

Webinar

A community-based approach to target depression and to prevent suicidal behavior

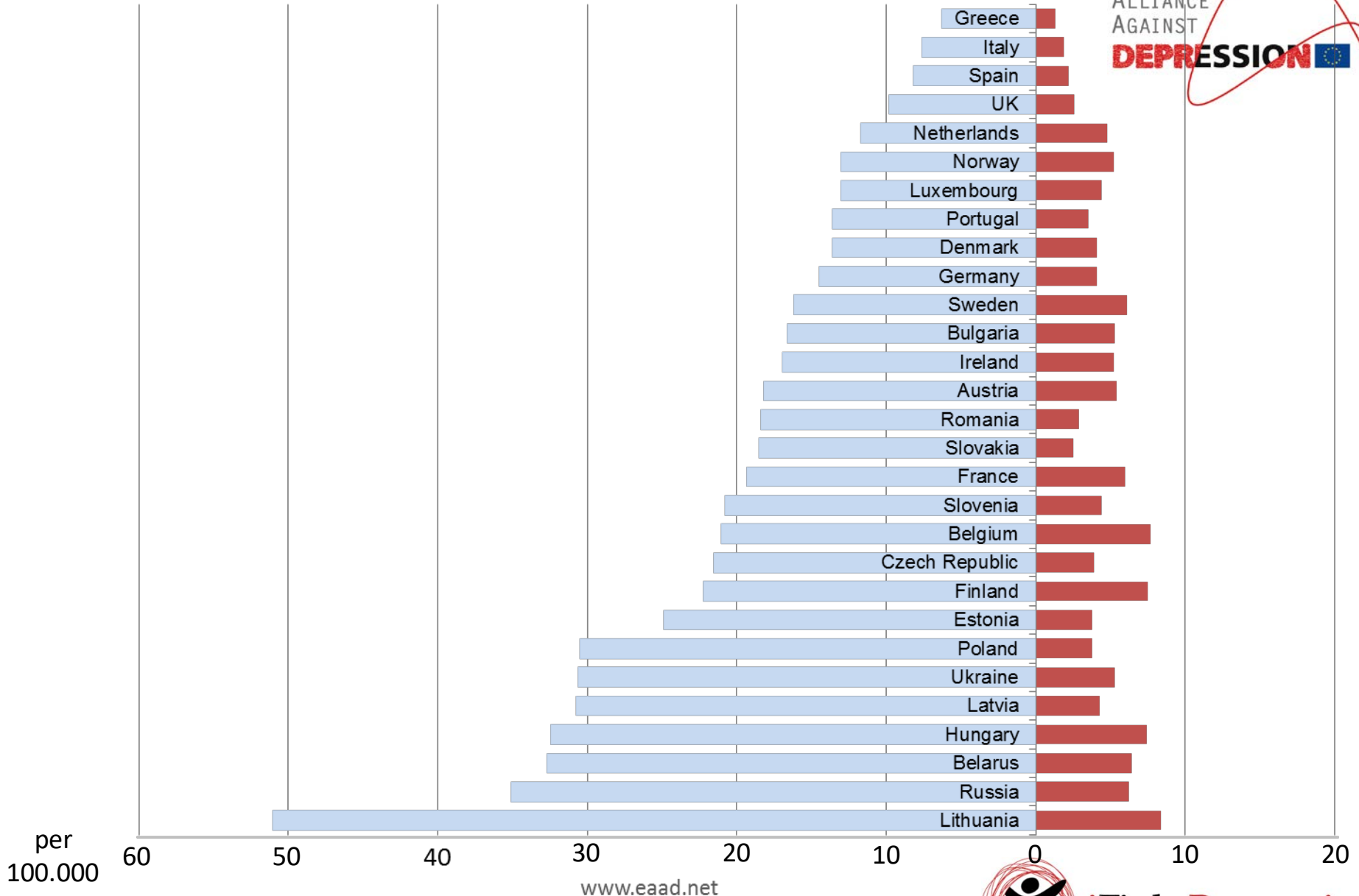
Ulrich Hegerl

Department of Psychiatry and Psychotherapy
University of Leipzig

European Alliance against Depression

Suicide rates for males and females - 2012

EUROPEAN
ALLIANCE
AGAINST
DEPRESSION 



www.eaad.net

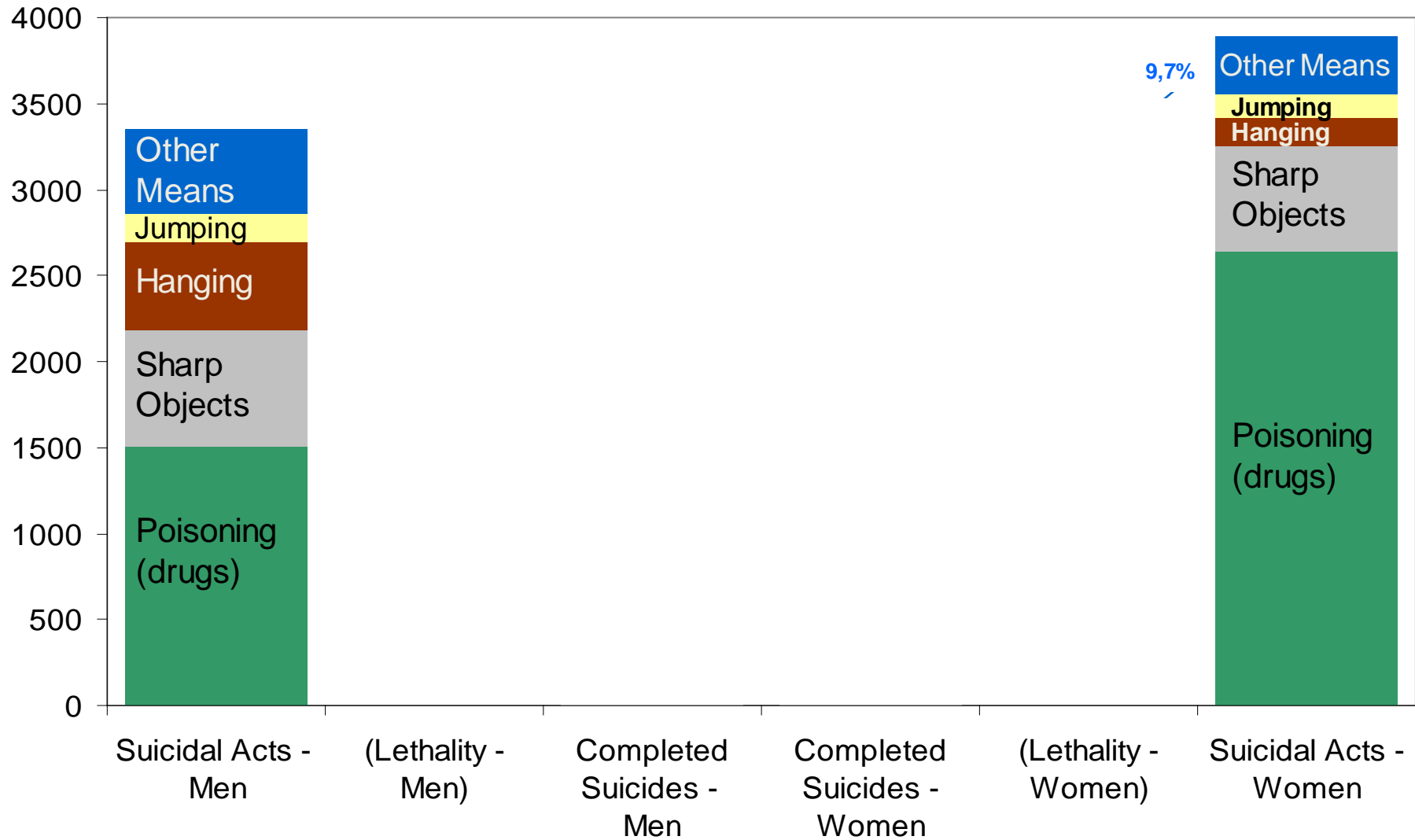
Source: WHO 2014, (Preventing Suicide, A global imperative)



iFightDepression[®]
european alliance against depression

Frequency of suicidal acts and suicides

7241 suicidal acts, completed suicides (9.4%); (Mergl et al 2015, PlosOne)

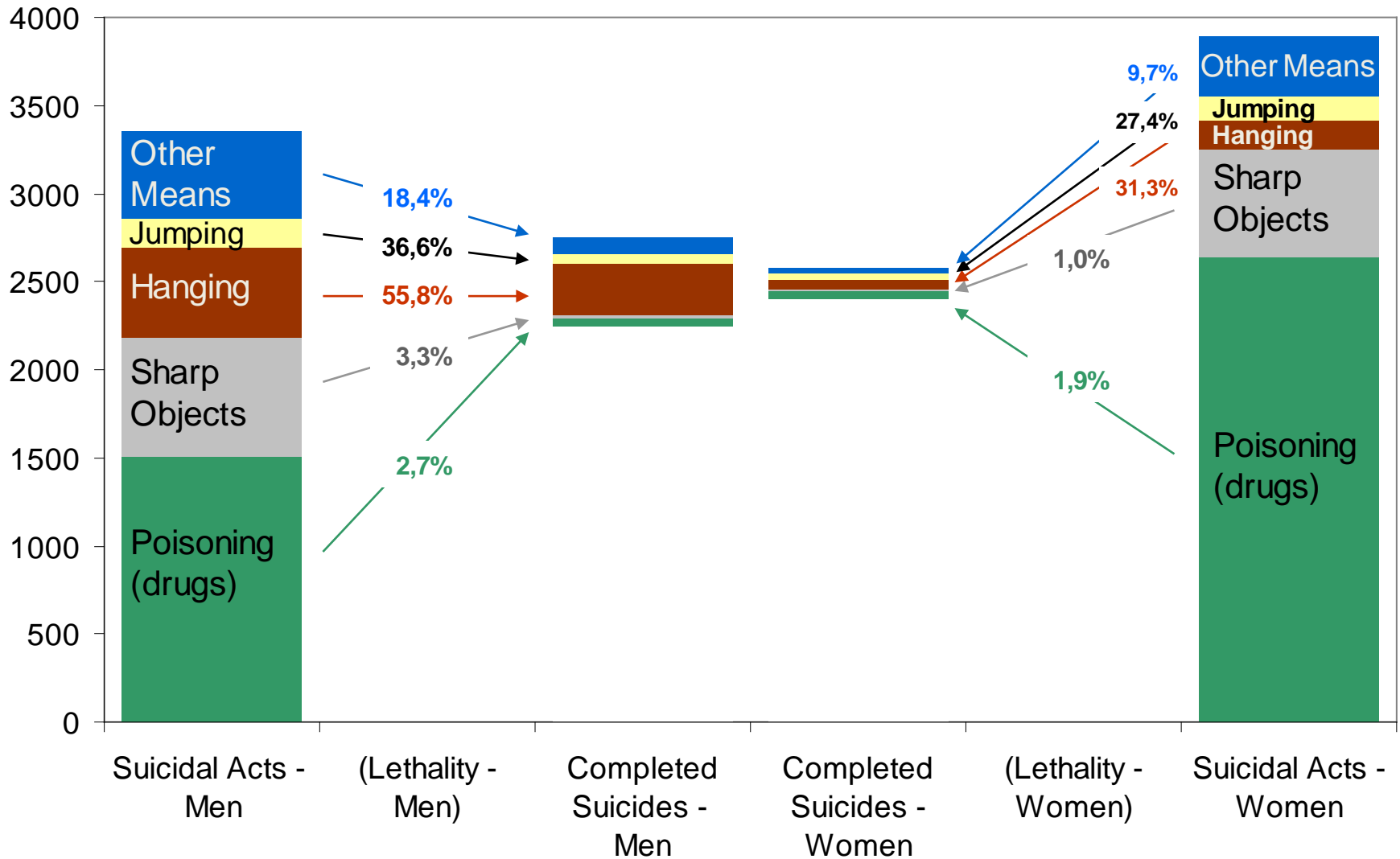


9,7%

Data from OSPI-intervention and control regions (two or three years per country between 2008 and 2011)

