



**World Suicide Prevention Day**  
**Working Together to Prevent Suicide**  
 September 10, 2018



# Multi-level suicide prevention programs: Impacts beyond the sum of individual interventions

**World Suicide Prevention Day Community Forum, Brisbane**  
**14<sup>th</sup> September 2018**



Australian Institute for  
 Suicide Research and Prevention



Professor Ella Arensman  
 School of Public Health & National Suicide Research Foundation,  
 WHO Collaborating Centre on Surveillance and Research in Suicide Prevention  
 University College Cork, Ireland  
 Visiting Professor Australian Institute for Suicide Research and Prevention, Griffith University



# Challenges in suicide prevention

- Many suicide prevention programmes lack a holistic approach
- Suicide prevention is often perceived from a narrow perspective, e.g. not addressing comorbidity and contextual factors
- In implementing suicide prevention programmes, the quality and intensity of the implementation (e.g. standardisation, targets and indicators), is often not addressed.



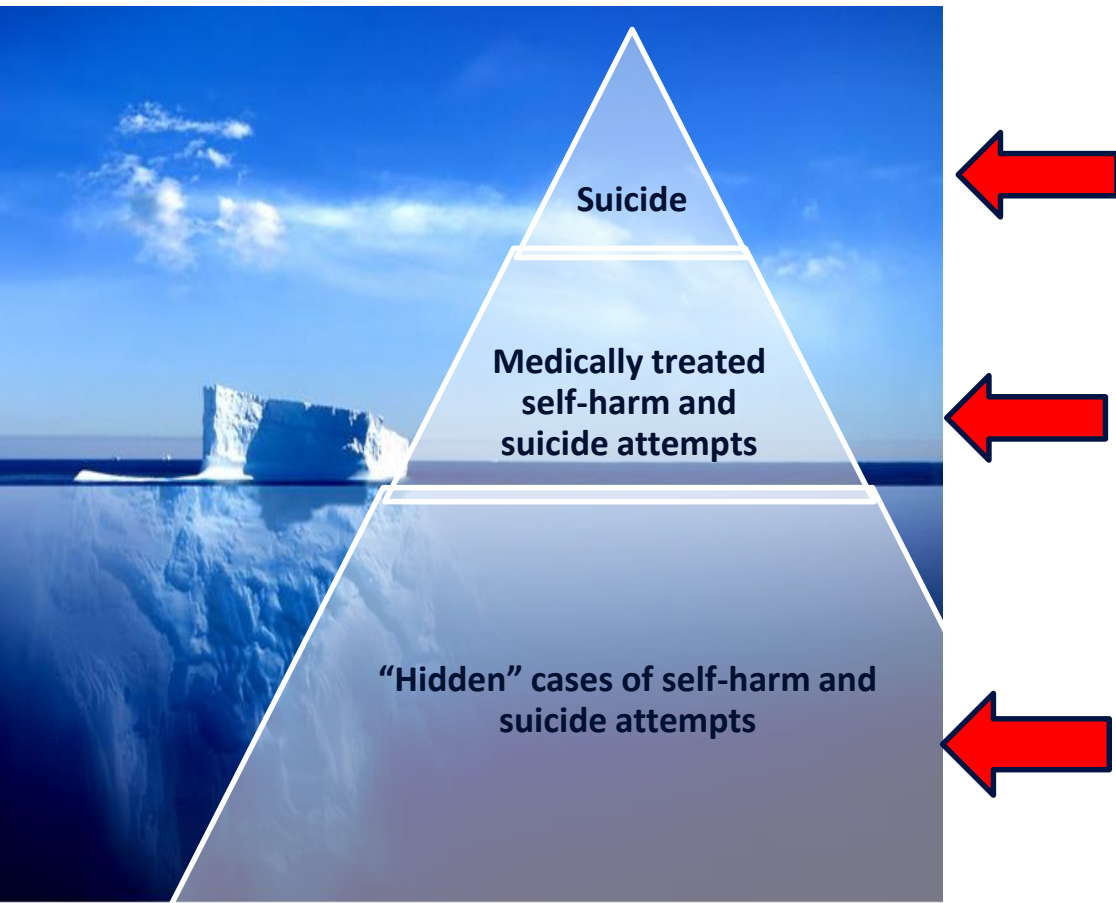
*The whole is more than the sum of its parts*

*Aristotle*  
*384-322 BC*

SIMON NORIEGA-OLMOS  
ARISTOTLE'S PSYCHOLOGY  
OF SIGNIFICATION

DE GRUYTER

# Impact of community based multi-level suicide prevention programmes



- Growing consistency of the effectiveness of community based interventions to improve the care for people diagnosed with depression and simultaneously address awareness and skills in early identification of suicide risk among healthcare and community based professionals (*EAAD, NOCOMIT-J*)
- Reductions in fatal and non-fatal suicidal behaviour combined up to 32% (*Szekely et al, 2013; Hegerl et al, 2013*)
- Proven synergistic effects of simultaneously implementing evidence based interventions (*Harris et al, 2016*)

## Community based frameworks: Single versus Multiple Interventions

- Simultaneous implementation of multiple evidence informed interventions is more likely to result in significant reductions of suicide and attempted suicide compared to single interventions.
- In several culturally different countries where multi-level suicide prevention programmes had been implemented, significant reductions were observed in suicide and suicide attempts.
- Synergistic effects, i.e. added value beyond the sum of individual intervention levels or components in isolation, for example the launch of awareness campaign had a positive impact on the uptake of training for community facilitators, and media professionals in particular.

*Zalsman et al, 2016, Hegerl et al, 2013; Harris et al, 2013*



National Suicide  
Research Foundation



# Suicide rates by WHO region

FIG. 5.2.1 Age-standardized suicide rates per 100,000 population, by region, 2016

