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Editorial

Papers

Book Reviews

Editorial

What are the current challenges that confront social workers in heterogenic societies and how can the evolving theories of social justice and human rights contribute to the development of knowledge for practical application within social work? The realities of migration societies and the accompanying issues of equality, rights, and ethics have recently resulted in an intense level of critical public discourse within journalistic, educational, political and academic circles. Fundamental questions that have arisen from these debates formed the basis of the international ERIS conference on Social Justice and Diversity that took place from the 8th to the 10th October 2018 in the University of Applied Sciences in Dornbirn, Austria.

This issue of the European Research Institute for Social Work (ERIS) journal explores the themes of the conference, presenting papers which focus on issues of diversity and the nature of the social work response. The papers examine issues of aging, gender, class and migration. Each paper involves a different focus, with authors retaining diverse perspectives and conceptual frameworks for their analysis. However, a common theme is the extent to which social work can be an engaged, politicised profession which is active in seeking social justice or if statutory regulation restricts social work's capacity to be a human rights profession.

Andrea Fleckinger's contribution, *Child Protection and Gender-Based Violence: How to Prevent the Risk of Secondary Victimization* takes as its starting point the prevalence of gender-based violence across European countries. 22% of European women have experienced intimate partner violence and the lives of one in five children are affected by the issue. These figures pose a conundrum, as the role of the child protection social worker requires that the needs of the child are maintained as paramount however the dynamics which result in practice can lead to victim-blaming as workers perceive women as inadequate carers and protectors of their children. Fleckinger uses the concepts and theories of secondary victimisation to uncover the unconscious biases and professional conflicts which the work engenders. She explores the deep-seated concept of the 'good mother' and 'good victim' as the common conventions of womanhood into which social workers can fall if daily working practices are conceived narrowly.

Miroslava Tokovska, Michal Kozubik, Peter Jusko's paper *How Can Suicidal Behaviour in the Elderly Be Prevented? A Scoping Review of the Visegrad Group Countries* addresses an under-researched area facing social workers and social care workers working with older people. Scoping the ethical, moral and legal issues impinging upon suicide in older people in Slovakia, Poland, Czech Republic and Hungary the paper provides new information concerning prevalence and some early indications of possible good practice. Dealing with older people facing crises of health, mental health and changing identity requires new knowledge and training. The paper recognizes this and places this in the context of core social work skills of sensitivity and empathy to address "a tragedy affecting families and communities". The paper addresses suicide in the V4 countries specifically although the issues affect social workers in a much wider spread of nations.

Anna Suppa, Isabelle Steiner, Peter Streckeisen's article is titled: *Energy Transition and Environmental Justice: Effects on Vulnerable Groups and Implications for Social Work.* In tackling climate change, Switzerland is

investing in the refurbishment and improved energy efficiency of old housing stock. The paper points out the unintended consequence of this agenda in placing such housing beyond the financial reach of existing, poor tenants. Energy efficient retrofits serve to exacerbate existing multiple oppressions among poor people: poverty, poor health, and stigma. Despite this, poor households have significant practical knowledge and expertise concerning energy-efficient behaviour and planning. This expertise is ignored by the middle-class voices which colonise energy debates. The authors argue that social work action – if the profession accepted a 'green mandate' – could reduce the distance between these groups, help develop improved services and add key expertise to the environmental discourse.

Of all the papers in this issue, it is perhaps Katja Neuhoff who addresses the issue of the extent to which contemporary social workers are instruments of state control most directly. Her paper, *"Participation in Deportations – Red Line for Social Work"? Learning to 'walk the talk' on Social Work as a Human Rights Profession*, sees social work as occupying fractured terrain in relation to government responses to refugees in Europe. Echoing Fleckinger's stance that there is no position of neutrality in relation to activities which serve to oppress minority groups, she sees the process of sensitisation to human rights issues as beginning in social work education. Starting at this stage and informed by the will of existing professionals new entrants to the field can be fitted to challenge the "restrictive administrative action" of daily practice and law.

The value of experts by experience is echoed in Gunther Graßhoff's review of *Participatory Social Work: Research, Practice, Education* (Granosik, Gulczyńska, Kostrzyńska, Littlechild (Eds.), 2019) where the reviewer poses the question "how can coproduced knowledge be disseminated for wider groups" so that so that social work practice and government policy can be informed by people who are currently excluded from the system.

Individually, these articles offer a fresh perspective on topics which are of themselves interesting to contemporary social work. Taken together, they confront academic and professional social workers with themselves: what is the role and function of modern social work and how do we perform that function while remining true to the core values of the profession. By encouraging a reflective and critical approach to existing well-meaning social work interventions contemporary practitioners are invited to explore the dynamics of discrimination, neutrality and compliance in modern societies of migration. In particular social workers operating in the fields of gender, older people and refugee work are presented with challenging questions concerning expertise, education, hidden oppression and client ethics.

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How Can Suicidal Behaviour in the Elderly Be Prevented? A Scoping Review of the Visegrad Group Countries

Miroslava Tokovska, Michal Kozubik, Peter Jusko

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Abstract
OBJECTIVES: The aim was to explore the tools for suicide prevention which are effective and appropriate in the Visegrad Group countries. THEORETICAL BASE: Suicide is a serious public health issue in Central Europe. In this geographical area, suicide prevention in seniors has not yet been given proper research attention. METHODS: A structured literature search was performed to identify the empirical qualitative and quantitative research articles; the search focused on works published between January 2009 and June 2018. This scoping review reports the findings from 19 qualitative and quantitative studies, four reports by the World Health Organisation, four national statistics from the selected countries. OUTCOMES: Four suicide prevention tools were identified: (1) social media; (2) education by care professionals; (3) early intervention and access to services; and (4) reducing stigma related to mental disorders. IMPLICATIONS FOR SOCIAL WORK: The research examined both specific and broader contexts of the national and strategic prevention plans in the Visegrad Group countries and identified major insufficiencies. It is necessary to improve the level of integration of basic social work research and gerontosociology with clinical practice as a prerequisite for improving the prevention of suicide in seniors.

