

Evaluation level:

Surveys on depression and suicidality among the general public and specific target groups

Core items concerning socio-demographic information, knowledge and attitudes towards depression and attitudes towards suicidality

Core items concerning knowledge and attitudes towards depression and suicidality

Introductory remarks

The core items of this section should form the basis for all surveys conducted among the general population or special target groups.

Especially the requirements concerning socio-demographic information have been kept very short due to a possible potential increase of items and variabilities which would be necessary to cover all regional and cultural requirements. Asking for age, gender and occupational status should be sufficient to allow basic stratifications.

However, many additional information seem to be interesting, possible and – from a regional perspective – important to know to account for variations among your given target groups or general population. So every region should feel free to add any additional item or to ask any additional questions which you are interested in.

The core items presented here can be completed by additional optional items and other instruments covering similar areas of information, attitudes or knowledge according to regional interest and requirements. Certain target groups will definitely require additional items to be covered (e.g. GPs) or additional areas to be asked (e.g. epidemiology). These additional fields, items and topics can be added by each individual partner. What we have learned from the German example (“Nuremberg Alliance Against Depression”) comparisons e.g. concerning differences in perceived treatment options among general population and professionals might be very interesting. So intersections between different questionnaires should be guaranteed to allow these comparisons.

The core items concerning attitudes towards suicidality in their current formulation have been selected from the “Attitudes towards suicide - ATTS” questionnaire, Department of Psychiatry, Umeå university, March 1996, Ellinor Salander Renberg, Lars Jacobsson.

However, psychometric parameters of the ATTS are no longer applicable for this scale as it only consists of some of the items. Nevertheless we thoroughly analysed the proposed items and questions to assess attitudes towards suicide as made in the pooled instrument prepared by Prof. Värnik, the ATTS and all comments and remarks made by the work group on evaluation. Finally we came to the conclusion, that these selected items do cover all areas and interests as they became evident by all other instruments and suggestions. Additionally every partner who wants to take the entire ATTS-instrument can feel free to do so without losing any core item.

All questions asking for knowledge and regional characteristics in terms of epidemiology or offers have been defined as optional items because it seems to become difficult to conduct international analyses on these topics. However, they are of considerable interest on a regional level and should therefore be considered as “optional items”.

Core items concerning knowledge and attitudes towards depression and suicidality

The psychometric characteristics of the suggested “*Attitudes Towards suicide – ATTS*” (Renberg & Jacobsson 2003¹) have already been investigated and the response rates in various samples (general population, coroners, GPs, nurses, politicians etc in different European countries) are high. Conducting the ATTS through telephone interviews, as it has been done in an Irish pilot study (Arensman & Moor-Corry) appeared to be feasible.

A brief introduction to this section also seems to make sense.

¹ Renberg ES, Jacobsson L (2003). Development of a questionnaire on attitudes towards suicide (ATTS) and its application in a Swedish population. *Suicide Life Threat Behav*; 33(1): 52-64

Assessment of socio-demographic information – Core Items

1.1. Gender

- 1_Male
- 2_Female

1.2. Age (in years)

1.3. Occupational status

- 1_Still in training (full time student)
- 2_Full-time employed (incl self-employed)
- 3_Part-time employed (incl self-employed)
- 4_Unemployed
- 5_Military service
- 6_Housewife/-man
- 7_Retired
- 8_Disabled
- 9_Other, specify _____

1.4. Are you working in the health care sector?

- 1_yes
- 2_no

1.5. Occupation _____

End of core items concerning assessment of socio-demographic information

Knowledge and attitudes towards depression – Core Items

1. Opinions and attitudes to depression²

The following are eight short statements about depression, which you may answer if you, totally disagree, partially disagree, partially agree or totally agree.

	<i>Strongly Agree</i>	<i>Agree</i>	<i>Undecided</i>	<i>Disagree</i>	<i>Strongly Disagree</i>
Depression is a real disorder	1	2	3	4	5
Depression can be treated	1	2	3	4	5
Use of antidepressants can change someone's personality	1	2	3	4	5
The causes of depression are unknown	1	2	3	4	5
If somebody is suffering from depression, it is his/her own fault	1	2	3	4	5
If you are suffering from depression, you have to pull yourself together for getting over it	1	2	3	4	5
Antidepressants have side-effects	1	2	3	4	5
Antidepressants are addictive	1	2	3	4	5

2. Causes of depression

If you suffer from depression, this can be due to different causes. To what extent do you agree or disagree that the following causes are related to the development of depression?

	<i>Strongly Agree</i>	<i>Agree</i>	<i>Undecided</i>	<i>Disagree</i>	<i>Strongly Disagree</i>
Wrong lifestyle	1	2	3	4	5
Problems with other individuals	1	2	3	4	5
Disorder of brain metabolism	1	2	3	4	5
Stroke of fate (e.g. death of relative)	1	2	3	4	5
Heredity	1	2	3	4	5
Environmental poisons	1	2	3	4	5
Influence by the mass media (television, papers)	1	2	3	4	5
Today's achievement-orientated society	1	2	3	4	5
Loss of self-discipline	1	2	3	4	5
Weakness of character	1	2	3	4	5

² Generally the term “depression“ should reflect “depressive disorder” being understood as a mental disease.