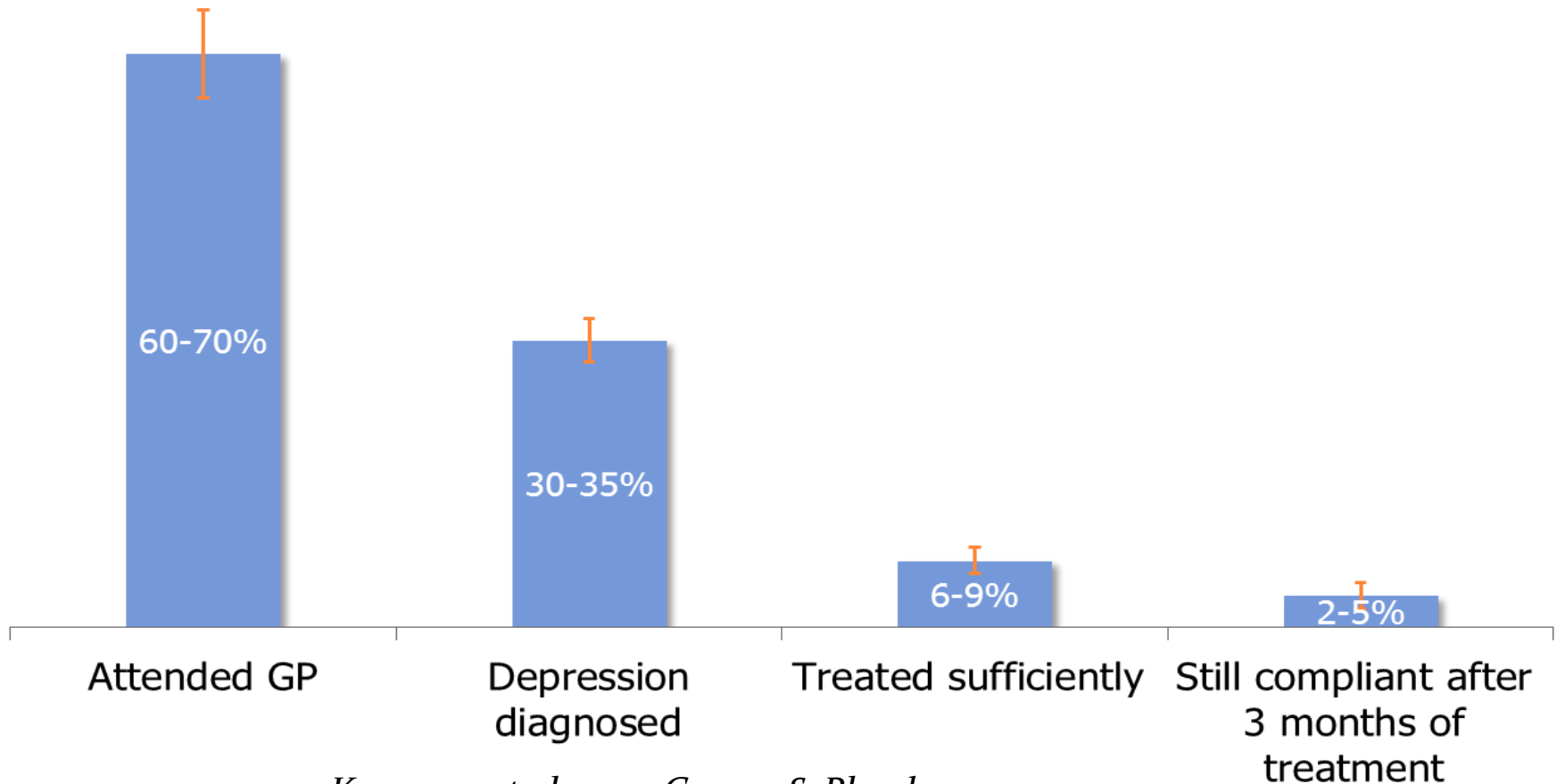
■ Males ■ Females ■ Both sexes



- ❖ Close to 800 000 people die by suicide every year
- ❖ More than e.g. malaria, breast cancer

*Mental Health Atlas, 2017*

# Diagnostic and therapeutic deficits in the treatment of depression



*Kamenov et al, 2015; Craven & Bland, 2013*

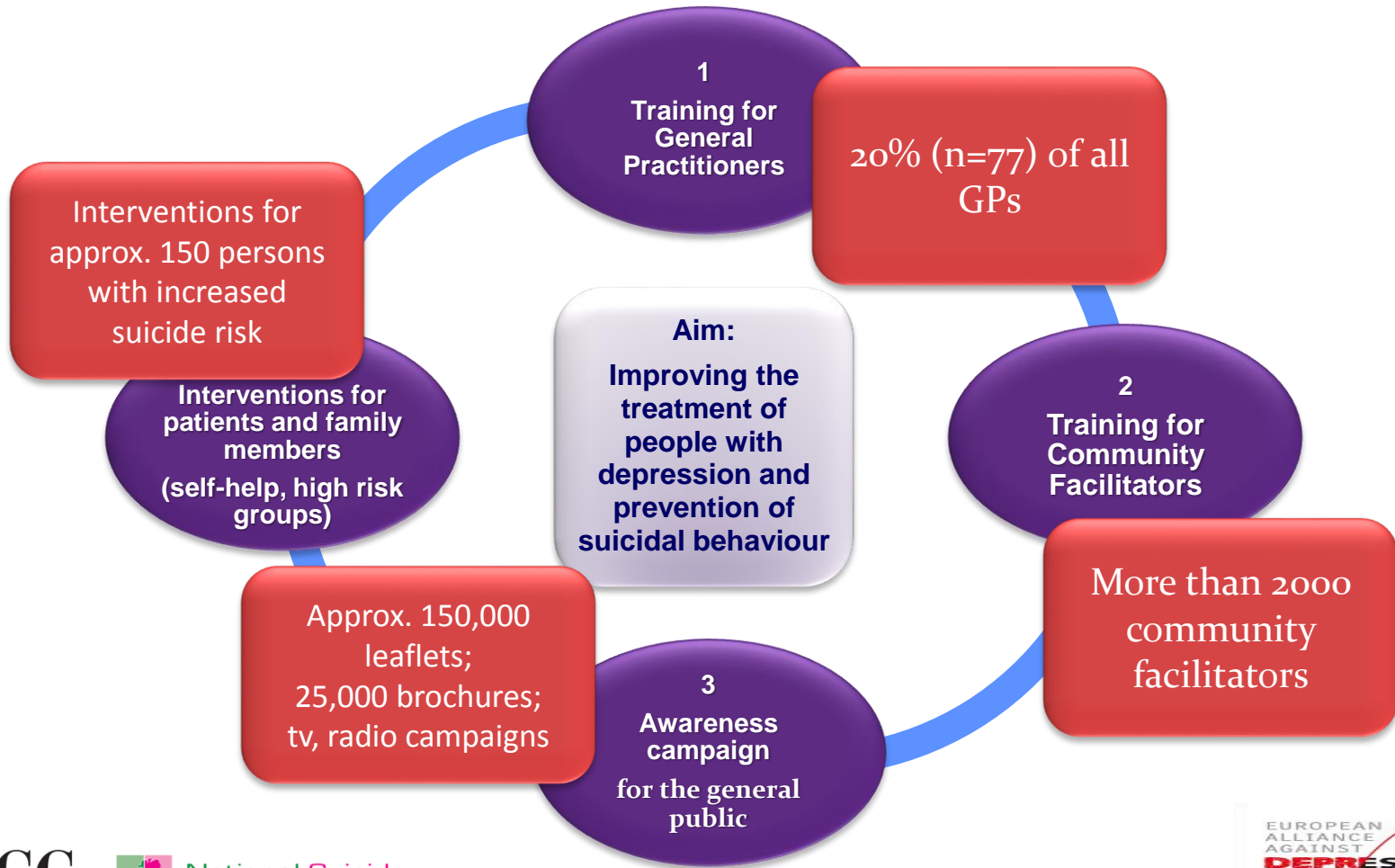
# From European to Global Implementation