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Keywords:
elderly, suicide, prevention, intervention, Visegrad Group countries

INTRODUCTION

Senior suicides represent a persisting challenge for experts in psychiatry in Central European countries. High rates of senior suicides have been identified, especially in Hungary; in Slovakia the tendency is rising (Rihmer et al., 2013; Brazinova et al., 2017). This study synthesizes and analyses the current rate of suicides and state of prevention strategies in the V4 countries to improve the insufficient state of knowledge in this area. Suicide rates are highest among the elderly, yet research on suicide prevention in old age remains a much-neglected area. Innovative strategies should improve resilience and positive ageing, engage family and community gatekeepers, use telecommunications to reach vulnerable older adults, and evaluate the effects of restrictions on methods of suicide and medical education in the context of elderly suicide. (Lapierre et al., 2011). Based on a global survey conducted by International Association for Suicide Prevention (IASP) and the WHO Department of Mental Health and Substance Abuse in 2013, IASP national representatives from 90 countries (57%) completed the survey questionnaire, collecting information on national strategies and activities in suicide prevention. In nearly two thirds (61%) of the responding countries, suicide was perceived as a significant public health concern. In 31% of the countries a comprehensive national strategy or action plan was adopted by the government. Among the countries that did not have a national strategy, certain suicide prevention activities were carried out in just over half (52%) of the countries; these included training on suicide risk assessment and intervention (38%), training for general practitioners (26%), and suicide prevention training for non-health professionals including first responders, teachers, and journalists (37%) (Arensman, 2017). Senior suicide is one of the less tackled research topics, although medical practice (pathology) is dealing with such cases with increased frequency (Wærn, 2011; Brazinova et al., 2017; Serafini et al., 2018). Each suicide is a tragedy affecting families and communities; the issue is recognised all around the world. (Ferrari et al., 2014; Brazinova et al., 2017; WHO, 2017). The consequences of voluntary human death are fatal and result in long-term grieving among close family members, but they also affect society (Fountoulakis et al., 2012; Dowches, West, 2013; Ferrari et al., 2014; Arensman et al., 2017; Kohls et al., 2017).

"*Suicide is an act of intentional killing*" (WHO, 2017:17); *suicidal behaviour* is defined as deliberate self-harm; the intention may or may not be death, nor does it always lead to death. The term *suicide attempt* is difficult to define due to the ambivalence of the affected person's actual intention and behaviour (WHO, 2017:18). Besides death as a result of self-harm with suicidal intentions, also those suicide attempts with the initial intention to kill oneself when the affected person later changes their mind, but is unable to reverse their actions, can be included among the data on suicide deaths. The available statistics pertaining to the selected countries provide information on cases in which death-related intentions were impossible to identify (NHIC, 2017; Statistical Information Centre, 2016; Hungarian Central Statistical Office, 2016; Czech Statistical Office, 2017).

In such cases, it is difficult to distinguish self-harm from true suicidal intentions. Suicidal behaviour includes multiple behavioural aspects such as thinking about suicide, planning suicide, suicide attempts, and eventually, suicide per se (WHO, 2017). As many as 77% of suicides are predetermined by a psychiatric diagnosis or mental disorder. Both males and females react in this way to severe stress and adaptation disorders (NHIC, 2017). The common factor in these difficulties is depression: depressive disorder in combination with alcohol and other substance use (Wærn, 2011; Fountoulakis et al., 2012; Kotradyova, 2016; Sekhri, Sekhri, 2017; Serafini et al., 2018). Other risk factors include abusing alcohol and/or analgesics, personality disorders,

schizophrenia and other mental disorders. Dementia is also starting to occur as a factor among senior suicides; four out of 100 cases were dementia-related, and seven were related to another form of organic personality disorder (Erlangsen, 2011; Wærn, 2011).

Our aim was to focus on the target group of seniors and suicide prevention among them. Researchers studying this target group do not agree on the specifications of the terms "elderly" and "senior". The elderly age is defined as 50+, 60+, or even 65+ (Wærn, 2011; Wu et al., 2014). Due to these disparities as well as the dynamically developing state of the senior population, the available statistics pertaining to the individual countries have been accepted. The number of seniors is gradually rising and both female and male average life expectancies are increasing, affecting the social and health policies in all countries, and also in turn affecting suicide prevention. In its report, the WHO (2014) points out that suicide prevention in individual countries is insufficient.

To analyse the research problem, the Visegrad Group (V4: Slovakia, Poland, Czech Republic, Hungary) countries have been selected. These countries share Christian traditions and pertain to a single civilisation founded on shared cultural and intellectual values. The V4 cooperates on political and economic levels, all of them have successfully joined the European Union and work towards developing democracy, science, education and culture. The V4 countries are comparable in terms of the analysis and serve as a suitable starting point.

In these countries there is a lack of any summary of senior suicide and effective prevention programmes. Due to the severity of the suicide rate in the selected group of clients (National Centre of Health Information, 2013–2017; Czech Statistical Office, 2017; Hungarian Central Statistical Office, 2016; Statistical Information Centre, 2016), the authors have decided to analyse the relevant documents and synthesize the findings into prevention proposals. The available information is not sufficient to answer the question of how suicidal behaviour in elderly persons can be prevented. This research aims to provide a summary of facts and knowledge, start a discussion, and provide practical recommendations.

