



## D3.2 Content Definition

<b>ID and title</b>	<b>D3.2 Content Definition</b>
Description	Specification of report topic
Work package	WP3 Social Innovation Process
Status	External Release
Type	Report
Confidentiality	PUBLIC
Version	V2.0
Actual date of delivery	03.02.2017
Contractual date of delivery	31.12.2016
Reviewer for external release	Nina van der Vaart (NFE), Michael Gstottenbauer, (LFTL)

<b>Project name</b>	<b>SOCIALCARE</b>
Project number	AAL-2014-1-181
Project start date	1 May 2015
Project duration	28 months



AMBIENT ASSISTED LIVING

JOINT PROGRAMME



## Document history

Version	Date	Status	Changes	Owner(s)
Vo.1	02.11.2016	1 <sup>st</sup> draft	Initial document structure	Aumayr (JOIN)
Vo.2	06.12.2016	1 <sup>st</sup> draft	Content enlarged	Aumayr (JOIN)
Vo.3	12.01.2017	1 <sup>st</sup> draft	Legal aspects of copyright	Christeans (JOIN)
Vo.4	14.01.2017	1 <sup>st</sup> draft	Content enlarged	Aumayr (JOIN)
V1.0	15.01.2017	V1.0	Finalizing the document	Aumayr (JOIN), Christeans (JOIN)
V1.1	19.01.2017	V1.0	Review 1	Nina van der Vaart (NFE)
V1.2	31.01.2017	V1.1	Integration of Feedback	Georg Aumayr (JOIN)
V1.2	03.02.2017	V1.1	Review 2	Stefan Schürz (LFT)
V2	03.02.2017	V2.0	Integration of Feedback	Georg Aumayr (JOIN)

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## Acronyms

Term	Explanation

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## 1 Summary

The content definition is essential to provide information and support at any time. The definition of contents for education programs and community activities is crucial for binding citizens to the community. For the first set of pilots, an initial training curricula has to be provided that gives a basic quality level to all participants to ensure a secure interaction from health side including hygiene training, first aid lecture and social compliance guidelines.

## 2 Introduction

SOCIALCARE will integrate different kind of sources for its content. This will come from members of the consortium, integrated sensors and other users of the platform of SOCIALCARE and external sources that have no contractual link towards SOCIALCARE. All these sources shall provide material for the people to use the platform more frequently and to get attached and hooked to the platform. Content is a major element for acceptance. By this, at the very beginning, certain distinction has to be made to identify needs that follow with special sources for content. Between copyrights and usage rights and shared ownerships, the content that is provided as a start for the platform has to be judged. Also further content that is brought to the platform by the users has to be evaluated for violations against copyrights and privacy rights. This document will provide an introduction to the types of content as well as to special topics and concrete topics in the annex.

### 3 Collection of Content Sources

As source defined is a origin outside of the platform. A content source is material that is used for the platform and the purpose of the platform by the consortium and the users of SOCIALCARE. This can be a website that is linked to SOCIALCARE, video or audio material, pictures and text material. The learning platform is based on Moodle and allows integration of all kind of file types. Also the Social Component allows upload of different file types as well as content creation by an integrated text editor. Through these two entrances to the SOCIALCARE platform, it is possible to integrate content from outside that fits the needs of the users and provides a vivid field of action.

#### 3.1 Open access content

The most widely excepted definition of open access is to be found in the public statement document of the Budapest Open Access Initiative<sup>1</sup> dated from 2002 and repeatedly re-affirmed, which states as follows:

*By "open access" to [peer-reviewed research literature], we mean its free availability on the public internet, permitting any users to read, download, copy, distribute, print, search, or link to the full texts of these articles, crawl them for indexing, pass them as data to software, or use them for any other lawful purpose, without financial, legal, or technical barriers other than those inseparable from gaining access to the internet itself. The only constraint on reproduction and distribution, and the only role for copyright in this domain, should be to give authors control over the integrity of their work and the right to be properly acknowledged and cited.*

This definition entails several crucial points, which can be summarized into definition that open access refers to making online content available to general public free of restrictions of any kind whereas besides the right to access the content, public is also entitled to its free processing.