*Funding by the EU over 11 years*

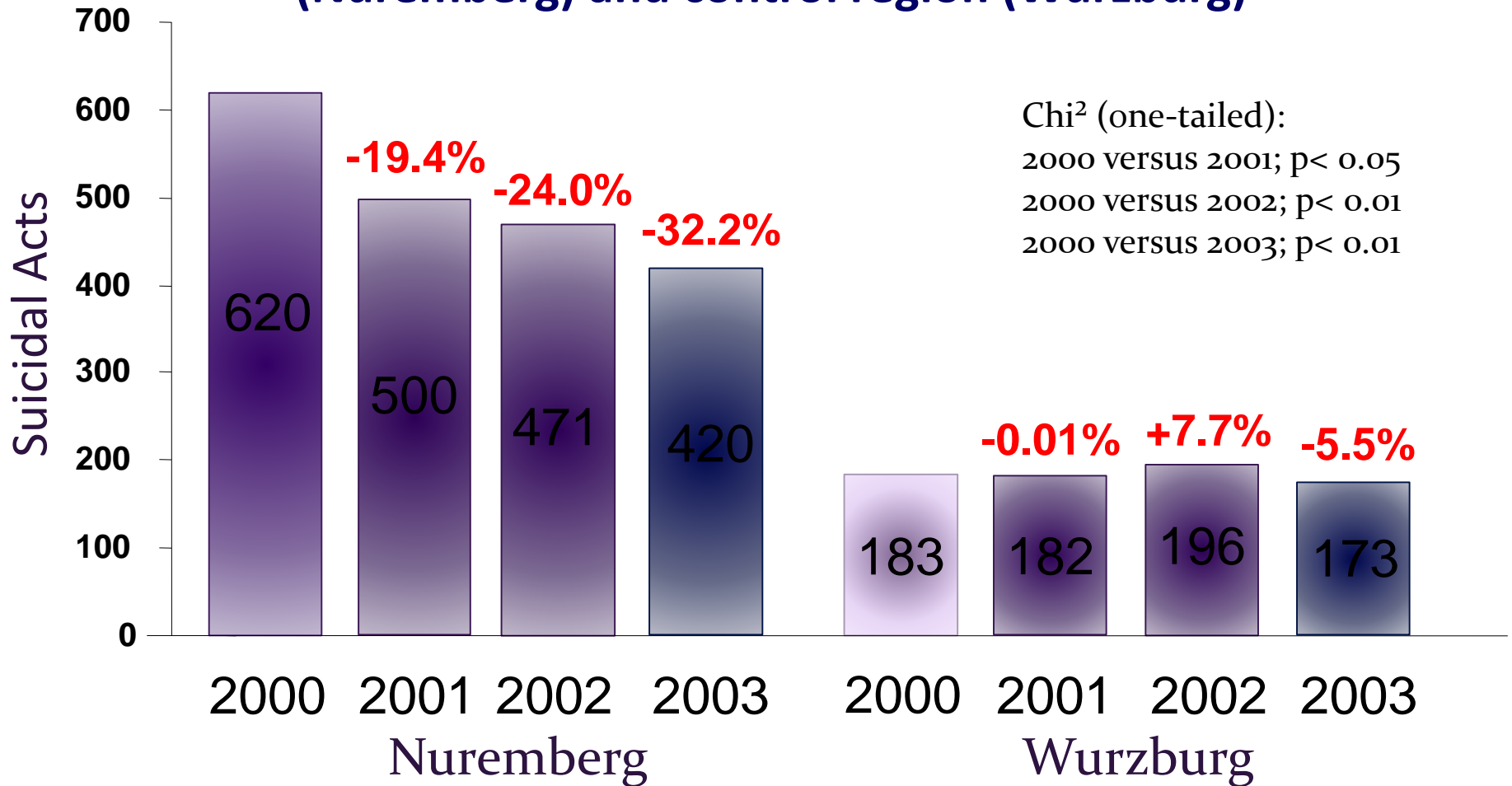


# Implementation of the multi-level intervention programme in the original intervention region (Nuremberg)



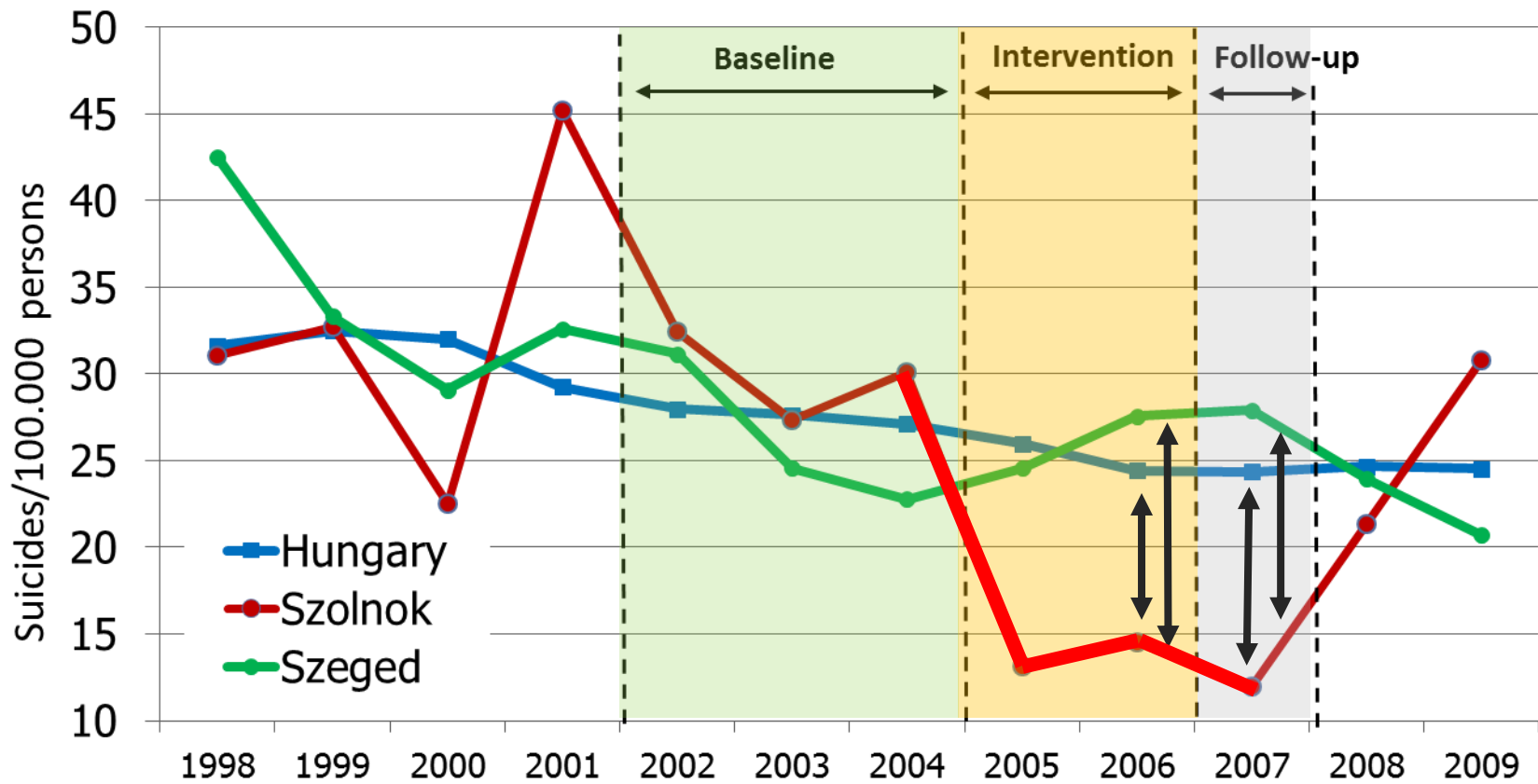


# The impact of the multi-level intervention programme on suicidal behaviour in the intervention region (Nuremberg) and control region (Wurzburg)



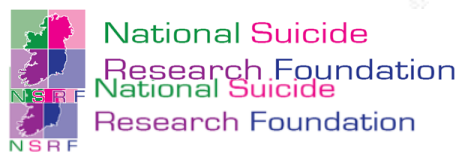
# Szolnok Alliance Against Depression: Impact on suicide rates compared to the national suicide rates ( $p=.017$ ) and a control region ( $p=.0015$ )

(Szekely et al 2014)



# EAAD - Standardised implementation of the multi-level intervention programme

- Simultaneous implementation of the 5 intervention levels (intensity)
- Determine specific targets for each of the intervention levels (reach)
- Combining the objectives of improving the care for people with depression and preventing suicidal behaviour
- Establish local Advisory Groups representing key agencies and professionals involved in the different intervention levels, e.g. GPs, health professionals, community facilitators, such as social workers, police officers, pharmacists, priests, media professionals, and people with lived experience
- Endorsement and promotion of the multi-level intervention programme by patron at launch event and repeated public and media events



# How important is standardisation?

- More consistency across regions/countries with high level of fidelity to the original EAAD multi-level model in outcomes relating to suicide and non-fatal suicidal behaviour (e.g. Szekely et al, 2013) compared to regions/countries with low level of fidelity (e.g. Collings et al, 2018)
- More consistency across regions/countries with a combined focus on improving the care for people with depression and preventing suicidal behaviour (e.g. Szekely et al, 2013) compared to regions/countries with a focus on only preventing suicidal behaviour (e.g. Collings et al, 2018)

OPEN ACCESS [Peer-reviewed article](#) PLOS ONE

## How to Decrease Suicide Rates in Both Genders? An Effectiveness Study of a Community-Based Intervention (EAAD)

András Székely<sup>1\*</sup>, Bana Konkoly Thege<sup>1,2</sup>, Roland Mergl<sup>3</sup>, Emma Birkás<sup>4</sup>, Sándor Rózsa<sup>5</sup>, György Furek<sup>1,6</sup>, Ulrich Hegerl<sup>7,8</sup>

<sup>1</sup> Department of Psychological Sciences, Institute of Psychology, University of Debrecen, Debrecen, Hungary, <sup>2</sup> Department of Psychology, University of Calgary, Calgary, Canada, <sup>3</sup> Institute of Psychiatry, University of Manchester, Manchester, United Kingdom, <sup>4</sup> Department of Psychology, University of Debrecen, Debrecen, Hungary, <sup>5</sup> Department of Psychology, University of Debrecen, Debrecen, Hungary, <sup>6</sup> Department of Psychology, University of Debrecen, Debrecen, Hungary, <sup>7</sup> Department of Psychiatry, University of Cologne, Cologne, Germany, <sup>8</sup> Department of Personality and Health Psychology, Technical University of Munich, Munich, Germany

**Abstract**  
**Background:** The suicide rate in Hungary is high. In international comparison, the two-year community-based four-level intervention programme of the European Alliance Against Depression (EAAD) is designed to improve the care of depression and prevent suicidal behaviour. Our primary aim was to evaluate the effectiveness of a multilevel community-based four-level suicide prevention programme on suicide rates.  
**Methods:** The EAAD programme was implemented in Szekes (population 76,311), a town in a region of Hungary with an exceptionally high suicide rate. Effects in suicide rates in this intervention region after the intervention started with changes in national suicide rates and those in a control region (Szeged) in the corresponding period.  
**Results:** For the duration of the programme and the follow-up year, suicide rates in Szekes were significantly lower than the average of the control region (p < 0.001). Significantly less than was done before (2013), from 2009/10 to 2014/15, the rate of the EAAD programme was significantly stronger than that observed in the whole country (p = 0.017) and in the control region (p = 0.014). Risk had decreased in Szekes as well as in the control region. Also, the number of hospitalizations and the number of emergency calls decreased in Szekes.  
**Conclusions:** These results seem to provide further support for the effectiveness of the EAAD concept. While the majority of suicide prevention programs mainly affect female suicidal behavior, this programme seems to be beneficial for both sexes. The availability and the role of the mediating factors (social service and health care utilization, community activities) should be studied for further studies on future research.

