

## MINUTES

### Meeting attendants

#### EAAD Project Group:

Austria  
Belgium  
England  
Estonia  
Finland  
France  
Germany  
Hungary  
Iceland  
Ireland  
Italy  
Netherlands  
Portugal  
Scotland  
Slovenia

Spain  
Switzerland  
GABO

Angela Ibelshäuser  
Chantal van Audenhove  
Bose Johnson, Sarah Candlish  
Airi Värnik, Merike Sisask  
Esa Aromaa, Jyrki Tuulari  
Marie Gay  
Roxane Sell  
Erzsébet Németh, András Székely  
Högni Óskarsson  
Ella Arensman  
Ingo Stermann  
Christina van der Feltz-Cornelis  
Ricardo Gusmão  
Margaret Maxwell  
Andrej Marušič, Milan Mirjanič, Maja Zorko,  
Tanja Kamin, Nuša Konec Juričič, Evgen  
Janet  
Victor Pérez Sola, Annabel Cebrià  
Regula Ricka, Barbara Weil  
Annette Hohmann

#### Guests:

Advisors of EAAD

European Platform for Prevention  
and Promotion in Mental Health /  
WHO

EC Mental Health Working Party

James Coyne (USA), Wolfgang Rutz  
(Sweden)

Eva Jané-Llopis

Heinz Katschnig

#### EAAD Project Office Munich:

Ulrich Hegerl, Tim Pfeiffer-Gerschel, Meike  
Wittmann, Rita Schäfer

#### Excused:

Luxembourg  
European Commission

Charles Pull  
Jürgen Scheftlein

**Monday, 17<sup>th</sup> October 2005,**  
11:00 a.m. – 06:00 p.m.

**Address of welcome** by Ulrich Hegerl and Andrej Marušič  
**Introduction of new members of the EAAD network**

Three additional partners joined the project group and will become official partners from January 2006 on:

- Our partner in the Netherlands will be the Trimbos-Institute represented by **Dr. Christine van der Feltz-Cornelis**.
- In Luxembourg, the EAAD project will be co-ordinated by **Professor Charles Pull** at the Centre Hospitalier de Luxembourg.
- Additionally, **Dr. Eva Jané-Llopis** will participate on behalf of the European Platform for Prevention and Promotion in Mental Health, formerly known as IMHPA-network (Implementing Mental Health Promotion Action), and as representative of the WHO Regional Office for Europe.

**Europe-wide dissemination and implementation of the EAAD programme**

**Summary of achievements up to now**

Tim Pfeiffer-Gerschel and Meike Wittmann presented an overview of the intervention activities which have been undertaken within EAAD since the official project start in April 2004.

It was shown that the interim results up to now exceed the predefined objectives of the first phase: overall 8 partners have already started the full 4-level intervention programme within the first 18 months, including evaluation; 6 partners have conducted parts of the action programme and 2 partners have prepared the basis to start the programme at the beginning of EAAD II.

A summary of the action implemented within each intervention level has been given by means of quantifiable indicators (e.g. numbers of training sessions conducted or leaflets disseminated) and examples of good practice on how to modify campaign materials without losing the common face of EAAD have been shown.

The project office announced the revision of the EAAD catalogue of available campaign material. An updated (electronic) version of the catalogue can be downloaded from the website. All partners have been asked to provide specimen of campaign material prepared up to now and are asked to continue with this in the future.

**Project office:**  
**Revision of EAAD catalogue of available campaign material (downloadable from EAAD-website asap)**

As regards networking activities, different measures to gain local allies have been pointed out. To illustrate the respective regional "Alliances against Depression", the EAAD project office will ask all partners to list and (briefly!) describe the regional co-operation partners according to the type of intervention they offer. A redesigned version of the EAAD website has been presented which is planned to be realised in early 2006.

#### **Presentation of concrete examples of regional activities**

- Merike Sisask from Estonia reported on the opening ceremony organised in May to officially launch the EAAD-programme in Estonia.
- Andrej Marušič from Slovenia gave account of the EAAD-programme in Slovenia, especially focusing on activities on the primary care level.
- Annabel Cebria from Spain presented the EAAD-programme in Barcelona.

#### **Discussion**

Problems in establishing co-operations with GPs have been brought up. Proposed solutions are:

- involvement of GPs at the steering level
- provision of counselling strategies adapted to the special professional situation of GPs (e. g. available time span per patient) and
- possibility to obtain professional education credit points.

Secondarily, it was discussed whether it is appropriate to use poster motifs showing depressed people being clearly marked by the disease within EAAD or not. Given the fact that the strongest effects of public campaigns can be expected among affected people who experience a reduced stigma of depression, the usage of pictures of people who show more well-being appears to be recommendable. However, it was decided that both concepts are possible if only the key message ("Depression can successfully be treated") is clearly highlighted.

#### **Mental health promotion and mental disorder prevention in Europe: Presentation of the IMHPA-Network**

Eva Jané-Llopis presented the IMHPA-network and its activities to support implementation and to ensure sustainability of programmes for mental health promotion and mental disorder prevention in Europe. In the framework of IMHPA a training manual for GPs has been developed comprising a module on Brief Problem Solving which could be implemented within EAAD. The respective training manual will be provided to the EAAD project group.