Knowledge and attitudes towards depression – Core Items (continued)

3. Symptoms of depression

A depression can affect experience and behaviour in different ways. Which symptoms do you think are typical of depression?

	Strongly Agree	Agree	Undecided	Disagree	Strongly Disagree
Compulsive grooming	1	2	3	4	5
Physical complaints (e.g. sleeping disturbances)	1	2	3	4	5
Hallucinations	1	2	3	4	5
Feelings of guilt	1	2	3	4	5
Loss of pleasure	1	2	3	4	5

4. Treatment of depression

There are different ways of treating depression. To what extent do you agree or disagree that the following are effective in the treatment of depression?

	Strongly Agree	Agree	Undecided	Disagree	Strongly Disagree
Talk to friends	1	2	3	4	5
Go on holiday	1	2	3	4	5
Take barbiturates and sedatives ³	1	2	3	4	5
Contact a psychotherapist ⁴	1	2	3	4	5
Contact a doctor	1	2	3	4	5
Pull yourself together	1	2	3	4	5
Eat chocolate or sweet things	1	2	3	4	5
Light therapy ⁵	1	2	3	4	5
Take antidepressants	1	2	3	4	5
Activities (e.g. sports)	1	2	3	4	5
Contact a non-medical practitioner/ alternative medical practitioner ⁶	1	2	3	4	5

³ Barbiturates are medicines that act on the central nervous system and cause drowsiness and can control seizures. Although barbiturates have been used to treat nervousness and sleep problems, they have generally been replaced by other medicines for these purposes. Sedative - Medicine that has a calming effect and may be used to treat nervousness or restlessness

⁴ Psychotherapist - An individual, who practices psychotherapy. Psychotherapy - The treatment of mental and emotional disorders through the use of psychological techniques designed to encourage communication of conflicts and insight into problems, with the goal being relief of symptoms, changes in behaviour leading to improved social and vocational functioning, and personality growth. A Psychotherapist can be a psychiatrist (only therapists who can prescribe drugs), psychologist, psychiatric nurse, or psychiatric social worker.

⁵ Light therapy - the use of strong light for the treatment of depression and gloom (as in seasonal affective disorder) called also light treatment

⁶ A non-medical professional practising holistic medicine such as Homeopathy or Chinese medicine

Core items concerning knowledge and attitudes towards depression and suicidality

Knowledge and attitudes towards depression – Core Items (continued)

5. Treatment by expert

How successfully can a depression be treated by a:

	<i>Very successful</i>	<i>Quite successful</i>	<i>Moderately</i>	<i>Less successful</i>	<i>Not successful at all</i>
A) Family Doctor/GP	1	2	3	4	5
B) Psychiatrist ⁷	1	2	3	4	5
C) Psychotherapist	1	2	3	4	5

6. Have you, a close member of your family or close friend ever suffered from any form of depressive disorder?

<i>Yes – self</i>	<i>Yes – close member of family</i>	<i>Yes – close friend</i>	<i>No – none</i>	<i>Don't know</i>
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7. Have you heard of the “European Alliance Against Depression” (resp. local name) Campaign? If so from

	Yes	No
Television		
Radio		
Newspapers		
Magazines		
GP/doctor/doctor's surgery		
Hospitals/clinics		
Friends		
Spouse/partner/relatives		
Work colleagues		
Chemist/pharmacist		
Posters (not at hospital/clinic/doctor's surgeries)		
Leaflets (not at hospital/clinic/doctor's surgeries)		

End of core items concerning knowledge and attitudes towards depression

⁷ A physician who specializes in psychiatry. The branch of medicine that deals with the diagnosis, treatment, and prevention of mental and emotional disorders. A main aspect of their profession is that they can prescribe drugs.

Attitudes towards suicidality - Core Items

1. Has anybody in your family or friend ever suffered from suicidality (*concept has to be specified*)?
1_No 2_Yes 3_Don't know
2. Has anybody in your family or friend ever been treated for suicidality (*concept has to be specified*)?
1_No 2_Yes 3_Don't know

	Strongly agree	Agree	Un-decided	Disagree	Strongly disagree
• People who talk about suicide do not die by suicide.					
• It is always possible to help a person with suicidal thoughts.					
• People who take their own lives are usually mentally ill.					
• There is a risk of evoking suicidal thoughts in a person's mind if you ask about it.					
• A person once they have suicidal thoughts will never let them go.					
• Suicide happens without warning.					
• Once a person has made up his/her mind about taking his/her own life no one can stop him/her.					
• Many suicide attempts are made because of revenge or to punish someone else.					
• I would consider the possibility of taking my life if I were to suffer from a severe, incurable disease.					
• If someone wants to commit suicide it is his or her business and we should not interfere.					
• I am prepared to help a person in a suicidal crisis by making contact.					

End of core items concerning attitudes towards suicidality