**Introduction**  
 Hungary had the highest suicide rate in the world by the early 1990s (18.9 per 100,000 in 1990). Although the rate has decreased since then, it still remains one of the highest in the world. The high prevalence of suicidal behavior and the high suicide rate have been recognized as a major public health problem. The European Alliance Against Depression (EAAD) is a community-based four-level suicide prevention programme. The EAAD programme was implemented in Szekes (population 76,311), a town in a region of Hungary with an exceptionally high suicide rate. Effects in suicide rates in this intervention region after the intervention started with changes in national suicide rates and those in a control region (Szeged) in the corresponding period. The EAAD programme was implemented in Szekes (population 76,311), a town in a region of Hungary with an exceptionally high suicide rate. Effects in suicide rates in this intervention region after the intervention started with changes in national suicide rates and those in a control region (Szeged) in the corresponding period.

\* Correspondence: [andras.szekely@uni-debrecen.hu](mailto:andras.szekely@uni-debrecen.hu)

© 2013 Székely et al; licensee PLOS ONE. This is an open-access article distributed under the terms of the Creative Commons Attribution License, which permits unrestricted use, distribution, and reproduction in any medium, provided the original author and source are credited.

Copyright: © 2013 Székely et al. This is an open-access article distributed under the terms of the Creative Commons Attribution License, which permits unrestricted use, distribution, and reproduction in any medium, provided the original author and source are credited.

Competing Interests: The authors have declared that no competing interests exist.

**Introduction**  
 Hungary had the highest suicide rate in the world by the early 1990s (18.9 per 100,000 in 1990). Although the rate has decreased since then, it still remains one of the highest in the world. The high prevalence of suicidal behavior and the high suicide rate have been recognized as a major public health problem. The European Alliance Against Depression (EAAD) is a community-based four-level suicide prevention programme. The EAAD programme was implemented in Szekes (population 76,311), a town in a region of Hungary with an exceptionally high suicide rate. Effects in suicide rates in this intervention region after the intervention started with changes in national suicide rates and those in a control region (Szeged) in the corresponding period. The EAAD programme was implemented in Szekes (population 76,311), a town in a region of Hungary with an exceptionally high suicide rate. Effects in suicide rates in this intervention region after the intervention started with changes in national suicide rates and those in a control region (Szeged) in the corresponding period.

**Introduction**  
 Hungary had the highest suicide rate in the world by the early 1990s (18.9 per 100,000 in 1990). Although the rate has decreased since then, it still remains one of the highest in the world. The high prevalence of suicidal behavior and the high suicide rate have been recognized as a major public health problem. The European Alliance Against Depression (EAAD) is a community-based four-level suicide prevention programme. The EAAD programme was implemented in Szekes (population 76,311), a town in a region of Hungary with an exceptionally high suicide rate. Effects in suicide rates in this intervention region after the intervention started with changes in national suicide rates and those in a control region (Szeged) in the corresponding period. The EAAD programme was implemented in Szekes (population 76,311), a town in a region of Hungary with an exceptionally high suicide rate. Effects in suicide rates in this intervention region after the intervention started with changes in national suicide rates and those in a control region (Szeged) in the corresponding period.

**Introduction**  
 Hungary had the highest suicide rate in the world by the early 1990s (18.9 per 100,000 in 1990). Although the rate has decreased since then, it still remains one of the highest in the world. The high prevalence of suicidal behavior and the high suicide rate have been recognized as a major public health problem. The European Alliance Against Depression (EAAD) is a community-based four-level suicide prevention programme. The EAAD programme was implemented in Szekes (population 76,311), a town in a region of Hungary with an exceptionally high suicide rate. Effects in suicide rates in this intervention region after the intervention started with changes in national suicide rates and those in a control region (Szeged) in the corresponding period. The EAAD programme was implemented in Szekes (population 76,311), a town in a region of Hungary with an exceptionally high suicide rate. Effects in suicide rates in this intervention region after the intervention started with changes in national suicide rates and those in a control region (Szeged) in the corresponding period.

**Introduction**  
 Hungary had the highest suicide rate in the world by the early 1990s (18.9 per 100,000 in 1990). Although the rate has decreased since then, it still remains one of the highest in the world. The high prevalence of suicidal behavior and the high suicide rate have been recognized as a major public health problem. The European Alliance Against Depression (EAAD) is a community-based four-level suicide prevention programme. The EAAD programme was implemented in Szekes (population 76,311), a town in a region of Hungary with an exceptionally high suicide rate. Effects in suicide rates in this intervention region after the intervention started with changes in national suicide rates and those in a control region (Szeged) in the corresponding period. The EAAD programme was implemented in Szekes (population 76,311), a town in a region of Hungary with an exceptionally high suicide rate. Effects in suicide rates in this intervention region after the intervention started with changes in national suicide rates and those in a control region (Szeged) in the corresponding period.

**Introduction**  
 Hungary had the highest suicide rate in the world by the early 1990s (18.9 per 100,000 in 1990). Although the rate has decreased since then, it still remains one of the highest in the world. The high prevalence of suicidal behavior and the high suicide rate have been recognized as a major public health problem. The European Alliance Against Depression (EAAD) is a community-based four-level suicide prevention programme. The EAAD programme was implemented in Szekes (population 76,311), a town in a region of Hungary with an exceptionally high suicide rate. Effects in suicide rates in this intervention region after the intervention started with changes in national suicide rates and those in a control region (Szeged) in the corresponding period. The EAAD programme was implemented in Szekes (population 76,311), a town in a region of Hungary with an exceptionally high suicide rate. Effects in suicide rates in this intervention region after the intervention started with changes in national suicide rates and those in a control region (Szeged) in the corresponding period.

Collings et al. BMC Public Health (2018) 18:140  
 DOI:10.1186/s12874-018-0322-4

BMC Public Health

RESEARCH ARTICLE

## Preventing suicidal behaviours with a multilevel intervention: a cluster randomised controlled trial

Sunny Collings<sup>1\*</sup>, Gabrielle Jenkin<sup>1</sup>, James Stanley<sup>2</sup>, Sarah Kennerley<sup>3</sup> and Simon Hatcher<sup>3</sup>

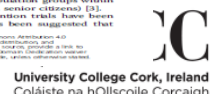
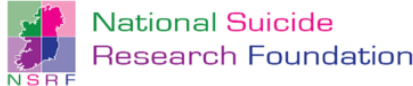
**Abstract**  
**Background:** In the context of the recent surge in community based multilevel interventions for suicide prevention, all of which show promising results, we discuss the implications of the findings of such an intervention designed for and implemented in New Zealand. The multi-level intervention for suicide prevention in New Zealand (MIG-82) was a cluster randomised controlled community intervention trial involving eight hospital regions matched into four pairs and randomised to either the intervention or practice as usual (the control). Intervention regions received 25 months of interventions (31 June 2010 to 30 June 2013) including: 1) training in recognition of suicide risk factors; 2) workshops on mental health issues; 3) community based interventions (working in with community events); and 4) distribution of print material and information on web-based resources.  
**Results:** There was no significant difference between the change in rate of suicidal behaviours (54 or self-inflicted deaths) in the intervention group compared with the control group (rate ratio = 1.02, 95% CI 0.82, 1.38).  
**Conclusions:** This study did not provide substantive evidence that the MIG-82 intervention had an effect on suicidal behaviours raising important questions about the potential effectiveness of the multilevel intervention model for suicide prevention for all countries. Although a range of factors may account for the unanticipated findings, including inadequate study power, differences in design and intervention focus, and country-specific contextual factors, it is possible that the effectiveness of the multilevel intervention model for reducing suicidal behaviours may have been overestimated.  
**Trial registration:** This trial was retrospectively registered on 11 April 2013. ACTRN12613000399796.

