up some of the most crucial points that I think should be taken into account while conducting future research, which could be very helpful while designing a proper, general preventive program or policy, that would efficiently address the issue of suicide, also taking various other risk factors into consideration.

Chapter One - Suicide, Depression and Alcohol Abuse

Suicide

"An act is suicide if a person intentionally bring his or her own death in circumstances where others do not coerce him or her to action, except in those cases where death is caused by conditions not specifically arranged by the agent for the purpose of bringing about his or her own death"

Tom Beauchamp, 1978

According to the World Health Organization in 2008 suicide constituted of 1,4% of total mortality and almost 15% of overall injury related mortality, meaning that over 782 000 people lost their life by a self-inflicted injury. This number set the global suicide rate at 11.6 per 100 000 inhabitants. What is interesting is the male-female ratio, which equals 4.0 in Europe, also being the highest male to female ratio globally in terms of suicide, with the age-standardized global rate being 1,8 times higher in males as compared to females. As mentioned in the introduction, in 2016 suicide was one of the second leading cause of death among people aged 15 to 29 (WHO, Suicide in the World, 2019). The methods of taking one's life also differ significantly depending on the region. According to the researchers of the Department of Health Policy and Management at Harvard School of Public Health, over 100 Americans die by suicide every day, from which 50% of them die because of self-inflicted gun wound (Miller et.al, 2013). The authors of that study explain the link between firearm ownership rate and firearm suicide rate, which has a tendency to grow correlatively in urban areas where the firearm ownership rate is higher. In South Korea

however, the methods are different. The article in International Journal of Mental Health Systems reveals that some of the most popular methods of suicide are: drug poisoning, stabbing, jumping from height, consumption of pesticide and hanging. What is interesting is that among suicide attempters the most common method is drug poisoning , which was considered as a method of the least lethality, however among suicide completers, the most common method was hanging, contributing to over 50% of the cases (Lim et.al, 2014). In Europe, on the other hand, there is a visible distinction between the preferred suicide method among men and women, however the most common method in both groups was hanging, constituting 54,3% and 35,6% accordingly. Among men the second most common suicide methods waw self-inflicted gun wound (9,7%), however among women this method was drug poisoning 24,7% (Värnik et.al, 2008).

Some fundamental issues that need to be discussed are the reasons why people commit suicide. A study conducted in 2010 by Kimberly A. Van Orden and her colleagues discusses and assesses the Interpersonal Theory of Suicide, which was proposed by Thomas Joiner in 2005, who also was one of the researchers in the mentioned study. According to the Interpersonal Theory of Suicide “people die by suicide because they can and because they want to” (Van Orden et.al, 2010). This refers to what the researchers call “thwarted belongingness' ' and “perceived burdensomeness”, which in simpler words can be explained as decreased feeling of acceptance by others, and the belief that one is a burden on others accordingly. Furthermore, those two things are not the only things that may push one towards taking one's own life, as there is one fundamental thing that takes part in the process. It is something that Thomas Joiner calls “the acquired capability” and is literally one’s predisposition to commit suicide. What is interesting however is that according to Joiner no one is born with such capability, as it is gained throughout one’s life, based on one’s experience. In other words, every person experiences fear of death, however it is through

physical pain and other experiences, such as trauma or illness, that this pain could be reduced partially or completely (Joiner, 2005). Joiner's theory is not the only theoretical approach to suicide that has been conducted. The one of highest importance is a study of Emile Durkheim in 1897(Durkheim, 1951[1897]). Durkheim outlined three categories of suicide: an egoistic suicide, when a person takes own life as a response to the detachment from society; an altruistic suicide, when one commits suicide in order to benefit the society; an anomic suicide, when someone kills oneself after a quick and severe change in society which is causing detachment from it; and fatalistic suicide, which occurs when someone lives in an oppressive society which is more difficult to endure than to embrace death. Suicide can be caused by number of factors which both Van Orden et al. and Durkheim noticed. Suicide can be approach as a social phenomenon, as within itself causes insufficient or excessive degree of integration or regulation. Furthermore, Durkheim believed that the ones who are the most vulnerable would commit suicide especially when social conditions would not provide people with necessary social goals. In a more broad context, a cohesive and integrated societies should not push people towards suicide, because from what he observed, smaller "societies", such as religious groups and family do not lack this coherence (Durkheim, 1951[1897]).

Study titled "ALCOHOL ABUSE AND SUICIDE ATTEMPTS AMONG YOUTH - CORRELATION OR CAUSATION?" prepared by the researchers from National Bureau of Economic Research, suggests that there is a visible connection between suicide attempts and prevalence of mental health issues, especially depressive disorders, especially among youth. In the study the authors use data from two survey - Youth Risk Behavior Survey and National Comorbidity Survey, which also suggests that there is a strong connection between suicide attempts and alcohol abuse (Pinka et.al, 2003). Another study shows that one of the most important risk factors of suicide among elderly people is alcohol dependency, which seems to elevate the risk of suicide attempt while interacting with other risk factors (Blow et.al, 2004).

Many studies have also discussed the correlation between mental disorders and risk of suicide. The study conducted by Spanish researchers on suicide frequencies and characteristics among patients suffering from schizophrenia and major depression brought very important results, according to which between 20% and 50% of the people suffering from schizophrenia and depression attempt suicide, which is 20 times more than among general population (Baca-Garcia et.al,2005).

As mentioned before, there are multiple factors which can lead people to take their own life, and it is absolutely necessary to mention it. In a 2014 article for Lancet Psychiatry Rory C. O'Connor and Mathew K. Nock provide a much more detailed list of several factors which could lead one to take own life. Those factors are divided into four categories: "personality and individual differences", which include, for example impulsivity and hopelessness; "cognitive factors", which include fearlessness about death or injury, thought suppression; "social factors", including social isolation and exposure to suicide of others; and lastly "negative life events", which includes traumatic events and physical illness (O'Connor; Nock, 2014). I believe it is necessary to explain that there are multiple factors that could lead to development of suicidal behavior or even to suicide itself. However in this paper I will only analyze abusive alcohol consumption and depressive disorders. Firstly, the literature shows that there indeed is a clear correlation between the two factors and suicide rate, as they can significantly increase the risk of it (Baca-Garcia et.al,2005). Also, I believe that Poland and Czech Republic share a lot of similarities with regards to alcohol consumption patterns and depression rates, and suicide rate itself, while still being completely different in many aspects. This will allow to take a more general look into the ways that the countries have tried to limit alcohol abuse and apply preventative measures targetting depressive disorders and suicide.

Chosen High Risk Groups

Although in this paper I will focus on abusive alcohol consumption and depression as the main factors affecting the suicide rates in Poland and Czech Republic, I believe that it is absolutely crucial to briefly discuss some of the others. Although the main factors which could lead someone to take their own life I have already described, the risk groups that are the most vulnerable to those factors are not that easy to list. According to the 2013 article by T. Maniam and colleagues, suicide risk factors include, for example: ethnicity, marital status, income, presence of chronic pain, obesity and the list goes on (Maniam, et.al, 2013). Another factor that was not mentioned in Maniam's article is religious association. According to Ryan E. Lawrence religion can have a positive impact on an individual, providing protection from suicide. Nonetheless, at the same time the authors found out that religion does not protect equally from suicide ideation. The article also describes one very important issue, although religion may act as a form of protective factor, it is also one of the reasons why certain groups can experience social isolation, in this particular case affecting the religious minorities (Lawrence, et.al, 2016). Nonetheless, religious minorities are not the only, as belonging to others, for example, ethnic minorities can also be considered as a serious risk factor, as it can significantly increase the risk of suicidal behavior compared to the native population (Forte, et.al, 2018).

One group that I believe needs to be mentioned, at least briefly, are homosexuals and transgender people. According to the 2020 study performed by Asha Z. Ivey-Stephenson and her colleagues, which studied the suicide attempt and successful suicide trends among highschoolers in the USA, sexual identity and sex overall are one of the greatest risk factors.

Despite no visible differences based on ethnicity and race, the case of sexual identity presents really alarming differences. During the study 14,5% of all highschoolers who reported attempted suicide, were heterosexual. In comparison, people identifying themselves as LGBs (lesbians, gays and bisexuals), constituted over 46% of such cases. Lastly, people with unspecified sexual identity constituted over 30% of the cases, only showing that the issue of sexual identity is a major suicide risk factor (Ivey-Stephenson, et.al, 2020).

Although it would seem highly important to include religion and sexual identity during the comparison of Poland and Czech Republic, I have decided not to do so, for one important reason. Even though alcohol consumption rates and depression prevalence are difficult to calculate and assess, the amount of data on those two factors is very large, allowing for a proper analysis and comparison. The case of religion seems like a much better idea, nonetheless the researchers are not certain whether religion can be more helpful or not, with Poland being a great example. Finally, the reason for not including sexual identity as a chosen factor is the almost complete lack of data on this matter, especially in the case of Poland. Nonetheless, I believe that in order to design an efficient and effective preventative measure, all of the above risk factors should be addressed, together with acknowledging the ways in which all the different risk groups are affected.

Seasonality of Suicide

Although the seasonality of suicide is very hard to study and analyze, due to huge discrepancies in the results depending on many variable, I believe that it is still worth

discussing the issue a bit further, especially since Emile Durkheim considered it as one of the most crucial factors (Durkheim, 1951[1897]). One of the most interesting things with regards to seasonality of suicide is that this seasonality does not only refer to an increase in suicide rates depending on the season of the year, but also to changes in other patters among different people. The authors of the Social Science & Medicine study titled "Seasonality in suicide - a review and search of new concepts for explaining the heterogeneous phenomena" explain that seasonality of suicide also affects the methods chosen to take one's life. The authors refer to the results of a study that examined seasonality of suicide in Northern Finland among adolescents, which authors observed an interesting pattern. The peak of firearm related suicides among adolescents occurred in Autumn, which was associated with availability of firearms during the hunting season and the beginning of the school year (Ajdacic-Gross et.al, 2010). However, the results among adults were completely different. As in the case of adolescents, the peak of suicide rate is also correlated with the time of the year during which the duration of daily sunshine is the lowest. On the other and, the results among adults did not show that correlation, with the peak of adult suicide rate occurring in spring (Lahti et.al, 2006). By assessing previously collected data Ajdacic-Gross et.al managed to confirm that seasonality of suicide affects both men and women, nonetheless, there are some exceptions which show otherwise. For example, in Greenland between 1968 and 1995 June and winter months seemed to be the preferred time for taking one's life, especially by using violent methods, as 93% of the suicides were committed in a violent manner (Sparring Björkstén et.al, 2005). Authors have also noticed that the increase in suicide attempts in June is correlated with extended periods of light, during which alcohol intake was noticed to be the highest.

The study for Social Science & Medicine also collected data about the differences in suicide seasonality between rural and urban areas. The results showed that the rural

population is much more likely to express a seasonality of suicide than the population living in urban areas, which is something that was first noticed and described by Emile Durkheim. This result has been confirmed by the researchers that studied the seasonality in Sweden and New Zealand. The study was aimed at comparing two highly advanced countries on opposite hemispheres and at assessing the theory that reduced access to sunlight can drastically affect suicide seasonality. As mentioned in the previous paragraph, in Finland, such correlation was observed only among adolescents. In the case of Sweden however, the peak of suicides was observed in May, although the authors explain that it was a minor difference compared to other months (Granberg, Westerberg; 1999). Nonetheless the authors obtained a result that confirmed Durkheim's theory about how seasonality affects the rural population much more than the urban one. However, a study that assessed the seasonality of suicide in Italy proved completely otherwise, as it was the urban population of Italy that was much more vulnerable to seasonality of suicide, without any specific geographical tendency. One may notice a similar pattern in the case of England and Wales, where the rural population did not show any seasonal increase in suicides (Simkin et.al, 2003).

A study published by Social Science & Medicine also refers to previous research on the impact of psychiatric disorders on the suicide seasonality, although they observed that this issue has not been thoroughly examined in many studies, therefore the evidence is not strong. Some studies conducted by analyzing the Swedish database, however, observed a seasonal increase of suicide among patients suffering from alcohol addiction and severe depression (Ajdacic-Gross et.al, 2010). A study titled "Seasonal distribution of suicide in alcoholism" conducted by Louise Brådvik and Mats Berglund from the Department of Clinical Alcohol Research, University Hospital MAS in Malmoe, Sweden, observed that the seasonal peak in suicides among patients with alcohol dependence occurred in the second quarter of the year, however, according to the authors this increase was observed only among male patients. A

study on the monthly distribution of suicide among patients with severe depression in Sweden produced results, according to which depression related suicide frequency in October and November significantly exceeded the other months of the year. What is interesting however is that this peak was observed mainly among males, as in the female sample there was no significant seasonal increase (Brådvik, 2001). Seasonal peak in suicide among males with history of depression, although a similar peak was noticed also among women, however, suffering from different forms of psychological disorders (Reutfors et.al, 2009). A significant seasonal increase among all patients was much more evident in violent methods of taking one's life, which is also what was observed by Björkstén et.al in 2005, however in the study by Reutfors et.al the sample which was studied included only patients with a disorder that was severe enough that it required hospital admission.

There were other studies on the seasonality of suicides that obtained different results. In Italy a significant increase in suicides both among males and females between 1974 and 2003 was observed every year during spring months, however the there is no data on the preferred method of suicide (Rocchi et.al, 2006). In 2003 researchers conducted the study in order to find out whether similar seasonal patterns that occur in Europe could be applied in Australia. Their results show that Australia indeed suffers from seasonality of suicide with its amplitude increasing every consecutive year from 1970 and 1999 (Rock et.al, 2003). A 2001 study that analyzed the suicides in Singapore produced results that were vastly different than in other studies. By analyzing the total 2013 male and 1382 female suicide victims in the decade of 1989 and 1998 the authors noticed certain patterns that applied to both males and females within different age groups. The peaks of suicide among males were noticed in mid-February, and in mid-May for females, however the peaks among people under 25 years of age had a tendency to occur 5 to 6 months earlier than in other groups. The authors explain that the very small magnitude of those peaks suggests that they occurred randomly and were

not suggesting any kind of seasonality, thus they concluded that there is no evidence to assume any kind of seasonality in the equatorial area (Parker et.al, 2001).

On August 24 2020 one of the first large-scale study of seasonality in suicide conducted by researchers from all around the world was published. The authors analyzed the total number of 1 106 820 suicides from 12 countries (Brazil, Canada, Japan, Mexico, Romania, South Africa, South Korea, Spain, Switzerland, Taiwan, The United Kingdom and the United States) between 1986 and 2016, however the study period differed in each country, varying from 6 years (USA) to 30 years (Canada). The results produced are very interesting, as the majority of the studied countries showed peaks in Spring (Tang et.al, 2020). This is explained by various factors, from which some were discussed in previous studies, such as amounts of sunlight, but also others, such as levels of serotonin. Serotonin is explained to be very sensitive to changes in weather and changes in its levels during spring may be a cause of increased suicidal behavior (Praschak-Rieder et.al, 2008). The authors also refer to the idea of "broken promise effect", according to which can be observed in an increased number of suicides committed on Monday which can be explained by one's frustration about expectation of weekend, but also on a larger scale related to Spring, which can be explained by " the experience of depressed people perceiving the social and emotional contrast to other people that enjoy outdoor activities at that period." (Tsouvelas et.al, 2019). From the 12 countries, there were two exceptions – Romania and South Africa, in which the peaks occurred in summer, which may be explained by individual factors, although the authors believe that further research is required to confirm that. Despite the commonality of the spring peaks, the authors state that the seasonality of suicides in all of the studied countries was heterogeneous, as in many of them the second highest peaks observed in autumn. According to the authors the peak in suicides in autumn could be explained by bioclimatic factors, as in the case of spring suicide peak, it can be explained both by bioclimatic and socio-psychiatric factors.

Sex-related seasonality was observed in many countries, however in some of them sex-related differences were not significant. What is also interesting is the seasonality of suicides among people over 65 years of age. In many countries the peak of age of suicide was observed in spring and summer, which the authors explain in two ways. Firstly, the elderly are much more vulnerable to rapid temperature changes, and also by the fact that in spring and summer time, the adolescents that usually take care of them, would rather spend time outside (Tang et.al, 2020). The authors also approach the seasonality among the population living in rural and urban areas. As observed, in some countries the rural seasonality of suicide decreased, for example Canada, which is explained by the process of urbanization. However, Durkheim's results, according to which people from rural areas are much more vulnerable to seasonality than the ones in urban areas, was partially confirmed in some countries. In Spain, Taiwan and the UK, suicide peaks during spring increased after the year 2000. A similar increase was observed in other countries, for example the USA, however the study period there was the shortest out of all the countries. Despite the aspect of seasonality of suicide in those countries, there are two important aspects that one should look at. Out of over a million suicides that occurred in 12 countries from different continents, males constituted over 67% of all the victims (Tang et.al, 2020).

