

## MINUTES

### Meeting attendants

#### EAAD Project Group:

Austria	Ullrich Meise, Angela Ibelshäuser
Belgium	Gert Scheerder
England	Ann Palmer
Estonia	Airi Värnik, Merike Sisask, Algi Samm, Helja Eomois,
Finland	Esa Aromaa, Jyrki Tuulari
France	Anne-Claire Horel
Germany	Roxane Sell
Hungary	Mónika Kovács
Iceland	Högni Óskarsson
Ireland	Ella Arensman, Elaine McMahon
Italy	Ingo Stermann
Luxembourg	Charles Pull
Netherlands	Christina van der Feltz-Cornelis
Scotland	Margaret Maxwell, Sheena Lowry
Slovenia	Milan Mirjanic
Spain	Victor Pérez Sola, Annabel Cebrià
Switzerland	Regula Ricka
GABO	Annette Hohmann

#### Guests:

Advisor of EAAD	James Coyne (USA)
European Mental Health Implementation Project (EMIP)	Henriette Orban

#### EAAD Project Office Munich:

Ulrich Hegerl, Tim Pfeiffer-Gerschel, Meike Wittmann

#### Excused:

Portugal	Ricardo Gusmão, Sara Ferreira
Advisor of EAAD	Wolfgang Rutz (Sweden)
European Platform for Prevention and Promotion in Mental Health / WHO	Eva Jané-Llopis
European Commission	Jürgen Scheftlein

**Monday, 29<sup>th</sup> May 2006,**  
10:00 a.m. – 06:00 p.m.

**Address of welcome** by Ulrich Hegerl and Airi Värnik

**Presentation of EAAD evaluation activities and preliminary findings**

Preliminary findings of evaluation activities undertaken in EAAD intervention regions have been presented by EAAD partners from Slovenia, Ireland, Belgium, Hungary, Estonia and Iceland.

- **Slovenia**

Milan Mirjanic presented effects of the Slovene training programme for community facilitators (e.g. medical nurses): The educational programme lead to a decrease of perceived stigmatization of depressed people and depression-related problems as measured by self-ratings of the trained groups. The proposition was made to compare attitudes and knowledge between different groups of community facilitators and to compare training effects between different EAAD sites, taking into account differences in interventions implemented in each EAAD region.

- **Ireland**

Preliminary findings of the Irish public opinion survey have been shown by Elaine McMahon. A controlled study design has been used including baseline and follow-up measurement and two control regions. Participants are surveyed partly by telephone and partly by postal mail. Baseline findings show differences between age groups and gender. Additionally, evaluation activities targeting at trainings for community facilitators have been presented. The "Confidence Questionnaire" by Morris et al. (1999) is applied to assess confidence in dealing with depressed/suicidal people among the target groups.

- **Belgium**

Gert Scheerder reported on baseline findings of surveys among GPs and pharmacists in Flanders. Given the low response rates among GPs (18%), the question has been raised how it could be managed to reach a representative sample of GPs. Since GPs who do participate in EAAD training courses already belong to a group who is – in principle - interested in depression, it might be the case, that those GPs are more competent in dealing with depressed/ suicidal people, too.

Arensman / McMahon:  
**Provision of Confidence Questionnaire to project office**

Project Office:  
**Distribution of Confidence Questionnaire via EAAD-website (internal part)**

- **Hungary**

Preliminary results of surveys among the broad public and health professionals have been presented by Mónika Kovács. Differences in lay and professional knowledge and attitudes on depression and suicide seem to exist with regard to (1) possible causes of the development of depression, (2) typical symptoms and (3) adequate treatment of depression and (4) general opinions towards depression. Further items have been assessed among the broad public in connexion with the Hungarostudy. The evaluation of special offers for high risk groups shows an increasing usage of the crisis hotline and outpatient clinics.

- **Estonia**

Merike Sisask provided an overview on the multifaceted evaluation activities in Estonia (amongst other indicators: treatment costs, prescription profiles). One remarkable finding of the public opinion survey is that the confidence of the Estonian population in GPs' competence to treat depression successfully seems to be quite low. The proposition was made to compare findings of public opinion surveys between different countries and – if possible - cultures.

- **Iceland**

The first project phase of the Icelandic Alliance against Depression which had started in 2001 was completed in spring 2005. First evaluation outcomes are available and have been presented by Högni Oskarsson. The assessment of prescription rates showed a continuous increase in prescribed DDDs of antidepressants within the last two decades. In this connexion, the issue of over-/dystreatment has been raised (e.g. prescription of ADs against anxiety or pain). However, during the last years, the increase was slowing down. This tendency might be due to a ceiling effect. As far as changes in suicide rates are concerned, there was a clear decrease within 2001 and 2004 in comparison with the previous three years (1998 – 2001, comparison of moving averages). The most significant decrease of suicide rates could be found among young man.