**Introduction**  
 Globally suicide is an enormous social and public health issue accounting for more than 800,000 deaths annually, with another 20 attempts for each suicide [1]. The World Health Organization has called for a comprehensive approach to suicide prevention with a global target of 10% reduction in suicide rates by 2020 [2].  
 Recently there has been a surge in community based multilevel intervention trials for suicide prevention. Multilevel intervention trials are distinct from multilevel interventions for suicide prevention occurring as part of national suicide prevention strategies, in that they are research based as exemplified by their intervention and control region research design. In this research context, multilevel intervention trials for suicide prevention have evolved in a particular way to include four or more common components. These four components have typically comprised primary care interventions to improve the identification of depression, its treatment and management (including referral pathways), media/public relations campaigns to destigmatise depression and improve help-seeking, education of community gatekeepers and interventions targeted to high risk groups (such as those with previous suicidal behaviour). Multilevel intervention trials have been designed for geographically defined communities, although some trials have been designed for specific population groups within a defined community (for example, sector citizens) [3].  
 Up to 17 such four-level intervention trials have been implemented in Europe [4]. It has been suggested that

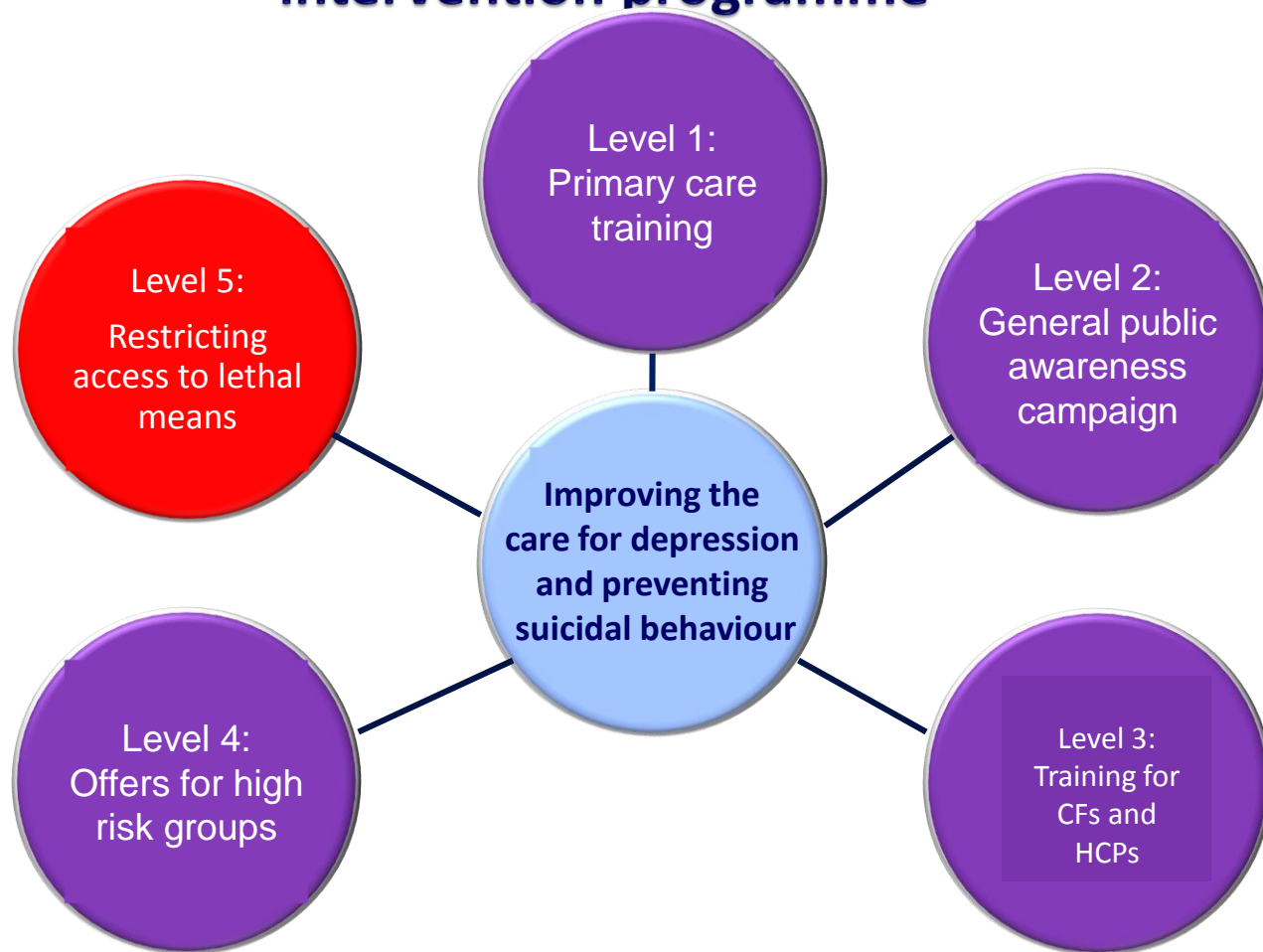
\* Correspondence: [sunny.collings@bionicsocial.co.nz](mailto:sunny.collings@bionicsocial.co.nz)

<sup>1</sup> Sunny Collings, Sunny Collings and Gabrielle Jenkin, University of Otago, PO Box 784, Dunedin, New Zealand, [sunny.collings@bionicsocial.co.nz](mailto:sunny.collings@bionicsocial.co.nz)

© The Author(s). 2018 Open Access This article is distributed under the terms of the Creative Commons Attribution 4.0 International License, which permits unrestricted use, distribution, and reproduction in any medium, provided you give appropriate credit to the original author(s) and the source, provide a link to the Creative Commons license, and indicate if changes were made. The images or other third party material in this article are included in the article's Creative Commons license, unless indicated otherwise in a credit line to the material. If material is not included in the article's Creative Commons license and your intended use is not permitted by statutory regulation or exceeds the permitted use, you will need to obtain permission directly from the copyright holder. To view a copy of this license, visit <http://creativecommons.org/licenses/by/4.0/>.



# EAAD - Optimising Suicide Prevention programmes and their Implementation in Europe: From a 4-level to 5-level community based intervention programme



# iFightDepression programme

- ifightdepression.com – European information and awareness website on depression and suicidal behaviour; currently available in 12 languages
- Aims to raise awareness and improve knowledge and attitudes regarding depression and suicidal behaviour and to promote help-seeking and positive mental health



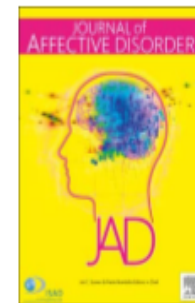


ELSEVIER

Contents lists available at ScienceDirect

## Journal of Affective Disorders

journal homepage: [www.elsevier.com/locate/jad](http://www.elsevier.com/locate/jad)



Research paper

### Effectiveness of General Practitioner training to improve suicide awareness and knowledge and skills towards depression



Evelien Coppens<sup>a</sup>, Chantal Van Audenhove<sup>a,\*</sup>, Ricardo Gusmão<sup>b</sup>, György Purebl<sup>c</sup>,  
András Székely<sup>c</sup>, Margaret Maxwell<sup>d</sup>, Nicole Koburger<sup>e</sup>, Ella Arensman<sup>f</sup>, Ulrich Hegerl<sup>e,g</sup>

<sup>a</sup> LUCAS, Centre for Care Research and Consultancy, University of Leuven, Belgium

<sup>b</sup> CEDOC, Departamento de Saúde Mental, Faculdade de Ciências Médicas da Universidade NOVA de Lisboa, Portugal

<sup>c</sup> Institute of Behavioural Sciences, Semmelweis University Budapest, Hungary

<sup>d</sup> Nursing, Midwifery and Allied Health Professions Research Unit, Faculty of Health Sciences and Sport, University of Stirling, United Kingdom

<sup>e</sup> Depression Research Centre, German Depression Foundation, Leipzig, Germany

<sup>f</sup> National Suicide Research Foundation & Department of Epidemiology and Public Health, University College Cork, Ireland

<sup>g</sup> Department of Psychiatry and Psychotherapy, University of Leipzig, Germany

# Impact pre-post training and at 3-months follow-up

- The training programme had a significant effect on the GPs' confidence in dealing with depression and suicide ( $p < 0.001$ ). Immediately after training, the GPs' level of confidence significantly improved ( $p < 0.001$ ) and this improvement was still present after three months follow-up ( $p < 0.001$ ).
- The training programme resulted in improved knowledge and attitudes regarding depression and suicide and their prevention and treatment. However, at 3 months follow-up attitudes towards depression and suicide prevention had returned to baseline levels.
- Overall, consistency in training impacts in multiple countries, such as Germany, Hungary and Portugal.





