# ŽIRI




**Health in the Municipality 2021** is an overview of key health indicators in municipalities, compared to the Slovene and regional average.

The environment in which we live and work has a strong influence on our health. By demonstrating the health status, we wish to motivate key parties on a local level, especially decision-makers, and their activities to promote and strengthen the health of the population.

You can find data for all Slovene municipalities, additional graphic displays and indicator definitions at http://obcine.nijz.si.

More health-related information is available at https://podatki.nijz.si. More information about Covid-19 is available at https://www.nijz.si/en/coronavirus-disease-covid-19.

## A COUPLE OF FACTS ON HEALTH IN THE MUNICIPALITY

### Health status and mortality

- The average sick leave within the active working population was 14.0 calendar days per person, while in Slovenia it was 17.7 days.
- The percentage of people taking prescribed medication for high blood pressure was lower than the Slovenian average. The same holds for prescriptions for diabetes medication.
- The hospital admission rate for heart attacks was 1.0 per 1,000, aged 35-74 years, while in Slovenia it was 2.1.
- The hospital admission rate for hip fractures in the elderly was 9.1 per 1,000, while this level was 6.5 in Slovenia.
- The percentage of people using 'help at home' services was close to the Slovenian average.
- The suicide mortality rate was 20 per 100,000 people, while it was 19 in Slovenia.

### Risk factors and prevention

- The physical fitness index of children was higher than the Slovenian average. This municipality has the highest value of physical fitness index of children in Slovenia.
- The hospital admission rate due to road trafic injuries was 2.0 per 1,000; in Slovenia, it was 1.4.
- The share of trafic accidents caused by drunk drivers was higher than the Slovenian average.
- The response rate for the colorectal cancer screening programme – Svit was 79.7%, while it was 65.6% at national level. This municipality has the highest response rate in Slovenia.
- The participation rate in the cervical cancer screening programme - Zora was 78.7%, while it was 72.4% at national level.

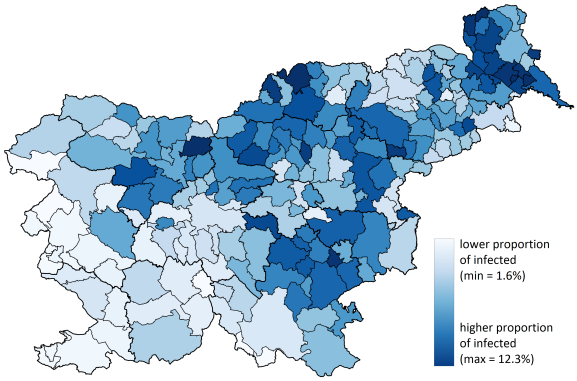


**Figure 1:** The percentage of population with confirmed SARS-CoV-2 (Covid-19) infection by municipality up to and including 31 December 2020

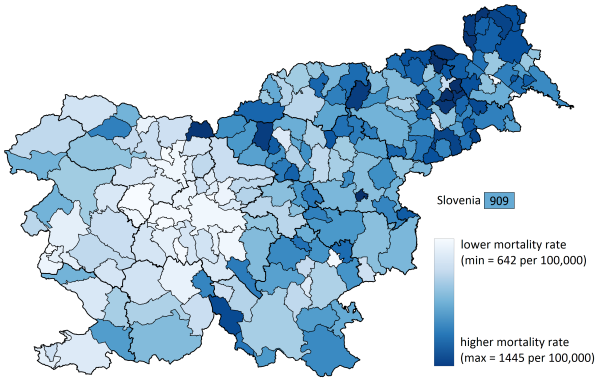


**Figure 2:** All causes mortality rate per municipality per 100,000 population – age standardised average for the period 2015–19.

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Images: Archive of the municipality
Date: April 2021

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## MENTAL HEALTH

Good mental health is crucial to quality of life and helps us overcome the ups and downs that everyone experiences. The Covid-19 pandemic has radically changed the way we live. Although it is an infectious disease pandemic, it has, together with the measures taken to control it, had a major impact on our health in general and on many of the factors that affect our health – and that includes mental health. However, mental health is still too often understood within a very narrow context, as the starting point for a discussion of mental health 'difficulties' or 'mental health disorders'.