All of the above mentioned issues have been described for a very important reason. Only by including all of the described, and other variables, is it possible to design an efficient prevention system. Although I will describe how the data about those issues should be used during the development of preventative policies in the final part of this paper, I will now explain why they are of such a high importance. According to the American Foundation for Suicide Prevention, in 2019 only, men took their own lives over 3,5 time more often than women, globally, although those results based on single countries are much more spread out (AFSP, 2021). What is surprising however is that according to some studies, men are much

less prone to suicide ideation than women, which makes it very difficult to assess whether men are at risk of suicide or not. That means that in order for it to work, a suicide prevention program should target both men and women, however including the knowledge about the differences. The suicide rates for both of the genders are not the only problematic issue. The preferred methods of suicide also differed depending on gender, with men having tendencies to use more violent methods of taking their lives than women, however, as it can be seen in the case of Europe, the most popular method of suicide among both males and females is hanging. In comparison however, the amount of suicides committed through a self-inflicted gun wound is significantly lower than in the United States, mostly due to limited availability of firearms. Both the differences between men and women, and between the preferred suicide methods are really important issues that should be acknowledged while optimizing the preventative measures.

Apparently the seasonality of suicide is the issue that provides the greatest discrepancy in results. Since the suicide seasonality theory of Émile Durkheim, many studies have tried to prove or disprove it. No clear answer has been found, as seasonality might be affected by various factors, such as geographical location, weather, exposure to sun. Without any doubts there seems to be a pattern in self destructing behavior, however the way in which the above mentioned factors may affect individuals with self destructive tendencies. A 2011 compilation of studies titled “Suicide and Seasonality” analyzed the worldwide statistics of suicide seasonality. The authors briefly described the patterns which were observed in different countries, on different continents and different hemispheres. The results were very interesting, as although various patterns have been indeed observed, they differed depending on the location. A surprising example of that could be the exposure to sunlight. Despite sunlight being considered as an antidepressant, the results showed that in certain societies long exposure to sunlight and increased temperature is positively correlated with violent

suicide, especially among men. Certain studies concluded that increased ambient temperatures and other biochemical and chronobiological factors may in fact affect suicide rates. However, like mentioned before, those results vary depending on the country, as, for example, in Brazil temperature seemed not to affect suicide number in any way (Christodoulou, C, et.al, 2011). Also, another problematic issue related to the seasonality of suicide is that all of the above mentioned factors do not only affect people's eagerness to take their own lives, but they could affect the way in which this life is taken. It is certainly clear that there should be more studies conducted on suicide seasonality to fully understand what factors can affect self destructive behaviors in various parts of the world, although the sheer amount of variables will make it very difficult. All this data begs a very important question, if there is any way of incorporating the knowledge on all of these various factors into the process of developing an efficient preventative method. In the next part I will take a deeper look into the problem of depression and abusive alcohol consumption in a more general context, explaining the global data, in order to provide background for the upcoming chapters and comparison of the two chosen countries.

Depression

In the first part of the paper I described that depressive and other mental illnesses can significantly increase the risk of suicide among people suffering from that disorders. In this chapter, however, I will focus on the problem of depression only, without mentioning other

mental issues, as, like mentioned before, depression rates are much easier to compare between the chosen countries. The main goal of this chapter is to provide some background to the problem. The term “depression” has been adapted in everyday language and is used in many situations in one’s daily life in which a person simply feels sad for various reasons. Those reasons may be as negligible as an increase of body weight or bad weather, or as tragic as experiencing a loss of someone loved or close, experiencing a stressful situation, in which one’s life might have been in danger. According to Constance Hammen and Edward Watkins, in their book of the same title, depression is a term commonly used to describe a temporary period of dysphoria, which may last up from a couple of hours to even a couple of days. In this particular situation the term depression is used to name a natural response to stressful events, or even to describe regularly occurring events, such as weather conditions, for example, rain (Hammen & Watkins,2008).

The very term however relates to a much more serious problem, which is a syndrome of experiences which are affecting one’s mood, but also the experiences of psychological, physical and behavioral types, “which define a more long-lasting, harmful and severe state, that could be clinically recognized as a depressive disorder” (Hammer & Watkins, 2008). Constance Hammen distinguishes a number of categories, onto which a depressive disorder may be attached to i.e. affect, cognition, and behavior.

The affective symptoms refer directly to atypical mood swings and negative feelings, such as depression, negative thoughts, indecisiveness, irritability and anhedonia (inability to feel pleasure) (Cheng, et.al, 2018). As Hammen and Watkins also explain, those symptoms may not necessarily occur at the same time, as many people suffering from depression are not feeling sad, although they have lost their interest in the things that were once pleasurable. They specifically explain that depressed people may face considerable difficulty to think

about possible ways out of their situation, or to simply think about things that could, even temporarily, help them out (Hammen & Watkins,2008).

The latter is crucial to understand the cognitive symptoms of depression, which affect the way in which an individual thinks about oneself. People affected by depression usually think of themselves negatively, either considering themselves as incompetent, unworthy of something and full of despair. Hammen and Watkins further explain that it is a very common thing for people suffering from depression to often express "merciless criticism" of their own person, further adding that low self-esteem is one of the most common attributes of depression. One may consider life and future as pointless, and their goal as impossible to achieve. According to Hammen and Watkins, feelings reflecting the inability to achieve one's goals may lead to excessive sadness, which may eventually lead to a suicide attempt. It is interesting however, as according to a study by the researchers of Department of Behavioural Sciences and Learning at the Linköping University, Sweden, people suffering from a major depressive disorder experience a state of *"ambivalence", with negative cognitive, emotional, physical and socioeconomic consequences when they were asked to think about the nearest future.""* (Sarkohi, 2011). Among the researched subjects, this ambivalence decreased when thinking about long term future, although this may be caused by the researched sample. Another cognitive symptom of depression is a dysfunction of mental processes, which might include disturbance of memory, decision making and concentration, which both affect younger and older people suffering from depression, however in case of the latter, this might be wrongly perceived as dementia (Hammen & Watkins, 1997), although some researchers argue that it is not yet confirmed whether it is depression that causes it or vice versa (Korczyn et.al, 2009).

The last category of depression symptoms are the ones of behavioral kind. Those include one's withdrawal from social life and reduction of one's typical activities, from which an example mentioned by Hammen and Watkins in "Depression" is when one spends an entire day in bed, without feeling a need to go out of it. This withdrawal is also connected to a loss of interest in the world around, lack of motivation or, even, a belief that one's company may be saddening to others. Those symptoms also include ones that are more observable, for example, impairment of movement, however sometimes one may observe excessive arousal, however the most common is reduction of energy with over 93% of people suffering from depression experiencing it (Buchwald, Rudick-Davis, 1993). What is one of the characteristics of depression is sleep disturbance, which includes a reduced amount of sleeping, it's excess, but as well, waking up earlier than usual without being able to fall back asleep. According to Buchwald and Rudick-Davis, 98% of patients treated for depression experience at least one of the sleeping related problems. Another behavioral symptom of depression is problems with one's appetite, however it is worth noting that the patterns in this case are almost exactly like in case of sleeping disorders (Hammen & Watkins, 1997).

Like mentioned earlier, the main goal of this chapter was to provide some general information about depression. It is confirmed that depression and other mental disorders, such a schizophrenia, significantly increase the risk of suicide (Baca-Garcia et.al,2005). I believe that in order to develop effective suicide prevention policies and programs it is necessary to understand how each of the chosen problems functions on its own. Depression is a very complex issue to analyze, not only due to multiple factors that have an impact on it, but also due to the fact that it is a very personal issue, which alone makes it very difficult to assess. In the next chapter I will provide a general overview of the issue of alcohol consumption worldwide, also providing background for the upcoming comparative part of the paper.

Alcohol

According to the World Health Organization 3 million deaths every year are alcohol related, constituting over 5% of global burden of disease (measured in DALY's, Disability-adjusted life years), being one of the most common causes of death or disability in early life, reaching over 13% of deaths among people aged 20-39 (WHO, 2022). The global alcohol consumption rate in 2016 was at 6.4 liters of pure alcohol among people over 15 years of age (Ritchie & Roser, 2018), which might not be an alarming number, however when looking at individual countries, one may notice that this rate may have a much higher value, with Russia being a good example – in 2005 the consumption level was at 18,7 liters per capita. Nonetheless it is crucial to remember that this data refers only to people over 15 years of age. In the "Global Status Report: Alcohol and Young People" written for the World Health Organization in 2001, David H. Jernigan notes that there is evidence that young people begin to drink in earlier ages, which is partially caused by new marketing strategies, which specifically target young people. Jernigan provides data on many individual countries – in Poland, for example, 22% of boys aged 15 drank at least weekly, however in the case of Czech Republic, this number was as high as 35,6% (Jernigan, 2001). According to the data, the Eastern-European countries contribute to the majority of alcohol related, age-standardized mortality rates and DALY's (Peacock et.al, 2018). Compared to other areas in the world, Europe leads in average alcohol consumption, where prevalence of alcohol dependence is 843.2 per 100 000 people (Peacock et.al, 2018). The official consumption rates are a problematic issue, as one needs to keep in mind that in many countries production of own alcoholic beverages is at a very high level. One may assume that such phenomenon exists in lower-income countries, which is true, nonetheless unrecorded alcohol consumption is also a

case in several higher-income countries (Shield et.al, 2020). What is interesting with regards to the differences in consumption and production between countries with lower income and higher income is how it relates to the suicide rates. Although not being completely confirmed, there is a relationship between socioeconomic status and suicide levels, with suicide rates usually being higher not only in lower-income countries, but also in lower-income social groups of a high-income countries. (Näher, 2020). What is also interesting is the fact that even if one's socioeconomic status changed for the better, the risk of suicide still exists, especially for male adolescents (Yildiz, 2018).

Various researchers studied the impact that alcohol has on a person. In the context of this thesis, results brought by studies conducted in order to specifically assess the link between depression and alcohol use disorder. A study conducted by Joseph M. Boden and David M. Fergusson suggests that there is in fact a link between alcohol use disorder (AUD) and major depression (MD). According to their analysis the "presence of either disorder doubled the risks of the second disorder" (Boden & Fergusson, 2011). The authors noticed that this link may be caused by various factors. Firstly, AUD and MD can be caused by common genetic and environmental factors that could increase the risk of having both disorders. Secondly, there may be an actual causal relationship between the two disorders in which, AUD would cause MD, or vice versa, MD would cause AUD, however the authors make it clear that further data needs to be analyzed. They discuss three possibilities of the causal relationship between AUD and MD – AUD causes MD, MD causes AUD or each disorder increases the risk of another simultaneously (Boden & Fergusson, 2011), however the exact relationship still remains unknown. A study from 2007 by Deborah S. Hasin et.al on prevalence and comorbidity of alcohol abuse in the United States, which however mostly explained the effects of untreated AUD, shows that alcohol related impaired functioning limiting life chances and increasing the risk of stress, subsequently increased the risk for

other psychiatric disorders (Hasin et.al, 2007). In 2009 he members of the Norwegian University of Science and Technology in Trondheim, conducted a study on alcohol intoxication and mental health among adolescents (13-19 years of age) in Nord-Trøndelag county, Norway. Almost 29% of the participants reported that they experienced more than 10 episodes of intoxication, with this number increasing both among boys and girls with age. Symptoms of anxiety and depression were associated with the amount of reported intoxication episodes, however, only among girls. Such association was not found in boys, nevertheless the authors explain that this divergence in results may be caused by methodology or local variation (Strandheim et.al, 2009). From the studies conducted on the relationship between AUD and MD, and specifically the differences between the genders have been studied by researchers, however their results vary significantly. In 2008 Naomi R. Marmorstein of the Rutgers University in New Jersey, USA, conducted a study titled "Longitudinal Associations Between Alcohol Problems and Depressive Symptoms: Early Adolescence Through Early Adulthood". Among the participants, drawn from National Longitudinal Study of Adolescent Health, higher levels of MD symptoms were associated with the initial higher levels of alcohol problems, however after analyzing the differences between males and females, Marmorstein achieved interesting findings. As the Strandheim study showed the relationship between alcohol intake and depressive symptoms among females, Marmostein's longitudinal study showed that the correlation between those disorders were in fact very high in early adolescence, however it decreased with age (Marmorstein, 2008). The studies show that prepubescent boys are much more likely to be depressed than girls, however between 11 and 13 years of age this trend shifts, with girls being almost twice as likely to experience a depressive episode by the age of 15 (Cyrankowski et.al, 2000). In the context of the correlation between AUD and MD those gender differences remain unclear.

Like mentioned in the very first part of this paper, the problem of suicide includes multiple factors, which can affect individuals. In the context of depression and abusive alcohol consumption the studies show that existence of one of these problems, can increase the risk of developing the other. In the case of prevention policies I do not think that it particularly matters which one comes first. Also both of these issues usually exist separately, knowing the exact causal relationship between them wouldn't be necessary. What matters is that they do increase the risk of suicide individually, and combined they can increase that risk even further. In this case scenario I believe that it would be important to focus on the relationship between both depression and alcohol abuse with suicide. In the next part of this paper I will briefly discuss suicide, depression and alcohol consumption in the context of the two chose countries, Poland and Czech Republic, further explaining the similarities and differences between the two. Furthermore, for each of the individual problems, I will briefly discuss the preventative policies and other methods, aimed at limiting the impact of them.

Chapter Two – Case Study of Poland and Czech Republic

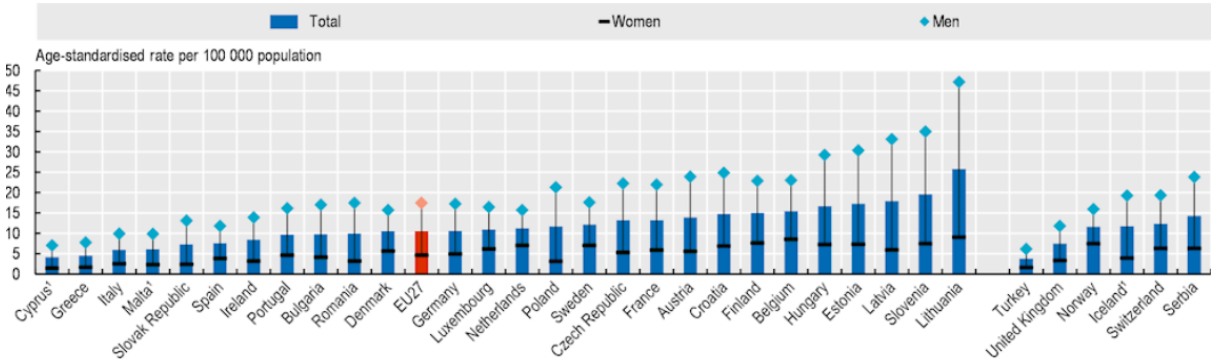
I have decided to compare Poland and Czech Republic for a variety of reasons. One of the most significant ones is the fact that both of those countries have a very long and extensive history of alcohol production and consumption, which is of high importance for the main problem of suicide. Although there are more differences in this context, I will discuss them in the last part of this paper. There is one that needs to be mentioned here – the cultural status of alcohol, especially beer, in Czech Republic is different than in Poland. Nonetheless, this is not reflected in the data, as one may notice that the alcohol consumption levels are

very similar (WHO, 2022). A similar pattern can be observed in the context of depression. The prevalence of depression in both Poland and Czech Republic is very similar to the official data provided by the WHO. Although both are one of the lowest in the European Region, they are a direct reflection of the global statistics. What is very interesting is that despite the fact that women are much more prone to depression, it is crucial to remember that it is males, who statistically commit much more suicides than females, and this is another of the similarities between the countries. What is fascinating however is the issue of suicide, especially when compared to alcohol consumption rates. The data shows that in the last 50 years the suicide rate for both countries differed quite significantly. As much as in Czech Republic the suicide rate seems to be continuously and steadily decreasing, in Poland is has been constantly increasing, while the alcohol consumption in both of the countries increased significantly in the last 80 years. What is critical about this paper is the way in which all three of the factors connect to each other. Depression, alcohol abuse and suicide are severe problems on their own, however the first two can significantly increase the risk of the latter, either separately or combined. The issue of seasonality of suicide in both countries is interesting, with a little more data being present on Poland, however the studies that I will refer to do not prove or disprove anything, mostly because of the limited reach of the study. Despite that it is worth remembering that the researchers suggest conducting more research, as future studies could in fact bring some more data, therefore one should not ignore the importance of suicide seasonality. This part of the paper will focus on the characteristics of suicide, alcohol consumption and depression rates in the case of Poland and Czech Republic individually, with alcohol being presented with more broad historic context, as both countries have a long history of its production and consumption.