This definition was later refined by two other initiatives, namely the Bethesda Statement on Open Access Publishing<sup>2</sup> in June 2003, and the Berlin Declaration on Open Access to Knowledge in the Sciences and Humanities<sup>3</sup> in October 2003. The main added element to the Budapest definition by the Bethesda and Berlin statements is an addendum that for a work to be under the open access, users must be able to "copy, use, distribute, transmit and display the work publicly and to make and distribute derivative works, in any digital medium for any responsible purpose, subject to proper attribution of authorship."<sup>4</sup> By these an interpretation of action permitted to be undertaken with the content published under open access rules has been more precisely defined and broadened to practically any action.

For complex understanding of all above mentioned definitions it is important to bear in mind that the permission to (re)use content under the open access is limited by the right of the author for the

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<sup>1</sup> <http://www.budapestopenaccessinitiative.org/boai-10-recommendations>

<sup>2</sup> <http://legacy.earlham.edu/~peters/fos/bethesda.htm>

<sup>3</sup> <https://openaccess.mpg.de/Berlin-Declaration>

<sup>4</sup> [https://en.wikipedia.org/wiki/Open\\_access](https://en.wikipedia.org/wiki/Open_access)

integrity of his/her work', which means that any public (re)use of the content has to be referred by a citation, giving the author the credit for his/her work.

EXAMPLE:

Event calendar, open data portals

### 3.2 Content of owned copyright

Copyright is an intellectual property right granted by law of the given country to the author of certain original creative work for a limited period of time, entitling the author with an exclusive privilege for its use and distributions, i.e. to make copies of his/her work, or to give permissions to make copies thereof.<sup>5</sup>

Copyright is an exclusive right of an author on the original created content, most of the time being a book, article or other sort of literary, musical or artistic work; but not solely limited to these. It covers a broad scale of creations; the condition is however that a creation has to be original and directly expressed (copyright does not apply to ideas indirectly implied by a creation). It covers more complex creations, for example a single word as a logo or slogan are covered by a trademark.

Several exclusive rights typically attach to the holder of a copyright<sup>6</sup>:

- to produce copies or reproductions of the work and to sell those copies (including, typically, electronic copies)
- to import or export the work
- to create derivative works (works that adapt the original work)
- to perform or display the work publicly
- to sell or cede these rights to others
- to transmit or display by radio or video.

Copyright can be also shared among several authors or it can be assigned to the second person, which is often the case by the work on commission. A copyright, or aspects of it (e.g. reproduction alone, all but moral rights), may be assigned or transferred from one party to another.<sup>7</sup>

It is granted by virtue of national law therefore the exact conditions thereof vary slightly from country to country, depending on national legislation in force. It is not an eternal right rather it is valid for between 50 and 100 years from death of the author.

Beside national laws there are however some international agreements on application of copyright. The most commonly applied international agreement is the Berne Convention<sup>8</sup>, which is nowadays a part of the WTO Agreement and thus guarantees almost a global coverage. According to Berne

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<sup>5</sup> Cf. <http://legal-dictionary.thefreedictionary.com/copyright> & <https://en.oxforddictionaries.com/definition/copyright>

<sup>6</sup> Peter K, Yu (2007). *Intellectual Property and Information Wealth: Copyright and related rights*. Greenwood Publishing Group. p. 346.

<sup>7</sup> [WIPO Guide on the Licensing of Copyright and Related Rights](#). World Intellectual Property Organization. 2004. p. 15.