Frequency of suicidal acts and suicides

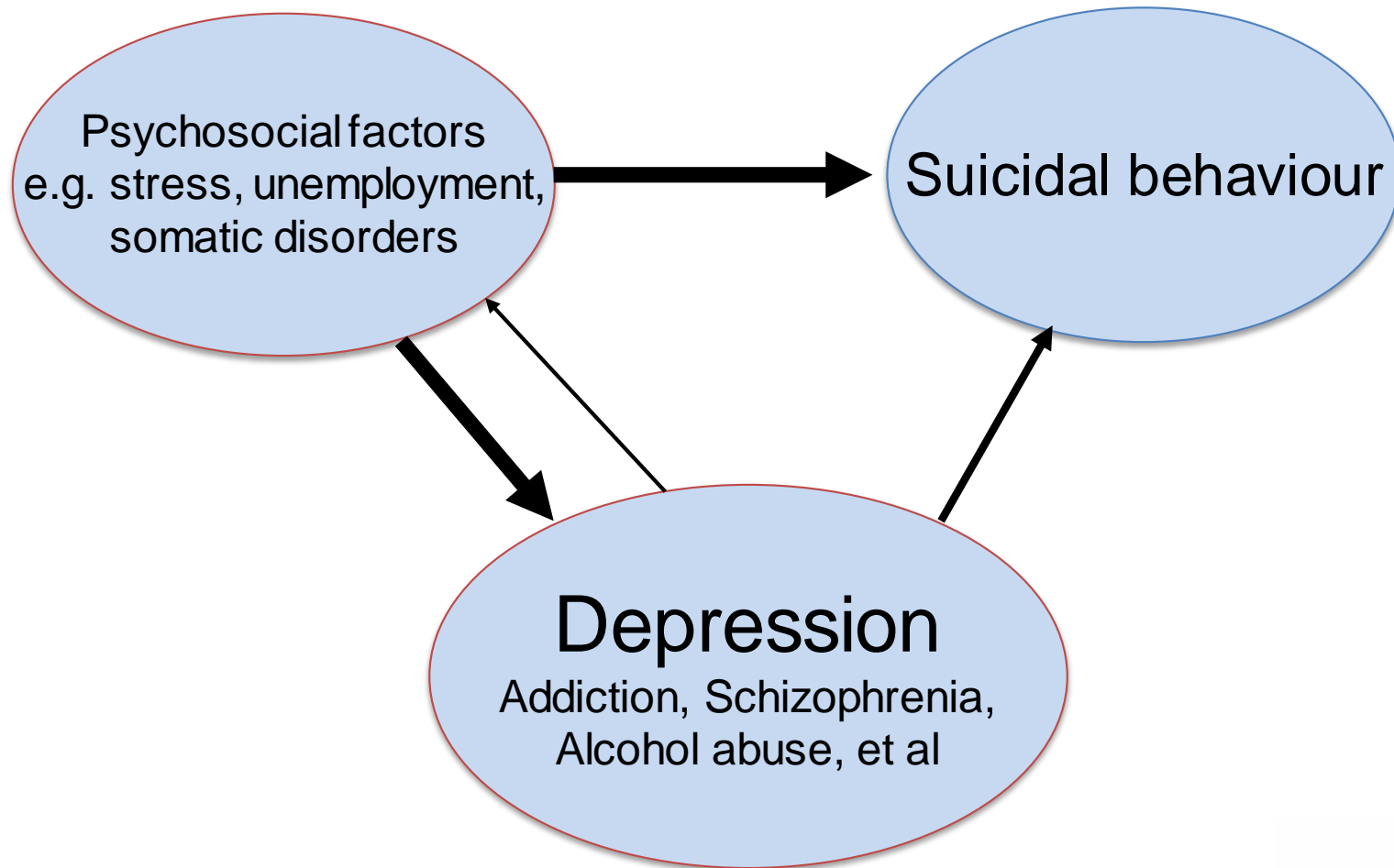
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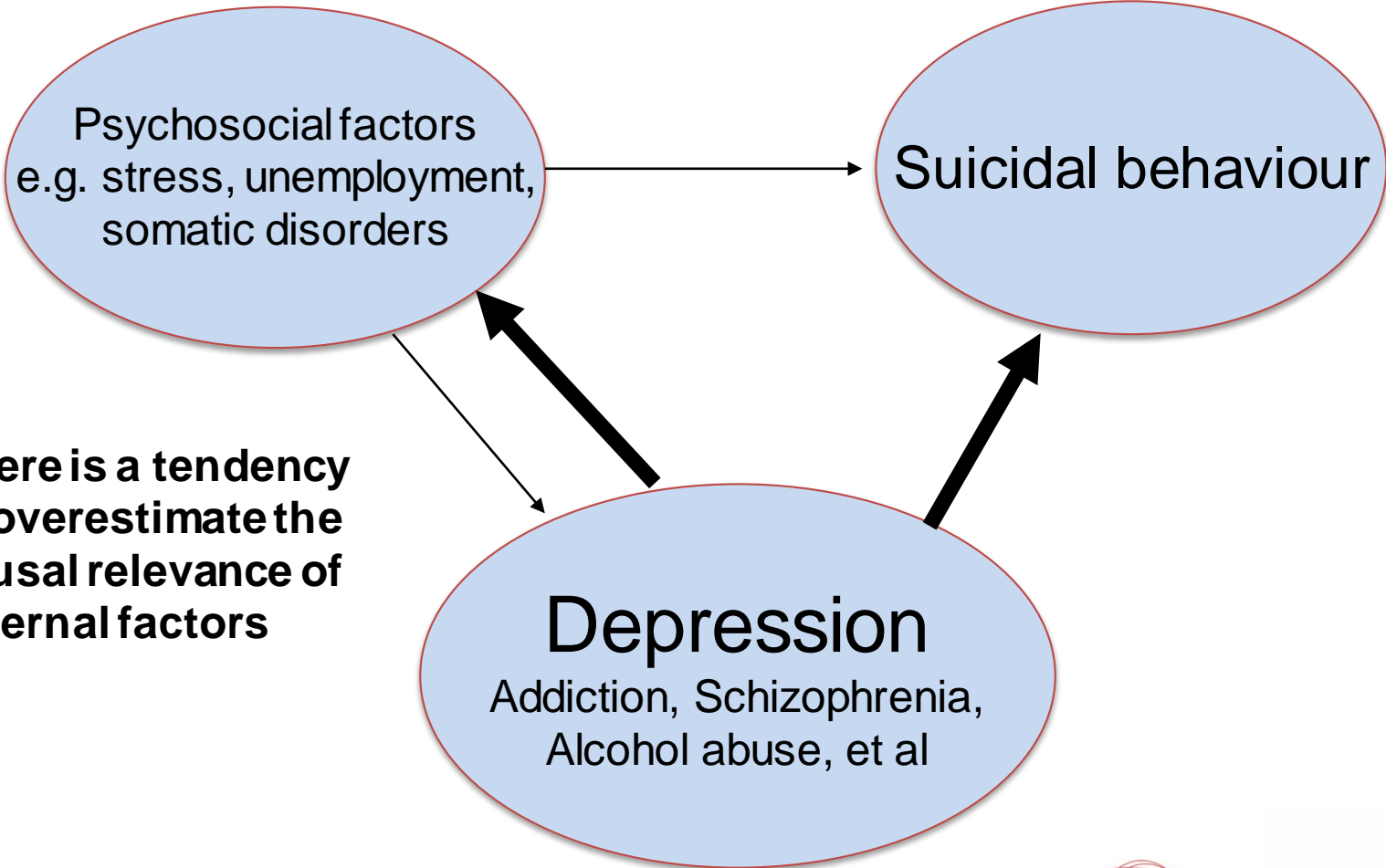
Data from OSPI-intervention and control regions (two or three years per country between 2008 and 2011)



Causal links between psychosocial factors, depression and suicidal behaviour?



Causal links between psychosocial factors, depression and suicidal behaviour?



There is a tendency to overestimate the causal relevance of external factors

Depression and suicidal behaviour



- Up to 15% suffering from severe recurrent depression commit suicide (Angst et al. 1999)
- 20 - 60% have attempted suicide (Jamison 1990; Malone et al. 1995)
- 47 – 69% have suicidal thoughts (Asnis et al. 1993; Bronisch & Wittchen 1994; Zisook et al. 1994; Sokero et al. 2003)
- 42% of suicide victims were former psychiatric in-patients (Andersen et al. 2001)
- 90% of suicide victims have been suffering from a mental disorder (depression: 30 – 87%) (Lönngqvist 2000)
- 44% of the worldwide almost one million suicides per year occur in the context of mood disorders (Bertolote et al., 2004)

Suicide risk and somatic disorders

(Webb et al 2012, Arch Gen Psychiatry)



- General Practice Research Database; 593 GPs, patient records from about 8 % of the UK population
- 2001 – 2008
- Comparison of 873 suicide cases with 17460 controls
- list of somatic disorders (stroke, cancer, asthma, CVD, diabetes mellitus, hypertonus, COPD, epilepsy, chronic lower back pain, osteoporosis, osteoarthritis)

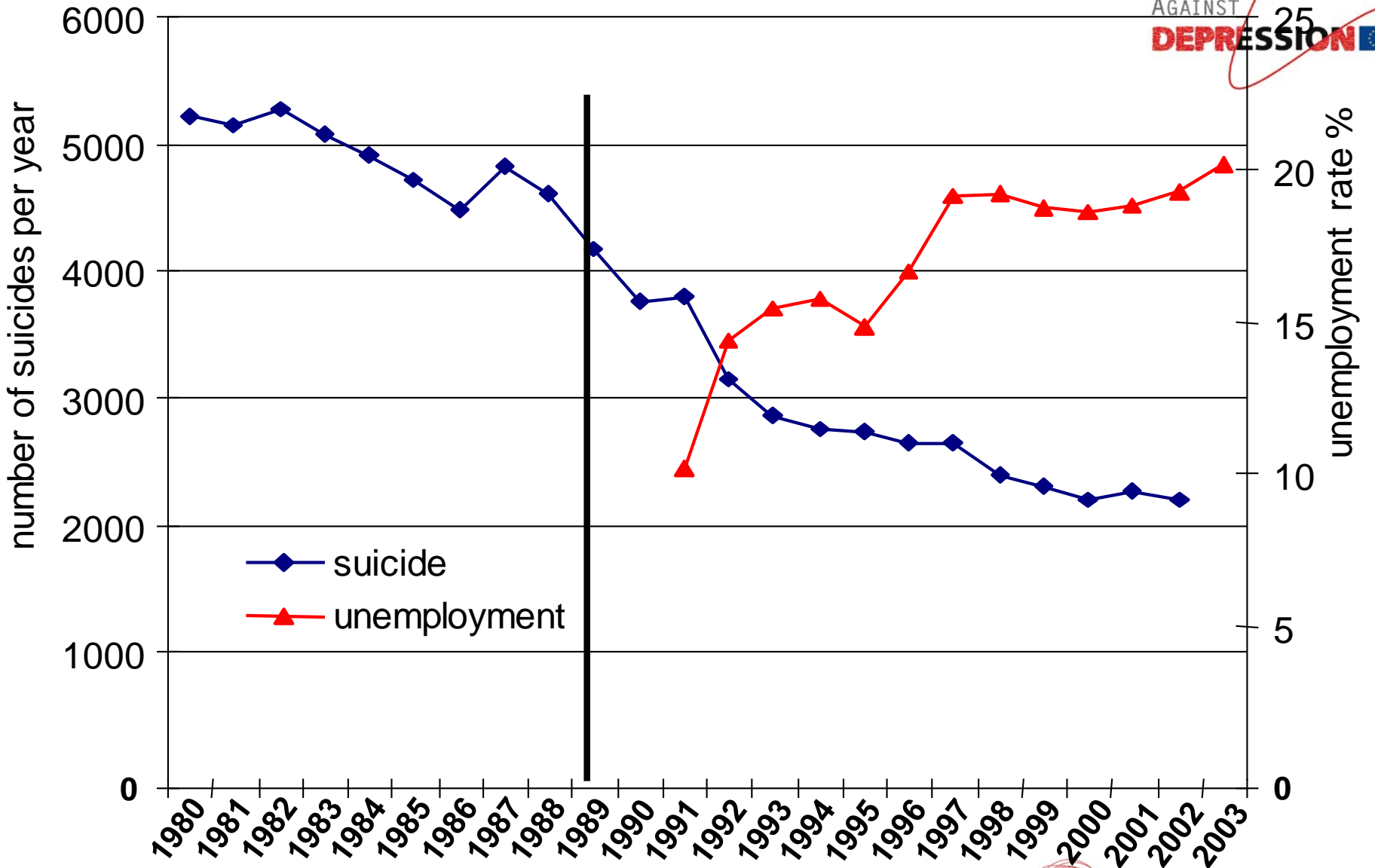
- Presence of one of these disorders
 - in suicide victims: **38,7 %**
 - in controls: **37 %**

e.g. cancer: 3,4% of suicide victims, 3,2% of controls

Suicides and unemployment before and after the reunification in the eastern part of Germany