METHODS

Search methods

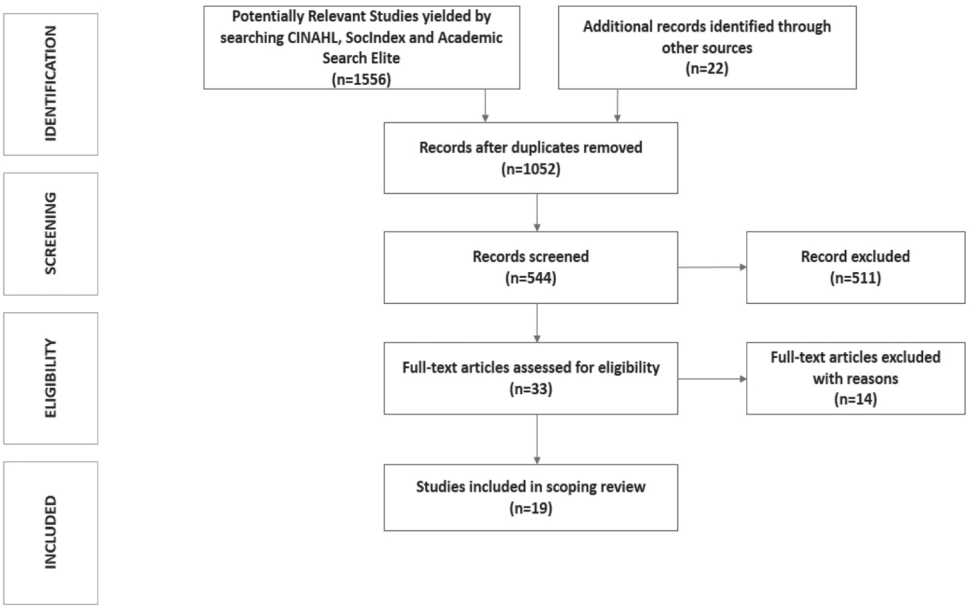
The scoping study approach is a type of review which helps quickly identify gaps in the existing literature and points out areas requiring further attention (Arksey, O'Malley, 2005; Levac et al., 2010). A web-based literature search was performed to obtain original qualitative research articles addressing suicide in Central Europe, specifically in *the Visegrad group* (Hungary, Poland, Slovakia and Czech Republic). Using three databases, SocIndex with Full Text, Cinahl and Cinahl with Full Text and Academic Search Elite, search terms including "elderly, aged, older, elder, geriatric, elderly people, old people, and senior" and "suicide, self-harm, self-injury, prevention, intervention, treatment, and program", and "Eastern Europe, Central Europe, post-communist, post-soviet, and post-socialist", and "Czech Republic, Slovakia, Czechoslovakia, Poland, Hungary", "qualitative research, qualitative studies, and quantitative research" were entered in all possible combinations. Further articles were found by manually searching the references in the resulting 33 publications. The following inclusion and exclusion criteria were applied. Inclusion criteria:

1) The study was conducted using samples from Central Europe, specifically the Visegrad Group countries: Hungary, Poland, Slovakia and Czech Republic.
2) The study used qualitative or quantitative methodology.
3) The article was published in a peer-reviewed journal during the period from January 2009 to June 2018. Available national statistics pertaining to each of the selected countries were also used.
4) The articles were published in English and in Polish, Czech and Slovak. The authors can speak these languages.

Search outcome

The aforementioned searches returned 1,578 articles on the topics of suicide, the elderly, and prevention in total. Based on the fourth criterion *"The Visegrad Group* countries*"*, 1,545 articles were excluded due to duplication or failure to match one or more inclusion criteria. The 33 remaining articles were read in full by all of the authors, and based on their consensus, 19 were considered as successfully meeting all inclusion criteria. Books, chapters, posters, doctoral theses and all articles focusing on target groups younger than 60 years (children, adolescent, girls, young, high school students, school-aged children and specific disease: ADHD, unipolar and bipolar disorders) were excluded from the review.

Figure 1: Systematic review process



Source: Arksey and O'Malley, 2005

In the course of the literature search, it became evident that the number of relevant articles was limited, and that they were too diverse in terms of their focus and research methods to allow for a feasible formal systematic review. Hence a scoping review (a summary of research findings in the existing literature to identify research gaps) was performed to identify the desirable direction for further research.

Table 1: Summary of the study

Focus on countries	Articles	Total
Slovakia	BRAZINOVA, A., MORAVANSKY, N., GULIS, G. et al. 2017. Suicide Rate Trends in the Slovak Republic in 1993–2015. *International Journal of Social Psychiatry,* 63(2), 161–168.	3
	SMATANA, M., PAZITNY, P., KANDILAKI, D. 2016. *Slovakia: Health System Review. Health Systems in Transition,* 18(6), 1–210.	
	KOTRADYOVA, K. 2016. The Psychosocial Aspects of the Genesis of Depression in Old Age and the Possibilities of Using Group Psychotherapy. *Kontakt,* 18(3), 194–202.	