Mental health disorders present today's societies with a considerable public health problem – indeed, the health burden presented by mental health disorders and suicide is greater than the burden presented by diabetes or respiratory disease. The Organisation for Economic Cooperation and Development (OECD) estimates that Slovenia loses more than 4% of its GDP as a result of mental health disorders. While common mental health disorders are slightly less prevalent in the Slovenian population than in the majority of other comparable European countries, assessments show that depressive disorders are present in 3.5% of the population, and are more common among older people (Fig. 3). Anxiety disorders are present to approximately the same degree, although other mental health disorders are less prevalent.

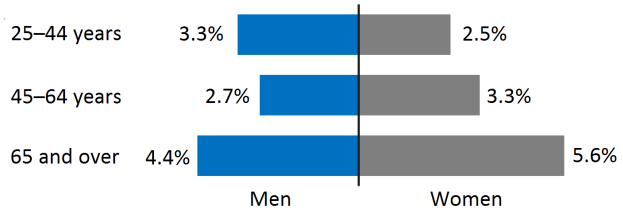


**Figure 3:** Prevalence of symptoms of a depressive disorder* in the Slovenian population, by age group Source of data: National Survey on Health and Healthcare (EHIS 2019, NIJZ).

We can get some idea of the mental health problems most commonly encountered in Slovenia by looking at the figures for absence from work. In 2019, 1,183,210 working days were lost to mental health and behavioural disorders, a rise of 58% on 2015.

### Mental health is much more than the absence of a mental health disorder

It is important to emphasise that mental health is not simply the presence (or indeed the absence) of a mental health disorder. Mental health enables people to experience life as meaningful, be creative and active, accept themselves and their emotion, and feel that they belong to the society in which they live and can contribute to its development and progress. To highlight these positive aspects of mental health, we sometimes use concepts such as 'positive mental health', 'mental welfare' or 'mental well-being'. It is important to realise that mental well-being can co-exist with a mental health disorder. Fig. 4 contains a schematic presentation of the concepts of mental health outlined above.

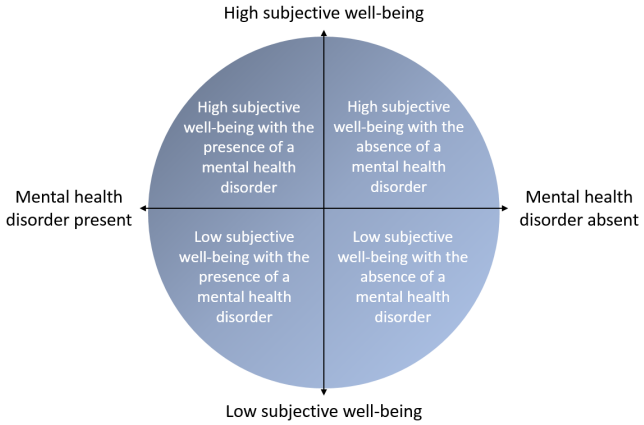


**Figure 4:** Dual continuum of mental health Adapted from Greenspoon and Saklofske, Toward an Integration of Subjective Well-Being and Psychopathology, 2001.

Poor quality of life is not and should not be caused by the presence of a mental health disorder. Because of stigmatisation and discrimination, the quality of life of people with mental health disorders is often unjustly low. At the same time, the absence of a mental health disorder is no guarantee of a good quality of life. If we seldom experience pleasant emotions, frequently have feelings of emptiness and stagnation, do not accept ourselves or see no meaning in life, then our quality of life can be poor merely on account of the absence of these basic aspects of mental well-being. This is confirmed if we look at the distribution of mental well-being among those with a mental health disorder and those without it, produced on the basis of data from Slovenia. It shows that just over 14% of people with a mental health disorder have high levels of mental (subjective) well-being, while some individuals who do not suffer from a mental health disorder (roughly 2%) live without sufficient mental well-being (low subjective well-being in Figs. 4 and 5).

There is widespread awareness of the importance of mental health and its inseparability from health as a whole. Good mental health protects against physical ailments, social inequalities and unhealthy lifestyles. Across various studies, researchers have found that the occurrence or course of some chronic diseases is co-dependent on an individual's mental health – for example, people who suffer from depression have a greater risk of developing cardiovascular disease (particularly heart attacks), diabetes and cancer. Research also shows that mental well-being protects the individual from developing many chronic diseases. When we talk about care for mental health, we are also talking about care for health in general.

* The prevalence of symptoms of a depressive disorder is also highlighted by the proportion of the population in whom at least two symptoms characteristic of a major depressive disorder were present. The presence of such symptoms is self-assessed and is connected to the period of the research from which the data was obtained.