# Outcomes of Depression and Suicidal Behaviour Awareness & Skills training among Community Facilitators using a Train-the-Trainer approach

Journal of Affective Disorders 165 (2014) 142–150



Contents lists available at ScienceDirect

Journal of Affective Disorders

journal homepage: [www.elsevier.com/locate/jad](http://www.elsevier.com/locate/jad)



Research report

Effectiveness of community facilitator training in improving knowledge, attitudes, and confidence in relation to depression and suicidal behavior: Results of the OSPI-Europe intervention in four European countries

Evélien Coppens<sup>a</sup>, Chantal Van Audenhove<sup>a,\*</sup>, Samuel Iddi<sup>b,h</sup>, Ella Arensman<sup>c</sup>, Katrin Gottlieb<sup>f</sup>, Nicole Koburger<sup>f</sup>, Claire Coffey<sup>c</sup>, Ricardo Gusmão<sup>d,e</sup>, Sónia Quintão<sup>d</sup>, Susana Costa<sup>d</sup>, András Székely<sup>g</sup>, Ulrich Hegerl<sup>f</sup>

<sup>a</sup> LUCAS, Centre for Care Research and Consultancy, University of Leuven, Leuven, Belgium

<sup>b</sup> Biostatistics and Statistical Bioinformatics Centre, University of Leuven, Leuven, Belgium

<sup>c</sup> National Suicide Research Foundation & Department of Epidemiology and Public Health, University College Cork, Cork, Ireland

<sup>d</sup> CEDOC, Departamento de Saúde Mental, Faculdade de Ciências Médicas da Universidade Nova de Lisboa, Lisboa, Portugal

<sup>e</sup> Serviço de Psiquiatria, Hospital de Egas Moniz, Centro Hospitalar de Lisboa Ocidental, Lisboa, Portugal

<sup>f</sup> Department of Psychiatry and Psychotherapy, University of Leipzig, Leipzig, Germany

<sup>g</sup> Institute of Behavioral Sciences, Semmelweis University Budapest, Budapest, Hungary

<sup>h</sup> Department of Statistics, University of Ghana, Ghana



## ARTICLE INFO

Article history:  
Received 14 November 2013  
Received in revised form  
22 April 2014  
Accepted 23 April 2014  
Available online 4 May 2014

Keywords:  
Gatekeeper training  
Depression  
Prevention  
Suicide

## ABSTRACT

**Background:** Community facilitators (CFs), such as teachers, nurses and social workers, are well placed as gatekeepers for depression and suicidal behavior, but not properly prepared to provide preventive and supportive services. The current study aimed: (1) to improve CFs' attitudes toward depression, knowledge on suicide, and confidence to detect suicidal behavior in four European countries and (2) to identify specific training needs across regions and CF groups.

**Methods:** A standardized training program was provided to 1276 CFs in Germany, Hungary, Ireland, and Portugal. Attitudes toward depression, knowledge about suicide, and confidence in identifying suicidal persons were assessed before training, after training, and at three to six months follow-up. Additionally, several participants' characteristics were registered.

**Results:** At baseline, CFs showed relatively favorable attitudes toward depression, but limited knowledge on suicide, and little confidence to identify suicidal behavior. Basic skills strongly differed across CF groups and countries. For example, in Germany, carers for the elderly, nurses, teachers, and managers were most in need of training, while in Portugal pharmacists and the clergy appeared to be important target groups. Most importantly, the training program improved the competencies of CF groups across countries and these improvements were sustained after three to six months. CFs with low basic skills benefited most of the training.

**Limitations:** The observed training effects could be influenced by other external factors as our results are based upon a pre-post comparison with no control group.

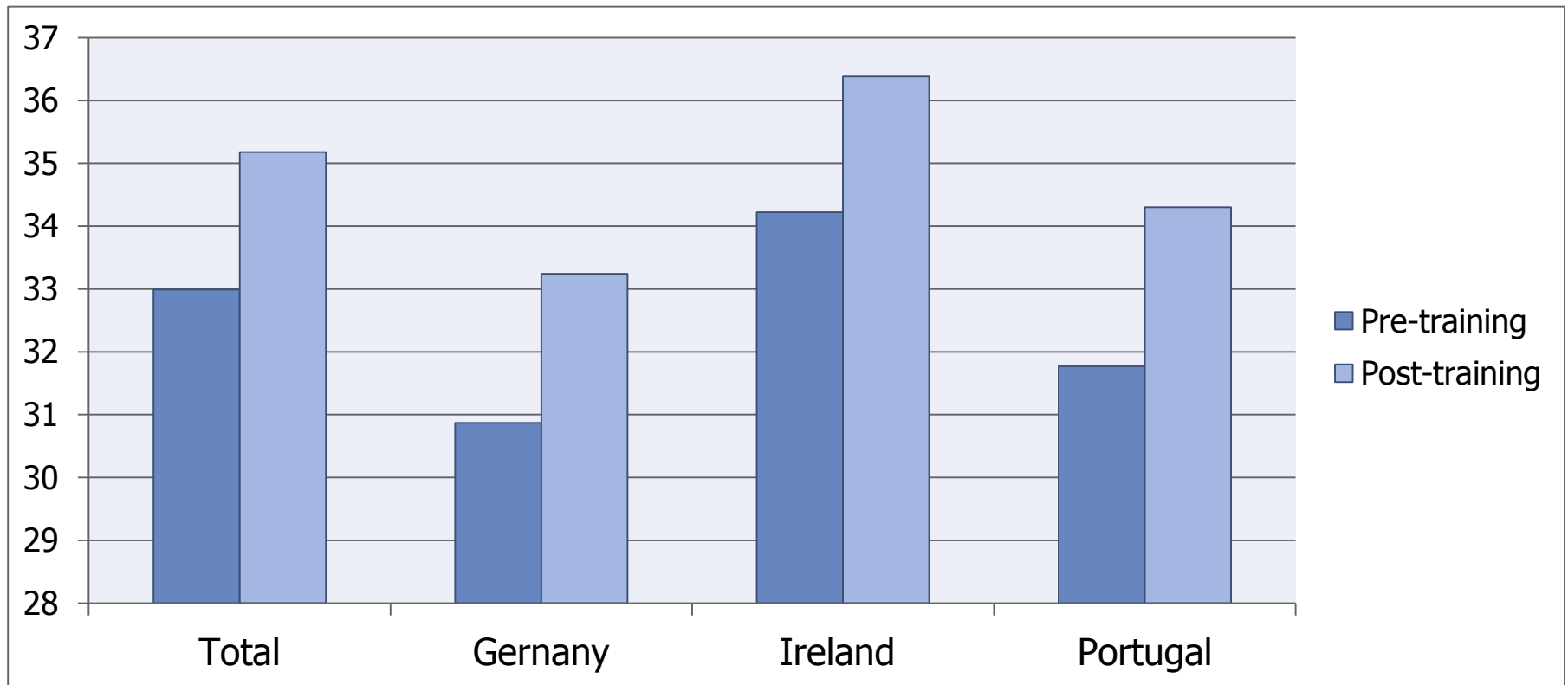
**Conclusions:** Gatekeeper trainings in community settings are successful in improving knowledge, reshaping attitudes, and boosting the confidence of gatekeepers. The most effective strategy to achieve the preferred objectives is to target those CF groups that are most in need of training and to tailor the content of the training program to the individual needs of the target group.

© 2014 Elsevier B.V. All rights reserved.