Czech Republic	MACHOVA, V., PRUCHOVA, D., VELEMINSKY, M. 2010. Sebevraždy seniorů. Některé vnější vlivy a způsoby provedení sebevražd u seniorů. Časopis *Zdravotne sociálnej fakulty,* 4(2), 154–161.	2
	WINKLER, P. 2017. Sebevražednost Čechů je nad světovým průměrem, strategie prevencie ale chybí. *Zdravotnícke noviny,* 66(38), 1–2.	
Hungary	ALMASI, K., BELSO, N., KAPUR, N. et al. 2009. Risk Factors for Suicide in Hungary: a Case-Control Study. *BMC Psychiatry,* 9(45).	3
	BALAZS, J. 2013. Suicide Prevention and Media in Hungary. *European Psychiatry,* 28(1).	
	RIHMER, Z., GONDA, X., KAPITANY, B. 2013. Suicide in Hungary – Epidemiological and Clinical Perspectives. *Ann Gen Psychiatry,* 12(21).	
Poland	MAKARA-STUDZINSKA, M., MADEJ, A. 2015. Samobójstwa wśród osób starszych. *Journal of Psychiatry and Clinical Psychology,* 15(4), 189–194.	2
	KOWESZKO, T., GIERUS, J., MOSIOŁEK, A. 2016. Differences in Assessment of Suicidal Tendencies in Men and Women: A Pilot Study. *Archives of Psychiatric Nursing,* 30, 77–78.	
Europe (including selected countries)	ARENSMAN, E. 2017. Suicide Prevention in an International Context. Progress and Challenges. *Crisis,* 38, 1–6.	9
	CONWELL, Y., THOMPSON, C. 2008. Suicidal Behavior in Elders. *Psychiatric Clinics of North America,* 31(2), 333–356.	
	COPPENS, E., VAN AUDENHOVE, C., SCHEERDER, G. et al. 2013. Public Attitudes Toward Depression and Help-Seeking in four European Countries Baseline Survey Prior to the OSPI-Europe Intervention. *Journal of Affective Disorders,* 150(2), 320–329.	
	DOWCHES, J. E., WEST, D. J. 2013. Factors Influencing the Increase in Incidence of Suicide and Substance Abuse in Central Eastern Europe. *Journal of Nursing, Social Studies, Public Health and Rehabilitation,* (1–2), 7–20.	
	FERRARI, A. J., NORMAN, R. E., FREEDMAN, G. et al. 2014. The Burden Attributable to Mental and Substance Use Disorders as Risk Factors for Suicide: Findings from the Global Burden of Disease Study 2010. *PLoS ONE,* 9(4), e91936.	
	KOHLS, E., COPPENS, E., HUG, J. et al. 2017. Public Attitudes Toward Depression and Help-Seeking: Impact of the OSPI Europe Depression Awareness Campaign in four European Regions. *Journal of Affective Disorders,* 217, 252–259.	
	MISCHARA, B. L., WEISSTUB, D. N. 2016. The Legal Status of Suicide: A Global Review. *International Journal of Law and Psychiatry,* 44, 54–74.	
	WU, J., VÄRNIK, A., TOODING, L. M. 2014. Suicide Among Older People in Relation to Their Subjective and Objective Well-Being in Different European Regions. *European Journal of Ageing,* 11(2), 131–140.	
	ZALSMAN, G., HAWTON, K., WASSERMAN, D. et al. 2016. Suicide Prevention Strategies Revisited: 10-Year Systematic Review. *Lancet Psychiatry,* 3(7), 646–659.	
	Total	**19**
International reports (including the selected countries)	WORLD HEALTH ORGANISATION. 2011. *Suicide Rates per 100 000 by Country, Year and Sex.* Geneva, Switzerland: WHO.	4
	WORLD HEALTH ORGANISATION. 2013. *Health 2020: A European Policy Framework Supporting Action Across Government and Society for Health and Well-Being*. Geneva, Switzerland: WHO.	
	WORLD HEALTH ORGANISATION. 2014. *Preventing Suicide. A Global Imperative*. Geneva, Switzerland: WHO.	
	WORLD HEALTH ORGANISATION. 2017. *Suicide Rates, Age-Standardized. Data by Country.* Geneva, Switzerland: WHO.	

National Statistics of the selected countries	NATIONAL HEALTH INFORMATION CENTRE. 2017. *Samovrazdy a samovrazedne pokusy v SR 2013, 2014, 2015, 2016, 2017.* Bratislava: NHIC.	4
	CZECH STATISTICAL OFFICE. 2017. *Zomrelí podla zoznamu príčin, pohlavia a veku v ČR, podla krajov a okresov v rokoch 2007–2016.* Praha: CSU.	
	HUNGARIAN CENTRAL STATISTICAL OFFICE. 2016. *Statistical Yearbook of Budapest 2015.* Budapest: KSH.	
	STATISTICAL INFORMATION CENTRE. 2016. *Statistics Poland.* Warszawa: GUS.	

RESULTS

Current situation in Slovakia

The senior suicide indicator in the Slovak Republic (the number of suicides per 100,000 citizens within the selected group) is 15.8 for persons older than 60 and 13.8 for persons older than 70; the average suicide indicator in the overall population is 16.8. Since 2012 the number of suicides and suicide attempts has increased. The senior population amounts to 30% of the suicide rate development in the country. In terms of the age structure, the cohort of seniors aged 60 to 69 prevails over seniors older than 70. In terms of gender structure, the suicide rate among males is several times higher than that for females; however, this is also typical in younger age groups (Smatana et al., 2016). An interesting difference was identified in the Slovak senior population: female suicides outweigh male ones. For instance, in 2017 there were 33 senior suicide attempts among men and 49 among women. The most frequently identified motives include internal and personal conflicts, family issues, somatic diseases and bodily damage. Brazinova et al. (2017) and Fountoulakis et al. (2014) also state unemployment in old age and its relation to the prevalence of anxiety and depressive disorders. Senior suicide prevention in Slovakia is insufficient. A nationwide action programme aimed at suicide prevention among this specific socio-demographic group is lacking. Activities performed in terms of psychiatric care could be categorised as secondary prevention. Most seniors who commit suicide or attempt it have never visited a psychiatrist, which emphasizes the importance of coordinated multidisciplinary cooperation between the medical professionals and experts in the areas of social work, psychology, the police and the law.