The Problem of Suicide in Poland and Czech Republic

Like mentioned in the very beginning of this paper, suicide is one of the greatest problems that humanity needs to face, especially in the 21 century. Poland and Czech Republic are no different in this matter as the statistics of suicide in both of those countries represent rather high numbers. In terms of their suicide rates compared to other European countries, both Poland and Czech Republic are placed right in the middle of the list, however their suicide rates are higher than the European average, as the graph below demonstrates (https://stat.link/9lxke3). In this chapter I will focus on the current situation with regards to the issue of suicide in Poland and Czech Republic and I will also try to describe how those rates changed within the last 70 years. Another important part of this chapter would be the issue of suicide seasonality as there were some studies conducted on this matter in both countries.

Figure 3.22. **Suicide rates, 2017 (or nearest year)**



Note: Differences across countries may reflect, at least in part, differences in recording practices. The EU average is weighted.
1. 3-year average. Data refer to 2016 for France.

According to the data provided the World Health Organization in 2017, as of 2014 the suicide oscillated around 12.5-13 (suicides per 100 000 people, all genders and ages). When divides into two genders one may notice that over 6 times more males committed suicide than females in 2014. Nonetheless, it is crucial to understand that this ratio of males to females

was rather stable throughout the entire period of the study, which included data collected between 1983 and 2014 (WHO, 2017). A 2015 study on suicide collected police report data from the years 2000 through 2013. During that time a number of 63 334 suicides was reported in Poland. The vast majority of the suicides were attempted by the males, as they constituted 84,3% of all the cases. In 2013 itself exactly 7000 suicide attempts among males were reported, with 74,2% (5193) of them being successful (Putowski et.al, 2015). The huge disparity between the numbers of suicide committed by males and females in Poland goes in accordance to global trends. A 2020 study on the epidemiology of suicide in Poland calculated the suicide rate of the general population in 2018 to be as high as 13.6 per 100 000 people (Gawliński et.al, 2020). What is crucial to mention however is the fact that authors of this study, who relied on the data provided by GUS (Statistics Poland), believe that the official data is greatly underrepresented or at least incorrectly categorized.

The case of the Czech Republic seems to be somewhat similar to Poland. According to the World Health Organization between 2008 and 2018 a total number of 16 089 suicides was reported in the Czech Republic. As of 2016 the overall suicide rate in the European Region was as high as 15,4 per 100 000 people, with this rate reaching 13,1 in Czech Republic. In 2018 itself the Czech suicide rate was at 12,7. The data provided by WHO also shows the vast difference between the suicide rate among men and women. As of 2018, a total number of 1352 suicides was reported from which 1102 suicides were committed by males and 250 by females. Adjusted for that, in 2018 the suicide rate among men and women was 21,1 and 4,6 accordingly. Within the entire 10 year time period males constituted to 11 855 suicides, whereas females constituted to 2901 suicides, resulting in a ratio of almost 6 to 1, which is one of the highest in Europe (the total European ratio is 4:1, whereas in Poland it 7:1 and is the highest in Europe, WHO). What one can notice here is that in fact, both the suicide rate in Poland and Czech Republic is rather high, nonetheless they are not the highest

ones in the entire European Region. What is much more alarming however is that the male to female ratios in both countries are so high and it is one of the fundamental issues that should be addressed in preventative policies.

The general data provided by the WHO shows the suicide rate of the general population, however I think it is necessary to address the issue of differences among various age groups in the two countries separately. According to Andrzej Gawliński and his colleagues the suicides that occurred in Poland between 1999 and 2018 were committed mostly among people between 50 and 54 years of age, followed by the ones between 55 and 59 years of age. What is crucial however is the fact that the vast majority of suicide attempts occur among young adults, this is, people between 19 and 24 years of age. Although the study does not divide analyzed age groups into genders, it clearly specifies the percentage of all suicides attempts, and successful, that were committed by each gender. Between 1999 and 2018 150 327 males attempted suicide, from which 79,20% resulted in death. Among females however, only 37 173 suicide attempts, from which 61,92% resulted in death (Gawliński et.al, 2020). This itself is very interesting, however I will discuss that further on in the paper. Nonetheless, one of the reasons for why such a thing is occurring is of a psychological and cultural background. Men value their independence and are more inclined towards making their own independent decisions, also considering reaching out for help as a sign of weakness and as something shameful. Women on the other hand are less hesitant towards asking for help, thus being able to turn it into a protective factor (Murphy, 1998). Nevertheless, the results of this study

Within the WHO's 10 year study period between 2008 and 2018 in Czech Republic the age group most prone to committing suicide was the one from 34 to 65 years of age, with the most noticeable increase occurring among men. What is interesting however is the fact that despite it's rather low rates (compared to the general rate of the entire population),

suicide is the second leading cause of death among people aged 15-24, constituting to 27% of all deaths. I think it is crucial to take a deeper look into the data on suicide rate among adolescents and young adults, and more specifically – the sudden difference in both the male to female ratio and the suicide rate itself, however the data is somewhat limited. As much as this itself is very alarming, a closer look at the differences between genders bring up a tragic result. Among females aged 15 to 19 the rate increased almost threefold compared to the previous group, however the rate for males is exactly 31,5 times higher, increasing from 0,4 to 12,6 per 100 000 people.

Nonetheless, the data collected by the WHO shows clearly that the suicide rate in Czech Republic has been decreasing. In a document on global suicide rates from 1999 it is shown that in 10 years between 1986 and 1996 the suicide rate in Czech Republic declined from 20,9 to 15,4 (although Czechoslovakia existed to 1993, the data by WHO refers specifically to the Czech region, therefore the data is comparable). Among both men and women there was a nearly identical percentage point decrease in suicide rates within that time. Compared to the data from 2018 one may observe some interesting patterns. WHO document presents the data from 1986 and 1993. The most crucial difference is that in both of these, the suicide rate for females between 5 and 14 years of age was 0, whereas it reached 0,6 and 0,9 for males in 1986 and 1993 respectively. Nonetheless, what is reflected in the 2018 data, the same pattern can be observed in terms of people aged 15-24. In both 1986 and 1993 the suicide rate for both genders increases significantly with a main difference occurring among males, among which the rate increased over tenfold. Among males such an increase occurs up to 54 years of age, after which it decreases slightly, however it drastically increases again among males over 75 years of age, significantly exceeding all previous rates. A similar pattern may be noticed among females, however there was no decrease in age group of 54-65, as compared to men. As shown in the WHO's data, similar patterns occurred

in 1996 as well. The number of total suicides committed increased over 18 times, going from 9 total suicides among people aged 5-14 up to 166 among people aged 15-24, with male to female ratio of almost 6:1. This high ratio continues up to 54 years of age and then slowly decreases, however the suicide rate among men is still higher.

Dagmar Dzúrová and her colleagues assess the data on suicide trends in Czech Republic between 1970 and 2002 and tried to find out whether or not there is any kind of pattern in which people tend to commit suicide. As much as the results based on age and gender directly reflect the data provided by WHO, Dzúrová et.al also take different factors into consideration, such as economical and geographical ones. Based on their documents the researchers concluded that standardized suicide rates have a tendency to occur in highly industrial region, which attract employment-seeking local and alien migration. Among unemployed people in working age (15-59 years of age) the risk of suicide is four times higher than among the general population within the same age (Dzúrová et.al, 2006). What is also important about this paper is the fact that the data gathered by Dzúrová and her colleagues implies that there is an actual correlation between alcohol and drug consumption, and suicide within this specific group. Among unemployed Czechs in working age alcohol abuse was reported in 46% and drug abuse was reported in 24% of the cases; whereas among the general population those numbers were 24% and 11% respectively (Dzúrová et.al, 2006). The researchers have also concluded that the suicide rates are not directly affected by the economical factors, rather being affected of the very social structure in specific regions. The regions in which the suicide rates are the highest are also the ones with the highest immigrant populations, which may experience issues such as loneliness, interruption in social and family life and loss of one's identity (Dzúrová et.al, 2006). Within a similar timeframe as in Czech Republic, the suicide rates in Poland also changed quite a lot. The study on suicide in Poland shows a rather alarming trend. During an almost 40 year period, from 1970 to 2009, the

suicide rate in Poland increased by 51,3% (Höfer et.al, 2012). In this case it is necessary to remember that the way suicides were reported in the past might have been completely different, therefore, the data may not be accurate.

Other things that need to be mentioned in the context of suicide in both countries is what can be called "the state of mind" that one is in while attempting to take own life. Although various factors can be included within this rather broad idea, I will limit myself on the two most important factors that this paper is about, namely, alcohol and depression. Although I will describe each one of those factors individually, it is crucial to mention those factors, as factors that can actually lead to suicide.

What was mentioned earlier on in this chapter is the huge disparity between the number of suicides committed by males and by females. The high ratio of men to women is explained by the fact that males express lower help-seeking behavior and consult their mental health much more seldom than females. Hofer et.al also express their concern about the so called "male depression syndrome", which is "characterized by low stress tolerance, low impulse control, and antisocial behavior, and is strongly linked to suicide" (Höfer et.al, 2012) that in Poland may be widely under diagnosed. From all the suicides committed in 2009 itself 90% was hanging, which itself is very alarming and the authors draw some serious conclusions from. The low prevalence of non-hanging suicides in Poland may suggest that the data on those methods ("soft methods") may be highly underrepresented in the official suicide statistics, however this in not the only issue. The is a significantly high mortality rate for undetermined intent and unknown causes, which "point to an even larger potential reservoir for misclassified suicides" (Höfer et.al, 2012) The researchers from the Department of Public Health (Zakład Zdrowia Publicznego) in Warsaw conducted a study in which they analyzed suicide data among children and adolescents between 10 and 19 years of age during 7 year research period from 1999 and 2006. They analyzed the data provided by Statistics

Poland (GUS), which consisted of a total of 2556 deaths. Among the group between 10 and 14 years of age, boys constituted over 79% of suicides, however in the group aged 15 to 19 this number increased to over 86%, which is very alarming (Napieralska et.al, 2010). Also, the authors refer to the existing literature on the prevalence of psychological disorders among suicide attempters within the studied age group, according to which over 90% of adolescent suicide attempters is diagnosed with a psychological disorder (Gmitrowicz, 2005).

An interesting research was conducted by the researchers of Charles University in Prague in which they performed an analysis of the prevalence of parasuicides (*parasuicide* – a non-habitual behavior that one initiates that could lead to self-harm with a non-fatal outcome), completed suicides and psychiatric care that one may receive. The researchers analyzed over 2700 suicides committed in Czech Republic between 1996 and 2000. The main goal of this study was to find explanation for a very interesting phenomenon, which is the way in which suicide rates decreased after the transition from communism, under which Czech Republic had one of the highest suicide mortality rates in Europe. The study showed that out of all people that died of suicide with studied timeframe 23% had a prior history of parasuicide. What is alarming however is the fact that almost 20% of those who had a history of parasuicide never received any form of psychiatric help (Dzúrová et.al, 2008). The study shows that women are over twice as likely to have history of parasuicide, which can be related to the studies and research mentioned earlier in the paper, according to which women are much more vulnerable to mental health issues, however it is crucial to remember that parasuicide cannot be directly caused by mental issues in every case. Nonetheless, the authors cite a study conducted in Switzerland according to which "women seek help, men die". The study shows that both groups usually receive the least amount of psychiatric care, which are the elderly and young men with basic education. The reasons for the elderly suicides can be explained by neurological factors such as disruption of neural pathways etc., the authors

explain that the suicide rates among older people decreases, which can be explained by rising awareness of mental health issues. The situation among young men is more difficult as Dzúrová and her colleagues explain that the evidence shows that there are many reasons why men are much less likely to seek help. Together with the very reluctance to seek help itself, those reasons include emotional inexpressiveness and substance abuse (Dzúrová et.al, 2008).

In a document titled "Drug and Alcohol Review" from 2008, Jonas Landberg provides more specific data on suicide, however in entire state of Czechoslovakia. The overall suicide rates for both men and women decreased within 30 years from 1961 to 1991. What is significant about this paper in Landberg's document is the fact that it also provides the data on alcohol consumption. As one can notice, the suicide rate continuously decreases whereas alcohol consumption increases (Landberg, 2008). Nonetheless, it is important to remember that apparently the general trend is descending, but when inspected closely one can find that sometimes the rate for individual years increases slightly.

The case of Poland is very interesting in this matter as well. In a study conducted in 2020 by Andrzej Gawliński and his colleagues explained that, although in the vast majority of the cases it is extremely difficult to establish the "state of mind" of the victim, from the ones where it was possible, alcohol was the most commonly used substance among the victims. Compared to what was noticed by Landberg in the case of Czech Republic, within the timeframe of the study by Gawliński, the alcohol consumption increased. However, compared to Czech Republic, the suicide rate increased. As much as it is alarming by itself it is crucial to mention is that according to Gawliński et.al, it is very difficult not only to properly assign alcohol consumption to a suicide attempt, but also it is extremely difficult to assess the alcohol consumption on its own. I will discuss this issue in more detail in the next chapter, but what is worth mentioning here is the fact that alcohol consumption may be

significantly understated, which, especially in the context of analyzing causes and prevalence of suicide, becomes a really difficult issue.

Seasonality of Suicide

The issue of suicide seasonality is very interesting, although the are some problems related to that. Firstly, the researchers still could not confirm whether the causal relationship between time of the year and weather, and suicide in fact exists. The studies also did not openly prove nor disprove the theory by Émile Durkheim, that I mentioned in the very first part of this paper. Depending on the country the suicide trends shift from rural to more urban areas and vice versa, not allowing for the researchers to create an actual pattern, that would be easily appliable to the general world population. Despite this however, I believe it is necessary to mention it, because a potential analysis of suicide seasonality, although may not confirm the causal relationship, could still provide valuable data that could be used in designing a proper prevention programs and strategies. The data that I managed to collect on Poland and Czech Republic are, unfortunately, very scarce, nonetheless there were some attempts to find out when people tend to take their own life the most.

In the case of Poland one may find out that the issue of seasonality of suicide occurs only in certain groups. Between 1999 and 2003 the total number of 29 232 suicides was reported by Statistics Poland (GUS). All of these cases were analyzed by the researchers from Poland, in which a certain pattern was distinguished. The studies conducted on global population in specific countries showed that in many cases the seasonal peak of suicide occurred in spring and summer months, which was explained by bio-climatic and

socio-psychiatric factors (Tang et.al, 2020). The analysis of the data from GUS goes in accordance to the result of the study by Yu et.al, and showed that in Poland occurs a similar seasonality, however this can only be applied to specific sub-group of males aged 40-44 (Młodożeniec et.al, 2010). In those groups a steady seasonality of suicide was observed in spring. When the results are sex-adjusted, from all the suicides researched during the study males consisted of over 84%. Among men a strong seasonality is observed in all age groups from 40 years of age and up. No similarities were found in the same groups among females, however there appears to be a seasonal pattern among women aged 20-24 and 70-74. All of these groups, both males and females from specific age groups, have a different seasonality pattern than in the rest of the population. For example, among men aged 15-19, the seasonality is reversed than in previous groups, with the peak occurring in winter, with very little suicides occurring in spring and summer, however according to the authors the results may not be accurate (Młodożeniec et.al, 2010). The reason for that is a relatively low volume of reported suicides, as from almost 30 000 suicides committed between 1999 and 2003 that analysed by GUS, only 1266 occurred among men between 15 and 19 years of age, so no conclusion could have been made. However, according to the study on the epidemiology of suicide among Polish children and adolescents by the researchers from the Department of Public Health, among studied group, the majority of suicides were committed in May, although this refers to the entire group, regardless of gender (Napieralska et.al, 2010).

In the context of seasonality of suicide in Poland, there is one fascinating issue that is worth being discussed is the one related to foehn winds, which have a very specific place in local cultures in the mountain areas. Foehn is a type of "warm, dry wind descending in the lee of a mountain range" (Brinkmann, 1971). One of the types of a foehn that appears in Poland is Halny, which can be observed in the Tatra region in autumn and early summer. Halny is very apparent in the folklore of mountainous regions. According to an old Goral superstition

Halny is caused by dancing devils, appearing after the death of a witch or a warlock, with the wind itself being a sign of upcoming illness and misfortune (Janicka-Krzywda, Ceklarz, 2014).

As the wind blows strong, it is a sign that someone had hanged himself. Around the hanged man, devils are dancing, causing a terrible storm, swirls, whistles, breaking trees, roofs break " (Bartmiński, 2012).