<sup>8</sup> <http://www.wipo.int/treaties/en/ip/berne/>

Convention copyright is an automatic right requiring no prior or later registration. It is however a common practice to note an existence of copyright by a globally applied symbol ©. Failure to mark a creation by the symbol © however does not imply not existence of the copyright, but it can in some cases weaken its power by legal reinforcements.<sup>9</sup>

EXAMPLE:

Videomaterial of first aid lectures by Johanniter in Austria

### 3.3 Content with partner copyright

The copyright can also be shared with a partner outside or within the project SOCIALCARE. This would mean that the use of this content for the platform has to be allowed/granted for the purpose of the project by all owners or according to the corresponding IPR agreement between the IPR holders. If the content is owned completely within the project consortium, with the grant agreement, it is settled that the material may be used for purpose of the project for the time of the project.

If the content is owned by a partner of the consortium and partners outside, there has to be made an agreement between the consortium of SOCIALCARE and the owner outside the project.

EXAMPLE:

Frailty prevention programs from My-AHA

### 3.4 Content of third parties

Third parties are all parties that do not belong to the SOCIALCARE consortium. Most of the content will eventually come from these sources, the longer the platform will run. If content from these sources is used, a clear signation of the copyright has to be available as well as a proven commitment of the copyright holder that the content is to be made available by the SOCIALCARE platform for it's users.

EXAMPLE:

Videomaterial from Johanniter in the Netherlands

For all content integrated to the platform of SOCIALCARE, it is necessary to potentially provide documentation of the agreement to use the material. This can be an email where the use is allowed by the owner, a contractual agreement for the use or a link towards license agreements that allow to use material from the source for the purpose of the project SOCIALCARE or similar.

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<sup>9</sup> Cf. <https://en.wikipedia.org/wiki/Copyright>

## 4 Integration of Content

Integration of content can follow different procedures according to the origin and the intention. For the pilots, content will be provided by the consortium for the Learning Component and the Social Component to give a start.

### 4.1 Integration in Learning Component

Content for the learning component will be generated in the Moodle platform on the server of University of Applied Science Upper Austria. By this, a prefixes interface will be available. Each content has to have the structure of a course or lecture within a course. By this, especially learning and training materials can be provided. This includes tutorials, First aid lectures, fall prevention training and information on age related diseases like depression or frailty.

It can also be content that people in the community make themselves and that they want to offer as an activity to others in the community, such a cooking workshop or a flower arrangement workshop.

The courses can integrate existing text and multimedia content. By this, a large degree of freedom is available. Also a course or lecture with just a short link towards another website is allowed. This is especially necessary if the copyright was not granted. On the SOCIACLARE platform, the user will find information about the link and its aim and can follow the link to access the content. By this, the user will leave the platform and is not in responsibility of the SOCIALCARE platform anymore.

For the preparation of the pilots, it is agreed between University of applied science Upper Austria (UoAS) and Johanniter International (JOIN) to use templates for courses that will be filled by JOIN and integrated by UoAS. This template is attached to this document in the annex.

Moodle example for dashboard on PC/Webinterface<sup>10</sup>:

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<sup>10</sup> From: [https://docs.moodle.org/32/en/Course\\_homepage#Parts\\_of\\_a\\_course\\_homepage](https://docs.moodle.org/32/en/Course_homepage#Parts_of_a_course_homepage);15/01/17

Sandbox English (en) - Terri Teacher

## An example course

Home > Example Course

**1**

NAVIGATION

- Home
- Dashboard
- Site pages
- Current course
  - Example Course
    - Participants
    - Badges
    - General
    - 9 November - 15 November
    - 16 November - 22 November
    - 23 November - 29 November
    - 30 November - 6 December
    - 7 December - 13 December
  - My courses

**3**

News forum

9 November - 15 November

16 November - 22 November

23 November - 29 November

30 November - 6 December

7 December - 13 December

**4**

SEARCH FORUMS

Go

Advanced search

LATEST NEWS

Add a new topic...

(No news has been posted yet)

UPCOMING EVENTS

There are no upcoming events

Go to calendar...