### **Tour de table covering the thematic focuses of EAAD II**

All partners shortly reported on their activities aiming to expand the regional EAAD campaigns to other regions and – if possible – nationwide. As agreed upon during the 3<sup>rd</sup> EAAD-meeting, letters have been sent out by the project office to inform national governments about the 2<sup>nd</sup> phase of EAAD.

Different models concerning the formal structure of the expansion process have been identified:

**All partners:  
Please refer to the  
presentation  
slides for  
further  
information  
about the  
presentations  
held at the  
meeting. All  
slide sets can  
be  
downloaded  
from the EAAD  
website  
(internal part  
=> meetings).**

- The EAAD-project is integrated in or connected with already existing national initiatives targeting at depression and suicidality (e.g. national suicide prevention strategy, national mental health promotion organisation). This is aimed at e.g. in Ireland. In this connexion, it would be important to establish co-operations in terms of equal partnerships to avoid losing the individual identity of EAAD.
- The EAAD-project is run as an official mental health promotion and prevention activity of the regional/national government. This is already the case in several countries (e.g. in Spain, Switzerland, Iceland). In other countries, the EAAD-project directly ties up to national recommendations concerning e.g. the treatment of depression (in Finland and the Netherlands) and can be promoted referring to this.
- The regional/national EAAD-network is established as an umbrella-organisation with the aim to connect already existing mental health promotion activities under the common "roof" of EAAD. This is aimed at e.g. in Scotland. Here, it might be difficult to avoid being recognised as concurrence by potential co-operation partners.

During a general discussion on strategies for the national expansion the following topics have been addressed:

- steering of the expansion process,
- acquisition of additional funding resources and
- co-operation with other depression related projects.

The Project Office recommended to include excerpts of the Consortium Agreement (mainly §13.3 and §14) in co-operation agreements with future expansion partners. The necessity of being able to prove the evidence of the EAAD 4-level approach to attract stakeholders has been discussed. It has been agreed to prepare first publications of EAAD evaluation outcomes until the end of 2006. Another argument to promote EAAD on national level is that the EAAD-project has explicitly been recommended within the EC's Green Paper on Mental Health as a successful action to prevent suicidality. A recent publication of the results of the Nuremberg pilot study should also be helpful. The full reference is: Hegerl U, Althaus D, Schmidtke A & Niklewski G (2006). *The alliance against depression: 2-year evaluation of a community-based intervention to reduce suicidality*. *Psychological Medicine*, 36(9), pp 1225-34. An electronic version of the paper is already available.

The second focus of the round table addressed ongoing or planned interventions targeting at children and adolescents. Most partners identified a big demand for help offers appealing to this special target group.

**Project Office:  
Distribution of  
the recent  
publication of  
the results of  
the  
Nuremberg  
pilot study to  
all partners.**

Ideas for concrete interventions are summarised as follows:

- Co-operation with self-help organisations focusing on children of parents suffering from affective disorders (e.g. Austria, Iceland)
- Development of recommendations for health professionals and family members on how to be responsive to a child/youth showing suicidal behaviour or depressive symptoms (e.g. Austria)
- Initiation of school projects aiming to break the taboo of depression as a mental disease by confronting pupils with persons affected who have recovered (e.g. Austria, Slovenia)
- Initiation of public information events specially appealing to young people (e.g. presentation of information adapted to youth, involvement of young prominent persons providing testimonials) (e.g. Belgium)
- Establishment of collaborations with school psychologists (e.g. distribution of information material, conduction of training courses for school personnel) (e.g. Slovenia)
- Education of school personnel and other target groups in brief problem solving therapy (e.g. Ireland)

**Austria:**  
**Provision of a short description of the school project to the Project Office**

**Belgium:**  
**Provision of a short description of the youth public info event to the Project Office**

### **Discussion on pharmaceutical company sponsoring**

Given the difficult financial situation of the English EAAD partners, the discussion about the network's position towards co-operation with the pharmaceutical industry (abdication of any kind of pharmaceutical company sponsoring) has been taken up again which had been started by e-mail in March.

After an extensive discussion the project group confirmed the decision to decline any kind of sponsoring by pharmaceutical industry.

Amongst other reasons, this decision has been made to safe the credibility of the campaigns' key messages (e.g. recommendation of antidepressants as appropriate treatment option). Alternative opportunities and resources to raise funds from have been gathered: co-operation with other sectors of industry (e.g. health insurance and telephone companies), "selling" of training packages and CME activities, focusing on public funding (e.g. ministry of health or social affairs).

### **Tuesday, 30<sup>th</sup> May 2006,**

09:00 a.m. – 01:00 p.m.