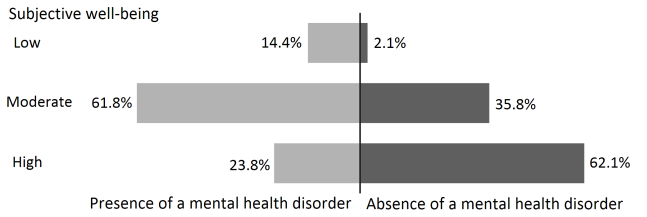


**Figure 5:** The presence of a mental health disorder does not necessarily also mean the absence of mental well-being. Source of data: National Survey on Health and Healthcare (EHIS 2019, NIJZ).

### What can we do to protect and strengthen our mental health?

Numerous factors affect mental health, from the individual's character and his or her relationships with other people, to the characteristics of the environment and the wider society in which he or she lives. We can influence some factors more easily than others. It is much more difficult to influence our genetic make-up or the occurrence of a natural disaster or a pandemic that suddenly grips an entire society than it is to influence certain other factors that also have a major bearing on our mental health. We can identify these factors in the environments in which we learn, work and spend our free time, and in the relationships we maintain with members of our family, our neighbours, our colleagues, fellow students or people in our local area. Physical activity, stimulated by our social and built environment (or indeed, hindered by it), is also important. Even a short walk can improve our mood and improve our well-being, while regular exercise boosts our self-image and helps us cope with stress. Although it might not be obvious at first glance, physical activity is an important way of protecting and strengthening our mental health.

Activities that increase our involvement in society, such as volunteering, artistic creation and the creation of inter-generational connections, have a positive impact on mental health. Studies abroad have shown that activities focused on reducing the incidence of violence and discrimination, which is linked to the occurrence or worsening of disease, are also effective in strengthening mental health. Education measures and campaigns to raise awareness of mental health problems, illnesses and violence, programmes for perpetrators of violence, programmes to prevent discrimination, stigmatisation and bullying in local, school and workplace settings, and parenthood programmes are also proven to be effective. Activities focused on eliminating various forms of discrimination and violence are highly effective in reducing unjust inequalities in health, which is a particularly welcome added value in the fight to boost mental health.

Mental health is also boosted by activities that ensure access to fulfilling work. In addition to a decent wage, work also gives us an opportunity for personal growth, increases our independence and helps us feel we are contributing to the common good. At the same time, the financial security that paid work gives us is in itself recognised as a basis for a healthy lifestyle and, consequently, good health. Effective measures for increasing access to work include additional education and learning programmes and programmes that teach various types of literacy skills (health literacy, mental health literacy and digital literacy). Programmes directly connected to the jobs market and aimed at speeding up the employment of young adults, as well as programmes that help adults get back to work after longer periods of sick leave or unemployment, are also effective in protecting and strengthening mental health.

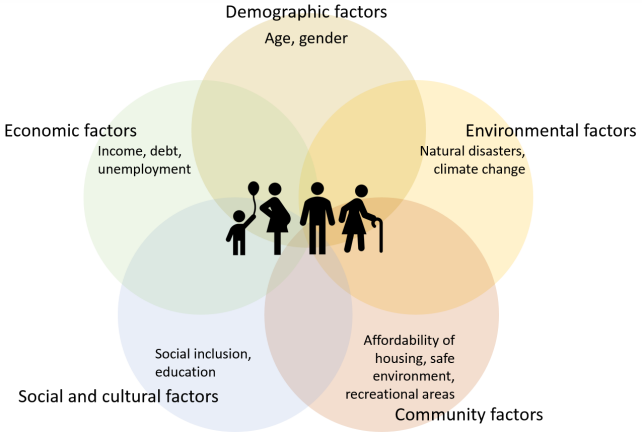


**Figure 6:** Groups of social mental health factors Adapted from Lund et al., Social determinants of mental disorders and the Sustainable Development Goals: a systematic review of reviews, 2018.

Ensuring swift and wide access to specialist help, the early identification of people with mental health disorders, counselling services for those in distress and other traditional prevention-based activities are all ways in which mental health disorders can be addressed directly. Scientific developments in the last few decades show that the field of possible measures is very wide and that it is possible to make a major contribution to protecting and strengthening mental health through activities developed outside the realm of healthcare. We highlight the social activities that address social inclusion, violence, discrimination and financial security (Fig. 6). All of these issues are closely connected to the community in which we live and where we require the basic conditions for good mental health.

