

MINUTES

5th EAAD General Meeting
Thursday, 29 March, 2007
9:00 – 16:30

Address and welcome of new participants: Ulrich Hegerl

Christiane Roick, Senior Research Fellow, Leipzig University

Lisa Wittenburg, Project Manager, Leipzig University

Stephan Van den Broucke, PhD, European Commission, Public Health Executive Agency, Program Officer. The EAAD was recently transferred from DG Sanco to the Public Health Executive Agency. Dr. Van den Broucke reported that he has received the interim report. He also noted that the agency was becoming particularly interested in the themes of evaluation and dissemination.

Presentation of results: EAAD Progress: Lisa Wittenburg, EAAD Project Manager

Lisa Wittenburg presented a summary of the last year's activities beginning with each of the four levels of intervention. Most partners have some activity on all levels. A table with evaluation points was distributed. Partners were asked to check and confirm the data on the table. It was cautioned that the table is somewhat oversimplified. If partners are interested in additional information about any of the topic areas, they are encouraged to get in touch with her for more information. Main themes for the next year and the remainder of the meeting include further presentations and publications, continuation and strengthening of the 4 level intervention, the growth and expansion of regional networks, the adoption of new materials targeting children and adolescents, and planning for the sustainability of the EAAD.

Special goal of EAAD II: Activities addressing children and adolescents

Högni Oskarsson, Iceland

Högni Oskarsson encouraged an approach that involves all of the systems that impact the children (families, child protective services, placement agencies, schools, general public) and begins at the earliest stages of a child's development. This approach focuses on encouraging healthy behaviour by providing life skills training to mitigate the risk factors leading to depression. A theme of training is to empower families to use more effective methods for caring for their children. They work closely with educational counsellors and will include a "train the trainer" approach in the near future. A database of educational slides will serve as a resource. It was suggested that the German slides could perhaps be shared as a resource, as could the Icelandic slides. Dr. Van den Broucke commented that this approach is in line with the goals of the EC green paper on the promotion of mental health.

Ella Arensman, Ireland

Ella Arensman provided an overview of the Ireland project. From the beginning, the EAAD in Ireland has had a special focus on children and adolescents and had had intervention and control regions. To date, the intervention region has shown a slight decrease in deliberate self-harm, however this decrease is not statistically significant. A survey of a randomly selected school sample indicated that almost 50% of those

surveyed had engaged in one or more episodes of deliberate self-harm. Past studies of DSH had shown that most people (85%) do not report self harm to service professionals. The Irish survey showed that adolescents are most likely to tell a friend (49.8%) about their actions and least likely to tell a teacher (6.5%), making it questionable whether or not teachers are the right people to target for trainings as community facilitators. Those "hidden groups" in the population who have poor mental health, self-harming behaviour, and who receive no treatment are the prime target for intervention.

Interventions with the media in Ireland are challenging, as suicide is often portrayed in a sensationalised manner and the media is resistant to change. A recent front-page story of the suicide of a teenage boy was circulated. As suicide rates have been monitored closely, it may be detectable if there is an increase in suicidality after a sensationalized report.

In building a child and adolescent program, a critical first step is forming an advisory panel consisting of all relevant stakeholders (they will help to disseminate information, lead you to other advisory members and will identify future trainers). It is important to do pre and post assessments of trainings to measure the effects of training. The immediate effects have been very good; it is still unsure whether the positive effects are long lasting.

Challenges: train the trainer workshops require a lot of follow up and further coaching; health services maps can be developed which indicate resources and referrals for a catchment area, however resources are often scarce; at risk youths often have literacy problems, new materials need to be created to target low literacy teens (this new leaflet will be distributed to the group).

Training sessions have the approach of increasing emotional resilience in youths. Ulrich Hegerl warned of finding a balance between promoting wellness and combating disease. Fighting depression is the common theme of the EAAD. There is a danger in becoming too broad.

A discussion of strategies to intervene with the media in Ireland followed. Key suggestions included: assembling all regional chief editors and getting them to come to an agreement about reporting standards; finding an intermediary to talk to the press; insisting that crisis hotline numbers and other concrete help be offered if they insist on reporting on suicide; contacting a media ethics watch group; conducting a survey of media workers and releasing this information to the press; involving a responsible person in a personal way; activating a response network to negative articles in the media (letter writing, etc); involving a minister of state in signing media guidelines; placing stories about mental health treatment. It was decided that the EAAD project office would write a letter to the Irish Examiner. Also, support will be sought from a media ethics organization in Ireland, if one exists.