A study conducted in Israel confirmed that certain individuals may experience various detrimental symptoms, which are directly triggered by the wind. Those symptoms include those of purely psychological background – apathy, fatigue, sleeplessness, aggressiveness, discomfort, nervous tension, exhaustion, depression, limited concentration, decrease in reaction speed, limited self-control, nightmares, weakened memory and illogical thinking; of behavioral background – divergence from regular behavior, changes of mood, irritability; and of purely physiological background – headaches, heart issues, difficulties with breathing and physical tiredness (Yackerson et.al, 2012). According to the data from the public prosecutor's office in Zakopane, which was analyzed by Renata Staszel, between 2000 and 2010 a total number of 19 people committed suicide in the Polish part of Tatra mountains. From all the suicides, 16 of them were committed in free air, and 15 of them were committed by males. Most importantly in the context of this paragraph, 15 of them were committed during unfavorable weather conditions (Staszel, 2012). A study titled "Weather and suicides" by the researchers from Krakow tried to find out if there is a direct link between meteorological conditions and occurrence of suicides in Krakow. Between 1991 and 2004 a total number of 1737 suicides by hanging were reported in Krakow. The highest number of suicide, 11%, occurred in May, compared to other months, however the suicides committed during the period between May and July constituted 40% of all suicides reported. The authors do not exclude the possibility that together with other weather conditions, Halny might have been

one of the reasons for the increased number of suicides in the mentioned months during the study period (Trepińska, et.al. 2006). A more longitudinal study was conducted with a goal to specifically research the foehn wind as a seasonal suicide factor in the Tatra region. A count of 210 suicides committed between 1999 and 2014 were analyzed using the data collected from the Police Office of the Tatra County. From all the suicides 14,5% were committed on foehn wind day. As the studies by Yackerson et.al and Staszel explained, some individuals may be severely affected by the wind and other meteorological factors. According to Koszewska et.al, the relative risk of suicide was 4 times higher in summer, 2 times higher in autumn, however, during spring, the relative risk of suicide decreased tenfold depending on the class of Halny. Nonetheless, the overall daily risk of suicide remained on a rather stable level during the whole study period. Furthermore, the authors indicate that different individuals may experience foehn wind differently, as some may experience it before it occurs, others right when it occurs, and others even some time after it occurred, which makes it even more difficult to draw conclusions. The authors conclude that there is no evidence that foehn wind do have an actual impact on the amounts of suicides and further research needs to be conducted (Koszewska et.al, 2019). Nonetheless, I believe that this issue should be researched further, as it could be then used while designing general suicide prevention policies.

The case of Czech Republic however is more complex, due to lack of easily available research on the seasonality of suicide. Despite the fact that all studies mentioned earlier in this paper show little to no actual dependence of suicide to seasons it would be interesting to gather data about this issue from Czech Republic. The only that I have encountered is an article released in 2014 for Astrobiology & Outreach. It analyzed suicide rates in Czech Republic and Slovakia between 1980 and 2012 in order to find out whether heliophysical factors such as solar radiation and geomagnetic activities could have had direct impact on

them. The researchers referred to the official data on suicide rates from National Health Information Center (NHIC) in Slovakia and Czech Statistical Office (CZSO) in Czech Republic, whereas the data on heliophysical activities were obtained from National Aeronautics and Space Administration (NASA). The results of the study showed that there was such a small correlation between suicide rates and heliphysical activities that the researchers concluded that most likely no such correlation exists (Kancírová; Kudela, 2014).

Nonetheless, it would be interesting to analyze more of similar research, especially that the actual correlation between atmospheric conditions and risk of suicide has not been confirmed. Although there is a probability of such a correlation not to exist at all, the amount of data that has been collected in various research studies over the years cannot be used to fully confirm it.

Chapter Three – History and Culture of Alcohol

In this chapter I will briefly explain the history of alcohol in both countries, as in both of them alcohol has a very high social status. The consumption levels are one of the highest in Europe, however the numbers on their own would not represent the entirety of the situation. Alcohol has been produced and consumed in both Poland and Czech Republic for centuries, thus being rooted deeply in the history and identity of those nations. This history is what may cause the problems that both countries are facing nowadays, namely, the increasing alcohol consumption, quite often, its abuse, and a very high level of tolerance of all sorts of behaviors that lead, or are caused by alcohol. In the very last part however I will try to connect the issues related to alcohol consumption to the main issue of this paper – suicide.

Alcohol Consumption in Poland

„Za króla Sasa, jedz, pij i popuszczaj pasa”

“When Saxon king rules you can eat, drink and loosen your belt”

Alcohol is deeply rooted in Polish culture with its history reaching as far back as the early 1000s. Before Enlightenment the most common alcoholic beverage was beer, produced from various grains, from which the most common was barley, with the beverage itself being even mentioned by Gallus Anonymous, one of the first historians to ever describe Polish history (Dobosz, 2017). The popularity of beer on the Polish territory was so vast that within centuries it even became preferred over other drinks such as tea, coffee or milk. There were many varieties of beer, from types that could be easily produced at households and were similar to kvass (drink from fermented bread – still very popular in Eastern Europe), to more advanced types of beer made with hop. During the Middle Ages a typical Polish nobleman would consume up to 3 liters of beer daily, with peasants consuming up to a half of that amount (Wnuk et.al, 2013). Another type of alcohol consumed on Polish land in the Middle ages was mead (a beverage made by fermenting honey), however the ratio of consumption of mead and beer was 1 to 3. According to Wnuk et.al, the least popular drink in that time was wine, which was also produced in Poland, however it was only intended for consumption in courts. Even though import of foreign wine began by the 15th century it remained unpopular due to high cost.

At the turn of the 17th and 18th century beer remained the most popular drink on Polish lands, however one significant change occurred. With the rapid decline of prices of

agricultural products and increased difficulty of export forced the nobility to find a market elsewhere. The easiest way to prevent the grain from spoilage was to produce beer, which since then was consumed in overabundant quantities among both the nobility and peasants, who were often forced into purchasing the maximum possible amount of beer produced in their folwark (latifundia). One of the most significant changes, which occurred by the end of the 16th century was proposition, which is nothing less than the nobility's monopoly on production and sale of alcohol. This phenomenon , which started to more frequently affect the peasantry in the 17th and 18th century, maintained itself on Polish territory up until the 19th century. According to Wnuk et.al it was between the 17th and 19th centuries when drunkenness was a mass phenomenon, even after abolition of serfdom, as peasants would get paid in special vouchers, which allowed one to purchase vodka or beer in local inns. Vodka, which was known as “okowita” (lat. *aqua vitae*), started to gain much growing popularity among all the Polish population, mainly because of its alcohol content oscillating around 80% of pure alcohol, thus being the quickest way in which one could get intoxicated. The problem of drunkenness constantly grew deeper, together with increasing tolerance towards this issue among the population, especially during the rule of the Saxons, to which the popular saying from the very beginning of the chapter refers to. According to Wnuk et.al in the middle 17th century in Poland there was one distillery per 52 villages, and within 150 years i.e. by the end of 18th century this ratio changed to 1 distillery per 6-7 villages (Wnuk et.al, 2013).

In early 19th century the official data from Ministry of Treasury (Ministerium Skarbu) of Congress Poland (Kingdom of Poland, Królestwo Polskie) stated that the estimated consumption per capita was 12 liters of pure alcohol, however according to Wnuk et.al, those estimates did not reflect the reality. According to the researchers, the total amount of pure alcohol consumed per capita in Congress Poland was 9,6 at minimum, however they assume that more complete estimates could elevate this amount to 38 liter per capita, which was

reflected in poor health of the population struggling with drunkenness(Wnuk et.al, 2013) . In Galicia, the Austro-Hungarian part of partitioned Poland, there were 4981 distilleries that altogether produced around 600 000 hectoliters of rectified spirit, which constituted to 50% of overall production of spirit in the entire Austro-Hungarian monarchy (Kołodziej, 2004). In Congress Poland, the problem of drunkenness was so prevalent that imperial decree was necessary to limit the levels of alcohol production, steadily reducing the amounts of alcohol consumed (Wnuk et.al, 2013)

In the first half of the 20th century, as Wnuk et.al shows, the alcohol consumption rapidly decreased, which is explained by World War I, the great economic crisis and obviously, World War II. However from 1947 the amounts of alcohol consumed began to rise again, nevertheless these amounts were significantly lower than in the 19th century. The total amount of consumed alcohol per capita steadily increased throughout the second half of the 20th century reaching over 10 liters in the early 1990s, and around 8 liters by the end of the decade. Mirosław Sęp confirms this data in a careful study in 1984. An overview of literature titled *"Alcohol in Poland in Social, Market and Legislative Context"* prepared by a group of researchers led by Adrzej M. Fal provides a lot of interesting information about the detail of the situation regarding alcohol in Poland in the 1970, but also provides a detailed report on this situation by 2020. According to the authors, around 60% of responders of a survey conducted in 2020 claimed that the most common issue affecting one's everyday life was alcoholism. Throughout the 1970s the longest queues to buy alcohol occurred on payday, which was the day during which over 60% of working citizens got intoxicated according to Public Opinion Research Center (Ośrodek Badania Opinii Publicznej, OBOP) (Fal et.al, 2020). By the end of 1970 it was estimated that around 5 million people could be categorized as intensive drinkers, who following another estimate drank a total number of 240 millions liters of pure alcohol in 1977 itself (which equates to 48 liters per capita)

(Kosiński, 2008). When it comes to the most recent situation the authors of "*Alcohol in Poland in Social, Market and Legislative Context*" overview rely heavily on the official data provided by WHO, however they provide a very interesting distinction based on the categories of alcohol consumed and its implication on public health. According to the "*Global status report on alcohol and health 2018*" by WHO the total amount of alcohol consumed per capita in Poland in 2016 was 11,6 liters, which means that this amount increased by 0,2 liters compared to a similar report conducted in 2010. With the result of 11,6 liters Poland was the 17th country with the highest per capita alcohol intake in the entire European region, which consists of 43 countries. Between 2010 and 2016 the overall structure of alcohol consumption did not change, meaning that beer was the preferred alcoholic drink among the Poles, as it constituted 55-56% of total alcohol consumed. High proof, spirit beverages constituted 36% of total consumption, with wine being the least popular drink at 8-9% of consumption. The report presents three very interesting issues. Firstly, the amount of life-time abstainers decreased by half from 2010, reaching only 13,5% in 2016. Secondly, even though alcohol related mortality decreased (which also includes traffic accidents under influence), the prevalence of alcohol use disorders increased from 8,3 to 12,8% within the same period. Lastly, the amount of people with alcohol dependence has been reduced by 50% and the score of Year of Life Lost (YLL) improved, decreasing from 5 to 4 (Fal et.al, 2020; WHO, 2018). One of the fundamental issues observed by Fal et.al is increased consumption of spirit beverages in small containers, which in Poland function by the name "małpka" ("monkey"). The volume of those little containers varies from 40 to 200 milliliters. In 2018 itself the amounts of spirit beverages in small bottles increased by 10%, or as the authors put in other words, Poles drink over 1 billion of those drinks in a year. According to the report produced by Synergion in April 2019, every day consumers buy over 3 million of those small bottles. What is most important however is the exact time of the day

in which those products get sold the most. According to the researchers the vast majority of them get sold between 6:30 and 8:30 in the morning and after 16:00 (4:00 pm), which means that people usually consume them on their way to or from work (Fal et.al, 2020).

The report prepared by the WHO provides very interesting data, however there is one particular problem related to it – it represents the general data, without dividing the population in age groups. In the study that assessed three surveys conducted in 1984, 1988 and 1992 in Warsaw, obtained data from a large sample of 15 year old adolescents that were questioned about alcohol consumption 30 days prior to the survey. Between 1984 and 1992 the number of responders that stated they had drank beer at least once within those 30 days increased from 14 to 43%. An increase in the number of responders can be observed in the case of recent vodka consumption, as it increased from 8,5 to 17,5%. Even though girls generally drank less than boys, the increase among them was much more significant than among boys (Wolniewicz-Grzelak, 1995). The last thing worth mentioning is the distribution of alcohol consumption throughout the country on which there is no recent data. It would be interesting to compare such data to the results of the WOBASZ (Wieloośrodkowe Ogólnopolskie Badanie Stanu Zdrowia Ludności) study in order to find out whether the voivodeships in which the social support was the lowest and depression rates the highest, would also have the highest alcohol consumption rates. Nonetheless, as of now there is no specific data about such distribution. Another problem is the fact that a lot of alcohol consumption is unreported, as people either smuggle liquor from countries such as Ukraine, or actually produce their own liquor, which means that in either case the total consumption is not represented in the official data.

Alcohol Consumption in Czech Republic

"A Czech never says that he's going out to 'have a few beers,' and he never counts the beers while he's having them. You go out for a beer."

Karel Vrbenský

Just like in Poland, beer is the most popular alcoholic beverage among Czechs, however it is so deeply engraved in Czech culture that it has a much higher status than in Poland, becoming something that one could easily call a "national heritage". Beer has a very long history in Czech Republic, thus its popularity and status is not surprising. According to the authors of the book "Liquid Bread: Beer and Brewing in Cross-Cultural Perspective" the first historical record mentioning beer comes from 859. The beer brewing process in Bohemia was mentioned in the Vyšehrad Chapter (Vyšehradská kapitula) issued by the first king of Bohemia in the late 11th century. During the following centuries beer is mentioned quite frequently, however an important date in beer history is 1356, when the Golden Bull of Charles IV was issued, in which one of the points established that all the citizens of Bohemia were allowed to brew their own beer. In the middle of the 15th century there were around 1000 breweries within the Czech lands. What is interesting however is that before 1517 beer could not be produced or sold in establishments less than a mile from a city, however that was vastly criticized by the Bohemian aristocracy, which also wanted to gain profit from beer production. In 1517 however, the aristocracy was allowed to brew their beer in the cities in exchange for political privileges, causing the overall number of breweries to exceed 3000 in the 16th century. In that time beer was a drink so popular that it was enjoyed at any time of the day, for breakfast, lunch and dinner (Schiefenhövel & Macbeth, 2011). Although there is no official record on alcohol consumption since then, it is reasonable to assume that it did not

differ too much from consumption in Poland at the same time. In 1936 in entire Czechoslovakia the total consumption of alcohol was 3,4 liters per capita with the consumption of beer only reaching almost 65 liters per capita in Czech territories themselves. The total alcohol consumption on Czech lands has increased almost threefold by the 1990s, reaching 9,9 liters of pure alcohol per capita in 1999. Significant increase in beer consumption has also been noticeable, as in the year 2000 it reached almost 160 liters of beer consumed per person (McCajor Hall, 2003).

It is important to remember that those numbers refer only to the population over 15 years of age. The data provided by Timothy McCajor Hall combines the data from official Czechoslovakian and Czech reports, nonetheless the author himself points out one very important problem – the reported alcohol consumption has more than likely been underreported, especially during the Communist regime. The official estimates on total alcohol consumption in 1965 suggest that the level of consumption was at 6.5 liters per person, however according to WHO this number was probably twice as big, reaching a total of 11.94 liters per person (McCajor Hall, 2003). According to the 2012 official WHO report on alcohol consumption in specific countries the recorded per capita consumption was at a stable level of around 15 liters of pure alcohol between 2000 and 2010. The report confirms that beer remains the most popular alcoholic beverage among Czechs, constituting 58% of total consumption, followed by spirits with 26% and wine, which constituted only 15%. The "*Global status report on alcohol and health 2018"* by WHO the total alcohol consumption levels in 2016 was 14.4 liters per capita, however among the drinkers only, this number is as high as 19.1 liters. What was noticed by McCajor Hall and is later confirmed by WHO is the quite large ratio of males to females in terms of alcohol consumption. Among females the consumption barely exceeded 6 liters, however among males the total consumption exceeds 23 liters. As of 2016 the prevalence of heavy episodic drinking exceeded 42% in both sexes.

Despite very high consumption levels, there is one very interesting issue that is worth taking a deeper look at. The prevalence of alcohol use disorders and alcohol dependence is rather low, especially compared to Poland. The prevalence of AUD among Czech males and females was 10,6% and 1,7% accordingly, thus when combined the total number was exactly 6%. In a 2007 article titled "An Alcoholic Nation" Lauren Escher refers to a study according to which over 33% of Czech males and over 14% of females consume 20 grams of pure alcohol daily or up to 75 grams of pure alcohol in a single drinking session in a month. Escher finds that data very alarming, because of the fact that those numbers refer to the population over 18 years of age. In terms of alcohol dependence, those numbers came up to 5% and 0,8% for males and females accordingly, adding up to 2,8% when combined (WHO, 2018). In the 2018 report by WHO the YLL score received by Czech Republic was 3. The 2012 report however also focuses on DALY's and alcohol attributable deaths, according to which 18% and 4% of DALY's are alcohol attributable for men and women accordingly. In the context of alcohol related deaths, those numbers are very similar, although slightly higher among women, as they reached 17% among males and 8% among females.

