How to become a resilient [1] community [2] & prevent depression [3]

Communities can use this guideline for the promotion of resilience & prevention of depression through step-based policy & action development and implementation.

If you want to know how up-to-date your policy is for creating a truly resilient community, take the resilient community test.

1 Resilience
Resilience refers to a person's capacity to cope with changes & challenges & bounce back during difficult times or in the face of adversity.

2 Community
A community refers to the people living in one particular area (town, city) or people who are considered as a unit because of their common interests, social group, or nationality.

3 Depression (DSM-5)
A person must be experiencing five (or more) of the following symptoms during the same 2-week period and at least one of the symptoms should be either depressed mood (e.g., feels sad, empty, hopeless) or loss of interest or pleasure in all, or almost all, activities most of the day, nearly every day.

The other ones can be one or more of the following symptoms:
- significant and unintentional weight change
- change in appetite
- insomnia or hypersomnia nearly every day
- psychomotor agitation or retardation nearly every day
- fatigue or loss of energy nearly every day
- feelings of excessive guilt or worthlessness
- diminished ability to think & concentrate and recurrent thoughts of suicide

The resilient community test

The resilient community test was inspired by a step-based evaluation form for dementia-friendly communities (https://www.dementie.be/wp-content/uploads/2016/06/Download-hier-het-dementievriendelijk-groeipad.pdf).
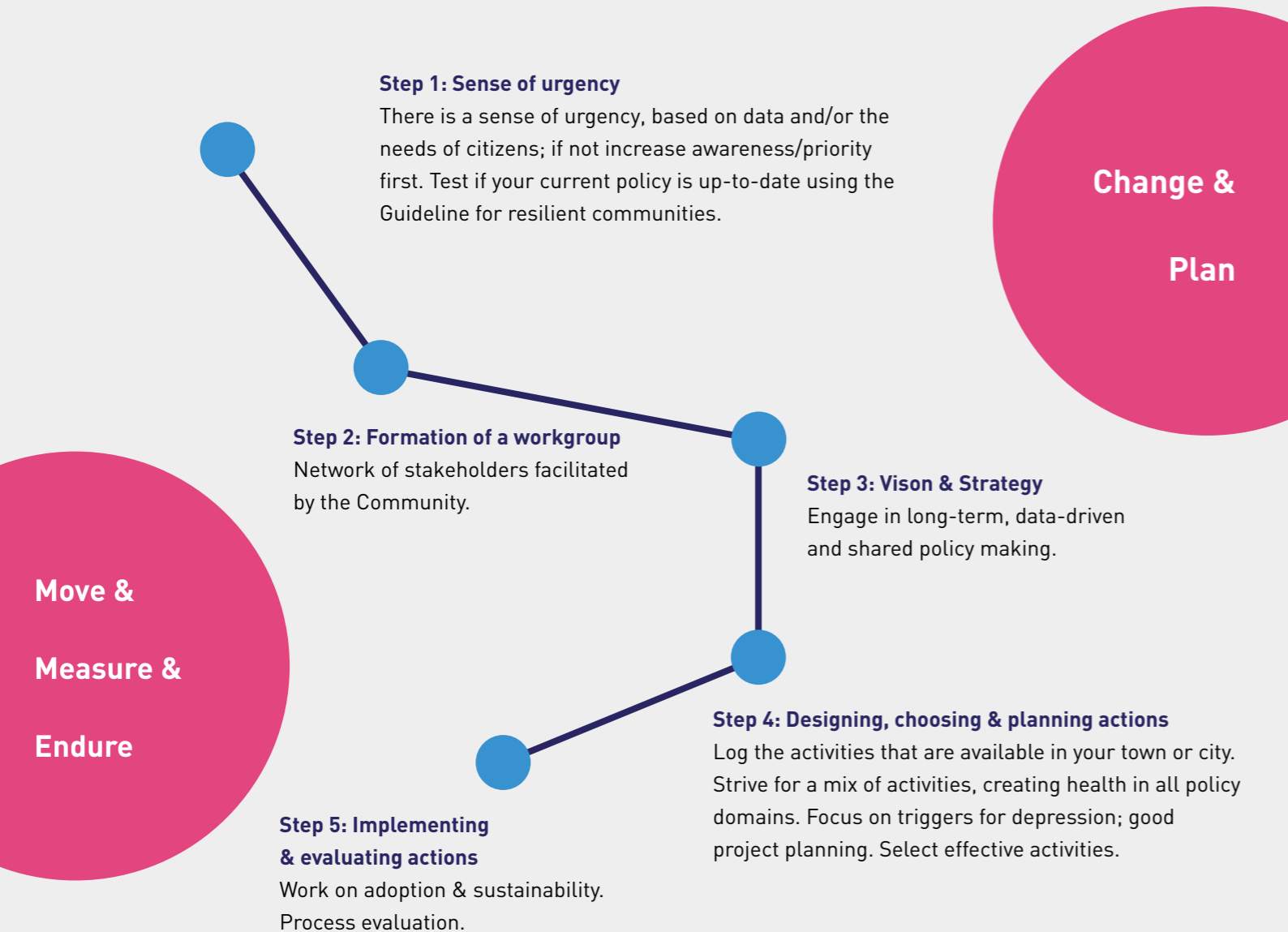
Sum up your scores: Interpretation of the scores:

If the majority of the items in your community are scored with agree or strongly agree and the rest is neutral, then your community is 'up-to-date. Now you can try to reach an excellent level by focusing on one element and trying to search for good examples in other communities to get inspired to challenge your community even more.

If you have scored average on several items, your community's policy is in line with the current recommendations, but there is also room for improvement. Look at the steps or elements that could be improved and emphasize them in the next year, monitoring the effect of your actions.

However, if several items are scored with disagree or completely disagree, the policy in your community is not up-to-date anymore. Try to start the step-by-step approach to quickly improve your policy.

	Strongly disagree	Disagree	Neutral	Mee eens	Strongly agree	SUM
My community has a sense of urgency about strengthening resilience & mental health & it is a priority.						
My community works with concrete data on (triggers for) depression to monitor the effects of its policy.						
My community tries to set up networks with local, regional & national stakeholders to create well-coordinated multidisciplinary and broader programs for strengthening resilience.						
My community is focused on user participation that goes beyond informing or consulting the citizen, emphasizing collaboration and empowerment of user or citizen networks.						
Multiple employees from different departments receive time, training, and other resources to embed health in all policies. [4]						
My community makes sure that citizens get access to a mix of interrelated activities that increase wellbeing and health (e.g. combination of lifestyle, culture and wellbeing in one activity).						
Every employee, at every contact point with the citizen, is able and engaged to give information to citizens about resilient communities, pointing out relevant activities.						
Every employee has access to adequate activities or information to increase his or her own resilience at work (the Community serves as a role model).						
SUM	x 0	x 0	x 1	x 2	x 3	

Work to do? Follow the step-based approach:

Step 1: Sense of urgency
There is a sense of urgency, based on data and/or the needs of citizens; if not increase awareness/priority first. Test if your current policy is up-to-date using the Guideline for resilient communities.

Change & Plan

Step 2: Formation of a workgroup
Network of stakeholders facilitated by the Community.

Step 3: Vison & Strategy
Engage in long-term, data-driven and shared policy making.

Move & Measure & Endure

Step 4: Designing, choosing & planning actions
Log the activities that are available in your town or city. Strive for a mix of activities, creating health in all policy domains. Focus on triggers for depression; good project planning. Select effective activities.

Step 5: Implementing & evaluating actions
Work on adoption & sustainability. Process evaluation.

Guideline For resilient communities

Step 1: Sense of urgency

A sense of urgency is the best motor for change. Try to look for regional data on (triggers for) depression. Identifying different risk groups in your community & opting for selective or indicated prevention leads to better results. Make leadership care about this topic & take responsibility. The job can't only be in the hands of health professionals but should be a priority on the political agenda. Next to the value of citizens' wellbeing, you might need to create a good business case. Let's look at some facts & include them in your own policy documents:

- Depression is the leading cause of disability in the world.
- 5% of the global population suffers from depression.
- The number of cases increased by 50% in the last 20 years.
- Communities with a maximised focus on prevention avoid 15-30% of new cases.

What about economic arguments?
- Return on investment of €0.81 to €13.62 for every €1 of expenditure in mental health promotion programs at the work setting.
- Evidence on the cost-effectiveness of nonmedical interventions to tackle social isolation and loneliness is emerging for older people.
- Future research will provide us with social cost-benefit analyses, emphasising the true value of prevention projects from a broader societal perspective, taking into account benefits through increased health or productivity.

Moreover, in this step, the role & responsibilities of the community for prevention of depression should be clarified. Which responsibilities should be taken by towns or cities, and which are shared with or belong to other actors (see step 2). Try to look for existing laws, agreements or policy plans to link your policy or actions to and include it as a strategy (see step 3).