#### **Evaluation of EAAD**

- **Status quo of the U.S. NIMH funding application**

The NIMH funding application concerning the planned process evaluation of the EAAD-project has been submitted by James Coyne and Margaret Maxwell on May, 9<sup>th</sup> 2006.

Activities and outcomes shall be compared across the 18 EAAD partner regions. More intensive case studies are planned to be conducted within 6 partner regions. The complete proposal can be downloaded from the EAAD-website (internal part => meetings/documents). Until March, 28<sup>th</sup> nearly all partners have provided a preliminary supportive document expressing their commitment to support the NIMH-project. A first response can presumably be expected until the end of July.

• **Information about the DPDP-project proposal**

Following the preparatory meeting of a research project to be proposed within the EC's 7<sup>th</sup> Framework Programme for Research and Development, an outline of the DPDP-project has been distributed within the network on April, 7<sup>th</sup>. In the meantime, most partners have contacted their National Contact Point (NCP) to present the project. All remaining partners are appealed to get in touch with their NCP in the near future. The work programme is expected to be published in July/August, first calls of proposals in November 2006. To prepare the application in due time, the next (5<sup>th</sup>) EAAD meeting shall already take place in October 2006. In preparation for the meeting, all partners are asked to collect information about intervention activities on the primary care level in their region or country.

**General information**

• **Revision of the EAAD website**

The revised version of the EAAD-website has been presented: All information has been updated with regard to the 2<sup>nd</sup> project phase. The lay-out has been redesigned in accordance with the common public face of EAAD. Further items (e.g. campaign material, evaluation within EAAD) have been included to provide a more detailed and comprehensive insight into ongoing EAAD intervention and evaluation activities. All partners are asked to use their :milliarium login and password in future to enter the internal part of the website (secured members area).

• **Organisational aspects**

Annette Hohmann (GABO) shortly explained the evaluation and payment process of the EC. All partners have been reminded to keep the deadlines set by the EAAD project office during the interim and final reporting periods.

**Establishment of publication plans and teams**

To disseminate more information about EAAD and to have references documenting the project's impact, the project group has discussed a variety of possible topics for future publications. Publication plans and teams have been established (please see the summary in the annex). All partners have the possibility to propose further publication themes to the project office, the project office will then inform the project group accordingly.

**All partners:  
Presentation  
of the DPDP-  
project to the  
National  
Contact  
Points in  
EAAD partner  
countries**

**All partners:  
Provision of  
measurable  
results  
showing the  
efficacy of  
EAAD until  
the end of  
2006**

Partners who are interested in co-operating concerning a certain publication are free to join the respective publication team.

All publication teams are asked to prepare an abstract of their planned publication including information on data basis and time schedule. The project group agreed upon the BMJ guidelines for authors to be used within EAAD when preparing a publication (please see <http://bmj.bmjournals.com/advice> ).

**All co-ordinators of publication teams:**  
**Provision of abstract incl. time schedule to the Project Office**

The 5<sup>th</sup> EAAD general meeting will be held in October 2006.

## Annex: EAAD publication plans and teams

Topic	Co-ordinator	Team
General overview on EAAD	Hegerl	All partners
Procedures of suicide registration - a comparative view	Värnik	Mirjanic/Marusic, van der Feltz-Cornelis, Van Audenhove/Scheerder, Meise, Palmer, Arensman/McMahon
Suicides: Comparison of methods	Värnik	Hegerl, Palmer, Mirjanic/Marusic
Psychosocial contextual reasons for suicide	Palmer	Sterman, Ricka, van der Feltz-Cornelis
A comparative view on suicide attempts/ DSH	Arensman	Ricka, Maxwell
Suicides and suicide attempts in Europe	Schmidtke/Sell	
Effects of EAAD campaigns on prescription of psychopharmaceuticals	Hegerl	Perez -Sola/Cebria, Värnik, Oskarsson, Mirjanic/Marusic
Prescription patterns of psychoactive drugs in Europe	Maxwell	Hegerl, Palmer, van der Feltz-Cornelis
Baseline assessment of attitudes on depression and suicides among community facilitators	Arensman	Mirjanic/Marusic, Van Audenhove/Scheerder, Kovacs/Kopp
Baseline assessment of attitudes on depression and suicides among GPs	van der Feltz-Cornelis	Van Audenhove/Scheerder
Effects of trainings on attitudes and knowledge among community facilitators	van der Feltz-Cornelis	Oskarsson, Arensman/McMahon, Van Audenhove/Scheerder, Mirjanic

Attitudes and knowledge among the general public	Mirjanic/Marusic	Van Audenhove/Scheerder, Arensman/McMahon, Kovacs/Kopp, Värnik, Tuulari/Aromaa
Overview on self-help activities, role of relatives	Pull	van der Feltz-Cornelis, Maxwell, Meise/Ibelshäuser, Sterman, Ricka