Current situation in the Czech Republic

Since the 1970s the number of persons deciding to end their lives by suicide has been generally decreasing despite certain local deviations and a short-term increase in the Czech Republic (Czech Statistical Office, 2017). As an example of the decreasing senior suicide tendency in the 60+ age group, the information pertaining to the period of 2013–2016 will be presented. Data from 2009 (WHO, 2011) show that the average suicide indicators (the number of suicides per 100,000 citizens pertaining to the selected group) stood at 22.7 and 4.3 among males and females respectively. As for 2015, the World Health Organization identified significantly lower average indicators in the Czech Republic; 17.7 and 3.9 in males and females respectively. The assumed reasons for suicide among seniors here include mainly social and health issues; primarily worsened social-economic situations related to court orders for property seizure, low pension rates and comparably high costs of living and treatment of somatic and mental diseases play an important role. Social isolation, loneliness, lower quality of life due to the death of the spouse, abuse or neglect by relatives represent further assumed suicide motives (Machova et al., 2010). Prevention of suicidal behaviour and suicides is not systematic; a national suicide prevention strategy is lacking, and no form of comprehensive prevention approach is available. Prevention is available through individual health care and social projects, albeit indirectly. It includes healthy lifestyle activities and primary prevention among the citizens. Winkler (2017) states that coordinated and targeted prevention focused on limiting the means of committing suicide is needed along with

early depression treatment, provision of subsequent care, and an appropriate media-based way to tackle the issue of suicides; all these aspects are considered priorities in the Czech Republic.

An overview of the current situation in Poland

The senior suicide indicator in Poland (the number of suicides per 100,000 citizens within the selected group) is 19.0 for persons older than 65 and 18.8 for persons older than 75; the average suicide indicator in the overall population is 15.6. According to the long-term statistical indicators, the senior suicide rate in Poland is increasing. For instance, between 2012–2014 the number of suicides among seniors in all age groups increased. A pilot study performed in Poland (Koweszko et al., 2016) showed that the findings may provide a clue to suicide prevention in mental health nursing practice. The risk factors in senior suicides included the presence of mental disorders and diseases (e.g. depression), alcoholism, long-term suffering from somatic disease, sudden loss of social or family status, financial deterioration, social isolation, or loss of life spouse (Makara, Studzinska, 2015). Suicides and suicide attempts in seniors are related to somatic, mental and social issues; in Poland these include mainly loneliness, death of close persons, loss of professional or social status, absence of life goals, and violence against seniors. Senior suicide prevention is based on providing overall support related for instance to learning to use information and communication technologies, dealing with moral dilemmas, material deprivation, and day-to-day activities. Seniors need to be prepared for the life changes related to ageing.

An overview of the situation in Hungary

For 2014, the World Health Organization states that the average suicide indicator in Hungary stood at 19.1, although in 2009 Hungary was among the Central and Eastern European countries with the highest number of suicides per 100,000 citizens in the selected group: males 40.0 and females 10.1. By 2015 the suicide indicator had fallen to 25.8 (males) and 6.9 (females). The risk factors leading to senior suicides included social isolation, life events, severe mental diseases, personality disorders, history of self-harm, alcohol and drug abuse. However, the experience with social and economic development since 1990 (long-term unemployment before retiring and socio-economic deterioration) also played a role. (Almasi, Belso, 2009)

In Hungary there is no centralised governmental suicide prevention programme (Rihmer et al., 2013). The decreasing suicide rate in recent decades probably results from advancement in health and social care in Hungary; however, prevention is still necessary. In the last 20 to 25 years the role of psychiatric disorders (mainly depression) in the prevention of suicide and suicide attempts is paid increasing attention in the medical training of psychiatrists and general practitioners. Regular training is organised by four medical universities (Budapest, Pecs, Szeged, Debrecen), the Hungarian Psychiatric Association, the Association of Hungarian Neuropsychopharmacologists and pharmaceutical companies. Although Hungary has observed the biggest decline in suicide deaths over the last 25 years in the world (45%), the suicide rate remains very high (19.1 per 100,000 people in 2014).

For the review, see Table 2. The data pertaining to the Slovak Republic are available only for two age groups.

Table 2: National statistics on suicide in selected countries

Countries	Age	2012	2013	2014	2015	2016
Slovakia	60 – 69	70	97	82	93	86
	70+	47	76	70	72	75
	Aged + not identified					
Czech Republic	60 – 64	Not identified	138	118	138	111
	65 – 69	Not identified	99	107	106	105
	70 – 74	Not identified	85	99	82	77
	75 – 79	Not identified	58	68	71	72
	80 – 84	Not identified	52	54	72	53
	85 – 89	Not identified	36	37	34	27
	90 – 94	Not identified	18	16	12	11
	95+	Not identified	1	2	-	2
Poland	60 – 64	443	623	762	Not identified	Not identified
	65 – 69	213	337	443	Not identified	Not identified
	70 – 74	137	223	225	Not identified	Not identified
	75 – 79	130	168	203	Not identified	Not identified
	80 – 84	93	134	162	Not identified	Not identified
	85 – 89	79	133	113	Not identified	Not identified
	90 – 94	Not identified	Not identified	Not identified	Not identified	Not identified
	95+	Not identified	Not identified	Not identified	Not identified	Not identified
Hungary	60 – 64	Not identified	39	29	29	Not identified
	65 – 69	Not identified	12	17	21	Not identified
	70 – 74	Not identified	17	25	20	Not identified
	75 – 79	Not identified	15	16	12	Not identified
	80 – 84	Not identified	13	18	14	Not identified
	85+	Not identified	21	13	17	Not identified

Source: National statistics of selected countries, 2018 (edited by the authors)

DISCUSSION

The findings can be formulated in four points. In this way the conclusions to the findings in the form of senior suicide prevention tools and their effectiveness in the selected European countries will be presented:

Social media and their importance in senior suicide prevention

A systematic review of 30 studies on social media websites regarding suicide prevention (Robinson et al., 2016) showed that social media platforms can reach a large number of users. In this way suicidal behaviour in other individuals can be affected. Lack of control over user behaviour, possible occurrence of suicide challenges and instructions, limited means to evaluate suicide risk, issues related to privacy protection and confidentiality need to be addressed (Arensman, 2017). This also applies to seniors whose computer literacy is limited and who lack supervision and assistance. In the selected countries a single prevention project was organised using social media. Balazs (2013) confirmed that the internet and the media can play an important role in suicide prevention. He further states that suicide prevention provided by the Internet and Media-Based Mental Health Promotion (SUPREME) project aims to develop an internet-based suicide prevention scheme in Hungary. Spreading preventive activities to the adult and senior populations is worth considering

as these target groups are often unaware of the risks and possible rapid deterioration in old age. In some cases, bad experience with social media may result in (successful) suicide attempts.

Educating helping professionals as a tool for suicide prevention

Educating social care professionals in health care aimed at detecting risks, depression and early signs of suicidal behaviour is important to determine the correct level of care as well as treatment recommendations and suicidal behaviour prevention (Coppens et al., 2014). Individual studies pertaining to the selected countries refer to social health care professionals, but other professionals are rarely mentioned. Medical professionals are supposed to prevent suicides by early detection of risk symptoms as well as appropriate intervention. However, in reality, senior care is not only provided by medical professionals. The socio-economic impact and challenges related to the preparation for old age, and adaptation issues related to the transition from home to institutional care are frequently dealt with by social care professionals. Supporting suicide prevention requires improved special training and skills among social care professionals; they need to be able to detect and treat depression and anxiety. Primary care requires a shift in focus to identify potentially suicidal patients suffering from mental issues. In the context of health and social care and social services, mainly social care professionals, instructors of social rehabilitation, care givers, occupational therapists, nurses and other employees provide assistance to the dependent persons. The personality of care professionals is of key importance in their job, but sustainability and improvement of social work can only be achieved through continuous education. Through further specialised training, burn-out syndrome can be avoided and motivation for life-long caring sustained. All social care professionals see caring as a mission; they struggle to support others in maintaining their health, well-being and comfort. A concept of further education for social workers and health care workers in crisis intervention is necessary.

Early crisis intervention and access to services as a tool for suicide prevention

Early crisis intervention represents an important part of the continuum of activities helping to constitute the instrumental aspect of suicide prevention. It is important to employ existing crisis centres and hotlines in this strategy as well as effective mental health care (Brazinova et al., 2017) The institutional aspect of prevention within crisis intervention is represented mainly by crisis centres; their network in the selected countries is available. However, the challenge remains to continue networking and improving cooperation among individual helpers.

Although there is no effective algorithm to predict suicide in clinical practice, improved recognition and understanding of clinical, psychological, sociological and biological factors might help the detection of high-risk individuals and assist in treatment selection (Turecki, Brent, 2016). Solutions focusing on improving the accessibility of mental health services, reforms of legal regulations in the area of mental health, battling the stigma of mental health patients: all of these can significantly affect the suicide rates in the Central and Eastern European countries and additionally help battle substance abuse. In this way suicide prevention in the selected countries can be improved.

Removing the stigma related to mental disorders as a suicide prevention tool

The stigma related to mental disorders may inspire seniors to consider suicide. In the selected countries, there are nation-wide prevention programmes focusing on mental disorders; however, those who actually suffer or have even attempted to commit suicide are often reluctant to seek professional help. Only certain countries include suicide prevention among their health care priorities, and only 28 countries declare that they have a national suicide prevention strategy. Stigma is a complex construct consisting of four social-cognitive processes (i.e. stereotypes, prejudice, misinformation and discrimination); other people may stigmatise an individual suffering from a mental disease or the patients may stigmatise themselves (Cummings et al., 2013). A basic survey in the four selected European countries focusing on public attitudes towards depression

and seeking help is referred to by Coppens et al. (2013) and Kohls et al. (2017); the respondents showed a moderate degree of personal stigma toward depression and a strikingly higher degree of perceived stigma. Although a substantial majority showed openness to seeking professional help, only half of the people perceived professional help as valuable. More negative attitudes were found in Hungary and were associated with male gender, older age, lower educational level and living alone. Moreover, personal stigma was related to less openness to and less perceived value of professional treatment. Increasing public awareness and removing taboos are important objectives in the selected countries if they are to achieve progress in suicide prevention.

Recommendations

A single, central, suicide prevention plan on the governmental level should coordinate specifically-designed and implemented projects (reducing unemployment in pre-retirement age, providing more support for health and social services, decreasing toxicity in homes, controlling exhaust gases, introducing stricter legislation regarding gun control, alcohol and smoking; all of these may decrease suicide-related mortality and other phenomena on all levels of society. Education of the public, effectively-treated mental disorders and restricted access to potential means of suicide all have important roles to play in suicide prevention (Brazinova et al., 2017). The central prevention plan should set up possible objectives of prediction, prevention and intervention on different levels, and actively involve multiple participants.

The review of necessary changes in medical education and social worker training is also an important part of the central plan. Church representatives, teachers and police officers should also be trained, and more scientific research is desirable in the related areas. The topic of senior suicides is closely related to the solution of ethical, moral and legal issues connected with suicide. In case of need, legislation should be changed; public campaigns should be designed and implemented and awareness-raising projects initiated. The World Day of Suicide Prevention has been promoted by the World Health Organisation (WHO) and the IASP since 2003. The aim of the activity is to raise public awareness of suicidal behaviour, prevention, providing adequate early treatment and care. Further suicide prevention tools include supporting education for health care and social workers along with reforms in the legislation and increasing accessibility of mental disease treatment; working towards removing the stigma and discrimination of the population suffering from psychiatric diseases is also important.