Step 2: Formation of a workgroup

With the sense of urgency in place, you might continue to check who should join the table to be engaged from early vision development to final action design & implementation. Experts state it is crucial to start with user involvement as soon as possible. Every stakeholder should be represented and one of them should take the lead & facilitate cooperation (city/town). This means all actors with an interest or responsibility in the prevention of depression:

- healthy citizens
- representatives from high-risk groups (e.g. older people with chronic diseases)
- patient groups (e.g. depressed)

  Aim

  Active involvement of users should be implemented at the highest levels, collaboration and empowerment instead of informing and consulting. This approach leads to health equity, improved project quality and adoption because of a better tailoring to citizens' needs.

- regional politicians (e.g. mayors, aldermen)
- national policy makers
- health care professionals
- public health actors
- societal partners (e.g. foundations, sports or cultural organisations, volunteers)
- private partners (e.g. small, middle and large companies; private insurance companies)
- health insurance fund
- knowledge partners (e.g. universities, research centres)

Step 3: Vision & strategy

Experts are clear about key elements for the vision on resilient communities: positive health 5 & health in all policies. However, it is important for your planning group to come up with its own vision & strategy formulation. In this step, the planning group should define their vision on resilient communities for the prevention of depression. Therefore, you need to answer 4 questions:

Which ideals do you have?	What is your audacious goal?
Which core talents or qualities do we have?	Which core values do we have?

Your strategy consists of middle and long term goals that guide you in the right direction. They should have the following characteristics: ambitious, motivating, inspiring, relevant, distinctive and authentic. Strategic goals have to be translated into operational goals in the short term using the well-known SMART-technique (specific, measurable, attainable, realistic, timely). This technique can be used to plan your actions in step 4.

4 Health in all policies

This means that you look across thematic or structural borders to increase mental wellbeing. Mental wellbeing is influenced by different factors such as income, housing & living environment, education, marital status, gender, age, and social support. You could cooperate across different domains to combine budgets and resources for the good cause. e.g. You might want to have a look at urban planning to create contact with water or green spaces for relaxation or to encourage sports. Changing functions of buildings or neighbourhoods for people to be able to meet and be creative at the same time.

5 Positive health

Health as the ability to adapt and to self-manage, in the face of social, physical and emotional challenges. Positive health consists of six dimensions: bodily functions, mental functions & perception, spiritual-existential dimension, quality of life, social & societal participation, daily functioning.
https://www.zonmw.nl/en/research-and-results/positive-health/

Step 4: designing, choosing & planning activities

It is important to check the existing activities in your community. Perhaps some activities that target triggers for depression (or mental health) are already in place. Look for all activities that might have an impact on potential triggers for depression and determine if you will opt for universal, selective or indicated prevention.

Example: preventing depression in old age?

If you want to focus on older people, this is called selective prevention because you are targeting a well-defined risk-group. This can be valuable because depression is often underdiagnosed as older people are less prone to seek help for their psychological problems, and they are confronted with specific triggers or risk factors for depression: loss of autonomy or independence, bereavement, comorbidity, polypharmacology, chronic brain diseases, and loneliness. The type of activity or scope could then target these specific triggers.

Know that designing (cost-)effective interventions requires the right scientist, amount of time & money and is often not feasible for a town. You have a number of options:
- If your planning group already includes a knowledge partner, you can ask them for support.
- You can do it yourself & use the Intervention Mapping Approach
- You can consult a database that is available on effective interventions & choose activities with proven effects
- If the above is too ambitious for your Community, look for projects in neighbouring cities or towns with a positive evaluation & try to replicate them

Get everyone into a project planning mindset (at project & action level) and execute as planned.

Step 5: implementing & evaluating actions

To keep the motor running is probably more difficult than to get it started. Many good projects fail when motivation or budget runs out. One of the approaches to tackle this is to plan program adoption, implementation & sustainability beforehand. The main goal would be institutionalisation, incorporating the project into routines for the sake of its survival. Look at your actions as an iterative process that is never completed, but a continuous loop of planning, doing, checking, and acting (PDCA).

You can check local or regional data on (the triggers for) depression to have an idea of the relevance of your project in the long term. Experts advise cities or towns to focus on checking or evaluating implementation and adoption instead of focusing on an effectiveness evaluation which is often found to be too difficult (see step 4).

Guideline has been developed by the following persons:

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- Huber M, Knottnerus JA, Green L, et al. How should we define health? BMJ 2011;343:d4163

Step 4
- Intervention Mapping Approach: https://interventionmapping.com/
- The Netherlands: https://www.loketgezondleven.nl/leefstijlinterventies/interventies-zoeken-en-invoeren
- Belgium: https://www.ebpnet.be/ (but mainly aimed at care professionals)