Consistently positive effects of Depression & Suicidal Behaviour Awareness and Skills Training among broad range of Community Facilitators in terms of improved knowledge, attitudes and confidence, including:

*Social workers*  
*Police Officers*  
*Clergy*  
*Counsellors*  
*Managers*  
*Pharmacists*  
*Teachers*  
*Carers for older people*

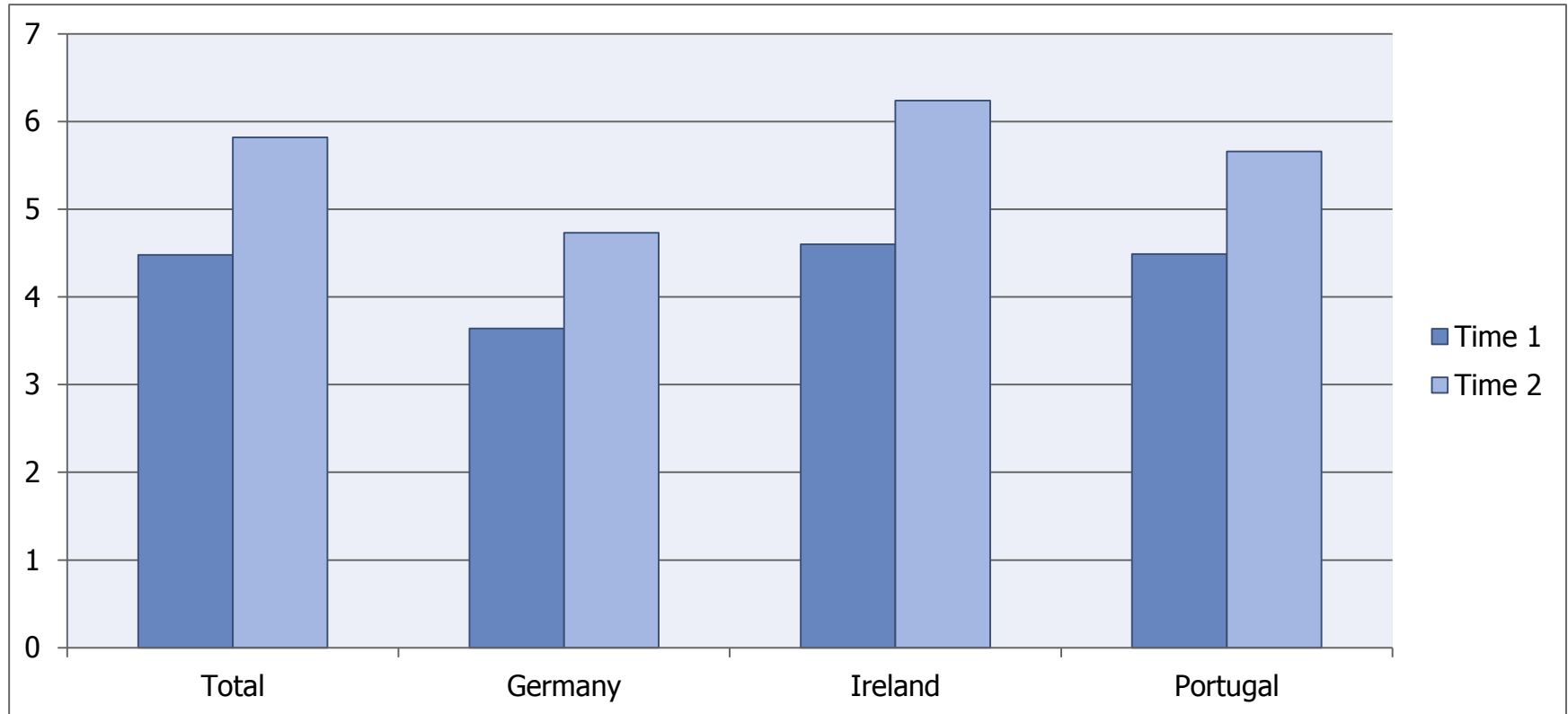
# Outcomes of training with police officers: *Stigma related to depression*



Following the OSPI gatekeeper training the police officers showed significantly more positive attitudes towards depression (baseline:  $M=32.91$ ,  $SD=4.61$ , post-training:  $M=35.07$ ,  $SD=4.82$ ,  $p<.001$ ). Effect size:  $r=0.51$  (large effect)

# Outcomes of training with police officers

## *Competency in recognising suicide risk*



Reported confidence increased significantly following the training programme (baseline:  $M=4.45$ ,  $SD=1.82$ , post-training:  $M=5.82$ ,  $SD=1.80$ ,  $p<.001$ ). Effect size:  $r=0.66$

# Feedback and experience of participants Gatekeeper training for police officers in Limerick

Original Article

IJJPSTP

International Journal of  
Social Psychiatry  
1-10  
© The Author(s) 2016  
Reprints and permissions:  
sagepub.com/journalsPermissions.nav  
DOI: 10.1177/0020764016668907  
http://ijps.sagepub.com  
SAGE

## Effectiveness of Depression–Suicidal Behaviour Gatekeeper Training among police officers in three European regions: Outcomes of the Optimising Suicide Prevention Programmes and Their Implementation in Europe (OSPI-Europe) study

Ella Arensman<sup>1,2</sup>, Claire Coffey<sup>1</sup>, Eve Griffin<sup>1</sup>, Chantal Van Audenhove<sup>3</sup>, Gert Scheerder<sup>3</sup>, Ricardo Gusmao<sup>4</sup>, Susana Costa<sup>5</sup>, Celine Larkin<sup>1</sup>, Nicole Koburger<sup>6</sup>, Margaret Maxwell<sup>7</sup>, Fiona Harris<sup>8</sup>, Vita Postuvan<sup>9</sup> and Ulrich Hegerl<sup>6</sup>

**Abstract**  
**Background:** Gatekeeper training for community facilitators, to identify and respond to those at risk of suicide, forms an important part of multi-level community-based suicide prevention programmes.  
**Aims:** This study examined the effects of gatekeeper training on attitudes, knowledge and confidence of police officers in dealing with persons at risk of suicide.  
**Methods:** A total of 828 police officers across three European regions participated in a 4-hour training programme which addressed the epidemiology of depression and suicidal behaviour, symptoms of depression, warning signs and risk factors associated with suicidal behaviour, motivating help-seeking behaviour, dealing with acute suicidal crisis and informing bereaved relatives. Participants completed internationally validated questionnaires assessing stigmatising attitudes, knowledge about depression and confidence in dealing with suicidal persons pre- and post-training.  
**Results:** There were significant differences among countries in terms of previous exposure to suicidal persons and extent of previous training. Post-training evaluation demonstrated significant improvements in stigmatising attitudes, knowledge and confidence in all three countries.  
**Conclusion:** The consistently positive effects of gatekeeper training of police officers across different regions support inclusion of this type of training as a fundamental part of multi-level community-based suicide prevention programmes and roll-out, nationally and internationally.

**Keywords**  
Gatekeeper training, suicide, depression, police, community, prevention

<sup>1</sup>National Suicide Research Foundation, University College Cork, Cork, Ireland  
<sup>2</sup>Department of Epidemiology and Public Health, University College Cork, Cork, Ireland  
<sup>3</sup>LUCAS (Centre for Care Research and Consultancy), KU Leuven, Leuven B-3000, Belgium  
<sup>4</sup>Instituto de Saúde Pública, Universidade do Porto, Porto (ISPU)  
<sup>5</sup>ELUTIMIA, Lisboa, Portugal  
<sup>6</sup>Link and Poliklinik für Psychiatrie und Psychotherapie, Universitätsklinikum Leipzig AG, Leipzig, Germany

<sup>7</sup>Nursing, Midwifery and Allied Health Professions Research Unit, Innovation Park, University of Stirling, FK9 4NF, Stirling, UK  
<sup>8</sup>Slovene Center for Suicide Research, Andrej Marušič Institute, University of Primorska, Koper, Slovenia

**Corresponding author:**  
Ella Arensman, National Suicide Research Foundation, University College Cork, Room 4.28, Western Gateway Building, Cork, Ireland, T12 3F62.  
Email: arensman@ucc.ie

*“Good course and good interaction. Pity I didn’t get a course like this years ago as it would have helped”*

*“Excellent and much-needed course”*

*“Good course and very useful in the current climate”*

## Special training proves ‘life saver’

By Colm Cooney

### Gardai ‘talk’ people out of going into river



Special training for Garda Síochána officers in Limerick has proved to be a ‘life saver’ for some people at risk of suicide.