**Eva Jané-Llopis:**  
**Provision of IMHPA training manual for GPs**

### **Depression management in the Netherlands: Presentation of the Dutch Depression Initiative**

Christine van der Feltz-Cornelis gave account of the work of the Dutch Depression Initiative. In accordance with its aim to improve the organisation of care for and treatment of depressed patients, different tools have been developed. Material prepared by the Dutch Depression Initiative shall be made available to the EAAD network. After approval by the workgroup on campaign material, it will become part of the EAAD catalogue of available campaign material.

### **Final implementation report and financial statement: Presentation of reporting and financial requirements**

On 12 October 2005, the project office provided the report template of the final implementation report. All partners are requested to give a brief description of their EAAD activities by work packages and to explain deviations from the original project plan (section A of the country report). The milestones within :milliarium may provide assistance with the descriptions. Additionally, a description of the manpower for the execution of the EAAD activities is requested (section B of the country report).

Reporting period is from 15 April 2004 to 31 December 2005. The deadline for the country report is 30 November 2005.

Furthermore, all partners have been provided with their individual templates for their final financial statements and a finance check-up template. The reporting period is again from 15 April 2004 to 31 December 2005. All partners are asked to sum up their costs incurred so far, calculate the approximate expenses until the end of the project and enter the figures into the finance check-up template. Deadline for submission to the project office is 15 November 2005.

The final financial statement will fall due in January, 10<sup>th</sup> 2006. For preparing this, all partners are asked to enter their costs and income in detail according to the categories and sub-categories given in the full summary statement sheet of the respective template. The sheet of the condensed final financial statement will be set up automatically by filling in the full summary statement. By 10 January 2006, a paper copy of both the full summary statement and the condensed final financial statement, each signed by the legal representative of your institution, is required.

All partners are requested to make sure that all receipts/accounting vouchers related to EAAD can be made available quickly in case of an EC cost and income check.

**Christine van der Feltz:**  
**Provision of available campaign material of the Dutch Depression Initiative**

**All partners:**  
**Submission of country reports to Project Office until 30 Nov 2005**

**All partners:**  
**Completion and submission of finance check-up template to Annette Hohmann until 15 Nov 2005**

**All partners:**  
**Completion of final financial statement and full summary statement; submission of paper copies to the project office until 10 Jan 2006**

**All partners:**  
**Making available all receipts/accounting vouchers related to EAAD.**

## **Future Development and aims of EAAD within the 2<sup>nd</sup> project step**

### **Expansion of EAAD to supra-regional or national level**

As an example Rita Schäfer reported on the activities and tasks carried out by the project office of the German Alliance Against Depression. After the pilot project had been implemented in Nuremberg in 2001 and 2002, a non-profit association was founded creating the preconditions for the national expansion of the German activities. Meanwhile 26 regions in Germany initiated similar projects, another 20-30 other regions are in an early stage of preparation. As a national co-ordinator, Rita Schäfer provides the following services to the German network:

- Consultancy during the planning period, the start and the implementation of the campaign,
- supervision on site of the single modules of the campaign,
- implementation of "train-the-trainer"-seminars and others.

Strategies were discussed on how to involve further expansion partners in the different countries. Both a top-down and bottom-up approach are necessary. As a part of the top-down aspect it is important to inform supra-regional and national authorities (e.g. health ministry) about EAAD and to get governmental support. In this context it was proposed, that the EAAD project office should send official letters to the respective supra-regional and governmental authorities, informing about EAAD I and the start of EAAD II in January 2006. Therefore, all partner regions should send as soon as possible the following information to the project office:

- A list of persons and supra-regional as well as national governmental institutions which should receive such a letter and
- The names and institutions of the persons which should be named in these letters as being responsible for the regional activities as well as the dissemination.

In order to be concrete, each cooperating partner should formulate a sentence more or less of the following type: "As member of EAAD Mr./Mrs. xx is/are responsible for the local activities in xx region and will also support the dissemination of the activities to other regions/or nationwide in xx country." Please adapt this sentence to the special situation in your country.

To support the promotion of EAAD among possible expansion partners and to coordinate the expansion process the project office will additionally prepare

**All partners:  
Preparation of  
- list of  
persons and  
supra-regional  
or national  
governmental  
institutions  
- list of names  
and  
institutions of  
persons being  
responsible  
for the  
regional EAAD  
activities**

- a draft paper stating our basic positions which form the "corporate identity" of EAAD (e.g. abstain from support of the pharmaceutical industry),
- guidelines on how to produce EAAD campaign material.

To be able to provide new expansion partners with the experience already made, it was decided to compile the available knowledge in terms of a "cooking book" including case studies on different modules of the planning, implementation and expansion process. This collection of experiences shall be sorted by keywords representing major steps to do when initiating a depression campaign like EAAD. In the long run, the cooking book shall be edited in terms of a book.