On all levels, coordinators should be appointed and internal cooperation established. To implement this plan, experts in health and social care, politicians, legislators, civic associations and other informal organisations need to be active and cooperate in tackling the issue.

Recommendations for future research

The suicide rate may significantly decrease if early health care is accessible. Crisis teams and hotlines are available in all V4 countries. Identification of pre-suicidal behaviour is the primary step in mental health treatment and help in individual cases. The need to implement nationwide prevention programmes and simultaneous research may possibly eliminate human tragedies in the senior age group. As social work spreads its activities into the digital world, practical assistance and information can be provided by engaged care professionals. However, the key competence represented by training in suicide-related conversations in social work is absent in practice. Maple et al. (2016) state that in their scoping study, 241 articles on suicide were authored by social workers. The results show that there is a lack of social work research on suicide in the population, insufficient knowledge of correct procedures and about stigmatisation. More empirical research examining the types of suicidal prevention tools which healthcare professionals encounter in their practices is highly recommended. Future research investigating whether empirical research parallels the cases and issues identified in this review is recommended. Further research establishing how often and in what contexts suicide prevention programs/tools are useful is also recommended.

Strengths and limitations of the scoping review

The strengths of this study include the scoping nature of the review, adoption of methods, quantity and range of papers included, and its potential contribution to practice, policy, education and future research. This scoping review included stringent screening of studies based upon inclusion/exclusion criteria. There may be other tools or intervention programmes commonly implemented in terms of suicide prevention which have not been empirically tested and were therefore excluded from this review. Limitations may include the decision not to include the "grey" literature (due to the size of the review), and the decision not to use the specific term '*consequence of depression or other mental disease or parasuicide*' in the database search. The decision not to include this grey literature potentially precluded the inclusion of possibly relevant documents.

Conclusion

Suicide prevention is possible and real, but it requires a responsible approach from the health care workers in primary care, and contact with social workers. Prevention is influenced by the knowledge of the care professionals, mainly in the areas of psychosocial support and communication, but also in a sensitive and empathic approach to seniors experiencing a crisis. In the quest for effective suicide prevention initiatives, no single strategy clearly stands above the others. Combinations of evidence-based strategies at individual and population levels should be assessed using robustly-designed research. (Zalsman et al., 2016) Preventing suicide attempts may not be possible in all cases. However, there is theoretical knowledge, available treatments, and preventive strategies which could prevent many and probably most of them.

REFERENCES

ALMASI, K., BELSO, N. et al. 2009. Risk Factors for Suicide in Hungary: A Case-Control Study. *BMC Psychiatry,* 9(45).

ARENSMAN, E. 2017. Suicide Prevention in an International Context. *Progress and Challenges, Crisis,* 38, 1–6.

ARKSEY, H., O'MALLEY, L. 2005. Scoping Studies: Towards a Methodological Framework. *International Journal of Social Research Methodology,* 8(1), 19–32.

BALAZS, J. 2013. Suicide Prevention and Media in Hungary. *European Psychiatry,* 28(1).

BRAZINOVA, A., MORAVANSKY, N., GULIS, G. et al. 2017. Suicide Rate Trends in the Slovak Republic in 1993–2015. *International Journal of Social Psychiatry,* 63(2), 161–168.

CONWELL, Y., THOMPSON, C. 2008. Suicidal Behaviour in Elders. *Psychiatric Clinic North America,* 31(2), 333–356.

COPPENS, E., VAN AUDENHOVE, C., IDDI, S. et al. 2014. Effectiveness of Community Facilitator Training in Improving Knowledge, Attitudes, and Confidence in Relation to Depression and Suicidal Behavior: Results of the OSPI-Europe Intervention in Four European Countries. *Journal of Affective Disorders,* 165, 142–150.

COPPENS, E., VAN AUDENHOVE, C., SCHEERDER, G. et al. 2013. Public Attitudes Toward Depression and Help-Seeking in Four European Countries Baseline Survey Prior to the OSPI-Europe Intervention. *Journal of Affective Disorders,* 150(2), 320–329. DOI: 10.1016/j.jad.2013.04.013.

CUMMINGS, J. R., LUCAS, S. M., DRUSS, G. B. 2013. Addressing Public Stigma and Disparities among Persons with Mental Illness: The Role of Federal Policy. *American Journal of Public* Health, 103(5), 781–785.

CZECH STATISTICAL OFFICE. 2017. *Died by List of Causes, Sex and Age in the CR, By Region and District in 2007–2016* [online]. Praha: ČSÚ. [09.02.2019]. Available from: https://www.czso.cz/csu/czso/ceska-republika-podle-pohlavi-a-veku-2007–2016