Conclusions

The most important thing about alcohol in the context of this paper is how it can ignite suicidal thoughts and push people towards self-harm. A study performed in Cork, Ireland, analyzed suicides that occurred there between 2008 and 2012. From 307 reported suicides the toxicology reports confirmed alcohol consumption in 44% of the cases, which mostly applies to younger people. The same study also evaluated over 8000 cases of self harm incidents, from which prior alcohol consumption was detected in 21% of the cases

(Larkin et.al, 2017). Although the results of this study itself cannot represent the general data it certainly shows that alcohol is indeed apparent in cases of suicide and suicide attempts. Another study conducted in Sweden analyzed data on over 2 million native Swedes born between 1950 and 1970, which were observed from the age of 15. Among the subjects without alcohol use disorder (AUD) the lifetime suicide rate was at 0,76% and 0,29% for men and women accordingly. On the other hand however, among people suffering from AUD, the lifetime suicide rate increased significantly, reaching 3,94% and 3,54% accordingly (Edwards et.al, 2020). Despite the study being limited to Sweden only, there is no doubt that alcohol consumption can in fact increase suicide rate, and do it quite significantly. Some other studies confirm that relationship. For example a study which analyzed English-language literature in various online data bases, noticed that acute use of alcohol (AUA) can be associated with increased likelihood of suicide attempt. Considering that, the authors believe that this should be included in the burden of disease estimates, which for now refer to chronic effects caused by increased alcohol consumption. What is also interesting is the way in which the alcohol consumption is distributed among the genders in both Poland and Czech Republic, which can also be included in the considerations in prevention policies, especially considering that men are much more likely to take their own life, as the data suggests.

What may eventually become very difficult while designing and implementing prevention politics is the way in which it is rooted in the history and culture of both of the countries. I think that taking this drinking culture into consideration while developing prevention plans could be very beneficial. Like mentioned before, alcohol is consumed in very high amounts in both Poland and Czech Republic, and usually the drinking initiation occurs very early for a lot of people. What would be also interesting to review is how sobriety could become a source of social stigma, especially considering the way in which alcohol is connected to the culture. Although I was not able to find any particular pieces of research

related to this problem, it would not be wrong to assume that such stigma could indeed have a huge impact on various people. Furthermore, while designing various prevention policies it could be very beneficial to partially focus on the problem of sobriety related stigma.

Chapter Four – Overview of the Problem of Depression

Depression in Poland

According to the official report of the National Health Fund (Narodowy Fundusz Zdrowia), which included data collected by the Institute for Health Metrics and Evaluation (IHME), in 2017 over 1 million people in Poland suffered from depression (NFZ,2020). Based on that data, Poland is the European country with the least prevalence of depression among its citizens with the rate being 2,8 compared to 4,2 in the entire European Union. However, according to the Organisation for Economic Co-operation and Development (OECD), differences in the individual country rates may be affected by various factors such as level of mental health awareness, mental health care accessibility and stigmatization. The higher the awareness the more possible it is for someone to actively reach for help. Despite the rate in Poland being one of the lowest in the European Union, it still shows a tendency to increase, with a 0,36 percentage point difference between results from 1990 to 2010, collected by the IHME. The difference in prevalence of depression between males and females, partially represents the global trends, with the rates being 2,4% and 3,2% accordingly. The National Health Institute also refers to the Disability Adjusted Life Years

(DALY's) marker, which, for depression, constituted to 2,23% of the total DALY's in the European Union and 1,27% of DALY's in Poland itself, again placing it among countries with the lowest rates.

Although the official data on depression confirms that Poland has one of the lowest depression rates in the European Union, there are some issues which might affect the validity of this data. In 2013 researchers performed a study among students from two selected (yet anonymous) schools (one city school and one village school) in Łuków county, obtaining results from a group of 180 students, with an average age of 17,5 years. From the selected sample only 3 students confirmed that they suffered from depression (two girls, one boy), which itself does not raise any questions. It is however another common response that is alarming, as 20 boys and over 40 girls from the sample stated that they did not know whether they suffered from depression or not. Another issue is that only 6,7% of the research sample stated that they are familiar with another person with a depressive disorder (Dudek, 2014). A study conducted by the Multicenter National Population Health Survey program (Wieloośrodkowe Ogólnopolskie Badanie Stanu Zdrowia Ludności, WOBASZ) suggests that there is a strong link between psychosocial factors and depression prevalence. The goal of the study was to assess the levels of low social support and depression rate among the Polish population between 20 and 74 years of age, depending on sex and territorial-voivodship structure. The results show that the low level of social support was reported by 30% of males and 38% of females, from which the vast majority (38% of males and 48% of females) lived in Łódź Voivodeship.. The results on depression showed that there is a pattern which may be adopted, that compares the level of low social support and depression rates. The voivodeships in which the levels of social support were the highest also show a tendency to have a higher depression rate. The Łódź Voivodeship, for example, appears on the second place with the highest depression rates among all the voivodeships with the rates reaching 29% among

males and 40% among females, with only Lublin Voivodeship having a higher rate (36% of males, 54% of females). What is alarming is that from all the people that were questioned during the survey an overall 25% had symptoms of depression based on the Beck Depression Inventory, a 21 question self-report (Piwoński et.al, 2005). The researchers express their concern about both the low social support levels and depression symptoms rate and their correlation with high unemployment rates. In voivodeships in which the depression rate was the highest and the quality of social support the lowest, also resembled a similarity in unemployment rates which oscillated between 25 and 40% (Piwoński et.al, 2005). The authors of the study make it clear that lack of appropriate social support and high unemployment rate make it much more likely for the individuals to develop symptoms of depression.

A study conducted by Andrzej Kiejnia and his colleagues produced some rather interesting results From the 18 assessed common mental disorders (CMD's), depression occurred in a very limited sample of the population, which confirms the data provided by the National Health Fund. Nonetheless, despite the depression rate being very low, the researchers found out that over 13% of the surveyed population suffered from functioning disorders, which rendered it completely incapable of conducting normal day activities and work. Also, over 40% of the participants identified a strong feeling of despondency (inability to cheer up), in over 29% hopelessness was identified and low self-esteem in over 20%. The authors put strong emphasis on the fact that mental health issues are often very subjective, making it incredibly difficult to collect general data, with another problem being what the authors call the "country specific limited willingness to answer items regarding trauma experiences" (Kiejnia et.al, 2015). However, another study conducted by Ewa Karmolińska – Jagodzik in which the prevalence of depression was analyzed among Polish male and female students produced more alarming results. The participants were questioned according to the

Beck Depression Inventory. 23,% of them obtained results that suggest a mild course of depression, however 6,5% of the participants obtained results that suggest moderate and profound courses of depression. Those results also go in accordance to the data provided by the WHO, confirming the global trend in depression rates. Authors of both studies confirm however that another trend prognosed by WHO was confirmed during the data collection – the prevalence of depressive disorders increases every year. Karmolińska – Jagodzik also makes an important remark about the problems with unrecorded depression, as only 50% of the people that display symptoms of a major depressive disorder get diagnosed with depression, however just 25% of the ones that were diagnosed receive proper pharmacological treatment (Karmolińska – Jagodzik, 2019).

Depression in Czech Republic

According to the European Health Interview Survey conducted among the EU member states between 2013 and 2015, which compiled the responses of a total 254 510 EU citizens, the prevalence of depression symptoms in Czech Republic was 2,7% total. When this result is adjusted for gender, one may observe that depression symptoms prevalence for females and males was 3,4% and 2,0% accordingly. The general results of 2,4% makes Czech Republic the country with the smallest depression prevalence in the entire EU, being one of only two countries with a rate under 3%, with the second one being Slovakia. According to the 2018 article assessed by the 1st Faculty of Medicine at the Charles University in Prague, the prevalence of serious depressive symptoms in Czech Republic oscillates around 7%, however the article does not specify what are the differences between genders and age groups. According to Jiří Raboch, head of the Psychiatric Clinic of Charles University there

has been a significant increase in antidepressant drugs use in recent years, reaching 55 daily doses per 1000 people by 2015 (First Faculty of Charles University, 2018). Compared to the data mentioned earlier in a document assessed in 2013 by the researchers from the Center of Recommended Practices for General Practitioners (Centrum doporučených postupů pro praktické lékaře), one may notice a significant difference. The researchers assume that the lifetime prevalence varies significantly from 5% up to 16%, which is explained by the fact that depression often accompanies other chronic diseases, especially of oncological background. What is very interesting however, especially in the context of the results of the European Health Interview Survey, is the differences in prevalence of depression between men and women. Women tend to be twice as vulnerable to depression, however the lifetime prevalence in their case can reach up to 20% (Laňková et.al, 2013). This is very interesting as the data on suicide clearly shows that men are much more prone to taking their own life. Again, although adjusted for genders, the data does not specify the prevalence of depression among different age groups. In her thesis written specifically about the prevalence of depression among adolescents in Czech Republic, Alena Stoklásková, conducted a study among 121 middle school students aged 14 to 18 years of age, among which there were 56 girls and 65 boys, Based on a voluntary survey, almost 5% of the responders thought that they are suffering from depression, which, adjusted for gender, reached 5,36% for girls and 4,62% for boys (Stoklásková, 2019). Nonetheless, the very limited size of the studied sample makes it impossible to assume that a similar prevalence would be noticeable among a larger group, as there are many variables which may have affected the results. Michal Goetz from the Clinic of Child Psychiatry (Dětská psychiatrická klinika) in Prague in his article from 2005 refers to the data on the prevalence of depression among children and adolescents collected in the 1990's. According to that data, depression prevalence among children oscillates between 2 and 4% without any particular difference in the rate among boys and girls. In adolescence

however, one may notice two significant changes – the prevalence of depression among adolescents increased, varying between 4 and 8% and, what is very interesting – the girls in adolescence are twice as more prone to depression than boys (Goetz, 2005). Nonetheless Goetz's article refers to the literature on the problem in a global context.

A more general overview of the situation in Czech Republic is provided in a 1997 study by the researchers of Iowa State University and Czech Agriculture University in which they compared the results obtained among Czech population to the results from the United States. In both countries, the depression rate increases with age. Among Czech males, a gradual increase is noticeable up to the age of 46-55, after which it becomes more steep among men aged 56-65, although it decreases down to a previous level among men over 65. Among women, the general depression rates among all of the age groups are higher, however the rates switch in the later periods of life (Hraba et.al, 1997). Overall according to the study the group that is most prone to depression is the one of 46-65. What the authors mention as one of the probable causes of this result is the retirement age, which back when the study was conducted, was in late 50's, however at this moment the retirement age for men is 63 years and 62 years and 4 months for women. What is also important is that the authors explain their results in terms of Communist past. The period of transformation resulted in an increase of older Czechs reporting poor health and reduced living conditions. Another one of these stressors was economic hardship, however it only affected men , not having any significant impact on women (Hraba et.al, 1997).

Conclusions

Like I mentioned in the first part of this paper, depression is one of the most severe civilizational diseases in the 21st century worldwide, as it affects over 250 million people according to the World Health Organization. This number may be highly underrepresented in the official data, as depression is not the easiest disease to diagnose. One of the reasons for that is the sheer variety of symptoms that a person suffering from may experience. For the same reason people may feel hesitant towards reaching out to specialists for diagnosis, simply because they are not aware of the depression symptoms. It is clear that depression together with other psychological disorders are one of the leading causes of suicide in the entire world. When compared to the statistics on suicide itself one may notice an alarming thing. Suicide is one of the most common causes of death among the adolescents and young adults. The risk of suicide is 20 times higher among people suffering from mental disorders than among the general population (Baca-Garcia et.al,2005), which itself is terrifying, but converged with the data on alcohol gets even worse. The risk of suicide increases 7 fold after consuming alcohol, however after a heavy drinking episode this risk skyrockets, increasing 37 fold than among general population (Boden & Fergusson, 2011). Although the actual causal relationship between alcohol abuse and depression has not yet been established, meaning that it is not clear whether it is depression that causes alcohol use disorder, or vice versa, it is confirmed that one may severely affect another. According to a 2011 study by Boden and Fergusson shows that people affected by AUD are twice as vulnerable to depressive disorders. Furthermore, those people are also more vulnerable to suicide attempts by from 2 to 3 times than the general population. Considering all of that it is clear that all of the three issues that I analyze in this paper are intertwined, thus they all should be taken into consideration working on designing efficient preventative methods.

Chapter Five - Preventive Policies

Preventing Alcohol Abuse in Poland

Like mentioned in the opening chapter, Poland has a very long history of alcohol production and consumption. Because of the continuously increasing alcohol consumption rate among the Polish population since the end of the World War II (Sęp, 1984), the Polish government proposed and applied what still remains the most significant legislative act on alcohol - the 1982 Act on Upbringing in Sobriety and Counteracting Alcoholism (Ustawa o wychowaniu w trzeźwości i przeciwdziałaniu alkoholizmowi) (Sęp, 1984). The document is a fundamental piece of legislation in Poland, as it regulates not only the way in which alcohol is marketed, but also regulates the way in which it is sold statewide. I will briefly discuss those aspects of the act, as it is very interesting how the alcohol sales are regulated by it. Although the act has been novelised various times since its release, the most fundamental rules regarding the ways in which alcohol is distributed, sold and consumed have remained the same. Furthermore, the document addresses the issue of prevention and reduction of alcohol abuse, listing in detail all the various rules of what could be done. Nonetheless, the problem related to this is that the act does not specify how those rules would be applied, however I will come back to this issue in the last chapter.

First of all, the act describes three specific scenarios in which selling alcohol to someone is illegal. Those scenarios are when a person that wants to buy an alcoholic beverage is under 18 years of age, when the way that person acts indicates a state of

intoxication or when a person wants to buy a beverage on credit (Dz. U. 1982 Nr 35 poz. 230). What is most important is that the act allows the seller to verify the age of the buyer in case any doubt is raised. The seller can then ask for a proper identification document, which, if ignored, can lead to high fines for the seller. This theoretically should be a reliable way of preventing alcohol sales to underage buyers, however one can understand how such a preventative measure could be easily ignored, as it depends only on the seller. As a way to prevent that from happening, Article 43 of the act mentions that a person that sells alcohol or facilitates obtainment of alcohol beverage can be subject to a fine. However, the consequences can be more severe, leading even to a complete ban of alcohol sales or imprisonment (Dz. U. 1982 Nr 35 poz. 230). One of the most problematic issues is that a seller needs to make a call and decide whether a person that wants to buy alcohol is intoxicated, denying a sale to that person. The problem here would be to make a precise judgment and decide whether a person should not be exposed to more alcohol, which obviously can be very subjective.

Another important aspect mentioned in the act is the way in which alcohol could be advertised. Some interesting information is included in Article 13, in which it is mandated that every place in which alcohol is available for purchase needs to have visible information about harmful aspects of its consumption. What is more relevant however is what can be found in article 13.1, which clearly states that no alcohol can be advertised except for beer, which can be advertised, nonetheless only when certain requirements are fulfilled. Some of those make it illegal to advertise beer in a way that would encourage adolescents to consume it, or when the advertisement refers to alcohol usage during physical activity or driving, or when advertising refers to alcohol consumption as a way to relax or calm down. The article further refers to specific advertising methods which are legal or not, to specific places where

alcohol products can be sold, but also places where one can consume those beverages. Those sales limitations include schools, workplaces, and any kind of military facilities. This article of the Act also makes it completely illegal to consume alcoholic beverages in public places with exception of specifically indicated places. The article also allows for the local governments to make alcohol consumption legal in certain public places, however only under the condition that this would not negatively affect the policy and create any kind of disturbances or life hazard (Dz. U. 1982 Nr 35 poz. 230, 2022).

The Act also describes the way in which people suffering from alcohol use disorders should be treated. According to Chapter 2 of this Act, people with alcohol dependency would receive free treatment, together with all the family members that might have been negatively affected by such a person. Whether a person is considered as addicted to alcohol depends on the judgment of the local government. The subject of this judgment is required to provide all the required personal information together with specific information on relationships within the family (Dz. U. 1982 Nr 35 poz. 230). As much as it seems to be a good initiative to provide help to the people directly affected by alcohol abuse and their families, the problem is that the act does not specify the manner in which such a person would be taken care of. In the act itself it is said that the entirety of prevention planning and its implementation would be conducted by the National Center for Counteracting Addictions (Krajowego Centrum Przeciwdziałania Uzależnieniom), however the document also does not mention how the prevention plan would be applied (Dz.U. 2022 poz. 1608, 2022).