### **Description of workshop in CBT-techniques for GPs and other professionals**

Högni Oskarsson presented an Icelandic training concept with the aim to educate GPs in how to counsel depressed patients with the CBT-method. The design of the training course (one 2-day workshop and 2 shorter follow-up workshops) and its content have been presented.

Additionally, Högni Oskarsson presented positive results of the Icelandic school-based program introduced at the 2<sup>nd</sup> EAAD general meeting.

## **Tuesday, 18<sup>th</sup> October 2005,**

09:00 a.m. – 01:00 p.m.

### **Evaluation workshop**

#### **Overview of the evaluation activity being undertaken within EAAD**

Different levels of data being currently collected in EAAD sites to assess the main evaluation outcomes of EAAD have been presented by Margaret Maxwell. Accordingly, the following classification has been proposed:

1. Community level data (numbers and rates of suicides and suicide attempts, public attitudes and knowledge)
2. GP practice level data and service level data (prevalence of mood disorders and suicidal behaviour, prescription rates of antidepressants, numbers of calls to help-lines and use of emergency cards) and
3. individual level data (esp. high risk groups) (e.g. self-reported rate of suicide thoughts and attempts, WHO-5, number of visits to GP due to depressive symptoms or suicidal problems).

**Project Office:**  
**Preparation of**  
**- draft paper**  
**with basic**  
**positions of**  
**EAAD**  
**- guidelines on**  
**the production**  
**of EAAD**  
**campaign**  
**material**

To be able to compare evaluation outcomes assessed on national level in the long run, the necessity of a minimal common procedure as defined in the EAAD evaluation catalogue was emphasised. To improve the coordination of the evaluation activity undertaken within EAAD, it was decided that each EAAD partner shall appoint one contact person in charge of evaluation who constantly provides information about the status quo concerning data collection, methods, instruments, etc. to the project office. Additionally, a questionnaire asking for information on how the main evaluation indicators are being assessed in different EAAD sites will be distributed by the project office.

**All partners:**  
**Appointment of one person in charge of regional evaluation activity**

**Project Office:**  
**Preparation of questionnaire asking for information on assessment of evaluation indicators**

### **Implementation and sustainability evaluation**

James Coyne presented an outline of an international study researching conditions and processes associated with the implementation and sustainability of the EAAD project. An investigation of the implementation process in different EAAD regions shall provide information about how and when to influence the sustainability of community-based action programmes to develop more refined models in the long run. Margaret Maxwell and James Coyne are currently preparing a respective application for funding to be submitted to the NIMH (National Institute of Mental health, USA).

**Project Office:**  
**Distribution of EAAD Regional Site Questionnaire**

To ensure a quick start of the study, all partners are asked to identify new aspects of specific programs that need to be assessed in early 2006. For this purpose, a questionnaire has been prepared which will be distributed by the project office. Following this, Margaret Maxwell and James Coyne will contact some EAAD partners to conduct telephone interviews.

**All partners:**  
**Completion of EAAD Regional Site Questionnaire and submission to Margaret Maxwell**

### **Discussion**

Chantal van Audenhove raised the question which evaluation data are actually crucial to EAAD. The proposition was made to also assess the added value of EAAD in terms of increased cooperation between organisations, increased quality of existing projects and self-sustainability of projects in the long run.

Secondarily, the issue of an international evaluation within EAAD has been taken up again. It was agreed to aim at a common evaluation as far as possible (e.g. by defining a common framework for reporting results) but to allow also for inevitable variations between countries. However, identical evaluation shall be undertaken with interested countries using identical questionnaires, data gathering procedures, data processing.

The proposition was made to set up different subgroups within the work group of evaluation, one for each evaluation indicator, to identify and coordinate identical processes.

Finally, the need to define publication rules was discussed. The project office will draft a proposal describing a procedure how to cooperate in preparing publications.

### **Activities in EAAD partner regions focused on children and youth**

#### **Summary**

An overview of activities in EAAD partner regions especially focused on children and adolescents was given by Roxane Sell. The following partners are currently taking action aiming at this target group: Austria, Belgium, England, Estonia, Germany, Iceland and Italy.

In accordance with the work plan of the EC public health programme, activities on the 4 intervention levels planned to be implemented within EAAD II shall be focused on children and adolescents. Respectively, material already available in the EAAD network shall be compiled, evaluated by the workgroup and distributed among all partners. All partners are asked to submit respective posters, leaflets, videotapes, CD-ROMs and DVDs, concepts for special events or training sessions to the project office.

### **Presentation of concrete examples of regional activities initiated in Kent (England)**

Bose Johnson gave account of the broad and impressive activities of the Dartford, Gravesham and Swanley PCT by presenting concrete examples of projects targeted at children (aged 0 – 5 years) and youth (aged 5 – 18 years) implemented in Kent. She will figure out what material might fit in EAAD and make it available to the project group.

#### **Workgroup on evaluation:**

**Appointment of subgroups according to core EAAD evaluation indicators**

#### **Project Office:**

**Preparation of proposal on publication rules**

#### **All partners:**

**Provision of available campaign material for children and youth to the Project Office**

#### **Bose Johnson:**

**Making available English material to the EAAD project group**