New event...

RECENT ACTIVITY

Activity since Saturday, 7 November 2015, 10:05 PM

Full report of recent activity...

No recent activity

**2**

ADMINISTRATION

- Course administration
- Switch role to...

Mount Orange School ENGLISH (EN) - Anna Alexander

## Example course with Boost theme

Dashboard / Courses / Art and Media / Boost example

**5**

Boost example

Participants

Badges

Competencies

Grades

- General
- 17 December - 23 December
- 24 December - 30 December
- 31 December - 6 January
- 7 January - 13 January

Dashboard

Site home

Calendar

Private files

My courses

Parents and Citizens Council

Site administration

**3**

Announcements

17 December - 23 December

24 December - 30 December

31 December - 6 January

7 January - 13 January

**6**

Edit settings

Turn editing on

Filters

Gradebook setup

Outcomes

Backup

Restore

Import

Publish

Reset

More...

#### 1. Navigation block

Normally visible on all pages, this block helps you find your way around the course and site.

#### 2. Administration block

Again, normally visible on all pages, this block gives different levels of access to teachers and students.

#### 3. Course sections

Here is where the learning materials are displayed. This element may be arranged in one or multiple weeks, topics, forums or other (non-standard) layouts.

#### 4. Side blocks

Which blocks you see depend on what the administrator has selected and what you as teacher choose to add.

#### 5. Navigation drawer

This replaces the Navigation block and Administration block in the Boost theme.

#### 6. Gear menu

This replaces the course administration settings in the Boost theme. Later in the pilot it is foreseen that the local communities can create easily their own content.

### 4.2 Integration in Social Component

Content for the social component of the platform will consist of events, requests and demands for activities or help and Show-Profiles that provide an insight in what could be done by using the social component. This profile will be developed by JOIN and EVIC. This profile will also be an instrument for demonstrating the platform at dissemination events.

For the social component, an integration of calendars and open access event maps can be considered. For the trials in the Netherlands and Upper Austria, a regional Event-Calendar will be implemented. As a proof of concept, an Event-calendar for Vienna will be integrated as well. JOIN will support EVIC in identifying the sources for the calendars. Also RSS feeds for weather forecast and regional news can be integrated. Another source of content would be social media sites like Facebook, Twitter or WhatsApp. This would provide interoperability to external sources.

### 4.3 How to become content provider

In general, the platform is easy to use and most of it is drag'n'drop-style. Nevertheless, always an account is needed. To be content provider, one has to register to the platform. After this, the person has the chance to build its own content in the different area.

The eLearning platform is providing a lecture about how to set up own lectures.

The Social Component will be explained in a cascade system to the users. This means, trained staff will give real life lectures to introduce the platform and functionalities. Also a support line will be

available for certain hours a week to give direct advice. It is also possible to ask within the platform for support, like in FAQs. After the introduction, people can become content provider by themselves.

What is needed:

- Access to internet
- PC/Laptop/Smartphone
- Datatransfer cable (USB 2.0 or higher, SD-Card etc.) for upload from personal device (e.g. video, camera) to PC/Laptop etc.

## 5 Overview of covered topics for the pilots

### 5.1 Tutorials

The tutorials will cover once the use of the platform itself. This tutorial is provided by LIFEtool when the final prototype of the platform for the pilots is available.

Another tutorial will help people to use their tablet. These tablet courses will be available in Netherlands as real lecture and will be transferred to the Learning Component as well. The same procedure will be done for the Tablet Course available in Austria.

Special tutorials for using the Learning platform for own courses will be made available as link to an online tutorial for Moodle on YouTube in the needed Language.