EUROPEAN ALLIANCE AGAINST DEPRESSION 

25



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Antidepressant utilisation and suicide in Europe: An ecological study involving 29 countries

Gusmao et al. 2013, PLoS ONE 8: e66455



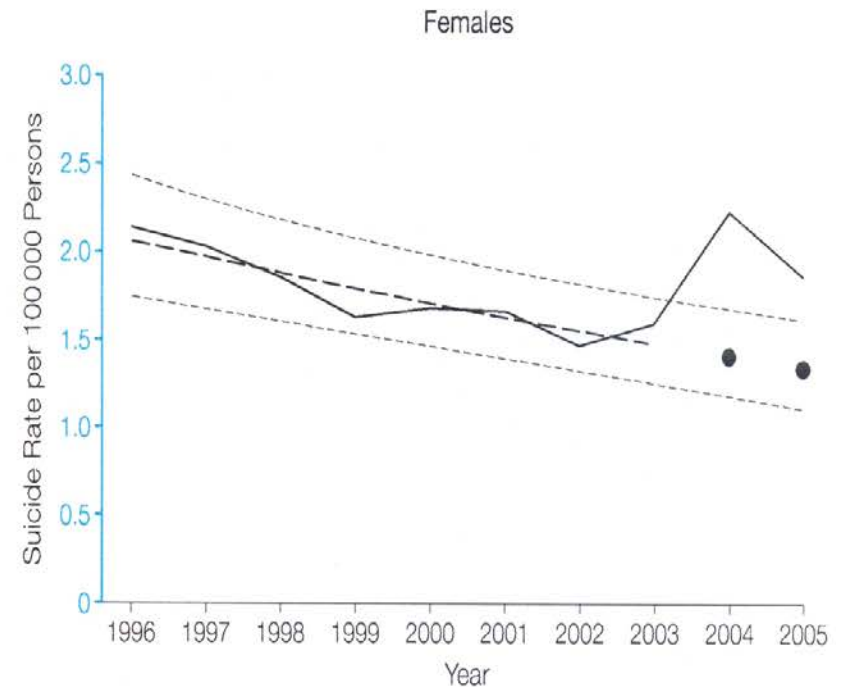
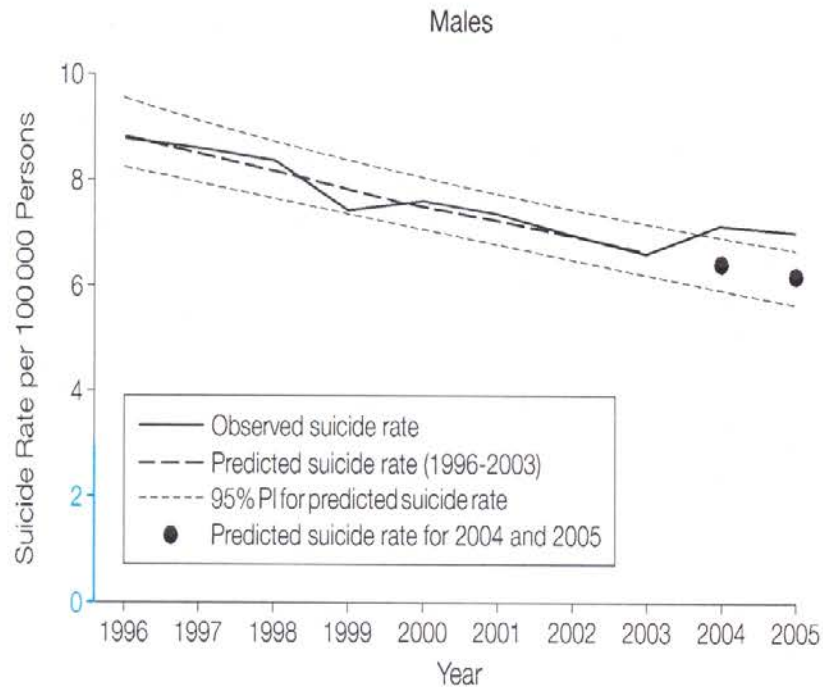
Table 5. Model estimates of fixed-effects with SDR suicide rate as outcome.

	Regression coefficient	SE	T	p-value
Model 2				
DDD/1000/day	-.088	.026	-3.327	.001
GDP	.018	.026	.707	.480
Alcohol	.129	.159	.809	.419
Unemployment	-.015	.064	-.232	.816
Divorce	1.273	.473	2.692	.007

doi:10.1371/journal.pone.0066455.t005

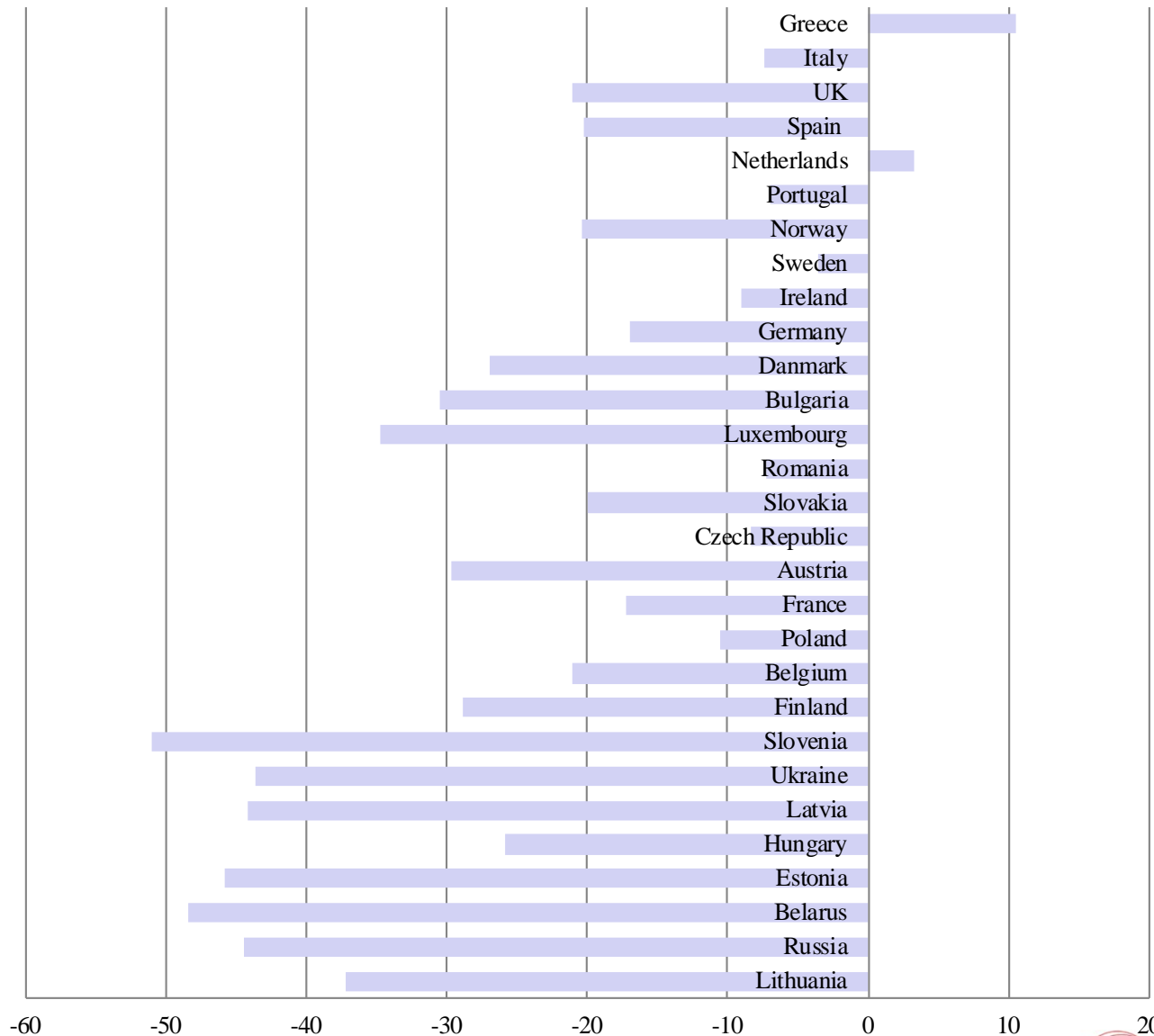


Annual suicide rates for males and females aged 10 to 19 years in the US (Bridge et al 2008, JAMA)



Estimated **excess youth suicide deaths** in 2004 and 2005:
326 + 292

Changes in age standardized suicide rates (%) between 2000 und 2012



Data Source: WHO, 2013
(Preventing Suicide, A global imperative)



Depression

diagnostic and therapeutic deficits in developed countries



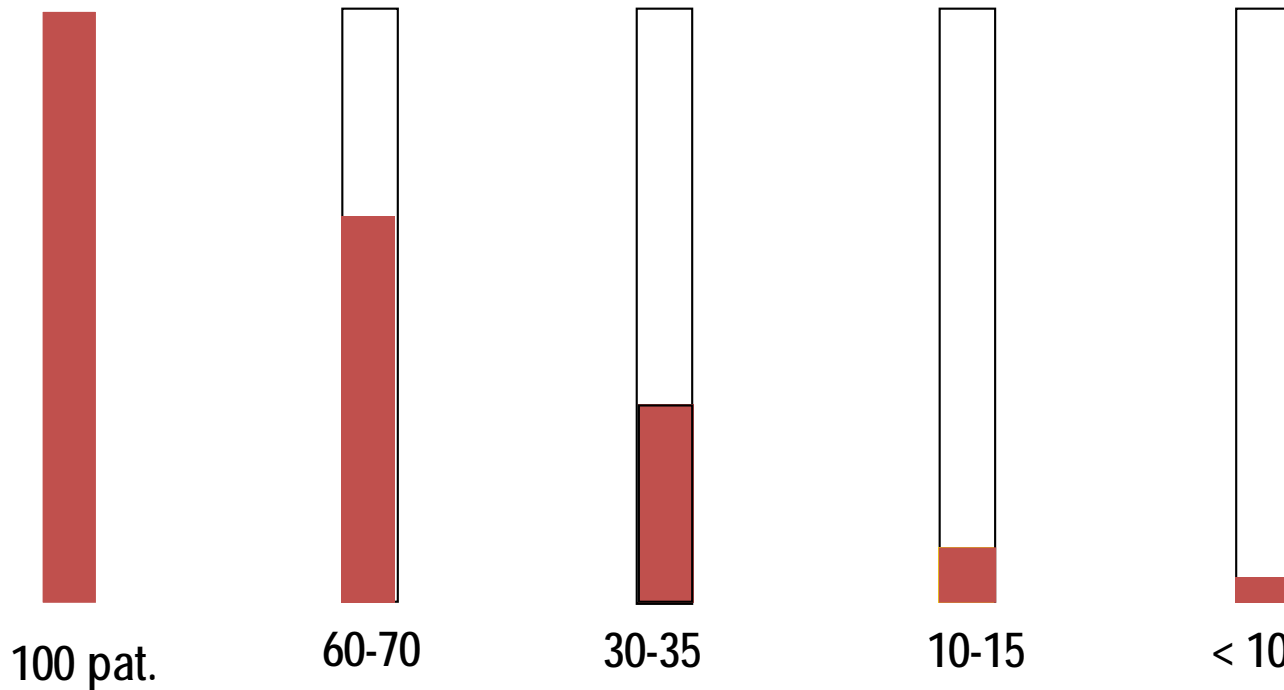
patients with depression in the population