Although the Act on Upbringing in Sobriety and Counteracting Alcoholism does not really refer to the problem of alcoholism prevention, in 1993 a separate body was created with the main goal being alcoholism prevention and counteracting domestic violence. This body is The State Agency for the Prevention of Alcohol-Related Problems (Państwowa

Agencja Rozwiązywania Problemów Alkoholowych, PARPA) and it has been regulated by the previously mentioned Act since 1996. Article 3.1. states that all the issues related to prevention of alcoholism and any alcohol-related problems will be in the hands of PARPA, which will be directly subordinated to the Minister of Health. According to the informational document from the official PARPA website the main objectives of the Agency are – verification and development of legal acts aimed at alcoholism, involvement in informational and educational activities, commissioning and financing new prevention tasks, and cooperation with international organizations and institutions that also take preventative actions. The document available on PARPA website also offers a list of all programs and projects in which the Agency has been involved since its foundation.

Program II which is described in the PARPA document refers to taking all possible measures to promote early diagnosis of alcohol related problems in patients and to allow for more proper intervention among people with alcohol use disorders. Other projects refer to various different actions which are taken in order to prevent alcoholism, which include educational measures targeting the entire population in order to spread the knowledge about alcoholism and its consequences.

One of the most active programs which were initiated in Poland as a response to alcohol related problems is the 1998 “Orange Line” (“Pomarańczowa Linia”). As the name suggests, this program was created in the form of a telephone line specifically for the parents of the youth that either abuse alcohol or drugs. The main goal of the program is not only to raise awareness of the problem, but also to actually provide help to the one affected by abusive alcohol consumption. The program itself is supported by the Prevention of Alcohol-Related Problems (PARPA), which I mentioned earlier.

The “Orange Line” however, is not the only actively operating program, which targets alcohol related problems. On the main PARPA website one can find information about many various independent programs, which have been launched in recent years. The collection of those programs was made possible by the “*System of Recommendation for Preventive Programs and Mental Health Promotion*” (*“System Rekomendacji Programów Profilaktycznych i Promocji Zdrowia Psychicznego*”,), which was applied by PARPA in order to promote and recommend various preventive programs, also allowing for independent entities to propose their own strategies and ideas. This program was genuinely created as a response to the problem that has been noticed by PARPA. Although Polish schools were required by law to organize special workshops based on the *School Preventive Program* (*“Szkolny Program Profilaktyczny”*), which would target and try to minimize any sort of risky behaviors among the youth (mostly substance abuse). Despite that however, the PARPA authorities found out that the vast majority of schools would usually disregard this requirement, limiting their preventive workshops to one-time events, which would often ridicule the problem instead of approaching it seriously.

One of the greatest problems that needs to be addressed is the way in which all those recommended programs are applied right now, or whether or not they are in any way efficient. The problem is the fact that many of the schools are left alone in terms of applying the required strategies. The official report from 2019 created by the Supreme Audit Office (Najwyższa Izba Kontroli) states that in many municipalities schools do not receive enough support from the local governments in order to successfully apply their programs. From all the municipalities reviewed in the report, only five included preventive program assistance for schools in their official strategies. One of the reasons for that could be the fact that it is not required by law for each municipality to include school prevention support. Another

problem related to that is that many of the schools do not meet the requirement of applying preventive strategies. According to the report, from 234 schools which were taken into consideration in the report, over 50% of them did not meet any of the requirements (Profilaktyka Uzależnień od Alkoholu i Narkotyków, NiK, 2019)

Preventing Depression in Poland.

The Polish government released various national level plans which were specifically aimed at mental health issues, including suicide prevention. In 2016 the Ministry of Health in Poland released a 4 year program with specific goals aimed at depression prevention in Poland for the years 2016 – 2020 (National Mental Health Program)(Ministerstwo Zdrowia, 2019). One of the most important things that one may notice in this document is the fact that it confirms that no preventative measures exist on a national level. Nonetheless, local governments have applied such measures in various forms throughout the years. One of the actions that the document refers to is the *Lesser Poland Depression Prevention Program* (Małopolski Program Profilaktyki Depresji) (https://www.profilaktykawmalopolsce.pl, 2017), which was organized in 2012. The main goal of the program was to spread social awareness of depression in order to allow for the early symptoms to be diagnosed. Other goals of the programs were, for example, providing easier access to psychiatric consultations or psychoeducation for the citizens of Lesser Poland. The reason I have decided to make a digression in this particular program is because since the release of the document of the Ministry of Health, this and of the local governments had been shut down. The *Lesser Poland Depression Prevention Program* was shut down in 2017 and since then it has not been continued nor replaced.

The document of the Ministry of Health offers various interventions, with the main goal being spreading the awareness of depression among the Polish population and facilitating access to necessary care. Based on the data collected mostly by the WHO the Ministry suggested a proper analysis of other states that manage to deal with the problem of depression and lack of awareness with more ease. This analysis would allow for creation of a specifically targeted social action and recommendations, that could serve as beneficiary to entities that would offer to realize this program. Another measure that the Ministry wanted to apply in this four year program was the usage of mass media in order to reach the highest number of people possible. This measure would be applied as a nationwide social campaign, in which many non-governmental organizations would be involved, together with national and private radio stations, science societies and both national and non-national television. Such a campaign would not only target the general population, but it would also include specific parts that would be targeted at specific age or risk groups. For example, as adolescents are one of the groups most prone to depressive disorders the program proposes heightened preventative actions taken by the school personnel, more specifically – the school nurses. They would be trained in behavioral and cognitive therapy and provided with all required tools for early diagnosis. However, the authors of the program understand that certain types of therapies bring different results depending on one's age, as some may indeed be helpful to younger adolescents, while not bringing positive results among older adolescents. Although the documents refer to years 2016 and 2020, there were previous attempts to spread awareness, which were supported by the Ministry of Health. One of the most important social actions organized in the last 2 years is the National Day for Combating Depression

In 2017 the Supreme Audit Office released an opinion on the implementation of the National Mental Health Program between 2011 and 2015. The authors literally call the process of implementation of any program of this sort a fiasco, leaving no doubt about the results. One can also read that the municipalities and local governments did not meet the vast majority of the expectations included in the Mental Health Program. Another relevant thing that is mentioned in the opinion is the fact that up until then, the new instance of the Mental Health Program for 2015-2020 was not prepared on time, with it being prepared more than six month later, although still without a proper implementation plan (Narodowa Izba Kontroli, 2017). Whether the latest iteration of the Mental Health Program brought better results is unknown, because no proper analysis exists right now, nonetheless it is worth taking a look at one of the studies performed by Aleksandra Kielan and her colleagues in 2019 among adolescents aged between 16 and 19 from eight public schools in eight different districts in Poland. The aim of the study was to find out how adolescents perceive suicide prevention in Poland. Although the study was performed on a rather small sample, I still believe it is worth mentioning. The main reason for this belief is that Warsaw, being a capital and the most populous city in the country, so one would assume that the suicide prevention programs should be functioning. Nonetheless, the results of the study are shocking. From all the 1439 respondents, over one third knows that no integrated suicide prevention system exists. The vast majority of the surveyed adolescents believes that it is their family that plays the critical role in preventing self-destructive behaviors. The authors of the study also explain that according to the respondents entities such as the Church, the police, the media and health care institutions should get more involved in the suicide prevention actions. Almost 50% of the respondents also believe that health institution are not at all efficient in preventing suicide, considering as helpful only in case of a suicide already being attempted. This could be explained by the fact that many people are not aware that to schedule an appointment with

a psychiatrist one does not need a referral, allowing them to seek psychiatric expertise immediately after noticing first symptoms (Kielan, et.al, 2019).

Preventing Alcohol Abuse in Czech Republic

In terms of alcohol policies the Czech government set up a Government Council For Drug Policy Coordination in 1993, which is the biggest body responsible for implementing alcohol policies and creating national action plans (WHO, 2008). Since its creation the Council has initiated various reforms which regulate various aspects related to alcohol with the main goal being to reduce harm of alcohol consumption (and other substances). One of the policies of the Council is the one that forbids the sale of alcoholic beverages outside specialized shops. Similarly to Poland, sale of such drinks is prohibited in various situations. Alcohol cannot be sold in schools, hospitals and sporting events. One of the main points Acts that the Council has prepared is the one that refers to advertising alcohol. Advertisements must not promote abusive consumption of alcohol, openly refer to people below the age of 18, connect alcohol consumption with driving and other professional activities, or claim that alcohol can in any way enhance relaxation or problem solving (Rada Pro Reklamu). Nonetheless, the authors of an article in which alcohol policies in Czech Republic and Norway are compared noticed that Czech Republic has never applied a policy that would target alcohol abuse in a serious manner. Authors also indicate that despite the ban of alcohol sale for people under the age of 18, such people have no problems with accessing alcohol, as tolerance for such behaviors is very high, and there are no repercussions for consuming alcohol beverages when underage (Hnilicová et.al, 2017). The situation might have changed

since the release of Hnilicová's article, as according to the 2021 report of The Organisation for Economic Co-operation and Development (OECD) Czech Republic is doing moderately well in terms of implementation of policies addressing harmful alcohol consumption. Some key points mentioned in the report that should be improved include, for example, increasing penalties against drunk drivers, improving pricing policies that would target cheaper beverages (thereby limiting purchases among heavy drinkers), and enhancing training of servers in order for them to be able to identify intoxicated customers and prevent further consumption (OECD, 2021).

In the case of alcohol abuse prevention it is worth mentioning a very interesting campaign, which every year receives more and more attention and support. One of the largest Czech beer producers *Plzeňský Prazdroj* (*Pilsner Urquell*) launched the Respektuj 18 (Respect 18) project. It was created in 2013 with cooperation with the Drug Prevention and Therapy Centre and the city of Pilsen. At the beginning the project only operated in Pilsen, however in 2017 it gained enough attention to be expanded to other cities. Although so far the project has expanded in only a couple of regions, it is constantly becoming more popular, now operating also in Slovakia. Nonetheless Plzeňský Prazdroj intends to spread the Respektuj 18 project to all regions of Czech Republic. The main goals of the project is to lessen the tolerance of Czech society towards alcohol abuse, to increase monitoring the sales of alcoholic beverages and its consumption by minors. Those goals are to be achieved through social events, already having involved over 1,6 million people (respektuj18.cz/o-projektu/). What is interesting about this project is the fact that it does not propose any new ideas, concentrating only on actual respecting of already existing policies and changing the mentality of the Czech Society, which, like mentioned earlier, represents a high tolerance for abusive alcohol consumption.

Preventing Depression in Czech Republic

In the case of preventing depression and other mental health disorders the situation in Czech Republic was somewhat similar to Poland. In 2007 the Czech Psychiatric Society (Česká Psychiatrická Společnost) issued a National Psychiatric Programme (Mental Health Briefing Sheets, ec.europa.eu), which aims predominantly at enhancing the way mental health is addressed based on the requirements and findings of the World Health Organization. Similarly as in the case of Poland, the main goals of NPP were to improve the care received by patients suffering from psychic disorders and to improve their quality of life, to make the availability of such health care easier, and to reduce the risks of disability, harm and suicide which could result from psychic disorders, and improve the mental health care for people in main risk groups, such as the elderly. The NPP also aims at extending support to primary psychiatric care and modernization of hospital wards, as it is described in a short briefing sheet prepared by the WHO in 2007. In Czech Republic the main providers of psychiatric care since the 19th century were mental hospitals. In the early 20th, up to World War II, this remained the same, with only some changes being applied during the communist regime. Those changes included creation of daily clinics and launching programs for patients suffering from specific disorders, such as schizophrenia (Pec, 2017). The NPP also intended to apply improvements to depression and suicide prevention, although when of release of this WHO briefing, such plans were not yet accepted by Czech authorities. The WHO's briefing also mentioned attempts taken in order to minimize stigmatization of mental disorders by The Centre for Mental Health Care Development, however the problem of stigma I will discuss in the final part of this paper.

According to an analytical article by Ondrej Pec, who analyzed the mental health reforms and their development in Czech Republic, one of the most important issues that Pec outlines is that up until 2013 the Czech government had not issued any strategy or policy in order to combat mental health disorders. Both the Czech Psychiatric Society and The Centre for Mental Health Care Development mentioned in the previous paragraph are non-governmental and nonprofit organizations. In 2013 the Strategy for the Reform of Psychiatric Care for which the main goals were to enhance the quality of life of patients, to reduce stigmatization and to increase the efficacy of psychiatric care (Pec, 2019). According to the author those goals would be reached by launching educational programs both for the general public and professionals working in the field. In 2020 the Czech government prepared a plan for the upcoming decade in which it further aims to increase awareness of mental health issues among the Czech population, especially at schools. Another goal is to decrease stigmatization in order to allow for an earlier analysis of a problem, as people are very hesitant towards asking for help. What is interesting is that the document explains that the present system suffered a lot from its fragmentation, thus the plan also aims at unification of this system in order to make it as efficient as possible (mzcr.cz.). Another interesting thing that needs to be mentioned is that in July of 2021 the *Czech Mental Health Institute* (*Národní Ústav Duševního Zdraví, NUDZ*) prepared a project which targets mental health issues in one very specific risk group. The initiative aims at providing help to transgender people with receiving necessary mental health support to minimize the risk of any psychological issues and suicidal behaviors. According to the authors this will also help reduce social stigmatization, traumatic experiences and discrimination, which is extremely important, as the data shows that trangender people are prone to issues such as minority stress and social isolation (ČTK, 2021)

Chapter Six - Chosen Preventive Programs in Europe, Poland and Czech Republic

In the upcoming chapter I will briefly introduce some of the preventive programs, either independent or cooperated with other bodies, that tackle the problem of mental health issues, which were introduced in the European Union as whole, together with those that were introduced in Poland and Czech Republic separately. I have limited myself to focus only on the actions that target mental health issues, mostly due to the fact that they are the most numerous. Furthermore, the vast majority of the actions and programs that are described below, already seem to address issues such as alcoholism and other addictions. I have decided not to divide them into separate categories in order to keep the comparison simple. Considering the fact that those actions and strategies are aimed towards people that might be struggling with mental health disorders and other issues, thus making them members of various risk groups, I thought it would be essential from the perspective of someone that makes research, to examine how easily those programs could be found online. The easier a program is to be found online, the better it is for someone that requires advice or help. In the case of the programs initiated by the European Union

The tables that can be found down below represent the ways in which all of the mentioned actions and programs are financed or how they cooperate with other bodies either on more general European or national levels. I have decided not to separate the tables into financing and cooperation categories, mostly since the information about financing is not fully disclosed. Furthermore, some programs work in a non-profit or independent manner, which could lead to further confusion if they were to be separated in the tables.

The EU:

Euregenas

https://www.euregenas.eu/wp-content/uploads/2014/01/EUREGENAS-General-Guidelines-on-Suicide-Prevention-F.pdf

Euregenas is project which aims at prevention of suicidal thoughts and behaviors in 15 European countries. The project focuses on specific regions of those countries, as through implementation of certain strategies on a regional level could be used as good examples in the entire European Union. The project encourages regional campaigns that have three general goals - suicide prevention, destigmatisation of mental health disorders and promotion of health among the youth. The Euregenas project applies the USI model, which stands for Universal-Selective-Indicated. As the very name suggests, the main areas that the model is focused on are:

- Universal Prevention, which targets the entire population. An example of an action taken in this area could be a widely spread awareness campaign.
- Selective Prevention, which would target more specific groups within the population that are at higher risk. Here an example could be a more focused education program, which would be focused on depression symptoms.
- Indicated Prevention, which intends to provide help to the people that have already tried or try to take their own life, with an example being an improved treatment of suicidal people.

The Euregenas project relies on already existing literature and newly conducted research, which was initiated by the project itself. Within the three main intervention levels, there are many strategies that are being implemented, which do sometimes overlap with each other. For example, while mental health promotion is a strategy that is mostly applied in Universal

and Selective prevention levels, the restriction of lethal methods to take one's own life can be applied in all three intervention levels, including the indicated prevention level. Euregenas also focuses on online help (Dumon, E & Portzky G., 2013). What is very important about the Euregenas project in the context of this paper is that both Poland and Czech Republic are not included in it. Nonetheless, I believe that it is worth mentioning, due to the fact that it seems to be one of the best planned programs introduced in the European Union with a lot of potential to spread to other member states.