The training, which was developed by the National Suicide Research Foundation, University College Cork, has been shown to be effective in helping people at risk of suicide to seek help and avoid suicide.



# Outcomes of general public awareness campaign

Journal of Affective Disorders 217 (2017) 252–259

Contents lists available at ScienceDirect

Journal of Affective Disorders

Journal homepage: [www.elsevier.com/locate/jad](http://www.elsevier.com/locate/jad)



ELSEVIER



Research paper

## Public attitudes toward depression and help-seeking: Impact of the OSPI-Europe depression awareness campaign in four European regions

Elisabeth Kohls<sup>a,d,\*</sup>, Evelien Coppens<sup>b</sup>, Juliane Hug<sup>c,d</sup>, Eline Wittevrongel<sup>b</sup>, Chantal Van Audenhove<sup>b</sup>, Nicole Koburger<sup>c</sup>, Ella Arensman<sup>e</sup>, András Székely<sup>f</sup>, Ricardo Gusmão<sup>g</sup>, Ulrich Hegerl<sup>b,c,d</sup>

<sup>a</sup> Department of Psychiatry and Psychotherapy, Medical Faculty, University Leipzig, Leipzig, Germany

<sup>b</sup> LUGAS Center for Care Research and Consultancy, KU Leuven, Leuven, Belgium

<sup>c</sup> Depression Research Centre, German Depression Foundation, Leipzig, Germany

<sup>d</sup> European Alliance Against Depression (EAAD), Leipzig, Germany

<sup>e</sup> National Suicide Research Foundation and Department of Epidemiology and Public Health, University College Cork, Ireland

<sup>f</sup> Institute of Behavioral Sciences, Semmelweis University, Budapest, Hungary

<sup>g</sup> Instituto de Saúde Pública, Universidade do Porto (ISPUP), Porto, Portugal



### ARTICLE INFO

**Keywords:**  
Depression  
Public attitudes  
Help-seeking  
Stigma

### ABSTRACT

**Background:** Public attitudes toward depression and help-seeking behaviour are important factors influencing depressed people to obtain professional help and adequate treatment. OSPI-Europe is a multi-level suicide prevention programme including a public awareness campaign. It was implemented in four regions of four European countries (Germany, Hungary, Ireland and Portugal). This paper reports the results of the evaluation of the campaign, including its visibility and effects of the campaign on stigma associated with depression and help-seeking behaviour.

**Methods:** A representative general population survey (N = 4004) including measures on personal stigma, perceived stigma, openness to help, perceived value of help, and socio-demographic variables was conducted in the four intervention and four control regions in a cross-sectional pre-post design.

**Results:** The public awareness campaign was considerably more visible in Germany and Portugal compared to Ireland and Hungary. Visibility was further affected by age and years of schooling. Personal stigma, perceived stigma and openness toward professional help varied significantly across the four countries. Respondents in the intervention regions showed significantly less personal depression stigma than respondents in the control regions after the campaign. Respondents of the intervention region who were aware of the campaign reported more openness toward seeking professional help than respondents who were unaware of it.

**Conclusion:** The OSPI-Europe awareness campaign was visible and produced some positive results. At the same time, it proved to be difficult to show strong, measurable and unambiguous effects, which is in line with previous studies. Public awareness campaigns as conducted within OSPI-Europe can contribute to improved attitudes and knowledge about depression in the general public and produce synergistic effects, in particular when the dissemination of awareness campaign materials is simultaneously reinforced by other intervention levels of a multi-level intervention programme.

**Limitations:** The survey was cross-sectional and based on self-report, so no causal inferences could be drawn.

### 1. Introduction

According to the World Health Organization (WHO), depression is the most prominent single cause of disability worldwide, accounting for 11% of all years lived with disability globally. Depression has high life time prevalence within the international range of 6.3–10.3%, a large comorbidity (Baumeister and Härter, 2007), mortality (Ustün et al.,

2004; Thomson, 2011) and a considerable economic impact (Chisholm et al., 2016). Although adequate treatment is available (Anderson, 2000; DeRubeis et al., 2005; Cipriani et al., 2009; NICE, 2009), it is estimated that 56% of patients with major depression receive no treatment at all (Kohn et al., 2004; Fernández et al., 2007). Previous research has identified several factors contributing to this, including barriers to care or reach out for help. Stigmatization and fear of

\* Corresponding author at Department of Psychiatry and Psychotherapy, Medical Faculty, University Leipzig, Semmelweisstraße 10, Haus 13, 04103 Leipzig, Germany.  
E-mail address: [Elisabeth.Kohls@medizin.uni-leipzig.de](mailto:Elisabeth.Kohls@medizin.uni-leipzig.de) (E. Kohls).

<http://dx.doi.org/10.1016/j.jad.2017.04.006>  
Received 15 September 2016; Received in revised form 28 February 2017; Accepted 2 April 2017  
Available online 08 April 2017  
0165-0327/© 2017 Elsevier B.V. All rights reserved.



National Suicide  
Research Foundation



RESEARCH ARTICLE

Open Access



# Exploring synergistic interactions and catalysts in complex interventions: longitudinal, mixed methods case studies of an optimised multi-level suicide prevention intervention in four European countries (Ospi-Europe)

Fiona M. Harris<sup>1\*</sup>, Margaret Maxwell<sup>1</sup>, Rory O'Connor<sup>2</sup>, James C. Coyne<sup>3</sup>, Ella Arensman<sup>4</sup>, Claire Coffey<sup>4</sup>, Nicole Koburger<sup>5</sup>, Ricardo Gusmão<sup>6</sup>, Susana Costa<sup>6</sup>, András Székely<sup>7</sup>, Zoltan Cserhati<sup>7</sup>, David McDaid<sup>8</sup>, Chantal van Audenhove<sup>9</sup> and Ulrich Hegerl<sup>5</sup>

## Abstract

**Background:** The Medical Research Council (MRC) Framework for complex interventions highlights the need to explore interactions between components of complex interventions, but this has not yet been fully explored within complex, non-pharmacological interventions. This paper draws on the process evaluation data of a suicide prevention programme implemented in four European countries to illustrate the synergistic interactions between intervention levels in a complex programme, and to present our method for exploring these.

**Methods:** A realist evaluation approach informed the process evaluation, which drew on mixed methods, longitudinal case studies. Data collection consisted of 47 semi-structured interviews, 12 focus groups, one workshop, fieldnoted observations of six programme meetings and 20 questionnaires (delivered at six month intervals to each of the four intervention sites). Analysis drew on the framework approach, facilitated by the use of QSR NVivo (v10). Our qualitative approach to exploring synergistic interactions (QuSIC) also developed a matrix of hypothesised synergies that were explored within one workshop and two waves of data collection.

**Results:** All four implementation countries provided examples of synergistic interactions that added value beyond the sum of individual intervention levels or components in isolation. For instance, the launch ceremony of the public health campaign (a level 3 intervention) in Ireland had an impact on the community-based professional training, increasing uptake and visibility of training for journalists in particular. In turn, this led to increased media reporting of OSPI activities (monitored as part of the public health campaign) and also led to wider dissemination of editorial guidelines for responsible reporting of suicidal acts. Analysis of the total process evaluation dataset also revealed the new phenomenon of the OSPI programme acting as a catalyst for externally generated (and funded) activity that shared the goals of suicide prevention.

(Continued on next page)

- Proven synergistic effects of simultaneously implementing evidence based interventions (*Harris et al, 2016*)

# Synergistic effects – Examples from EAAD

Synergistic interactions in complex interventions (either single or multi-level) achieve an impact that is greater than the sum of effects of interventions provided in isolation, e.g.:

- Media professionals attending launch event, were more likely to attend training for media professionals
- People with lived experience facilitated the public awareness campaign and informed their GP
- Community facilitators attending public awareness events reinforced the campaign messages and motivated other community facilitators to take up the depression and suicide awareness training.

*(Harris et al, 2016)*



# 30<sup>th</sup> World Congress of the International Association for Suicide Prevention

Sept 17<sup>th</sup>-21<sup>st</sup> 2019

‘Breaking Down Walls and Building  
Bridges’

[www.iasp2019.com](http://www.iasp2019.com)



National Suicide  
Research Foundation





EUROPEAN  
ALLIANCE  
AGAINST  
**DEPRESSION**

targeting  
depression and suicide  
globally



<http://www.eaad.net/>



National Suicide  
Research Foundation