Andras Szekely, Hungary

Hungary has a multi-faceted approach to reaching adolescents including schools, the Internet, radio and television, crisis hotlines, cinema spots, press conferences, etc. There is a special issue of Developmental Pedagogy on the topic of child and adolescent depression which will be widely distributed. There are numerous conferences/trainings planned and informational materials for teachers and students have been produced. The Hungarian Alliance Against Depression is publishing a handbook on depression for helping professionals. The book will cover the aims and results of the EAAD in Hungary, epidemiological information, prevention approaches and materials. Hungary has many informational materials and will provide a short description of these in English to determine if there is a need for further translation of these resources.

Meeting of EAAD materials workgroup

The workgroup discussed and reviewed the collected materials and agreed to correspond further via email. The goal is to further materials that are needed and will be used by participating regions. The Irish brochure for low literacy adolescents and the DVDs about adolescent depression and suicide for use in trainings seem to have a broad appeal.

Special goal of EAAD II: Local, regional and national expansion

Angela Ibelshäuser, Austria

The EAAD program began in Tyrol and has now spread to Styria, Carinthia and Vienna; another province is now interested. A national mental health organization has been integral in expansion efforts: the EAAD concept was presented at a national meeting and all of the members of this organization were sent an email about the project. Further, articles about the project have been published in the organization's journal.

There need to be contracts with new partner regions. The contracts should outline the following elements: project aim, responsibilities to EAAD concept and materials, the 4 level approach, maintaining the key messages, refusing pharmaceutical company sponsoring, participation in the Austrian EAAD website and an obligation to inform the coordinating office twice a year about plans and results. In exchange, the coordinating office provides materials support, advice and a website. The new Austrian Alliance partners have numerous events planned. There were some issues with corporate identity in the early versions of the fliers in the new regions but these issues have been resolved for the future.

Airi Värnik, Estonia

Airi Värnik introduced the topic of expansion in Estonia and noted that the ease of understanding the 3 slogans and the 4-level intervention made this a good approach, and consequently made expansion of the project in Estonia quite easy.

Merike Sisask, Estonia

On the topic of expansion, Estonia did a lot of work on the governmental level, however there was recently an election and now there will be a need to educate all of the newly elected officials. National growth in Estonia has been possible due to partnerships with national organizations (Estonian Association of Family Doctors, Estonian Association of Psychiatrists, Association of School Psychologists, Estonian Police, etc). Emergency cards were produced. Multiple languages required multiple versions of the cards. Additionally each card was tailored to include regional resources. The train the trainer concept is important for expansion. Next steps: garner support from politicians and officials; find new national partners; grow the network via train-the-trainer.

Regula Ricka, Switzerland

The rights to use the Alliance materials were purchased from the German Alliance. The Swiss Alliance now distributes the materials free of cost to regions throughout the country. The Alliance Against Depression was adapted by the Swiss Conference of 26 Ministers of Public Health. They have also recommended expansion of these activities. With regard to expansion, there has been a "me too" effect meaning that once one canton signed on, it was easy to approach others to do so as well. There will be an evaluation aspect: family practitioners record diagnostic codes. New data about the rate of diagnosis of depression will provide more information. The cantons provide financial support for the intervention but not for the evaluation.

Group discussion of regional and national expansion

The main themes of the group discussion are presented here.

1. Evidence of a project's success: Partners reported that they are constantly hearing about the need for evidence of success. Ulrich Hegerl reminded everyone that this is the strength of our method – that the Nuremberg study had a control region, making this one of the best evaluated suicide prevention approaches. Governments want evidence of added value, as well as a roadmap for doing this again in the future. Stephan Van den Broucke mentioned the importance of process evaluation and the measurement of the short-term effects.

2. Defining expansion: The question was posed about how to define a successful expansion – you can't *force* others to work under the EAAD flag. It was discussed that sometimes expansion consists of offering our materials to others and working with already existing organizations toward expanding the four pillars. This approach contributes to sustainability. It was felt that the expansion process might need to be formalized but that there was still a need for flexibility.