European Alliance Against Depression (EAAD)

http://www.eaad.net/about/our-aim

The main goal of EAAD is to improve care and optimise treatment of patients suffering from depressive disorder and to prevent suicidal behavior among them and others. EAAD also promotes mental health and spreads awareness about it, by promoting and supporting various European countries through education on both public and professional levels. EAAD is also responsible for conducting research on its own in order to successfully achieve its goals. EAAD is responsible for for training primary care physicians, organizing mass media campaigns, providing help and support (European Alliance Against Depression, 2022)

Optimizing Suicide Prevention Programs and their Implementation, OSPI-Europe

https://bmcpublichealth.biomedcentral.com/articles/10.1186/1471-2458-9-428

The OSPI-Europe project operated between 2008 and 2013 and was based on the intervention programs applied in the city of Nuremberg, where the Nuremberg Alliance Against Depression project (NAD) was applied. The main idea of the project was to spread awareness of depression, as, according to the hypothesis, it would lead to reduction of number of suicides. Similarly as in the case of EAAD, both OSPI-Europe and NAD constitute 4 main intervention areas:

- Developing a state of the art intervention concept for suicidality prevention based on current evidence based practices and international multilevel interventions.
- Implementation of community based interventions in 4 separate European regions (Germany, Hungary, Ireland and Portugal).
- Evaluation those interventions in a controlled, cross-country design with the inclusion of primary and secondary outcomes (Hegerl, U, 2009)

Mental Health Europe, MHE

https://www.mhe-sme.org/who-we-are-2/#who-we-work-with

Mental Health Europe is an European non-governmental network organization with the main goal of promoting mental health, preventing mental distress, improving care of the ones in need and advocating for social inclusion and protection of rights of people struggling with mental disorders and their families. MHE cooperates with various European institutions and other international bodies. Through communication with mental health service users, professionals, service providers and volunteers the MHE intends to formulate recommendations for policy makers in order for them to create mental health friendly policies. One of the main general goals of the MHE is for the voice of people who have been

affected by mental health issues to be heard across Europe. The main Strategic Priorities of the MHE are:

- Engaging with EU institutions in order to discuss the economic and social cost of mental health issues
- Creation of NGOs network, service providers and trade unions that would influence the policy makers
- Advocating for providing employment opportunities for all the people that might have been affected by mental health disorders, as they are also experiencing unemployment (Who We Are, Mental Health Europe, 2022)

Joint Action Mental Health and Well-being - Depression, Suicide and e-health

https://mentalhealthandwellbeing.eu/the-joint-action/#working-towards-a-european-framework-for-action

The Joint Action was launched in 2013 with the main aim of building a framework for action with regards to mental health at the European level. This would be achieved by examining previous work that has been developed by the European Pact for Mental Health and Well-being. The Joint Action involves over 50 partners from all the EU member states and 11 European organizations. The main goal of the Joint Action is to contribute to the promotion of mental health, prevention of mental health disorders and improvement of care and social inclusion of people suffering from mental health disorders. There are 5 main areas that are addressed by the Joint Action:

- Promotion of mental health at workplaces.

- Promotion of mental health in schools.
- Promotion of actions aimed at depression and suicide and implementation of e-health projects.
- Development of community-based and socially inclusive mental health care for people who are suffering from severe mental health disorders.
- Promotion of integration of mental health in all upcoming policies.

In all of the strategic areas the Joint Action takes on a similar approach in methodology based on situation analysis in the participating countries and development of recommendations for action. Through collaboration with experts and analysis of available research, resources and data from previous European mental health projects the Joint Action aims at development of recommendations for action for the EU and its member states in order to improve the effectiveness and efficiency of mental health policies, while cooperating with various European agencies, World Health Organization and other international bodies (The Joint Action, Mental Health and Wellbeing, 2022)

Poland

Forum Przeciw Depresji (Forum Against Depression)

https://forumprzeciwdepresji.pl/

The Forum Against Depression campaign is a project aimed at spreading awareness about depression, which was launched by a company named Servier Poland. The main goal of the campaign is to educate the general public about the fact that depression is not a temporary state, whereas it is an illness that requires treatment. Another intention is to reduce social stigma, together with reducing the hesitation of people who suffer from depressive

disorders and encourage them to seek help. The campaign operates in cooperation with other Polish non-governmental organizations, including the Polish Psychiatric Society, Polish Suicidology Society and others. Although the campaign mostly operates online, it still provides a lot of information about depression itself, outlines its symptoms and provides all the required information about current depression awareness programs taking place at a given time. Currently, it offers help for refugees fleeing from Ukraine, providing them with hotline phone numbers and recommends other entities that could provide them with help (Forum Przeciw Depresji, 2022).

Fundacja Twarze Depresji (Faces of Depression Foundation)

https://twarzedepresji.pl/

The Faces of Depression Foundation was founded by the initiative of a psychologist and journalist Anna Morawska-Borowiec. The main goal of the foundation is to reduce the social stigma and increase awareness of depressive disorders. It organizes campaigns on February 23rd, which is the Polish Day of Depression, and October 1st, which is the European Day of Depression. Each year the campaign introduces a different topic and cooperates with various experts, celebrities and non-governmental organizations. As of now, the campaign has over 50 ambassadors, amongst which are actors, musicians, writers, journalists and other people that have social impact. Since March 1st 2020 the foundation has launched a special magazine titled “Faces of Depression” with the main goal of spreading

awareness of depressive disorders. Each single release contains an interview with one of the ambassadors and experts. At first the magazine was distributed by volunteers, who have also collected money for charities related to depression treatment. Through such actions the foundation also attempts to inspire pro-social attitudes among the society in order to prevent social exclusion of people suffering from mental health disorders, especially depression. On the main website of the foundation one can find various programs which target specific audiences such as the youth and teenagers, adults, pregnant women, however right now it also offers a special tab with all the necessary information that could be used by Ukrainian refugees. In this tab one can find information about war trauma, how it affects mental health and a special form that one can fill in and receive necessary help. All the information appears in both Ukrainian and Russian languages (Fundacja Twarze Depresji, 2022).

Nastoletni Azyl (Teenage Asylum)

https://nastoletniazyl.pl/zaloga-nastoletniego-azylu/

Teenage Asylum is a social initiative launched by a Polish teenager Angelika Friedrich in 2018. At first the initiative operated as a blog about mental health, mostly depression. The main goal of Teenage Asylum is to simply share the experiences of people affected by mental health disorders in order to inspire and encourage others that might have been silent about it, to step out and share their stories. Despite the name, the initiative is also

available to adults. Since its launch, the Asylum has been engaged in various projects which supported various organizations, conferences and other initiatives, all with the goal of spreading awareness of mental health disorders and encouraging social inclusion of people affected by those disorders (Nastoletni Azyl, 2022)

Fundacja Psycho-Edukacja (Psycho-Education Foundation)

The Psycho-Education Foundation has been launched with the main objective of promoting mental health among Polish schools. The main strategic goals are:

- Creating psychoeducational programs targeted at schools (both students and teachers) and supporting the evaluation of such programs
- Supporting the teachers and providing them with necessary information about how to communicate with students in order to improve their interaction, eventually leading to creation of an environment friendly for both students and teachers.
- Supporting students that find it difficult to participate in modern education, and to provide them with all the necessary psychological and psychiatric support, and providing help to parents of such students.
- Engaging in new research and observation on how the educational system in Poland affects the mental health of the students (Fundacja Psycho-Edukacja, 2022)

Czech Republic

Nevypusť duši (Don’t let your soul go)

https://nevypustdusi.cz/o-nas/

Nevypusť duši is a program that was launched in 2015 by two friends that dreamed of creating a nationwide program with the main goal of spreading awareness of mental health. Based on their observations during studies in the United Kingdom, they have noticed that the issue of mental health is not as discussed as it should be in Czech Republic. Upon reaching out to various Czech organizations they were able to find volunteers willing to help out with launching the campaign. The main goal is spreading awareness of mental health issues among students, teachers and companies. The campaign cooperates with the Government's Council of mental health in order to develop efficient health care reforms based on new research, evidence-based prevention, stigma prevention, training of professionals and reduction of social stigma (O nas, 2021).

National Mental Health Action Plan 2020-2030, NMHAP

https://www.mzcr.cz/wp-content/uploads/2020/01/National-Mental-Health-Action-Plan-2020-2030.pdf

The National Mental Health Action Plan for the years 2020-2030 was launched by the Czech Government in order to change the national strategies towards the problems of mental health issues. The action plan addresses the fact that the social attitude towards mental health disorders has changed throughout the last years. One of the most important issues that the new action plan tries to tackle is not only providing care to the people that already suffer from mental health issues, but also to maintaining the mental health of the entire Czech population. This could only be achieved by addressing the issue of early prevention and

intervention. Moreover, the action plan calls for an improvement of cooperation between ministers, other than the Czech Ministry of Health, without which it would be impossible to achieve any goals set in previous years, but also to achieve any further positive changes. The official document of NMHAP defines various main objectives that are to be achieved within the timeframe of the plan. Those objectives are:

- Transferring patients with more social needs from hospitals back to the society, providing them with all the necessary social help, thus reducing the number of beds at psychiatric care providers.
- Setting up health and social field teams with the main goal of providing improved care and rehabilitation for people suffering from mental health issues that have already been deinstitutionalised.
- Providing deinstitutionalised people with proper housing. This would be achieved either by organizing “Homes with Special Regime” (HSR), providing shelters etc. All of which would be coordinated with the Ministry of Regional Development and the Ministry of Labour and Social Affairs.
- Describing how the competences of various ministries will be divided and how they will cooperate with each other to ensure that the reform will be funded from the social budget in an efficient manner.

The document clearly states that the entire government should be involved in reaching all of the objectives, as the consequences of mental health issues appearing among the Czech population could affect not only the people suffering from them, but also their families, employers and eventually - the entire state itself. According to the official NMHAP document the costs of mental health issues among the population are enormous. The individuals suffering from mental health disorders and their families are affected by the cost of treatment, however the employer of such a person also is affected by various costs. The employers face

a loss of employee productivity, whereas the state is affected by this cost in terms of disability pensions and allowance. The combined cost of mental health disorders in 2010 itself was estimated at over 6 billion euros. One of the most interesting points related to this is how the action plan approaches the current state of psychiatric help, which is based on large-capacity healthcare facilities in which people suffering from mental health issues are hospitalized. Another important point is how the action plan intends to improve mental health care and prevention among the adolescents. One of the most important issues mentioned in the document is the way in which the health care works in the case of adolescents. In the vast majority of the cases the youth suffering from mental health disorders tend to be hospitalized far away from their homes, and quite often their families do not have the opportunity to visit them, which is important not only for the reason of being in touch, but also because it does not allow the entire family to participate in therapy.

Furthermore, the document clearly indicates that community care in Czech Republic is underdeveloped. The prevention and rehabilitation of mental health disorders is not very well developed. Healthcare services for people affected by mental health issues were not coordinated with the general healthcare system within specific regions, thus relying on a limited number of specialists in the field. According to the document, the only way to fully achieve the set goals is to take a multidisciplinary approach in order to increase the number of specialists in the field and to increase the quality of the help they could provide. A multidisciplinary approach would allow for creation of improved educational reforms which could increase the efficiency of prevention measures. Moreover, such an approach could decrease the social stigma among the population, as proper education could spread awareness of mental health disorders and its consequences (National Mental Health Action Plan 2020-2030, 2020).

Association Kolumbus

https://www.spolekkolumbus.cz/en/kolumbus/o-nas

Association Kolumbus is a network of people that have already had professional experience with providing care services for mental health. The association intends to comply on a general basis with the Charter of Fundamental Rights and Freedom for people who have been diagnosed with psychiatric disorders. There are 4 main objectives that the association strives to achieve:

- Improving care in psychiatric hospitals
- Developing improved community care and services for people with psychiatric diagnosis
- Creating and signing of a brand new law on mental health
- Protecting the safekeeping of legal help to people affected by mental disorders, especially in proceedings about detention and eligibility for legal capacity.

The association is engaged in both cooperative efforts to achieve its goals with other organizations in Czech Republic, and its own activities. The latter include:

- Consultancy and protection of human rights of the ones affected by mental health issues
- Organizing lectures and educational activities for staff working in psychiatric hospitals, community institutions and also, the general public.
- Participating in conferences and seminars on psychiatry and mental health care both in Czech Republic and abroad.

- Taking active participation in commenting on new laws and proposing amendments of already existing legal regulations, and preparation of new drafts of laws about mental health.
- Working with media and publishing own articles or interviews about mental health with a main goal of its destigmatisation

The cooperative activities on the other hand include, but are not limited to:

- Cooperation with the Czech Disability Council in order to create new laws with regards to mental health disorders
- Participating in various regional community planning initiatives around the country in cooperation with regional Disability Councils (Kužel O., 2020)

Fokus ČR

https://www.fokus-cr.cz/index.php/en/about-fokus

Fokus ČR is a platform which gathers 10 Fokus NGOs that work in 7 districts within Czech Republic. The first time when all the Fokus associations came together was in the early 1990's as a form of reaction to the state of psychiatric care in the country. The main goal of the general action was to allow people who suffer from mental health disorder to live a normal life, making them fully respected and valuable members of the community and workplace, and to cooperate with various professionals and care providers to provide those

people with all the necessary help. One of the most important slogans of the Fokus associations is “recovery”, under which they spread awareness of the fact that people suffering from mental health disorders have a chance to recover and become capable of living a fully independent life and take advantage of all opportunities, in case when proper health care system will take care of them.

According to the main Fokus ČR website one of the most substantial parts of its activities is to eventually satisfy the needs of people with mental health issues by creating a simple, comprehensive system of community based services. Such services work resources that are directly available in various communities, being based on knowledge of local environments. Furthermore, services provided by the association and organizations that it cooperates with will take into consideration the fact that every individual has own needs which need to be met in order to fully recover. The care system that the Fokus association strives for would be based on a number of basic principles, including:

- Teams that would assess the issue from a multidisciplinary perspective, connecting social and health care
- Availability of the services provided in a 24/7 manner
- Taking advantage of the natural resources which are available in the closest environment of the clients
- Approaching the clients in a non-stigmatised and respectful manner (About Fokus, 2022)

Mental Health Weeks

http://www.tdz.cz/o-tdz/

Mental Health Weeks is an awareness campaign which was launched in the early 1990s, mostly funded by one of the previously mentioned Fokus associations, Fokus Praha,

although other NGOs also provided resources. In 2018 when the Fokus association started to cooperate with Czech National Institute of Mental Health in order to spread awareness of mental health disorders, and ideas and values of Mental Health Weeks. The main aim of the campaign is to spread the awareness of topics related to mental health to the public, share the experience of people affected by mental health disorders and propose possible ways of preventing mental illnesses, and cooperating with organizations that operate in social mental health fields. Mental Health Weeks intend to contribute to improving the perception of people affected by mental health issues and increasing their tolerance in modern society, as such issues are still often marginalized within Czech Society, even being considered as a sort of taboo based on various misconceptions and prejudices (O Týdnech pro duševní zdraví, 2022).

Péče o duševní zdraví (Mental Health Care)

http://www.pdz.cz/o-nas.html

The Mental Health Care was launched in 1995 as a non-governmental, non-profit and politically independent organization with the main goal of providing all the necessary help to the people suffering from various mental disorders including depression and schizophrenia. The main idea spread by the organization is that no one should ever be a subject of social rejection and isolation due to mental health issues. Although it officially operates only in 8 of

the districts within the Czech Republic, there is a possibility of reaching out to individual patients in any place in the country due to availability of mobile groups. The organization was involved in various projects which took place in the regions where it operates, however one of the most important ones took place between 2018 and 2020. Its main goal was to improve the quality of mental health services around the country. With the funding coming from the European Union intended to address practical procedures which would increase the quality of mental health services, by taking into consideration the perspective of the person affected by mental health issues. The entire long-term process was based on monitoring, evaluating and supporting service workers and providers. There are three main goals that the project intended to achieve:

- Implementation of a methodological management system which would meet the ever changing requirements of social and health care for people with long-term and chronic mental illnesses. Establishing a methodological department within the organization would allow for development of improved methodological training and educational curriculum for internal staff.
- Introducing improved quality management system for social services and assessment management system of Mental Health Care. Such a system would define the organizational structure of the entire Mental Health Care and manage the individual activities across the entire organization.
- Introduction of an online driven internal system, that would allow the workers of the organization to share their opinions, ideas, databases and research. This all would allow for increased cost reduction and decrease time consumption, thus being able to create and participate in various activities more efficiently.

Another very important program that the Mental Health Care organization worked on with financial cooperation with the European Union was the Hospitalisation Prevention Program between 2018 and 2020. Its main aim was to reduce the number of forced hospitalisations of people suffering from mental health disorders. This would be achieved by identification of clients that are in higher risk of health deterioration, thus in higher risk of hospitalization, and providing them with more efficient support. Individuals which would be identified as a risk group would become participants in the prevention program under care of social service staff and multidisciplinary teams. Those multidisciplinary teams would be responsible for taking into consideration all social and health aspects of necessary support, interventions, and other aspects of care providing. The organization was to prepare a special program manual which would be revised on the basis of experience gained directly from the field. Furthermore the interventions would take place in collaboration with key partners of the organization, practitioners and emergency services, and community workers in both preparation and execution of potential interventions. According to the organization itself the availability of multidisciplinary teams in Czech Republic is very limited, therefore it strives to use them in order to improve the level of mental health care that's being provided (Péče o duševní zdraví, 2022).

