The “European Alliance Against Depression (EAAD)”
A Multifaceted Action Programme against Depression and Suicidality supported by the European Commission

1. Background
Action programmes fostering partnerships and bringing together regional and national authorities to promote the care of depressed patients are urgently needed. An international European approach will help to share knowledge among the involved players and achieve synergies within the network. The “Nuremberg Alliance Against Depression” was carried out as a sub-project of the “German Research Network on Depression and Suicidality” (funded by the German Federal Ministry of Education and Research) and provides a concept and materials for a community-based intervention targeting at depression and suicidality. EAAD combines this concept with the experiences and material from other countries in a European initiative.

2. The regional experience: “Nuremberg Alliance against Depression”
The “Nuremberg Alliance Against Depression” is a 4-level action programme in Nuremberg (500,000 inhabitants), which has been evaluated both with respect to a 1-year baseline and a control region (city of Würzburg). With confirmatory statistics a significant reduction of suicidal behaviour by more than 20% was observed. Both, the intervention and the evaluation of the “Nuremberg Alliance Against Depression”, are shortly described in the following:

A) The Intervention
The intervention took place on four different levels complementary to each other (Fig. 1):

- Co-operation with general practitioners
Interactive workshops using educational packages were developed and offered to GPs. Screening tools were evaluated (Henkel et al. 2003) and handed over to GPs together with other material (e.g. leaflets and brochures). One of two professionally produced videotapes informed GPs about diagnosis and treatment of depression, the second video was intended to support the GPs in informing the individual patient about his disorder and its treatment. This second video should be handed out by the GP to their depressed patients who can then inform themselves at home about depression and its treatment.

Fig. 1: 4-level approach of the “Nuremberg Alliance against Depression”

Fig. 2: Poster: “Depression has many faces”
• **Public relations campaign**
  A professional public relations campaign was established including posters (see Fig. 2) at public places, leaflets, information brochures and several public events. Additionally a cinema spot was developed and two prominent patrons supported the campaign (German Federal Minister for Family Affairs, Senior Citizens, Women and Youth and the Bavarian Minister of the Interior).

• **Community facilitators**
  Educational workshops were provided to important community facilitators such as teachers, counsellors, priests, geriatric nurses, policemen, pharmacists and others. For this purpose special educational packages were developed. Also a close cooperation with the media was established in order to avoid imitation suicides. A 12-point recommendation was handed out to local media in Nuremberg, providing information how to report and how not to report about suicides.

• **High risk groups**
  An “emergency card” was handed out to patients after suicide attempt, indicating a telephone number which allowed an easy and round the clock access to professional help offered by a specialist. Several initiatives were started to found new self-help activities and support already existing self-help activities. Self-help is a key aspect in strengthening the patient’s position in decision-making concerning any kind of treatment of his/her disease.

**B) Evaluation**

Compared to the 1-year baseline (2000) and a control-region (Würzburg) a reduction of suicidal behaviour could be found for both intervention years. Confirmatory statistics reveal, that the reduction of suicidal behaviour (suicide attempts plus suicides) was not only clinically relevant but also statistically significant for 2001 and 2002 (see Fig. 3). Further analyses (changes in public opinion, changes in prescription of antidepressants) supported the efficacy of the intervention programme.

During the last months the idea of the “Nuremberg Alliance Against Depression” has spread all over Germany and meanwhile more than 40 German regions and communities initiated own intervention programmes or plan to do so in the future. Under the common roof of an “Alliance Against Depression” these regions share their knowledge and work together targeting at an improvement in the care of depressed and suicidal patients. Many other organisations are closely linked to this network and several co-operations have been established with various groups ranging from professional associations to patient-organisations.
3. EAAD - First steps and achievements

An international network, co-operating to identify and implement “best practice” models

Based on the successful work of the German “Alliance Against Depression” 18 international partners representing 16 different countries, a WHO work group and a professional IT-partner established the “European Alliance Against Depression” in 2004. Under the leadership of the Psychiatric Clinic of the University of Munich and with support of the European Commission an international network has been built up. The successful basic principle of an action-oriented programme that intervenes on various levels and utilises knowledge and expertise of an international network of experts in combination with a number of established regional activities forms the core principle of EAAD.

Available knowledge

A catalogue of “best practice” materials for the 4-level intervention programmes (e.g. educational packages, videotapes, a cinema spot and public relations material) has been set up. Many of these materials were developed within the “Nuremberg Alliance Against Depression” and have already been or will be adapted to the different national needs in other European countries and regions. Other regions have also contributed materials to this catalogue. The identification of examples of “best practice” and avoidance of unnecessary duplication of development work are important aspects of EAAD. A first catalogue of evaluated and international available material has been composed as an internal work document by an EAAD group of experts in August 2004. A common look of EAAD materials (to a certain extent) and the establishment of an EAAD-logo also contribute to the identification with the project and the aims of the European Commission, DG Health and Consumer Protection.

Website and quality assurance

A website (www.eaad.net) set up in summer 2004 informs the broad public about the project (see Fig. 5). To promote EAAD among potential multipliers in Europe, different language variants of the website comprising the EAAD basics have been installed in August 2005. Via an internal part the website allows an easy exchange of information and documents for the EAAD project members. A comprehensive quality management system based on milestones guarantees transparency concerning the progress of EAAD and allows an objective evaluation of the project.
Activity
Since April 2004 most of the partners are already conducting concrete intervention programmes. Various information materials for large-scaled public relations campaigns (e.g. flyers, posters, booklets) are in the process of being produced and disseminated in many countries. By summer 2005, nearly all partners officially started their campaign with the organisation of an opening event to inform the public about the local program and to gain additional partners. A close co-operation with primary care doctors has been established by the majority of the partners offering training courses concerning the recognition and treatment of depression in the GP practice and providing information material to be handed over to depressed patients. In many EAAD partner regions, different groups of community facilitators, like e.g. geriatric nurses, teachers and police officers, have already been trained concerning “depression”. Additionally, mental health experts have participated in train-the-trainer seminars to be prepared for their tasks as future trainers. Special activities to support self-help and offers dedicated to individuals at high risk have also been organised by most EAAD partners.

Future partners joining this European project from 2006 on are from the Netherlands and Luxembourg. Interest has also been expressed by the American Foundation for Suicide Prevention (AFSP) and other depression experts in the U.S. to learn from European experiences and to evaluate the implementation process of the community based intervention programmes.

Evaluation
To evaluate the outcome of EAAD several outcome indicators have been defined by the project group and recommendations (along with other projects) have been prepared for the assessment of the relevant data.

Perspective
During the next months the regional campaigns and already existing networks will be expanded to other regions and – where possible – to national level. National governments and ministries will be addressed and informed in order to link the EAAD intervention programme to the national health promotion policy. Furthermore, future EAAD intervention activities and regional campaigns will be aimed at special target groups to a higher degree, especially focusing on prevention of depressive disorders and suicidal behaviour among children and adolescents.

Overall, EAAD may serve as an example of how European community based “best practice” models for improving the care of depressed patients and suicidal persons can be implemented using a bottom-up approach (starting from a regional model project to a national expansion of activities and policy relevant recommendations). The European Commission presented the EAAD project as one of the most promising strategies in the area of mental health at the WHO European Ministerial Conference on Mental Health in Helsinki. In July 2005, the EAAD network has been awarded a further grant by the EC for the second implementation step until 2008.

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