### Towards better mental health together and within the community

A community-based approach to mental health means that it is the community that identifies the needs within its own environment, and then puts in place and guides the relevant activities. This approach to preventing mental health disorders and strengthening mental health encompasses intersectoral cooperation and the involvement of various specialists from the fields of health, education and social security, other sectors, representatives of associations, organisations and municipalities, and individuals within the community. Local environments in Slovenia differ, which is why it is important for the people who live and work in these environments to work together to develop activities suitable to their specific environment. The formulation of community alliances, which foster greater interpersonal communication, better identify needs and respond more quickly and effectively to those needs, can ensure that community-based operations are interconnected and inclusive. Local health promotion groups, which have already been set up in many municipalities across the country, are a good example of such interconnection processes, with similar connections and community-based operations envisaged in the National Mental Health Programme 2018–2028 (Mira Programme). Everyone can contribute to improving mental health, but we can contribute so much more if we work together.

# Health indicators in the municipality: Žiri

The set of health indicators in the table show how the municipality compares with the administrative unit (AU), statistical region and national average. Comparisons of municipal and national levels are graphically displayed. The indicators are tested for statistical significance. Higher variations of indicator values are expected between particular years in smaller municipalities due to a smaller number of occurrences. Definitions, additional data and graphic images are available at

● ▲ ■ ▼ Position of municipality value in relation to Slovenian average (|) and in relation to the range of values of all Slovenian municipalities (▬). In cases, where there is no mark next to the indicator, there was no occurrence of the event in the presented period ([n]).

The meaning of colours and shapes of markings:
- ▲ Green – the municipality is in a statistically significantly better position than the average in Slovenia.
- ■ Blue – the municipality is in a statistically significantly different position than the average in Slovenia. It was not possible to determine the direction of the indicator.
- ▼ Red – the municipality is in a statistically significantly worse position than the average in Slovenia.
- ● Yellow – the municipality does not statistically significantly differ from the Slovenian average.
- ○ White – value of chosen indicator is not reliable due to the small size of the observed population and thus small number of cases.

| | Indicator | Municip. | AU | Region | SLO | Unit | Below average / Above average |
|---|---|---|---|---|---|---|---|
| Residents and community | 1.1 Municipal development index | **1.25** | / | / | **1.00** | index | |
| | 1.2 Population increase | **11.0** | 7.6 | 9.5 | **7.2** | ‰ | |
| | 1.3 Elderly population (aged 80+ years) | **5.8** | 5.4 | 5.7 | **5.4** | % | |
| | 1.4 Primary-level educated adults (primary school or less) | **11.3** | 13.1 | 13.0 | **13.5** | % | |
| | 1.5 Employment rate | **73.8** | 70.4 | 69.2 | **65.8** | % | |
| Risk factors | 2.1 Physical fitness index of children | **79.3** | 60.3 | 53.8 | **50.0** | index | |
| | 2.2 Overweight and obesity in children | **11.7** | 18.6 | 21.2 | **24.1** | % | |
| | 2.3 Regular and occasional smokers | **21.9**[m] | 24.0 | 22.4 | **23.2** | % | |
| | 2.4 Binge drinking | **34.2**[m] | 37.5 | 38.7 | **42.8** | % | |
| | 2.5 Road traffic injuries | **2.0** | 2.0 | 1.7 | **1.4** | ASR/1000 | |
| | 2.6 Road traffic accidents caused by drunk drivers | **14.1** | 8.7 | 7.3 | **8.8** | % | |
| Prevention | 3.1 Response rate in colorectal cancer screening | **79.7** | 78.1 | 69.5 | **65.6** | % | |
| | 3.2 Participation rate in cervical cancer screening | **78.7** | 76.6 | 71.6 | **72.4** | % | |
| | 3.4 Participation rate in breast cancer screening | **81.8** | 81.7 | 77.1 | **77.6** | % | |
| Health status | 4.1 Self-assessed good health | **73.5**[m] | 76.0 | 69.6 | **67.5** | % | |
| | 4.2 Sick leave days per worker | **14.0** | 14.8 | 17.1 | **17.7** | days | |
| | 4.3 Asthma in children and adolescents (aged 0–19 years) | **1.8** | 1.0 | 0.9 | **0.8** | ASR/1000 | |
| | 4.4 Diseases, directly attributable to alcohol (15+ years) | **1.8** | 2.7 | 2.5 | **1.9** | ASR/1000 | |
| | 4.5 Persons receiving medications for diabetes | **4.2** | 4.5 | 5.1 | **5.3** | ASR/100 | |
| | 4.6 Persons receiving medications for high blood pressure | **19.7** | 20.8 | 21.4 | **22.8** | ASR/100 | |
| | 4.7 Persons receiving anticoagulant medications | **9.7** | 10.8 | 11.9 | **11.8** | ASR/100 | |
| | 4.8 Heart attack hospital admission rate (35–74 years) | **1.0** | 1.4 | 2.1 | **2.1** | ASR/1000 | |
| | 4.9 Stroke hospital admission rate (35–84 years) | **2.1** | 2.0 | 2.3 | **2.5** | ASR/1000 | |
| | 4.10 New cancer cases | **602** | 585 | 582 | **564** | ASR/100.000 | |
| | 4.15 New colorectal cancer cases | **38** | 64 | 63 | **67** | ASR/100.000 | |
| | 4.16 New lung cancer cases | **52** | 68 | 72 | **68** | ASR/100.000 | |
| | 4.17 New breast cancer cases | **166** | 104 | 124 | **122** | ASR/100.000 | |
| | 4.11 Hip fracture in the elderly (aged 65+ years) | **9.1** | 6.6 | 7.1 | **6.5** | ASR/1000 | |
| | 4.12 People receiving medications for mental disorders | **11.3** | 11.3 | 12.7 | **14.4** | ASR/100 | |
| | 4.13 'Help at home' service users | **2.6** | 2.3 | 2.6 | **2.7** | % | |
| | 4.14 Tick-borne encephalitis | **23.1** | 28.3 | 16.5 | **8.0** | ASR/100.000 | |
| Mortality | 5.1 All causes mortality | **779** | 801 | 849 | **909** | ASR/100.000 | |
| | 5.2 Cardiovascular mortality rate (0–74 years) | **28** | 61 | 62 | **74** | ASR/100.000 | |
| | 5.3 Cancer mortality rate (0–74 years) | **166** | 149 | 158 | **160** | ASR/100.000 | |
| | 5.6 Lung cancer mortality rate (0–74 years) | **15** | 37 | 41 | **40** | ASR/100.000 | |
| | 5.7 Suicide mortality rate | **20** | 18 | 21 | **19** | ASR/100.000 | |