For German: <https://www.youtube.com/watch?v=FC-GWDvIX8c>

For

Dutch:

[https://www.youtube.com/watch?v=jfSHbNbg4bg&list=PLxcO\\_MFWQBDcQKY3XeLpwDVFbnmPOZWK8](https://www.youtube.com/watch?v=jfSHbNbg4bg&list=PLxcO_MFWQBDcQKY3XeLpwDVFbnmPOZWK8)

(just English found)

### Where to be put in: eLearning

### 5.2 Fallprevention

For fallprevention several sources are available for the SOCIALCARE platform. Mostly, the origin will be the website of the FP7 Project ProFouND. This project spreads online material for people across Europe in different languages and provides online learning material. Some parts will be integrated as own lectures in SOCIALCARE and some will be made available as links towards the platform.

The coordinator of ProFouND, Christopher Todd from University of Manchester, gave allowance to do so as long as ProFouND is named in the material, taken from there.

<http://profound.eu.com/>

<http://profound.eu.com/profound-training/>

Material in Dutch:

<http://profound.eu.com/language/dutch/>

Material in German:

<http://profound.eu.com/language/german/>

### Where to be put in: eLearning

## 5.3 First Aid

Johanniter Austria started to develop First Aid Lectures in German. To the extent, they are finished they run on the platform.

These lectures will be integrated in the Learning Component of SOCIALCARE. They consist of text, picture and/or video material.

St. John Ambulance Service also accepted to use their videos available on YouTube lectures in the Learning Component of SOCIALCARE. JOIN is running a screening of the videos.

It is under discussion if the Johanniter Netherlands could also provide material in Dutch for First Lectures.

St. John:

[https://www.youtube.com/watch?v=uosLzfq\\_wgs&list=PLvdoisBh6beQJ1YrlssqzKoXY\\_aw-qvoW](https://www.youtube.com/watch?v=uosLzfq_wgs&list=PLvdoisBh6beQJ1YrlssqzKoXY_aw-qvoW)

Johanniter e.V.:

[https://www.youtube.com/watch?v=416O\\_KdygOg&list=PLW2ibcVbN3HCqPllkPhrN3TogdCZLZwb\\_s](https://www.youtube.com/watch?v=416O_KdygOg&list=PLW2ibcVbN3HCqPllkPhrN3TogdCZLZwb_s)

<https://www.youtube.com/watch?v=vHAob5taKIY>

Dutch basics:

[https://www.youtube.com/watch?v=xkComZcVVIA&list=PLvwzxhiDgyXg22Ohe1DjfwWZv1FsL3bo\\_Z](https://www.youtube.com/watch?v=xkComZcVVIA&list=PLvwzxhiDgyXg22Ohe1DjfwWZv1FsL3bo_Z)

(no sound)

### Where to be put in: eLearning

## 5.4 Social Activities

Within the Social component, several initial activities will be set up to provide inspiration to the new users to show what would be possible. The activities can reach from cooking together to short trips to the countryside.

JOIN will set these activities as “passed actions” with pictures on the platform. Johanniter Austria will also provide some actions in Vienna with the chance for the Austrian trials to visit in Vienna the Ambulance Station or the Senior residence.

**Where to be put in: Social Component**

## 5.5 Information about Depression

JOIN will provide studies and basic information material on the topic of depression in Dutch and German and provide these within a lecture at the Learning Component. This will be supported with open access studies and links to self-help initiatives in the Netherlands and Upper Austria.

**Where to be put in: eLearning**

## 5.6 Information about Physical Exercises

For physical exercises on the SOCIALCARE platform, different short lectures will be made available through JOIN and Johanniter Austria.

For this, an instruction for the Sit-2-Stand test and self-assessment tools for general fitness and gait are available through a cooperation with the My-AHA project. In addition, demonstration with physiotherapists of the FAME and OTAGO program of the ProFouND project are available.

General guidelines for sports and training under special conditions like diabetes and chronic cardiovascular diseases are provided as a reference list.