Centrum Pro Rozvoj Péče o Duševní Zdraví (Centre For Mental Health Development)

https://www.cmhcd.cz/centrum/o-nas/

Centre For Mental Health Development is a non-profit organization launched in 1995 based on cooperation with both Czech and foreign experts, however people who themselves

are affected by mental health issues. The main goal of the organization is to establish and implement changes which would lead to a transfer of mental health care to the community, to decrease social stigmatization of the people suffering from mental health issues, and improve professional mental health care services while reducing its cost. Since its launch the organization has been involved in various projects which contributed to mental health care in Czech Republic, although it has also been active abroad. One of the most interesting projects that the organization worked on was the creation of Recovery School in Prague, which offers both education and a distinct platform for various meetings for people with different experiences. Various activities are provided with cooperation with both professionals in the field, and with people affected by mental health issues. The organization constantly develops its educational institute and through it offers a wide range of courses for social and health workers. Those courses are often provided by "peer lecturers", which are teachers who have their own experience with mental health issues. The organization also intends to limit the amounts of hospitalisations and relocations of patients by constructing a new system in which those people would receive proper support in regular life in order to be fully capable members of the community (Centrum pro rozvoj péče o duševní zdraví, z. s., 2022).

Financing and cooperation

In order to demonstrate the way in which various prevention and awareness spreading programs are financed and cooperated I have represented them in a form of tables. Each table represents the region or country where certain programs are active. The horizontal axis in each table represents chosen prevention programs, whereas the vertical axis represents various entities that either cooperate or financially support those programs. Especially in the case of Poland and Czech Republic however, I have decided to duplicate the programs from the horizontal line in order for the reader to know how they cooperate with other programs.

Furthermore I have decided to proceed this way since many of those programs do not directly specify the way in which they are financed, or even whether they are financed at all, which could be difficult to represent in a table form. I believe however, that inclusion of the information about the cooperation between various programs is still a valuable piece of data.

Table 1.

Types of financing of the European prevention programs and organizations

	Euregenas	EAAD	MHE	OSPI - EU	Joint Action
Health Program of the European Union					
European Commission					
Fully independent					
United Nations					
European Parliament					
Council of Europe					
World Health					

Organisation					
International Labour Organisation					

Table 2.

Types of financing of the Polish prevention programs and organizations

	Forum Przeciwko Depresji	**Twarze Depresji**	**Nastoletni Azyl**	**Fundacja Psycho-Edukacja**
Twarze Depresji				
Nastoletni Azyl				
Fundacja Psycho-Edukacja				
Fundacja Edukacji				

Społecznej				

Table 3.

Types of financing of the Czech prevention programs and organizations

	Nevypusť duši	NMHAP	Association Kolumbus	Mental Health Weeks	Fokus ČR	Péče o duševní zdraví	Centrum Pro Rozvoj Péče o Duševní Zdraví
Czech Governmental							

Council for Mental Health							
European Economic Areas							
Mental Disability Advocacy Center							
Global Alliance Mental Illness Advocacy Network							
Fokus ČR							
Mental Health Europe							
Confederation of European Social Firms, Employment Initiatives and Social Co-operatives							
European Network of							

Active Living for Mental Health							
Péče o duševní zdraví							

The tables provide a simplistic overview of how various preventative programs, organizations are funded and how they cooperate with different initiatives and each other as well. The tables include only some of such initiatives, however they still provide a rather valuable insight into the discussion about how such initiatives work. The tables represent some mental health awareness spreading campaigns that operate in the European Union in general, but also other ones that work strictly in Poland and Czech Republic and show which other initiatives cooperate with them and which entities take active part in financing those initiatives.

In the case of the prevention programs and action undertaken in the European Union it is clearly visible that the financing is distributed among various European bodies, such as the European Commission, European Parliament, Council of Europe, and various other entities. From all the initiatives that appear in the table the one that seems to have the greatest amount of support is Mental Health Europe, which is financed and acts in cooperation with the European Commission, Parliament, World Health Organisation and others. Nonetheless, it is essential to mention that the information about financing and cooperation that can be found on the websites of various European projects is not available in all cases.

Similarly, the situation related to programs that would either prevent mental health disorders or intend to reduce the stigma in Poland and Czech Republic is also rather

complicated. The information about how individual programs are financed and what other bodies they cooperate with is very scarce. Especially in the case of Polish programs, it seems as if they were not coordinated at all, functioning purely on their own. Although some of those programs were indeed initiated by individuals as independent projects, within time they engaged with other initiatives. Nonetheless, it seems as if the Polish government was not involved in those initiatives, while its support and both financial and organizational support could be very beneficial, not only to the initiatives themselves but also, and most importantly, to the people that need their help.

Although knowing that the data might not be completely accurate, one may notice that the presented European prevention programs and strategies do not seem to be coordinated by a single European governmental body. I believe that unification and increase of control over various individual programs could be very beneficial for the general population. Considering the amount of people that are affected by depressive disorders in the European Union, creating a single body that would be responsible for supervising the financing, cooperation and implementation of various programs could eventually lead to the reduction of hospitalisations related to mental health issues. Furthermore, being able to limit the amount of hospitalisations due to mental health issues, will also positively affect the number of people who have suicidal tendencies.

This could be one of the results of creating a single governmental body that would encourage cooperation between various mental health prevention programs and projects. One of the main issues often described by many of the introduced programs and organisations is suicide. As the data suggests, mental health disorders may grievously affect one's risk of taking their own life. As discussed previously, the issue of suicide is very severe all around Europe, with Poland and Czech Republic having some very high numbers of suicides on their own. As mentioned before, the biggest problem related to suicide not only in both of the

compared countries but in a more general context, is the fact that the availability of information about it is very limited.

Chapter Seven - Conclusions

When it comes to the issue of suicide, I believe that some steps should be taken in two dimensions. Firstly, both of the countries should engage in creating a country wide institution that would provide all the necessary information about mental health disorders, which would be easily available to the ones that need it. During the collection of the information about various programs and strategies it became very noticeable that it is not easy at all to find all the necessary information, which in the context of mental health issues and suicide is crucial. While searching for the information using the Google web browser I have stumbled upon some difficulties with finding substantial information on how and where to receive support. Considering the difficulties connected to this in the context of this paper, one can only imagine how difficult it can be for people that need support as soon as possible, being oftentimes desperate. I believe that a unified body that would handle the information flow and financing would be very helpful to the ones in need. Such a body could then cooperate with other organizations while conducting research and performing various studies. Data resulting from such research would be then used to develop a single strategy that could reach increased numbers of people that try to find important information online, but that could also reach an increased amount of people, through for example, specifically organized awareness campaigns.

Such campaigns organized by a single organization could spread the information about mental health around schools nationwide with much more ease, than in case of various independent initiatives. Efficient informational campaigns could prove very helpful with combating the problem of social stigma, which is still very apparent not only in Poland and Czech Republic, but the entire world. The data clearly shows that adolescents are the social group that is more likely to be in risk of suicide, however the actual data on mental health issues among them is rather scarce. This certainly is the consequence of social stigma, which could be specifically targeted. Its reduction would take a lot of effort and time, however I think that a properly designed campaign offered in schools could eventually lead to significant progress in mental health problems awareness. At this point the main goal of a potential entity that would tackle those issues would certainly be spreading awareness, as only with proper knowledge of the population would it be possible to address the problem in other ways.

The key point for discussion however is the connection between alcohol abuse and depression. One of the most problematic issues is the fact that a lot of alcohol attributable deaths are difficult to clearly assess as an accident, for example traffic deaths, which could also be a result of one's intention to self-harm. In a 1938 book titled "Man Against Himself" Karl Menninger, refers to alcoholism as a chronic form of suicide. Furthermore, Menninger noticed how seldom do alcoholics seek help voluntarily, as it is mostly the family of a person with alcohol dependence that reaches for it instead. Menninger says that an alcoholic may even consider such help as something disastrous and disappointing, as "*efforts of any person or institution to relieve him of his alcohol habit is as if they would rob him of the only relief he has from unendurable suffering(...)"* (Menninger, 1938). Despite "Man Against Himself" being released over 80 years ago, the ideas of Menninger are still very valid today, nonetheless the health care and alcoholism treatment have been greatly improved within that

time, as well as have the preventative measures. Despite all those changes that have occurred I still find Menninger's book crucial, especially the idea of alcoholism being a form of chronic suicide itself.

Although it is clear that alcoholism and depression, even if not combined may constitute to a significant increase of risk of suicide, researchers and scientists are not sure whether it is depression that may cause alcoholism, or vice versa. In the article that I mentioned in Chapter One Joseph M. Boden and David M. Fergusson explain that there are three possibilities. The first possibility is that alcohol use disorder can cause major depression, according to the second it is major depression which may eventually lead to alcohol use disorder and lastly – both disorders affect one another simultaneously. In their study however, Boden and Fergusson obtained results that favor the first possibility, nevertheless this issue requires further research. The reason why I think such research should be conducted is because it would allow better design and implement preventative measures for both disorders.

I think that future preventative measures that could be applied in order to limit the amounts of deaths due to suicide should take a deeper understanding of the available research, which analyzes the situation with regards to all of the problems described in this paper. Considering all of these issues as more general social problems, could help with creation of more broad and inclusive prevention measures. In the context of today's suicide prevention it would be important to take a look at how most of suicide prevention plans operate. Like mentioned earlier in the paper, there are multiple preventative measures that intent to tackle not only the issue of suicide in general, but also the other problems that were mentioned in the paper, namely abusive alcohol consumption and depressive disorders, which of course is a very positive thing. However, there is a problem related to that, namely, a

complete lack of coordination and transparency which would allow for a quicker and more efficient adaptation of those measures. I believe that a successful suicide policy would be based much broader research, which would include the information on how mental health issues, alcohol abuse and other factors which may have impact on suicide risk, and the available research clearly shows that there is plenty of those factors. One good example of a factor that could be taken into consideration while creating an efficient prevention policy, is seasonality of suicide. Although it is not fully confirmed whether it affects risk of suicide among various groups, I believe that it could be used for prevention purposes nonetheless. A more generally oriented prevention program could analyze the data on how seasonality could affect various age and social groups, different genders and the way in which people take their own life, and use this information to address certain more specific actions that would primarily target one of those groups. As mentioned earlier, creation of a nationwide program that would help out the various independent preventive organizations with financing and extending their reach, as at this moment one may not be able to find all the necessary information with ease.

With regards to the chosen suicide risk factors mentioned in this paper, depressive disorders and abusive alcohol consumption, one can notice that the research and data, which is available mostly refers to each of those issues separately. This on its own is an understandable thing, however I believe that in order to successfully address the problem of suicide, it is absolutely necessary to understand how they affect eachother. Although, as I have mentioned earlier, the fact that depressive disorders might affect people with alcohol abuse disorder, or vice versa, there is no real data on how both of those problems combined can affect people in terms of suicide risk. Similarly, the research on other factors, for example suicide seasonality, also is not abundant. Although there have already been attempts of conducting more globally oriented research, the results have not really proven anything, or

rather, the result has not allowed for distinction of globally occurring patterns. Nonetheless, conducting a country-specific study on that, which would include data on all different factors such as temperature, exposure to sun, atmospheric pressure and so on, could bring very interesting results. If there was a single entity that would intend to spread awareness of mental health disorders and suicide could also be responsible of supporting and collecting research Understanding how certain risk groups could be affected by all the mentioned factors in various regions and times of the years could be a very useful piece of information that could be used in order to create a better preventative measure. The issue of suicide seasonality could also be compared to the way in which people with depressive disorders are affected by weather, and other environmental factors, and the data on how and in which quantities alcohol is consumed in different seasons. Nonetheless, like mentioned earlier, the issue of seasonality is still a topic for an academic debate. What has been confirmed however is how various groups of people, for example, different age groups, national, religious or sexual minorities (Forte, et.al, 2018). The main problem that could occur however is that the amount of possible risk factors is so significant that it would be incredibly difficult to include them in a single prevention policy. Including all of this data could lead to an overgeneralization of such policy, nevertheless I believe that within time this could be reduced to a bare minimum.

Although there were already many attempts at limiting the amount of suicides in both Poland and Czech Republic, suicide still remains one of the greatest social problems, and further effort in order to prevent it is still very much required. I believe that in order to create a truly efficient and successful preventative policy it is absolutely necessary to include all the available research presenting all of the various factors that may have an impact on individuals in both of those countries and in the EU in general, and put them in risk of suicide. Although in this paper I have decided to limit myself only to abusive alcohol consumption and

depressive disorders as the chosen suicide risk factors, as they seem to be the easiest ones to compare between Poland and Czech Republic, one still needs to remember that depression and alcohol abuse are are only two of many factors that could increase the risk of suicide, and these are plenty. As much as both of the countries could engage in the process of applying multiple preventative measures, it would be necessary to create a separate body that would coordinate those measures, based on the research that is already available, and that would perform new research in order to adapt those measures more precisely. In this case the role of the European Union could also be very important, especially in the context of coordination and financing. The EU could act as a body that would tie up, inspire and control individual programs among various member states, also providing financial support, which is absolutely necessary. Considering the severity of the problem of suicide worldwide, I believe that the EU could act as an entity, for example under guidance of the European Commission, that could provide help to it's individual member states, which would allow for significant reduction of suicide in each of those individual countries, which would further reduce it's amounts in the EU in general. Inclusion of the two factors that I focused on in this paper would certainly be a good first step, as the research clearly show that they can significantly increase the risk of suicide among the population. As mentioned before, there were many attempts at reducing the number of suicides, however it seems that any sophisticated suicide prevention programs are still yet to be designed. From the programs that I managed to describe throughout this paper it seems that their main objective is to spread awareness and decrease the social stigma, nevertheless I think that those efforts are not enough. I am aware of the fact that designing a more general prevention program, which would include more of the risk factors, would be incredibly difficult and time, and cost consuming. Therefore, I think that focusing on the ones that are proven to have a significant impact, in this case alcohol abuse and mental health disorders, could be a great starting point, as such prevention

programs would already become much more inclusive. In the future however, with proper research being conducted, such programs could grow and be even more inclusive in the future.

Summary

More than 700,000 people worldwide die of suicide each year, and was one of the leading causes of death for people aged 15–19, ranking fourth in 2019 alone. Moreover, the number of people who only attempt suicide every year is constantly increasing. While the main risk factor associated with suicide is the earlier occurrence of suicide attempts, one cannot forget about other factors that also might have a huge impact on individuals.

The main aim of the thesis "Comparison of suicides trends in Poland and Czech Republic with alcohol abuse and depression as chosen risk factors in the context of preventive policies" is to analyze statistics related to the number of suicides in two chosen countries: Poland and the Czech Republic, however a more general overview of the situation in the European Union as a whole will be provided as well. The analysis will be based on two chosen risk factors - abusive alcohol consumption and the occurrence of depressive disorders. The main objective of the analysis however is to represent whether those risk factors have been taken into account in the context of preventive policies which were introduced by each of the chosen countries, and in the EU in general.

In the first part of this paper I will briefly explain the methodology I have decided to choose while writing it. Furthermore, I will briefly mention the issues related to the variety of risk groups, together with the problem of the seasonality of suicide. Next, I will mainly describe the theoretical issues related to suicide and each of the above-mentioned factors it and represent them in a more global context.

In the next chapter I will begin with the comparison of Poland and Czech Republic, beginning by providing the overall data regarding the number of suicides in each of the two countries. Later I will present the historical outline of alcohol production and history in Poland and Czech Republic separately, because both have a long and interesting history associated with it. Nonetheless, for each case I will also provide a more cultural context, as it could have a significant impact on the designing and implementation process of preventive policies.

In the next chapter I will describe all the various ways in which Poland and Czech Republic deal with the problem of alcohol consumption and production, as well as mental health. I will divide this chapter into separate parts in which each of the above-mentioned risk factors will be analyzed for various policies introduced by each country. In the context of alcohol, I will outline how each country regulates its production and consumption in official national policies, and briefly outline how those policies target the problem of alcohol abuse. Similarly, I will discuss how those countries approach the issue of mental health disorders.

In the next part of the paper I will present some preventive programs that existed or continue to exist in the European Union, Poland and Czech Republic. I will briefly describe the origin of those programs, the way in which they operate and which main groups they try to approach. Furthermore, I will outline the main goals of each of those programs, to provide a coherent overview of their functioning. I will visually represent the way in which each of those chosen preventive programs are financed, however due to the fact that in many cases information about this is not available, I have decided to outline the way in which those programs cooperate with each other.

In the final part of the paper I will go over the main ideas introduced in the previous parts to summarize the main points. Those points will be used to prepare a set of recommendations that could become critical in the process of creation and implementation of future preventive policies and programs, that would take all of the mentioned risk factors into consideration. I will also try to point out how those programs could be coordinated, especially in the context of the European Union.

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