3. The use of contracts and subcontracts: There was a discussion about the need for formal contracts when making agreements with new regions. In Germany a contract is used when a new region joins the alliance. The contract spells out the points of agreement (can not change the materials, etc.). Rita Schäfer clarified some points regarding usage rights: the EAAD has usage rights of the materials that came from Nuremberg through 2009. The pictures and logo should not be used outside of the EAAD. The willingness and general acceptability of contracts varies widely by region. In the Netherlands contracts are very useful and commonly accepted. All points of collaboration are spelled out (who gets the data, who speaks to the media, the dissemination plan, etc.). In other regions, people are very reluctant to sign.

Ulrich Hegerl stated that contracts should be mandatory; the project office will provide recommended elements for a subcontract to the partners. A further discussion of partnering with individuals versus setting up a new alliance region led to the following: Contracts are necessary when a new region is planning a 4-level intervention. When partnering with individuals for work on one or two levels, verbal agreements are enough. For example, in working with community facilitators, a verbal agreement of the key points has been enough in Germany. The idea is not to protect materials so strongly that it inhibits use of the materials and the free flow of information.

4. Protection of EAAD materials: There was a discussion about protecting the EAAD materials from theft and misuse. We could consider adding a line on materials that reads: This material is intended for use by the European Alliance Against Depression and its partners and can not be used or reproduced without permission. Also, when sharing materials with others (i.e. presentations), it is a good idea to use PDFs instead of more flexible software. Of course, in the end, this is not a true safeguard against theft. Remember that the aim is to spread the materials not to hold on to them too tightly.

6. Expansion of EAAD to related topics: Some partners have been asked to provide trainings/information on other disorders (i.e. anxiety). Ulrich Hegerl recommended that we stick to our core theme of depression.

7. Consideration of seal of approval: Another approach suggested was to consider an approach similar to Healthy Schools/Health Hospitals. Under this model, organizations would apply for the EAAD seal of approval. This would require an agreement that all parties were working along the same principles.

Screening of adolescent themed DVD from Scotland
Depression: Information for Young People

Margaret Maxwell introduced the film which is a teaching resource for professionals working with young people. It is to be used in trainings. It is possible that this could be translated into other languages, if there is a need for this resource.

Friday, 30 March, 2007

9:00 – 13:30

James Coyne Update

Jim Coyne updated the group on the grant application to the National Institute of Mental Health. The grant was reviewed (many are not) but got a fairly low priority score. It will need to be significantly revised to be fundable. The main criticisms were whether the results could be generalized to the US, how successful implementation could be measured, and whether the implementation will change the quality of care at the patient level. We will try again and will resubmit a revised application.

Evaluation and publication update and discussion, Christiane Roick

The first common paper is in press, it should be cited when appropriate:

Hegerl U, Wittmann M, Arensman E, van Audenhove C, Bouleau J-H, van der Feltz-Cornelis C, Gusmao R, Kopp M, Löhr C, Maxwell M, Meise U, Mirjanic M, Oskarsson H, Perez Sola V, Pull C, Pycha R, Ricka R, Tuulari J, Värnik A, Pfeiffer-Gerschel T. (in press). The European Alliance Against Depression (EAAD): A multifaceted, community based action programme against depression and suicidality. [The World Journal of Biological Psychiatry](#).

Furthermore, it was suggested to refer in common EAAD publications on the results of the pilot evaluation of the 4-level-approach, which was performed in Nuremberg: 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, 1225-1233.

Airi Värnik: Suicide methods

The group agreed on final issues in a publication work group meeting on Thursday, 29 March. The topic of the paper is suicide methods in Europe by gender and age groups. A second paper on suicide registration procedures is being considered.

Milan Mijarnic: Attitude and knowledge of the general public

Began by looking at attitudes toward both suicide and depression. Next steps were defined. Two additional countries are on board (Portugal and Iceland). Netherlands and Luxembourg are beginning to organize data collection.

Gert Scheerder: Effects of training on community facilitators

There are eight common items on training effects which will be the focus of the paper. The paper is promising, as there were a large number of people reached by the trainings. Further, it is a unique approach with little previous literature on the topic.

Christina van der Feltz: GP trainings

A variety of paper topics were discussed with relation to general practioners. Christina van der Feltz suggested performing a survey to be used with GPs. The survey was created with the intention of being filled out by GPs with whom partners have relationships. Others suggested using GP organizations in order to get a random sample. Another paper topic discussed was the impact of GP trainings on referral rates. Unfortunately, none of the other partner countries have data on referral rates.