attended by PCPs

depression diagnosed

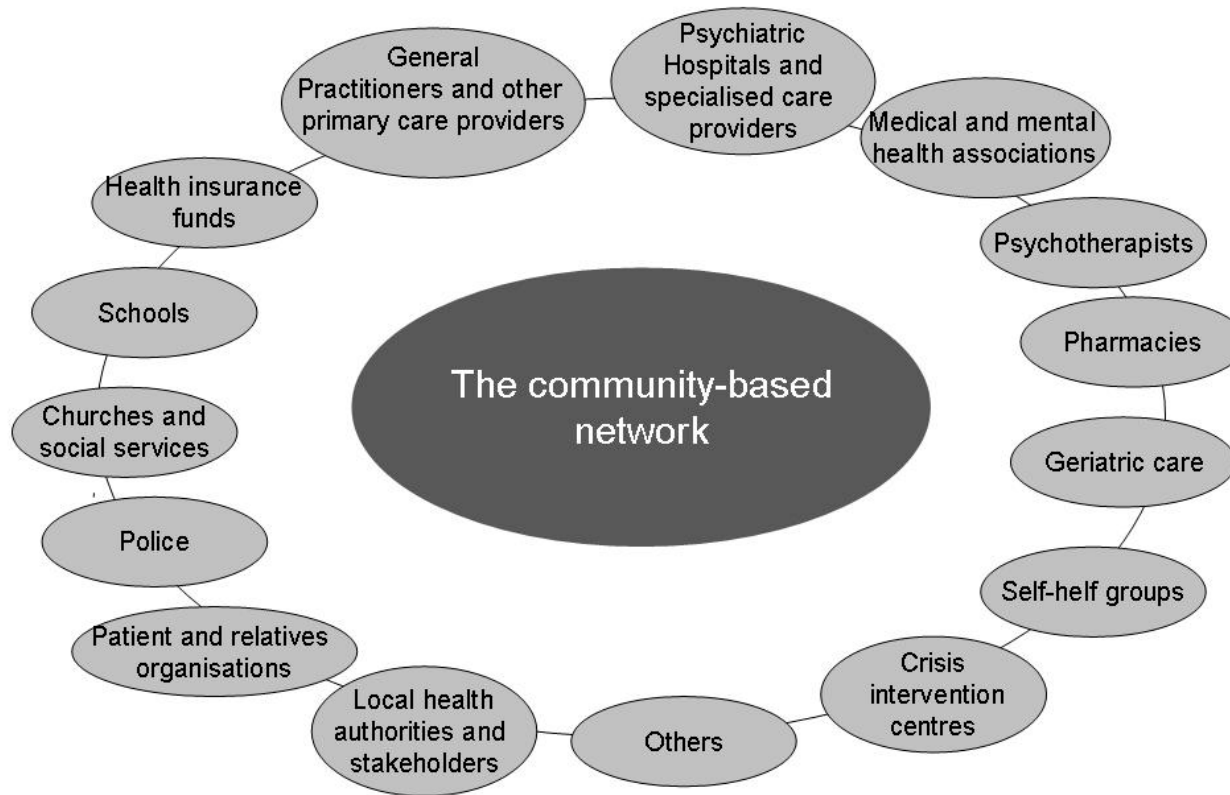
treated according guidelines

still compliant after 3 months of treatment



Ustun & Von Korff 1995, Mitchell et al 2009, Wittchen et al 2001, Maginn et al 2004, Lingam & Scott 2002, Bönisch et al 2012, Carey et al 2014

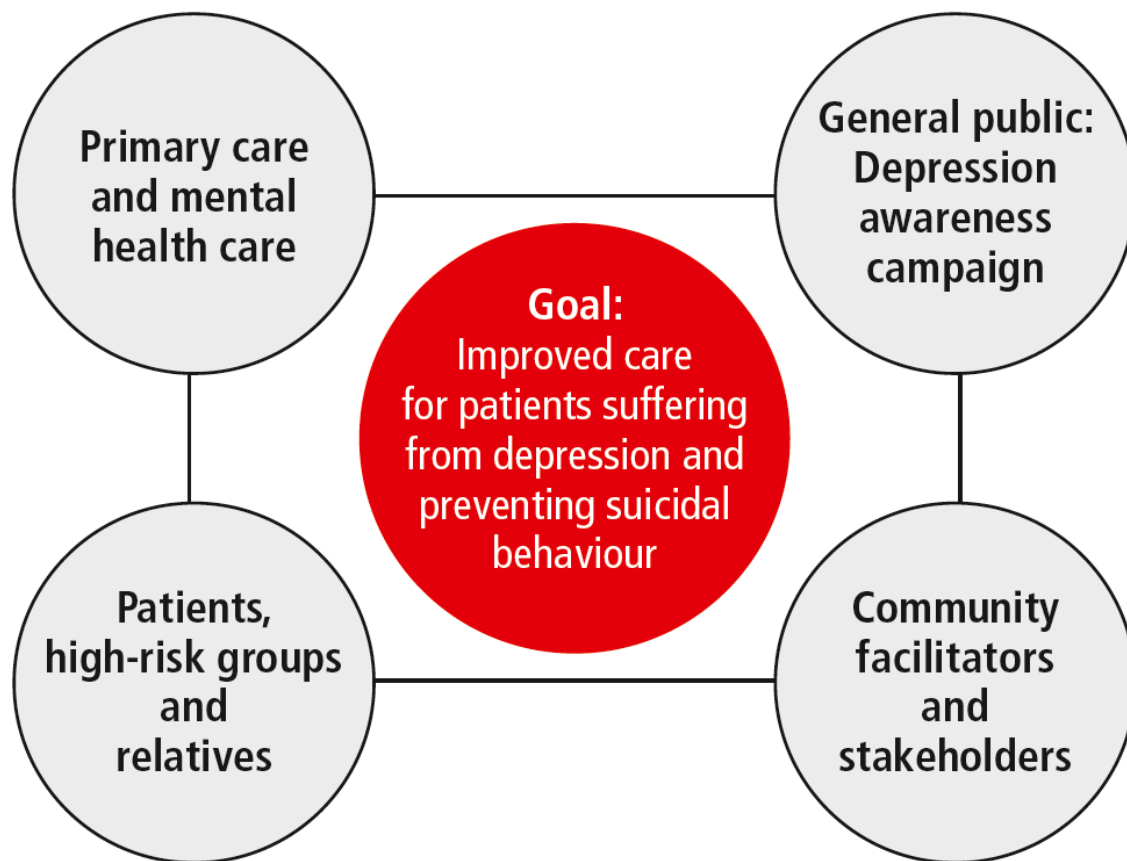
The 4-level intervention concept of EAAD: the local network



European Alliance against Depression (EAAD): The 4-level intervention concept



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EAAD materials, poster campaign



Finland



Kun toinen ei jaksa

DEPRESSIO

MASENNUS
koskettaa meitä kaikkia

Joskus läsnäolo ja kuunteleminen on tarpeeksi, toisinaan tarvitaan innostajaa ja aloitteen tekijää... joka tapauksessa välittävää ihmistä.

Kun olet huolissasi omasta tai läheisesi jaksamisesta, ammatillinen apu on lähelläsi terveyskeskuksissa, työterveysasemilla, perheneuvoloissa ja omaishoitajayhdistyksissä.

POHJALAISET MASENNUSTALKOOT

www.epshp.fi/masennustalkoot/

Germany



er ist wie versteinert

DEPRESSION
hat viele gesichter

Wenn sie Fragen haben, wenden Sie sich an das
nürnbergner bündnis gegen depression:
Hausärzte, Fachärzte, Psychotherapeuten,
Beratungsstellen, Gesundheitsamt,
Klinikum Nürnberg Nord.
www.buendnis-depression.de

DEPRESSZIO
A depressió kezelhető. Bárki lehet depressziós.
A depressziónak sokféle arca lehet.

www.depresszio.hu



Hungary

Italy



lasciati aiutare

DEPRESSIONE
è curabile

Te fa dimostrarci che è
Alleanza europea contro la depressione in Alto Adige
Bündnis gegen Depression, Centro di Cura e Ricerca in Alto Adige,
Istituto per la Cura e la Ricerca in Alto Adige,
Psychiatrische Dienstleistungen in der Provinz Südtirol,
Servizio di Psicologia e Neuropsichiatria in Alto Adige,
Gruppi di Autoaiuto, Centri,
Spazi e Servizi

PREMAGAL SEMI DEPRESIJO

DEPRESIJA
www.nebojse.si



Slovenia

www.eaad.net
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Depression can affect everybody

Depression has many faces

Depression can be treated



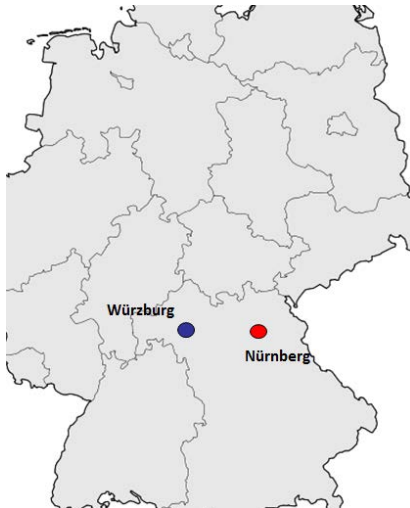
iFightDepression®
european alliance against depression