**Where to be put in: eLearning (if it is an instruction)**

**Where to be put in: Social Component (if it is about coordinating activities)**

## 5.7 Information about Social Activities

Information about real events in the region will be made available by integrating open access event calendars. These are already available in Vienna and Upper Austria. The exact integration will be case-

dependent. In the Dutch Putte there is a Facebook page used at local level to disseminate events. The information of this page can be used to feed the events section in the pilot.

In general, events displayed in these calendars are festivals, lectures, markets, exhibitions in museums, concerts etc.

### Where to be put in: Social Component

## 6 Course example

The following course is an example for the filled in template in the annex to demonstrate the course for information about depression. This course will be available in German and Dutch. For translation and as example it is available here in English.

Name of course:

Course Full Name: Depression – Basic Information and points of contact

Course Short Name: DepHelp

Course Category: Mental Health

Visible: N

Course Start Date: 01.02.2017

Description:

Course Summary: This course provides information about symptoms of depressions and warning signals. According to this, contact points for help and first steps for self-help will be introduced. If you think you are experiencing a depressive episode, please visit a medical doctor.

## Course Summary File:



## Course format:

Format: topics format

Hidden Format:

Course Layout: show all sections on one page

## Appearance:

Force theme: N

Force language: N

News items to show: 4

Show gradebook to students: N

Show activity reports: N

## Topics for Courses:

1<sup>st</sup>

## Section Name: What is Depression?

Depression is a common illness worldwide, with an estimated 350 million people affected. Depression is different from usual mood fluctuations and short-lived emotional responses to challenges in everyday life. Especially when long-lasting and with moderate or severe intensity, depression may become a serious health condition. It can cause the affected person to suffer greatly and function poorly at work, at school and in the family. At its worst, depression can lead to suicide. Over 800 000 people die due to suicide every year. Suicide is the second leading cause of death in 15-29-year-olds.

Although there are known, effective treatments for depression, fewer than half of those affected in the world (in many countries, fewer than 10%) receive such treatments. Barriers to effective care include a lack of resources, lack of trained health care providers, and social stigma associated with mental disorders. Another barrier to effective care is inaccurate assessment. In countries of all income levels, people who are depressed are often not correctly diagnosed, and others who do not have the disorder are too often misdiagnosed and prescribed antidepressants.

The burden of depression and other mental health conditions is on the rise globally. A World Health Assembly resolution passed in May 2013 has called for a comprehensive, coordinated response to mental disorders at country level.

### Key facts

- Depression is a common mental disorder. Globally, an estimated 350 million people of all ages suffer from depression.
- Depression is the leading cause of disability worldwide, and is a major contributor to the overall global burden of disease.
- More women are affected by depression than men.
- At its worst, depression can lead to suicide.
- There are effective treatments for depression.

### Types and symptoms

Depending on the number and severity of symptoms, a depressive episode can be categorized as mild, moderate, or severe.

A key distinction is also made between depression in people who have or do not have a history of manic episodes. Both types of depression can be chronic (i.e. over an extended period of time) with relapses, especially if they go untreated.

Recurrent depressive disorder: this disorder involves repeated depressive episodes. During these episodes, the person experiences depressed mood, loss of interest and enjoyment, and reduced energy leading to diminished activity for at least two weeks. Many people with depression also suffer from anxiety symptoms, disturbed sleep and appetite and may have feelings of guilt or low self-worth, poor concentration and even medically unexplained symptoms.

Depending on the number and severity of symptoms, a depressive episode can be categorized as mild, moderate, or severe. An individual with a mild depressive episode will have some difficulty in continuing with ordinary work and social activities, but will probably not cease to function completely. During a severe depressive episode, it is very unlikely that the sufferer will be able to continue with social, work, or domestic activities, except to a very limited extent.

Bipolar affective disorder: this type of depression typically consists of both manic and depressive episodes separated by periods of normal mood. Manic episodes involve elevated or irritable mood, over-activity, pressure of speech, inflated self-esteem and a decreased need for sleep.