In general, it is difficult to get a good response rate from GPs. Ella Arensman shared the experience of a mail questionnaire that was sent to GPs: 80 were sent and 26 were returned She will send these questionnaires to Christina van der Feltz, if this will be

helpful to the effort. Similarly, Estonia sent out a mail survey to 300 GPs and got 180 back. It was suggested that it might be possible to look within the EAAD at GP training effects data. Belgium has baseline and follow-up in 60 GPs.

Ulrich Hegerl: Effects of EAAD campaigns on prescription rates of psychotropic drugs

Results of a German pilot study by Tim Pfeiffer-Gerschel were presented and the EAAD partners were asked for national data on prescription rates of psychotropic drugs in order to perform an international comparison.

Scotland has good prescribing data. There is now a push away from prescription for mild – moderate depression. Stephan van den Broucke also agreed that an increase in prescription rates is not a positive outcome. While it is good to monitor these rates, they do not provide a good outcome measure for the program. Ulrich Hegerl pointed out the larger problem that in most countries there is an under-treatment of depression. Ireland reported on a pilot study which found that in the absence of referrals, GPs are over prescribing anti depressants. Airi Värnik felt that this topic was too ambitious and that too few GPs have been trained to be able to measure an effect on overall prescription rates.

Margaret Maxwell: Review of medications

No update. Keep it on the list.

Ella Arensman: Attitudes paper

The idea was to have a longitudinal paper on attitudes about depression. The timeline is two years from now for getting started on this. Also, there may be a separate paper that would focus on those who have had personal experiences with depression and how this impacts attitudes. The papers are planned in close cooperation with the colleagues from Slovenia.

Roxane Sell: Suicide and suicide attempts in Europe

No update.

Charles Pull: Self-help

The first step for this paper is to take an inventory of what exists in terms of self-help support groups, internet resources and self-help books. Stephan van den Broucke suggested that this has already been done in many regions, thus a first step could be getting a hold of these prior efforts.

EAAD publication guidelines

EAAD partners agreed on the following points: EAAD uses the commonly accepted Uniform Requirements for Authorship; authorship will be in alphabetical or random order except for first, second which will be determined by contribution, as will the last position which will generally go to the EAAD principal investigator, Ulrich Hegerl; when the main contribution from a country is acquisition of data, there should be only one author per country; when the contribution is overall coordination, analysis and writing, it is acceptable to have more than one author per country. Also, lead authors should allow sufficient time for the co-authors to comment on the manuscript (2 weeks). All co-authors need to approve of the manuscript. Funding needs to be acknowledged in manuscripts in this way: The European Alliance Against Depression is funded by the European Commission, Public Health Executive Agency, grant number 20035323.

Partners agree that there is no need for a data use agreement.

Plans for the EAAD after the end of EC Sponsorship: Sustainability

Ulrich Hegerl announced that we discussed plans for using the Kent money with Stephen van den Broucke, who recommended using the funds to examine “capacity building” in the partner regions in order to discover opportunities to for improved sustainability. The project office will pursue this and will keep partners posted.

Reasons to continue the EAAD: To use EAAD materials, the network needs to continue to exist. Other benefits of collaboration: website, best practices sharing, exchange of experiences. Even though some partners may apply for a 7th framework project, this would not support materials or best practices sharing. The continuation of a steering centre (project office) would allow for the continuation of cooperative meetings. It was suggested that we might attach EAAD meetings to other meetings that partners regularly attend. It was felt that we have just started something in preventative psychiatry and we need to keep the momentum and to continue the intervention. Ulrich Hegerl suggested a membership based organization costing €2,000-3,000 per country.

Continuation of funding: Is there a possibility of continued funding by the EC? Stephan van den Broucke reported that the next program will be decided in May. The new program will be similar to the current program but the priorities are unknown. To get funding via this mechanism, we would need a different approach (similar to including a new focus on children and adolescents into the EAADII). We would need to reinvent ourselves (new themes: elderly, substance abuse). We have a good platform but would need to be innovative.

Capitalize on the value of the network: It was suggested that the network itself is of great value. We would partner with groups who want to do community based research. We could provide a context, infrastructure and support for doing research.

Next steps:

1. Keep an eye on next round of calls in May; would need a new focus (i.e. immigrants/refugees)
2. Apply for FP7
3. Consider cooperation with others who want to use our network
4. Consider provision of training and materials for setting up networks on depression
5. Consider accreditation of the label (franchising)

Next General Meeting to be in Barcelona, Luxembourg, Cork, or Edinburgh. Partners to vote on location.