Model project: „Nuremberg Alliance against Depression“

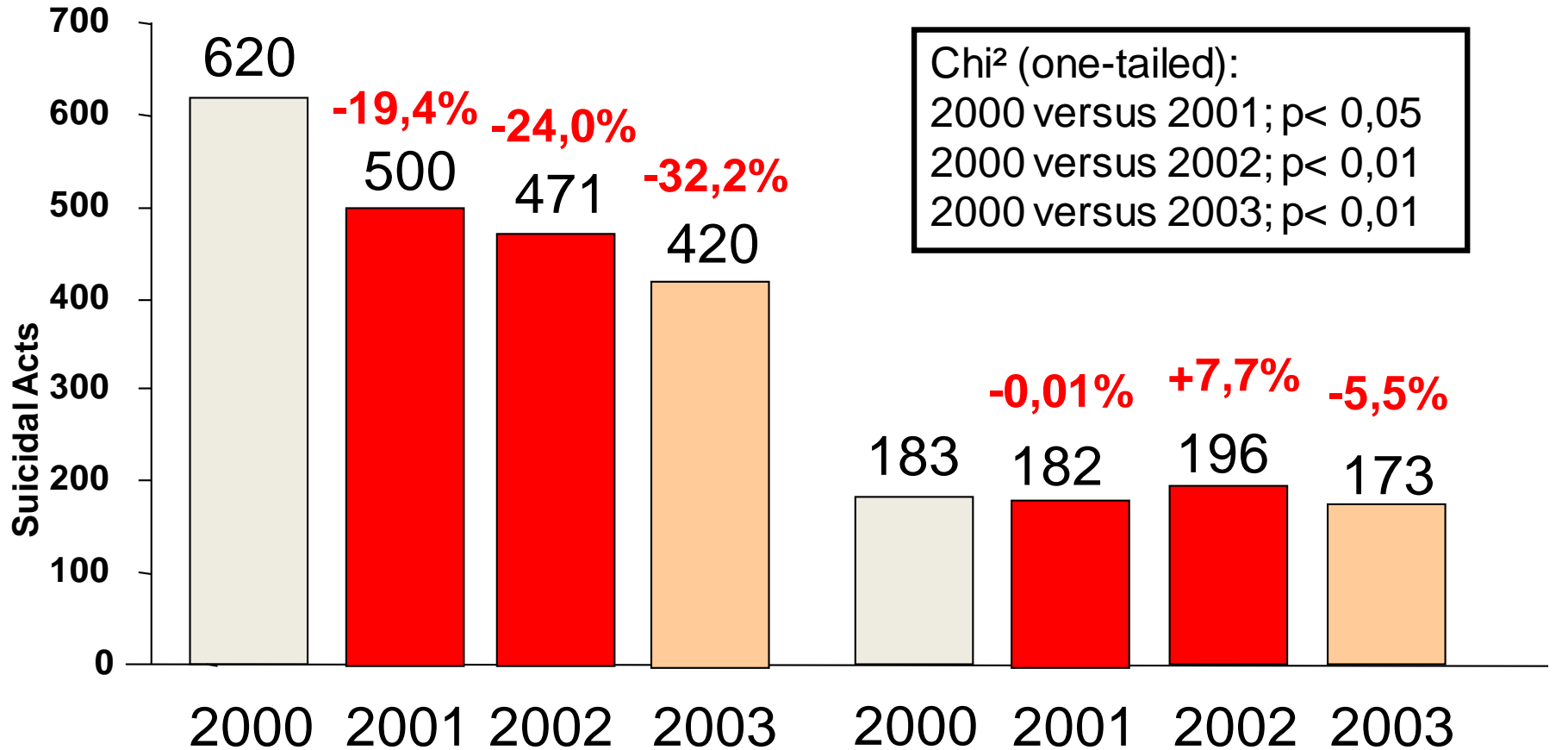
**Number of
suicides**

**Main outcome:
number of suicidal acts**
in comparison to the
baseline year and
a control-region

**Number of
suicide
attempts**



Model project „Nuremberg Alliance against Depression“



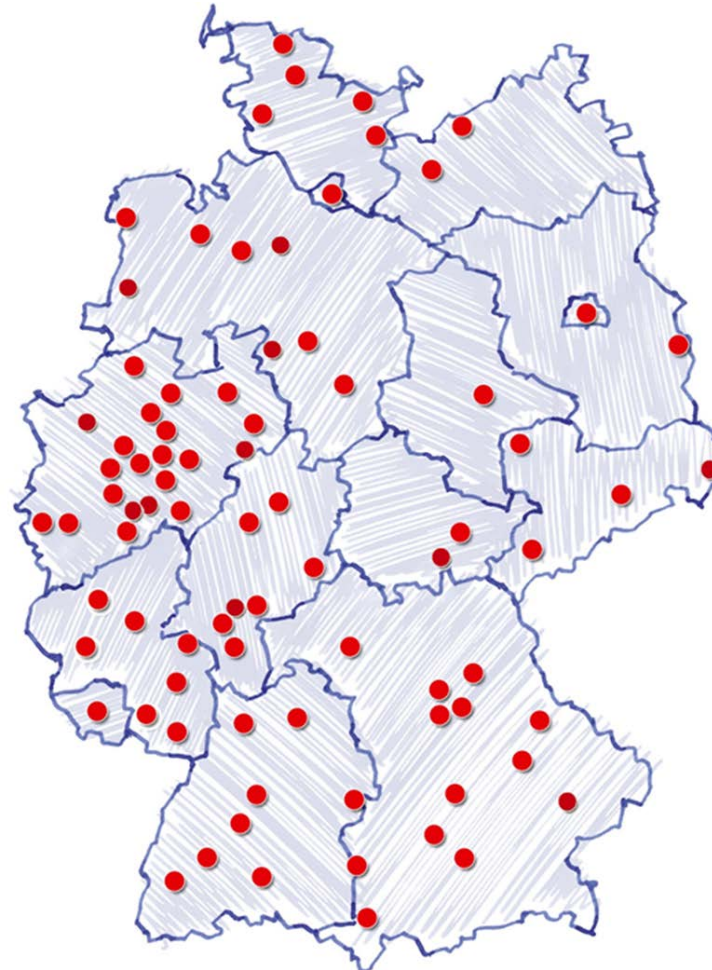
Nuremberg

Wuerzburg (control region)

German Alliance against Depression

www.buendnis-depression.de

Currently over 80 regions in
Germany have started a regional
alliance against depression



European Alliance Against Depression (EAAD)

Non-profit association since 2008

Aims:

- to promote the implementation of regional alliances against depression
- better care for depressed patients & to prevent suicidal behaviour
- 4-level intervention approach
- implementation in more than 100 regions from 21 countries
- best practice example according to the WHO Suicide Report and the Green Paper of the European Commission



Project meeting Colares, Portugal, 2013

EAAD Members to date (2017)

**Albania:**

Community Centre for Health and Wellbeing

Australia:

New South Wales:
Black Dog Institute
Western Australia:
WA Primary Health Alliance

Austria:

pro mente tirol
Prof. Dr. Ullrich Meise,
Mag. Angela Ibelshäuser
Sylvia Lohmeyer

Belgium:

LUCAS Katholieke Universiteit Leuven
Prof. Dr. Chantal van Audenhove

Belarus:

Vitebsk State Medical University
Prof. Andrei Kirpichenka

Bulgaria

Institute for Population and Human Studies,
Bulgarian Academy of Sciences
Dr. Anna Alexandrova-Karamanova

Canada:

Mental Health Commission of Canada
Mr. Edward Mantler

Chile:

Universidad Austral de Chile Facultad
Medicina, Instituto Neurociencias Clínicas
Dr. Thomas Baader

Estonia:

Est-Sw MH and Suicidology Institute (ERSI)
Prof. Dr. Airi Värnik

France:

URC ECO
Karine Chevreul
www.urc-eco.fr

Greece:

EPAPSY- Association for Regional
Development and Mental Health
Prof. Stelios Stylianidis, Panagiotis Chondros

Germany:

German Depression Foundation (Stiftung
Deutsche Depressionshilfe)
Prof. Dr. Ulrich Hegerl

Hungary:

Végeken Egészség- és Lélektani Alapítvány
András Székely

Ireland:

National Suicide Research Foundation
Dr. Ella Arensman

Italy

South Tyrol:
EOS Genossenschaft
Rome:
Sapienza University of Rome, Department of
Neurosciences
Suicide Prevention Center, Sant'Andrea
Hospital
Prof. Maurizio Pompili

Kosovo:

QENDRA E SHËNDETIT MENDOR NË PRIZREN

Netherlands

Stiching 113 Online
Dr. Jan Mokkenstorm

Norway:

Lars Mehlum M.D. Ph.D.
National Centre for Suicide Research and
Prevention University of Oslo

Poland:

Institute of Psychiatry and Neurology Third
Department of Psychiatry
Prof. Dr. Adam Wichniak

Portugal:

EUTIMIA
Prof. Ricardo Gusmão

Slovenia:

Slovene Centre for Suicide Research, Institut
Andrej Marusic, Univerza na Primorskem
Vita Postuva

Spain:

Parc de Salut Mar Barcelona, Institut de
Neuropsiquiatria i Addiccions
CIBERSAM
Dr. Victor Pérez Sola

Turkey:

Uludag University, Bursa
Dr. Hayriye Gulec

Italy:

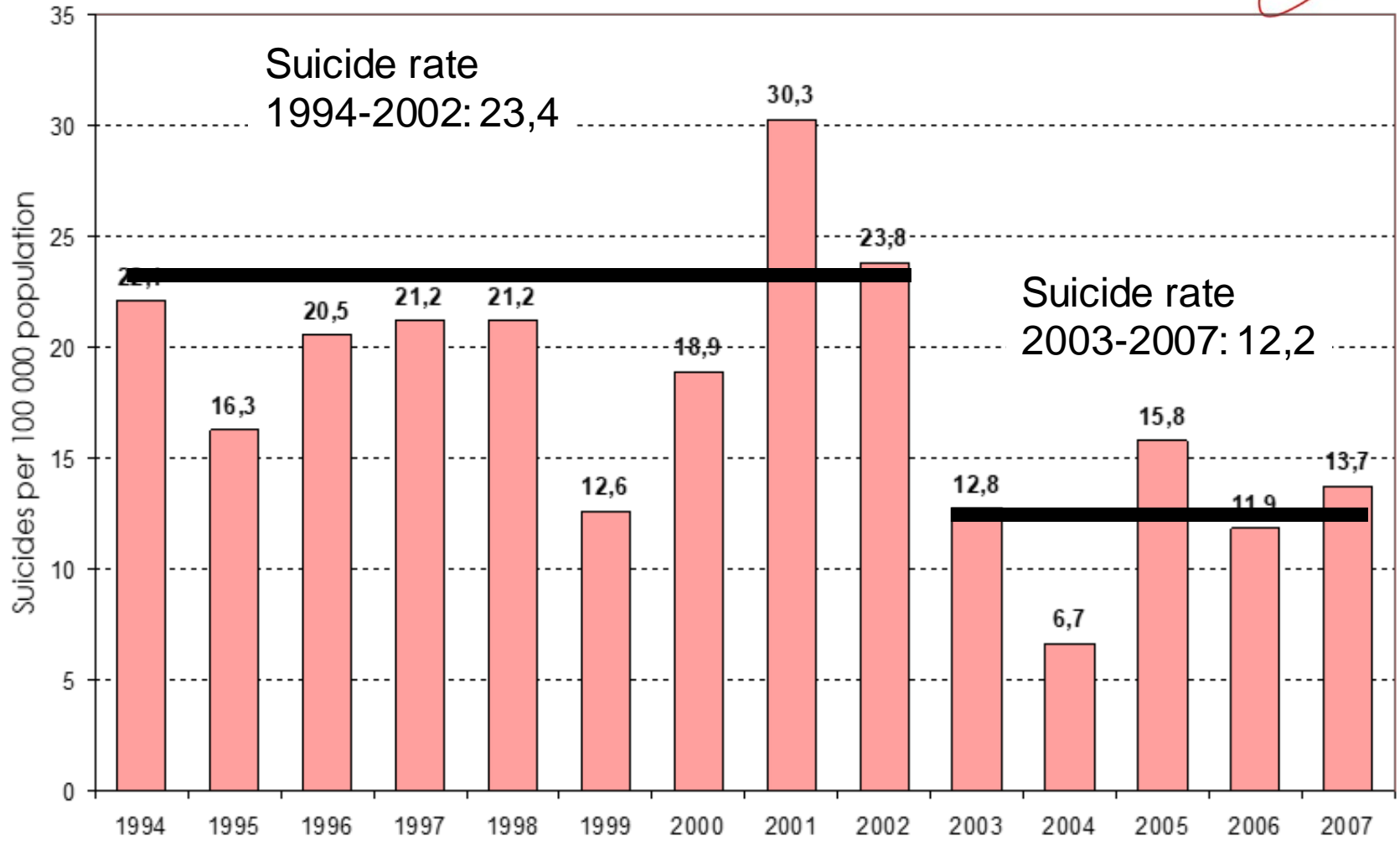
DE LEO FUND ONLUS
Prof. Diego De Leo

United Kingdom:

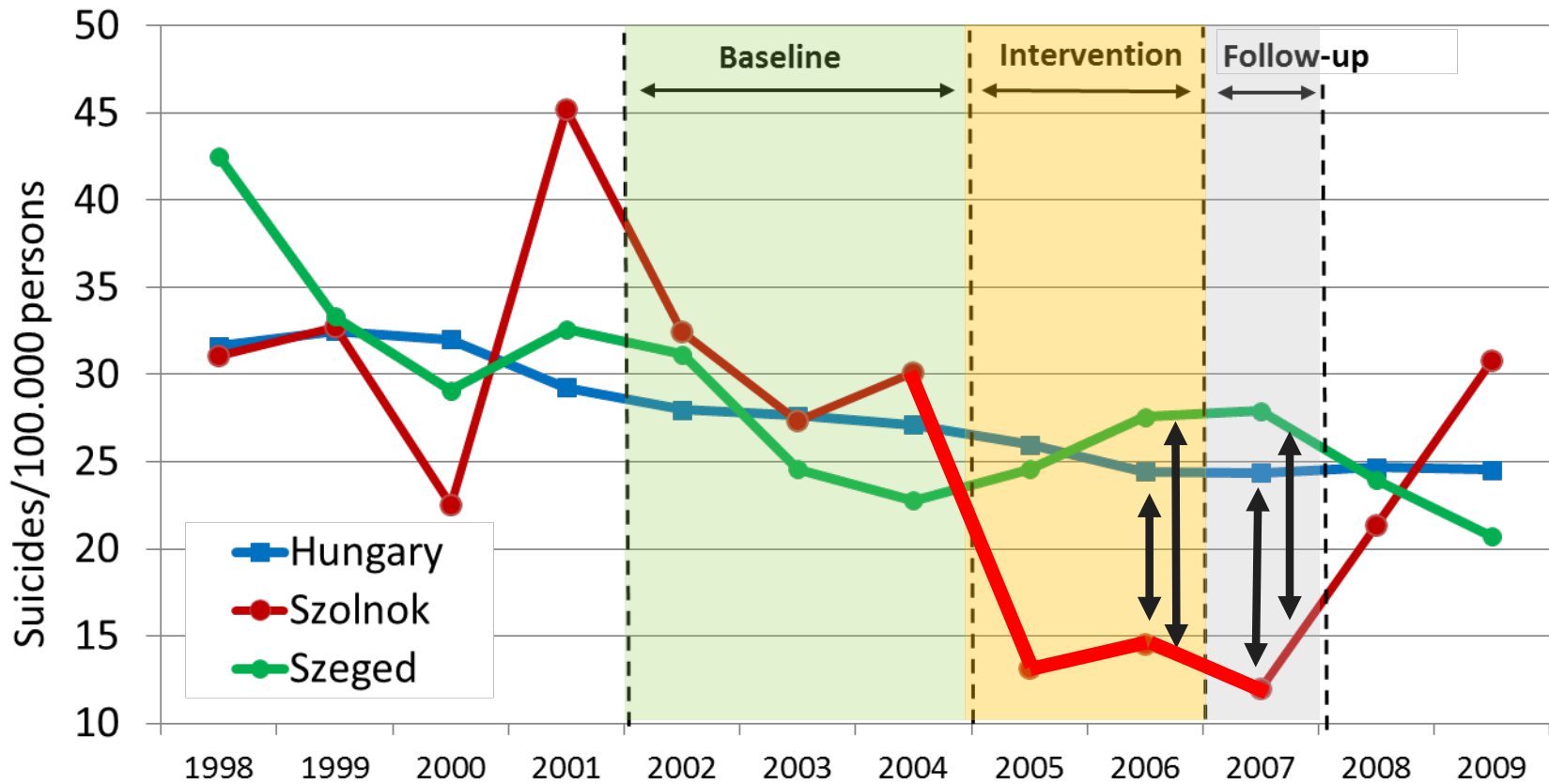
NMAHP Research Unit, University of Stirling
Prof. Margaret Maxwell

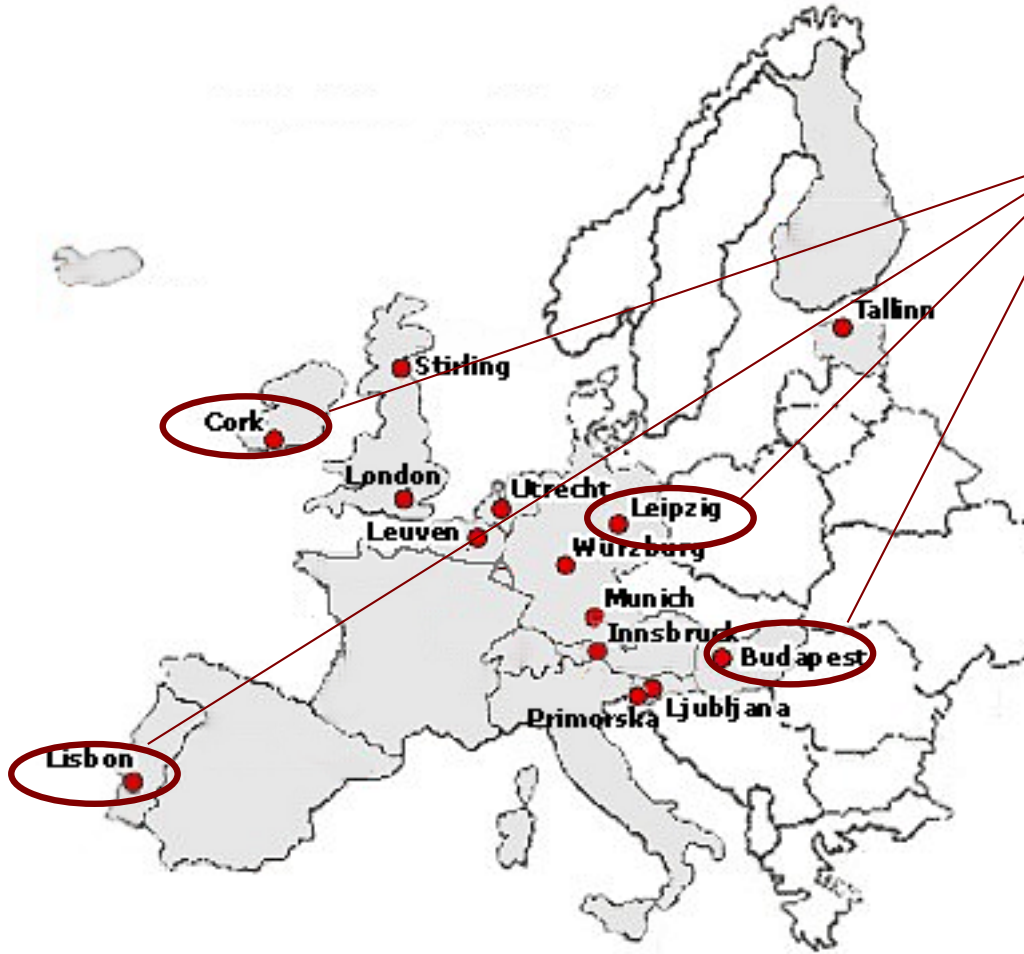
Suicide rates in Regensburg before and after the the “Regensburg Alliance against Depression”

(HÜBNER-LIEBERMANN et al 2010: Gen Hosp Psychiatry 32: 514-518)



Szolnok Alliance against Depression: suicide rates compared to the whole country (p=.017) as well as a control region (p=.0015) (Szekely et al 2014, PLoS ONE)





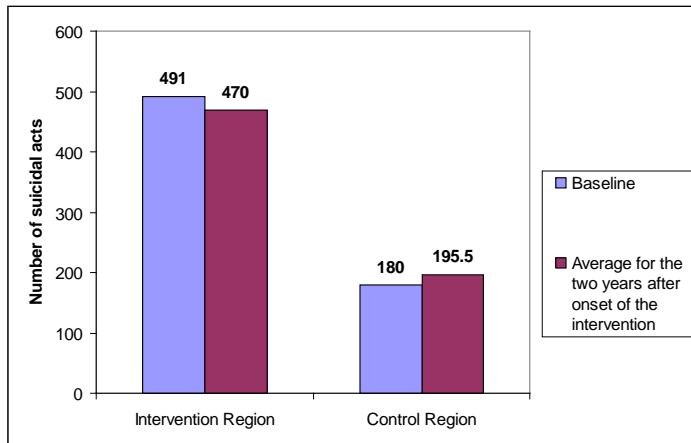
partners
implementing
interventions

	intervention region (population)	control region (population)
Germany	Leipzig (507,000)	Magdeburg (230,000)
Hungary	Miskolc (171,000)	Szeged (167,000)
Ireland	Limerick (83,863)	Galway (183,863)
Portugal	Amadora (200,000)	Almada (150,000)

OSPI-Europe: Main outcomes on suicidal behaviour

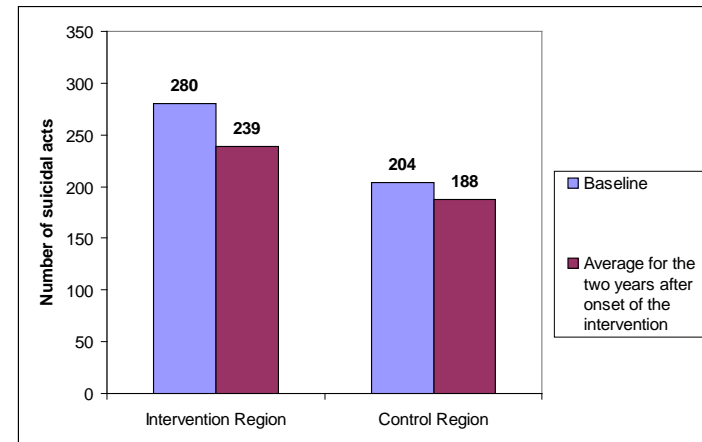


Germany



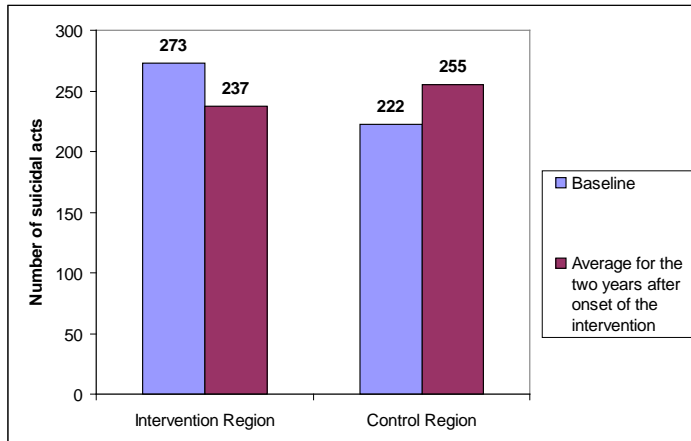
$\chi^2 = 1.12$;
 $p = 0.14$
 (one-tailed)

Hungary



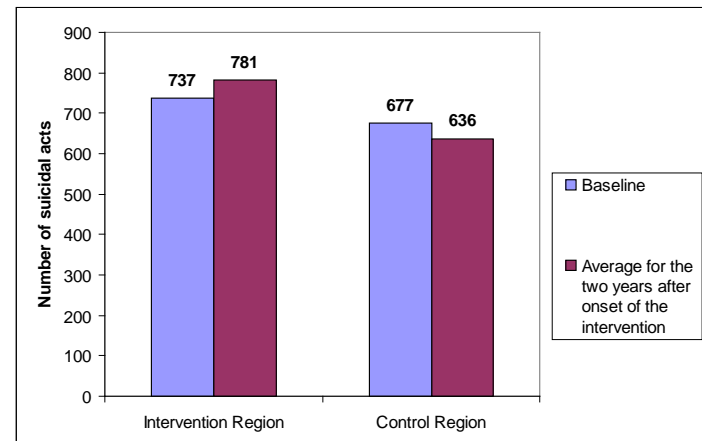
$\chi^2 = 0.33$;
 $p = 0.28$
 (one-tailed)

Portugal



$\chi^2 = 4.82$;
 $p = 0.01$
 (one-tailed)

Ireland



$\chi^2 = 2.55$;
 $p = 0.06$
 (one-tailed)

Ireland: process evaluation

- in 2009 and 2010, Limerick (intervention region) became the biggest unemployment 'blackspot' in Ireland because the biggest employing company closed down:
 - **Loss of medical card and discontinuation of treatment for depression**
- close to 80% of all police officers (Leipzig: 9,7%, Miscoic: 2,5%) and close to 100 % of GPs were trained:
 - **Higher recognition rate of suicidal behaviour?**

Railway suicide of national soccer goal keeper, 10. Nov. 2009



03. DOLNENSTON | FAVIL EN WERKE | G | WINTERREIFEN | WUNSCHHAUS | ALTERNATIVE CHERUNG

SUCHBEGRIFF

Bild.de Home | 10.11.09 | 21:51 | Neu anmelden | Login | D | DNL NEWS SERVICES | RSS | ABC | MOBIL  SHOPPING  VIDEO