### Contributing factors and prevention

Depression results from a complex interaction of social, psychological and biological factors. People who have gone through adverse life events (unemployment, bereavement, psychological trauma) are

more likely to develop depression. Depression can, in turn, lead to more stress and dysfunction and worsen the affected person's life situation and depression itself.

There are interrelationships between depression and physical health. For example, cardiovascular disease can lead to depression and vice versa.

Prevention programmes have been shown to reduce depression. Effective community approaches to prevent depression include school-based programmes to enhance a pattern of positive thinking in children and adolescents. Interventions for parents of children with behavioural problems may reduce parental depressive symptoms and improve outcomes for their children. Exercise programmes for the elderly can also be effective in depression prevention.

### Diagnosis and treatment

There are effective treatments for moderate and severe depression. Health care providers may offer psychological treatments (such as behavioural activation, cognitive behavioural therapy [CBT], and interpersonal psychotherapy [IPT]) or antidepressant medication (such as selective serotonin reuptake inhibitors [SSRIs] and tricyclic antidepressants [TCAs]). Health care providers should keep in mind the possible adverse effects associated with antidepressant medication, the ability to deliver either intervention (in terms of expertise, and/or treatment availability), and individual preferences. Different psychological treatment formats for consideration include individual and/or group face-to-face psychological treatments delivered by professionals and supervised lay therapists.

Psychosocial treatments are also effective for mild depression. Antidepressants can be an effective form of treatment for moderate-severe depression but are not the first line of treatment for cases of mild depression. They should not be used for treating depression in children and are not the first line of treatment in adolescents, among whom they should be used with caution.

This information is brought to you by the WHO ->

<http://www.who.int/mediacentre/factsheets/fs369/en/>

Add activity or resource: Y/N

If Yes:

<link> <http://www.who.int/mediacentre/factsheets/fs369/en/>

Depression: What you should know: <link> <http://www.who.int/campaigns/world-health-day/2017/handouts-depression/what-you-should-know/en/>

Living with someone with depression: <link> <http://www.who.int/campaigns/world-health-day/2017/handouts-depression/someone-with-depression/en/>

//if possible also provide the pdf version of these leaflets.

2<sup>nd</sup>

Section Name: Staying positive and preventing depression as you get older

Summary: The life changes that come with ageing can lead to depression. To learn more about preventing and treating depression in older age, read on.

What you should know:

- Depression is an illness characterized by persistent sadness and a loss of interest in activities that you normally enjoy, accompanied by an inability to carry out daily activities, for at least two weeks.
- In addition, people with depression normally have several of the following: a loss of energy; a change in appetite; sleeping more or less; anxiety; reduced concentration; indecisiveness; restlessness; feelings of worthlessness, guilt, or hopelessness; and thoughts of self-harm or suicide.
- Depression is common in older people but often overlooked and untreated.
- Depression among older people is often associated with physical conditions, such as heart disease, high blood pressure, diabetes or chronic pain; difficult life events, such as losing a partner; and a reduced ability to do things that were possible when younger.
- Older people are at a high risk of suicide.
- Depression is treatable, with talking therapies or antidepressant medication or a combination of these.

What you can do if you are feeling down, or think you may be depressed:

- Talk to someone you trust about your feelings.
- If you think you are depressed, seek professional help. Your local health-care worker or doctor is a good place to start.
- Keep up with activities that you have always enjoyed, or find alternatives if previous activities are no longer possible.
- Stay connected. Keep in contact with family and friends.
- Eat at regular intervals and get enough sleep.
- Exercise regularly if you can, even if it's just a short walk.
- Avoid or restrict alcohol intake and only take medicine as prescribed by your health-care provider.

**Remember: There is a lot that can be done to prevent, and treat, depression in older age.**

Add activity or resource: Y

If Yes:

<link to pdf> <http://www.who.int/entity/campaigns/world-health-day/2017/handouts-depression/older-o8.pdf?ua=1>

3<sup>rd</sup>

Section Name: Depression support groups

Summary: Depression can make you feel isolated. It can be helpful to meet with other people who understand what it's like. This is sometimes called 'peer support'.