DOWCHES, J. E., WEST, D. J. 2013. Factors Influencing the Increase in Incidence of Suicide and Substance Abuse in Central Eastern Europe. *Journal of Nursing, Social Studies, Public Health and Rehabilitation,* 1–2, 7–20.
ERLANGSEN, A. 2011. Selvmordrisiko Blandt Personer Diagnosticeret Med Demens. Suicidology, 16(2), 9–13.
FERRARI, A. J., NORMAN, R. E., FREEDMAN, G. et al. 2014. The Burden Attributable to Mental and Substance Use Disorders as Risk Factors for Suicide: Findings from the Global Burden of Disease Study 2010. *PLoS ONE,* 9(4), e91936.
FOUNTOULAKIS, K. N., KAWOHL, W., THEODORAKIS, P. N. et al. 2014. Relationship of Suicide Rates to Economic Variables in Europe: 2000–2011. *British Journal of Psychiatry,* 205, 486–496.
FOUNTOULAKIS, K. N., PANTOULA, E., SIAMOULI, M. et al. 2012. Development of the Risk Assessment Suicidality Scale (RASS): A Population-Based Study. *Journal of Affective Disorders,* 138, 449–457.
HUNGARIAN CENTRAL STATISTICAL OFFICE. 2016. *Statistical Yearbook of Budapest 2015* [online]. Budapest: HCSO. [09.02.2019]. Available from: https://www.ksh.hu/docs/hun/xftp/idoszaki/evkonyv/budapest_evk_2015.pdf
KOHLS, E. et al. 2017. Public Attitudes Toward Depression and Help-Seeking: Impact of the OSPI Europe Depression Awareness Campaign in Four European Regions. *Journal of Affective Disorders,* 217, 252–259.
KOTRADYOVA, K. 2016. The Psychosocial Aspects of the Genesis of Depression in Old Age and the Possibilities of Using Group Psychotherapy. *Kontakt,* 18(3), 194–202.
KOWESZKO, T., GIERUS, J., MOSIOŁEK, A. et al. 2016. Differences in Assessment of Suicidal Tendencies in Men and Women: A Pilot Study. *Archives of Psychiatric Nursing,* 30, 77–78.
LAPIERRE, S. et al. 2011. A Systematic Review of Elderly Suicide Prevention Programs. *Crisis,* 32, 88–98.
LEVAC, D., COLQUHOUN, H., O'BRIEN, K. K. 2010. Scoping Studies: Advancing the Methodology. *Implement Science,* 5(69).
MACHOVA, V., PRUCHOVA, D., VELEMINSKY, M. 2010. Suicides in the Elderly. *Prevence úrazů, otrav a násilí.* 4(2), 154–161.
MAKARA, M., STUDZINSKA, A. M. 2015. Samobójstwa wśród osób starszych. *Psychiatr Psychol Klin,* 15(4), 189–194.
MAPLE, M., CEREL, J., FREY, L. M. et al. 2016. Parents with Suicidal Behavior: Parenting is Not Always Protective. *Journal of Child and Family Studies,* 25(7), 2327–2336.
MISCHARA, B. L., WEISSTUB, D. N. 2016. The Legal Status of Suicide: A Global Review. *International Journal of Law and Psychiatry,* 44, 54–74.
NHIC. 2017. *Suicides and suicide attempts in SR 2013–2017* [online]. Bratislava: Edícia zdravotnícka štatistika. [09.02.2019]. Available from: http://www.nczisk.sk/Search/results.aspx?k=samovrazdy
ROBINSON, J., COX, G., BAILEY, E. et al. 2016. Social Media and Suicide Prevention: A Systematic Review. *Early Intervention in Psychiatry,* 10(2), 103–121.
RIHMER, Z., GONDA, X., KAPITANY, B. et al. 2013. Suicide in Hungary – Epidemiological and Clinical Perspektives. *Ann Gen Psychiatry,* 12(21).
SEKHRI, R., SEKHRI, A. 2017. Psychological Consequences of Anxiety on Loneliness and Suicide Ideation among Retirees: A Psycho-Social Review. *Indian Journal of Health and Wellbeing,* 8(1), 38–40.
SERAFINI, G., GONDA, X., MONACELLI, F. et al. 2018. Possible Predictors of Age at Illness Onset and Illness Duration in a Cohort Study Comparing Younger Adults and Older Major Affective Patients. *Journal of Affective Disorders,* 225, 691–701.
SMATANA, M., PAZITNY, P., KANDILAKI, D. et al. 2016. Slovakia: Health System Review. *Health Systems in Transition,* 18(6), 1–210.

STATISTICAL INFORMATION CENTRE. 2016. *Statistical Yearbook of the Republic of Poland 2016* [online]. Warszawa: GUS. [09.02.2019]. Available from: https://stat.gov.pl/en/topics/statistical-yearbooks/statistical-yearbooks/statistical-yearbook-of-the-republic-of-poland-2016,2,16.html
TURECKI, G., BRENT, D. A. 2016. Suicide and Suicidal Behaviour. *The Lancet,* 387, 1227–1239.
WÆRN, M. 2011. Risk Factors for Suicide in The Elderly: What Do We Know? What Do We Need to Find Out? *Suicidologie,* 16(2), 3–8.
WHO. 2017. Suicide Rates, Age-Standardized. Data by Country [online]. [09.02.2019]. Available from: http://apps.who.int/gho/data/view.main.MHSUICIDEASDRv?lang=en
WHO. 2014. *Preventing Suicide. A Global Imperativ* [online]. [09.02.2019]. Available from: http://apps.who.int/iris/bitstream/10665/131056/8/9789241564878_eng.pdf?ua=1&ua=1
WHO. 2013. *Health 2020: A European Policy Framework Supporting Action Across Government and Society for Health and Well-Being* [online]. [09.02.2019]. Available from: http://www.euro.who.int/__data/assets/pdf_file/0006/199536/Health2020-Short.pdf?ua=1
WHO. 2011. Suicide Rates per 100 000 by Country, Year and Sex [online]. [09.02.2019]. Available from: https://web.archive.org/web/20120122021659http://www.who.int/mental_health/prevent-ion/suicide_rates/en/
WINKLER, P. 2017. Sebevražednost Čechů je nad světovým průměrem, strategie prevencie ale chybí. *Zdravotnícke noviny,* 66(38), 1–2.
WU, J., VARNIK, A., TOODING, L-M. et al. 2014. Suicide among Older People in Relation to Their Subjective and Objective Well-Being in Different European Regions. *European Journal of Ageing,* 11(2), 131–140.
ZALSMAN, G. et al. 2016. Suicide Prevention Strategies Revisited: 10-Year Systematic Review. *The Lancet: Psychiatry,* 3(7), 646–659.

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