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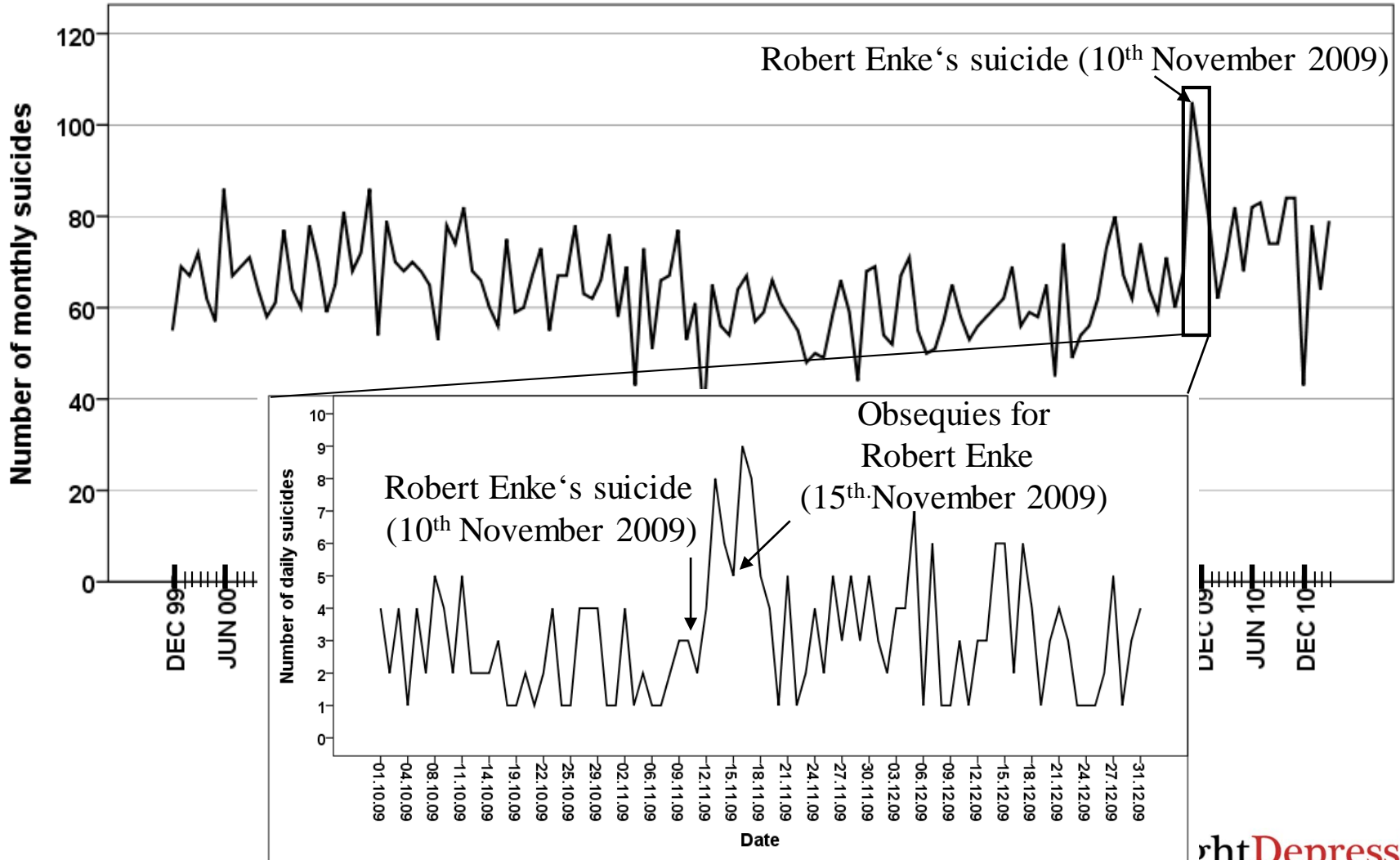


Nationaltorwart Robert Enke tot!

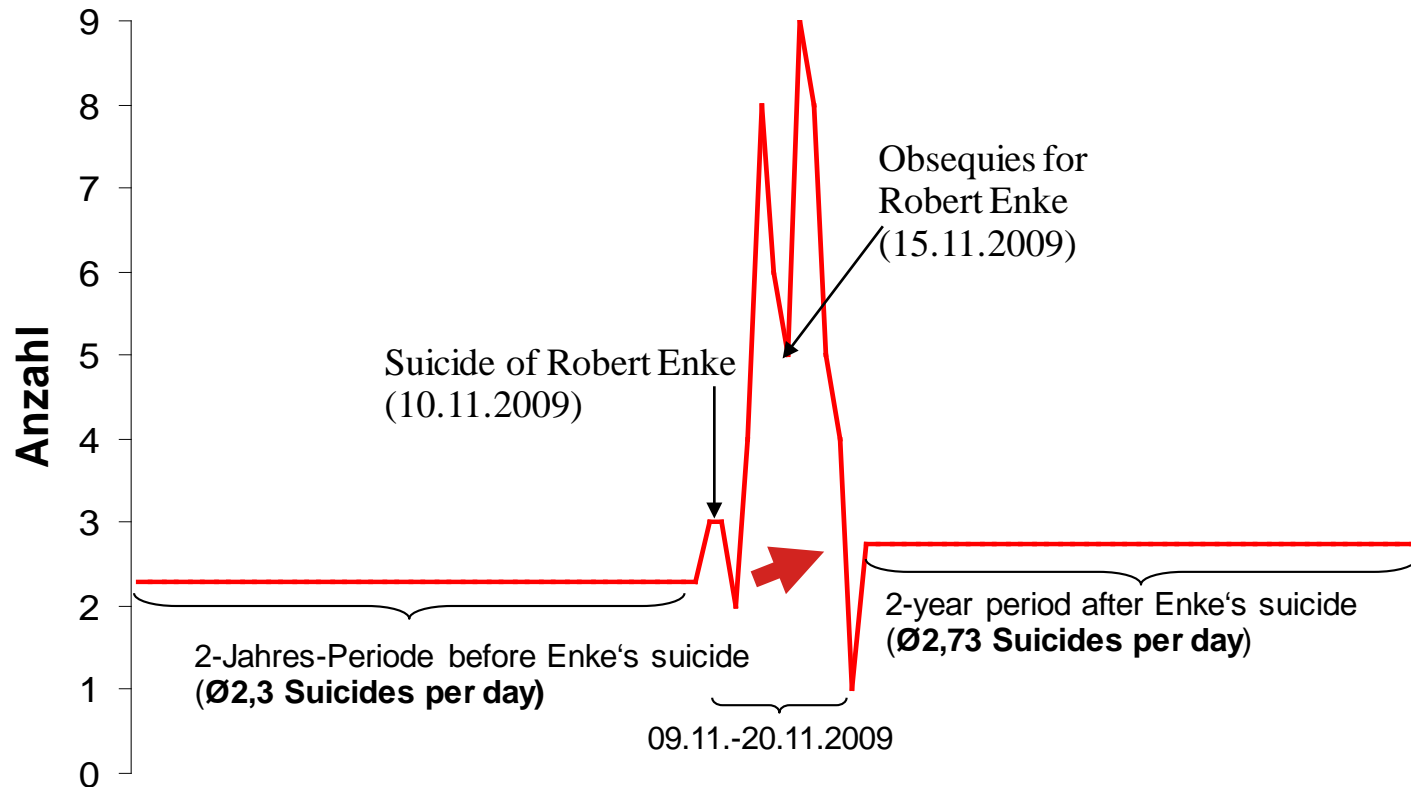
+ ER WURDE VON ZUG ÜBERROLLT ++ BERATER BESTÄTIGT: ES WAR SELBSTMORD! ++

Railway suicide of Robert Enke (national goal keeper)

Railway suicides per month (1999-2011, total number 8921)

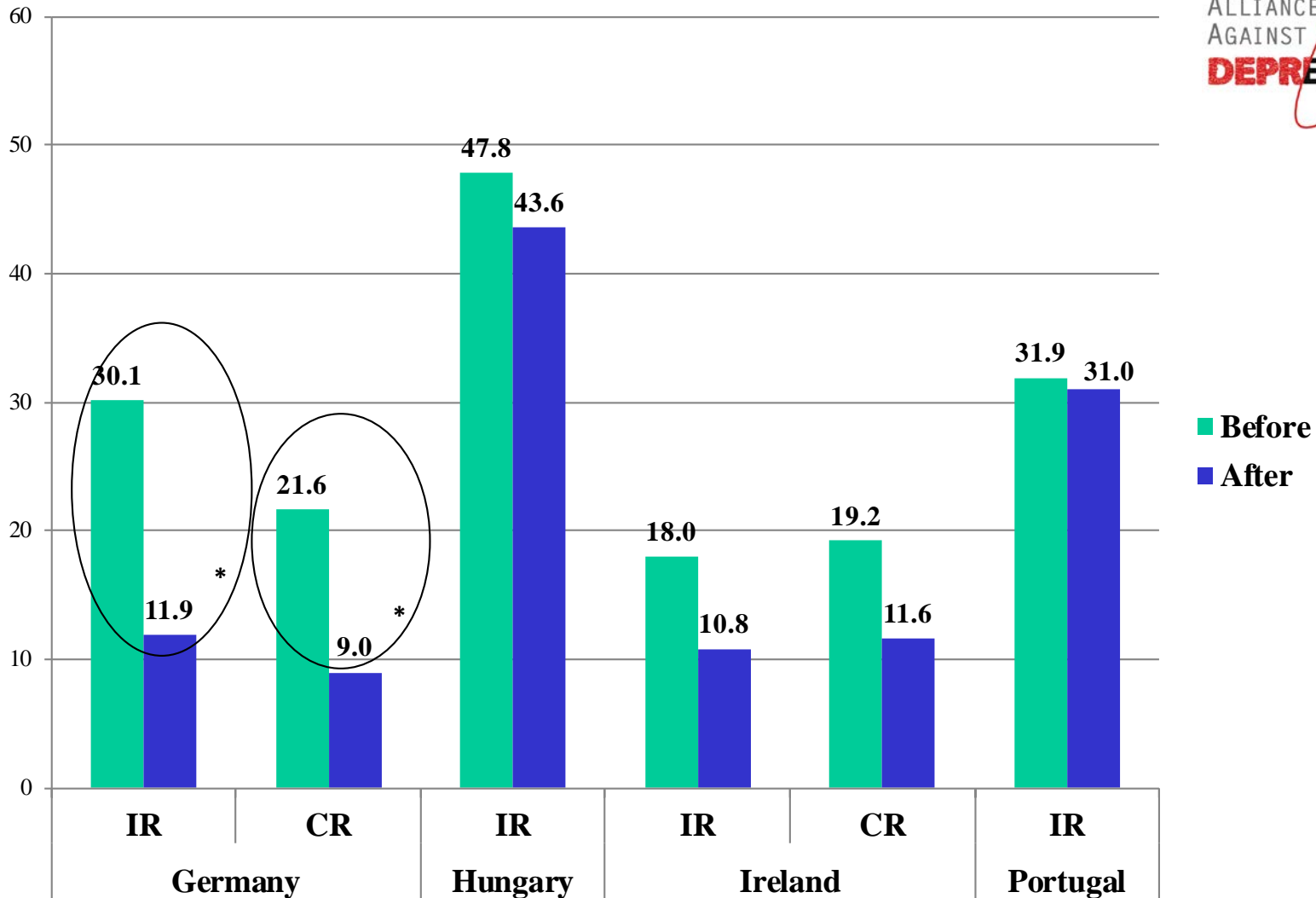


Railway suicides: 2-year period before and after the suicide of R. Enke (Hegerl et al 2013, J Affect Dis)



Depression is a sign of personal weakness

(% agree)