Legend: /: indicator is not available for this administrative level; ASR: age standardized rate per 100, 1,000 or 100,000 population standardized to Slovenian population on 1 July 2014. [m]: Data is based on a statistical model. Municip.: Municipality. AU: Administrative unit.

Indicator explanation:
**Population and community: 1.1**: year 2020; **1.2**: year 2019; **1.3**: year 2019, aged 80+ years; **1.4**: year 2019, aged 25–64 years; **1.5**: year 2019, aged 15–64 years. **Risk factors: 2.1**: year 2019, children and adolescents, aged 6–14 years; **2.2**: year 2019, children and adolescents, aged 6–14 years; **2.3**: year 2019, aged 15+ years; **2.4**: year 2019, aged 15+ years; **2.5**: average 2015–2019 average; **2.6**: average 2015–2019 average. **Prevention: 3.1**: year 2019; **3.2**: 1/7/2016 - 30/6/2019, women, aged 20–64 years; **3.4**: 1/1/2019 - 31/10/2020, women, aged 50–69 years. **Health status: 4.1**: year 2019, aged 15+ years; **4.2**: year 2019, employed population; **4.3**: average 2015–2019, hospital treatments, aged 0–19 years; **4.4**: average 2015–2019, hospital treatments, older than 15 years; **4.5**: year 2019; **4.6**: year 2019; **4.7**: year 2019; **4.8**: average 2015–2019, hospital treatments, aged 35–74 years; **4.9**: average 2015–2019, hospital treatments, aged 35–84 years; **4.10**: average 2013–2017, newly discovered cancers except non-melanoma; **4.11**: 2015–2019 average, hospital treatments, aged 65 or more; **4.12**: year 2019; **4.13**: year 2019, aged 65 or more; **4.14**: 2010–2019; **4.15**: average 2013–2017; **4.16**: average 2013–2017; **4.17**: average 2013–2017. **Mortality: 5.1**: average 2015–2019; **5.2**: average 2015–2019, aged 0–74 years; **5.3**: average 2015–2019, aged 0–74 years; **5.6**: average 2015–2019, aged 0–74 years; **5.7**: average 2015–2019.

Data sources: National Institute of Public Health, Statistical Office of the Republic of Slovenia, Ministry of Finance, Slovenian Traffic Safety Agency, Faculty of Sports (UL), Cancer Registry, Social Protection Institute of the Republic of Slovenia.