Self-help groups allow people with depression to provide as well as receive help.

"Self-help groups can be a fun and uplifting way to make new friends and to share support and ideas through illness and recovery," says Laura Sacha, communications co-ordinator for Depression Alliance. "People in these groups support one another, which can help your self-confidence."

### **What happens at a support group?**

Sitting and talking isn't the only thing that happens at meetings. Lots of groups organise social events and arrange special activities to help boost your mood and improve your wellbeing.

"Going to a group for the first time can be daunting, but you can be sure of a warm welcome, and people will understand how hard it can be to take that first step," says Laura Sacha.

This information is brought to you by the National Health Service of United Kingdom ->

Add activity or resource: Y/N

If Yes:

<link> <http://www.nhs.uk/Conditions/stress-anxiety-depression/Pages/depression-help-groups.aspx>

4<sup>th</sup>

Section Name: Types of Depression support next to self-help groups and therapy

Summary:

Attending a group and talking to other people who have experienced depression is not for everyone. There are other kinds of peer support that can help you cope with depression.

### **Online forums for depression**

You can visit online forums where you can read about other people's experiences, write about your own, and respond to other postings. Visit the Depression Alliance or Sane websites.

Big White Wall is an online service for people who have common, distressing mental health problems. Through social networking a community of people are supported by trained "wall guides", so they can manage their own mental health.

Online forums are not for everyone. Depression UK has a penfriend scheme for members. This is especially useful for people who don't have internet access or who prefer letters and postcards to email.

### **Pursuing your interests**

Being with other people who share your interests can also help you feel better. You can use the internet or local newspapers to look up classes or activities in your area that you might enjoy.

### Volunteering

Lots of people experience feelings of hopelessness and low self-esteem when they're depressed. Helping other people by doing voluntary work is one good way of feeling useful and valued. There are all sorts of ways you can volunteer.

Time banks are an innovative way of volunteering your time and skills. You offer your skills in return for credits, which you can then use to buy someone else's services.

For example, you could offer three hours of gardening and in exchange receive a one-hour language lesson and a two-hour beauty treatment from other members.

This information is brought to you by the National Health Service of United Kingdom -> <http://www.nhs.uk/Conditions/stress-anxiety-depression/Pages/depression-help-groups.aspx>

If you are looking for a contact near you or if you know about support in your area, please use the entries of the database below. Thank you!

Add activity or resource: Y

If Yes:

<DATABASE>Country;City;Adress;Name of Institution;eMail;Phone;Name of Contactperson;link

## 7 Annex

Template for lectures in the learning component

Name of course:

Course Full Name: (text)

Course Short Name: (text)

Course Category:

Visible: Y/N

Course Start Date:

Description:

Course Summary: (text)

Course Summary File: (e.g. picture)

Course format:

Format: (single activity format/social format/topics format/weekly format)

Hidden Format:

Course Layout: show all sections on one page/show one section per page

Appearance:

Force theme: Y/N

Force language: Y/N

News items to show: (number)

Show gradebook to students: Y/N

Show activity reports: Y/N

Topics for Courses:

1<sup>st</sup>

Section Name: (text)

Summary: (text)

Add activity or resource: Y/N

If Yes:

<add file here>

2<sup>nd</sup>

Section Name: (text)

Summary: (text)

Add activity or resource: Y/N

If Yes:

<add file here>

3<sup>rd</sup>

Section Name: (text)

Summary: (text)

Add activity or resource: Y/N

If Yes:

<add file here>

4<sup>th</sup>

Section Name: (text)

Summary: (text)

Add activity or resource: Y/N

If Yes:

<add file here>

X<sup>th</sup>

Section Name: (text)

Summary: (text)

Add activity or resource: Y/N

If Yes:

<add file here>