08/11/2017

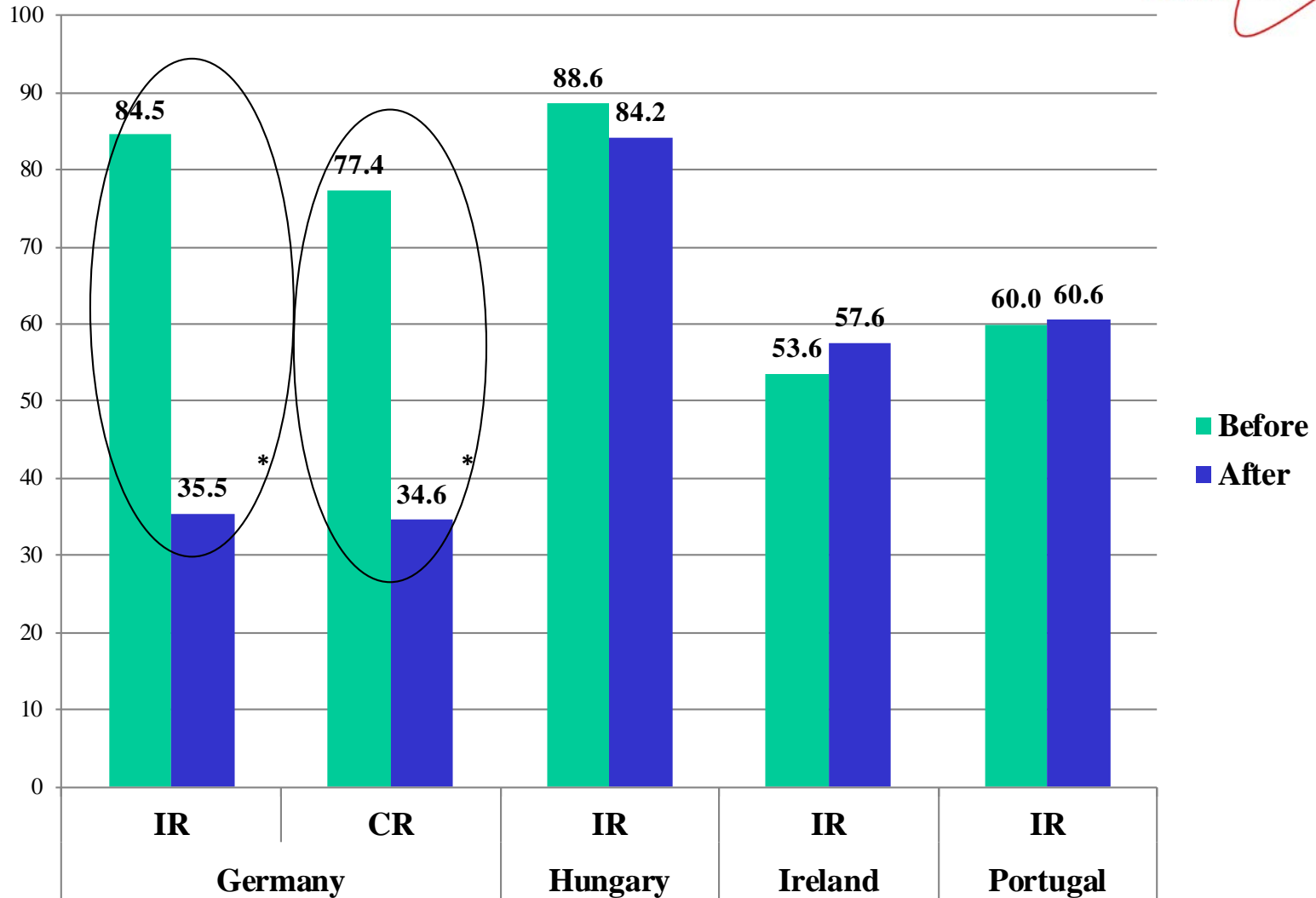
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“There is something admirable in not seeking help”

(% agree)



Combine the targets depression and suicidal behaviour

- two large and overlapping mental health problems
- broader acceptance and support (about 30 % of the population is affected by depression directly or via a close relative)
- anti-suicide campaigns are risky
- focus on depression when addressing the general population, but on suicidal behaviour when addressing health professionals, gatekeepers and high risk groups

**Become simultaneously active at the four
levels:
creates synergistic and catalytic effects**

Involvement of pharmaceutical industry?

**Balance between bottom-up and top-down
in implementation and dissemination
strategy
(feeling of ownership)**

Large pool of EAAD intervention materials (in 10 languages)



Professional PR-concept with

- Poster and placards
- Leaflets and booklets
- Cinema and TV spots
- Flyers
- Videos, CD-ROMs, ect.

Educational packages

- for media (media guide)
- for PCPs: detailed 5-hour and 3-day training programs
- for patients/relatives: e.g. information materials, videotapes
- for community facilitators (teacher, priests, defence forces, policemen, social workers, geriatric caregivers, pharmacists)

Train-the-trainer workshop packages

Support of self help activities

- IFightDepression-tool
- Brochures, videos, CD-ROM
- Emergency card
- Discussion forum (internet)
- Sleep regulation APP



iFightDepression Online Self-management tool



UNTERSTÜTZUNG DURCH IHREN
HAUSARZT ODER PSYCHOTHERAPEUTEN



iFightDepression

WELCOME! NICE THAT YOU ARE HERE!

- The iFightDepression tool is an internet-based self-management programme for individuals experiencing milder forms of depression. It is free of charge and is intended to help individuals to self-manage their symptoms of depression and to promote recovery. The tool is used with the support of a trained guiding health professional, 'guided' meaning that it is used with support from a general practitioner or mental health professional.
- If you are experiencing depression and are interested in iFightDepression, we kindly ask you to understand that use of the tool is only possible with the help of a guiding healthcare professional. We recommend that you contact your healthcare professional to speak about other options of support and treatment that may be helpful for you.
- If you are a healthcare professional and are interested in implementing the tool within your practice, please email ifightdepression@ead.net for more information.

E-learning tool for health professionals has been developed

Links
[EAAD e.V.](#)
[iFightDepression](#)
[IASP](#)

An initiative of


Our partners
[University of Stirling](#)
[National Suicide Research Foundation](#)

Important documents
[Terms of use](#)
[Privacy statement](#)
[Imprint](#)



iFightDepression[®]
european alliance against depression

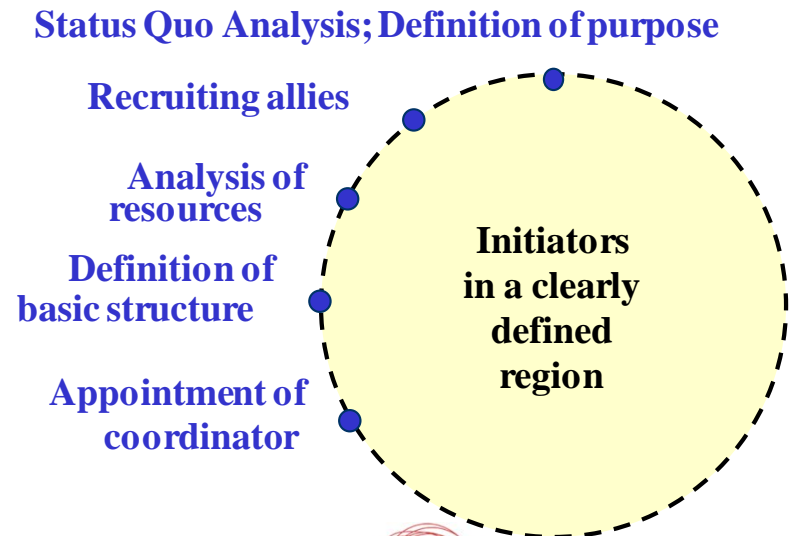


- iFightDepression self-management tool and website available for broad use
 - **Tool:**
 - Guided, internet-based, free to use
 - 2 versions (adults 25+, young people 15-24)
 - 6 core workshops, mood monitoring, worksheets, help contacts
 - 8 languages: English, German, Spanish, Catalan, Hungarian, Estonian, Bulgarian, Dutch, Italian
 - **Website: 13 countries, 12 languages**
 - English, German (German and Austrian), Spanish, Catalan, Hungarian, Estonian, Bulgarian, Portuguese, French, Basque, Dutch, Italian



Implementation steps

Step 1: Planning, design, strategy



Step 2: Preparation

**Preparing the evaluation,
baseline measurement**

**Involvement of
patrons**

**Integration of all
relevant institutions**

**Step 1: Planning,
design, strategy**

**Adaptation and
production of
info material**

Status Quo Analysis; Definition of purpose

**Recruiting of
lecturers**

Recruiting allies

**Training of
lecturers**

**Analysis of
resources**

**Planning and locating
first public events**

**Definition of
basic structure**

**Initiators
in a clearly
defined
region**

**Scheduling of
first 10
workshops**

**Appointment of
coordinator**

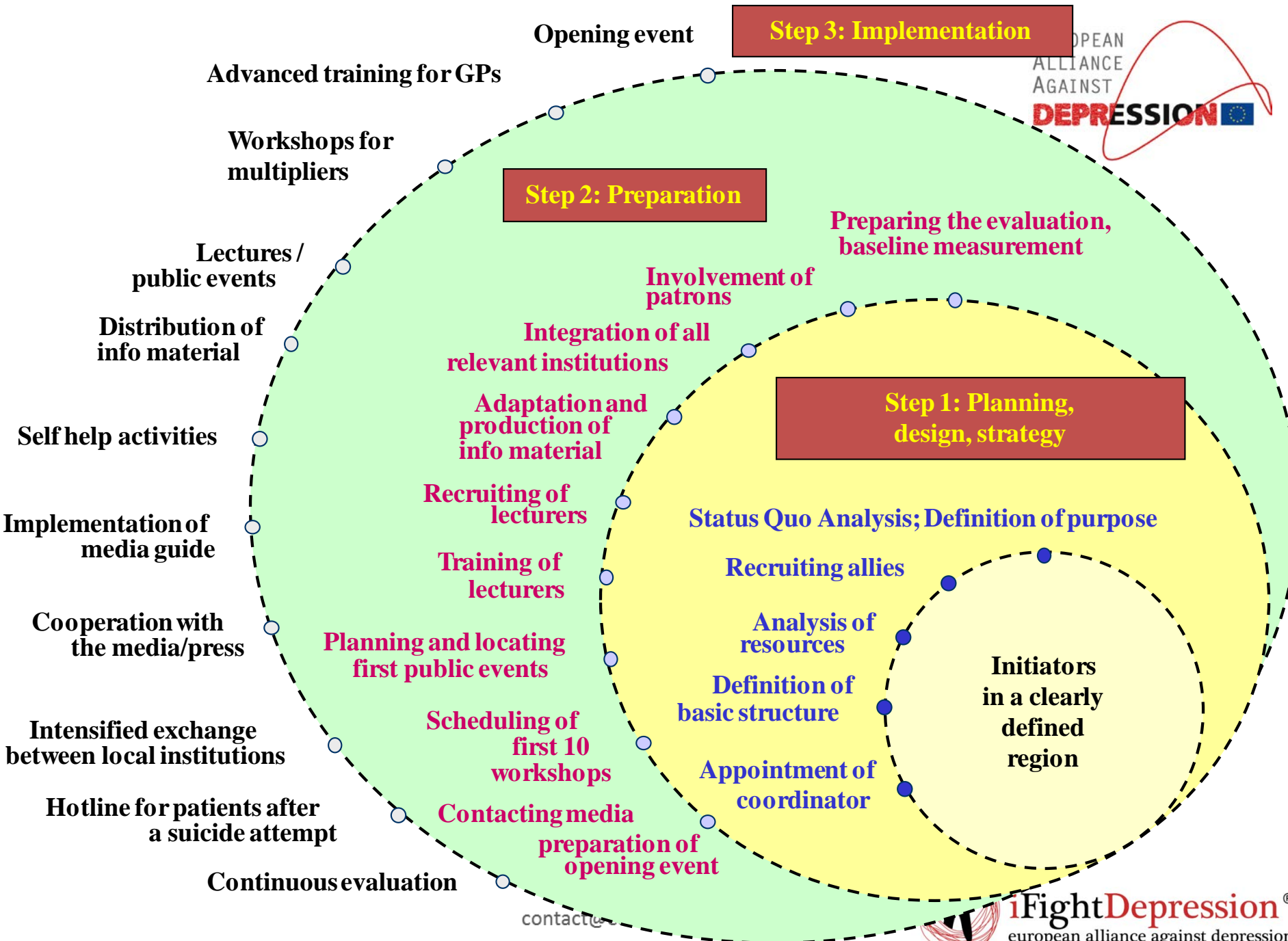
Contacting media

**preparation of
opening event**

www.eaad.net

contact@eaad.net





contact@



Lessons learnt:

- 4-level intervention concept: evidence for preventive effects on suicidal behaviour from regions in Germany, Hungary and Portugal
- combine the targets depression and suicidal behaviour
- combine intervention measures
 - synergistic
 - catalytic effects
- start with a model project
- support other interested regions
- establish a national network of regional alliances (learning network, exchange experiences and intervention materials)
- balance between bottom-up and top-down elements

Thank you!