

# DARE Newsletter 5

## June 2009

### Welcome to the June 2009 DARE Newsletter<sup>1</sup>



*Alcott*

**Joy to the world...**...an article in *The Age* late last year (Dec 20) discussed the value of volunteering in a world fixed on gaining wealth and material goods. Author Kathryn Heyman noted that our particular concern

“with happiness - as though it were yet another purchasable product – is relatively recent...” She highlighted results of recent studies which confirm what seemed to be well known to the worlds of 19<sup>th</sup> century novels like Louisa Alcott’s *Little Women*: that personal well-being is more likely to be increased by helping other people than by buying more stuff. She wrote, “it doesn’t have to be a big project, or even a big commitment to make a difference. An act of kindness, the result of thinking about someone else’s well-being, can be enough to improve your own”. *Volunteers like you hold a special place in Australian society.* Volunteering is great for our community and makes the world a better place - we also hope it has an especially positive impact in your own life.

*Volunteers do not necessarily have the time; they just have the heart.* Elizabeth Andrew

### Moving house

DARE’s main offices in “the shed” at Dandenong Hospital have just been demolished to make way for a temporary car park. This is part of a multi-million dollar upgrade of facilities at the hospital which will ultimately include improved psychiatric and research facilities on this site. Luckily we didn’t have to move very far – just into the adjacent building. For those due to have their first follow up face-to-face assessment at Dandenong, we’ll let you know the exact location.



### A snapshot of progress to date:

- 204 people were enrolled in the project
- 8 people have withdrawn following randomisation
- All 204 participants trained in DRAM intervention
- 196 participants moving forward with DRAM
- 11 MBCT groups successfully completed
- 24 research interviewers and 24 new MBCT practitioners have been trained
- 1232 assessments completed (23% of assessments for entire project)

### Missing data update

Each newsletter, we are now providing an update on our rate of ongoing participation and completed data collection. Our current rates are:

**Participants continuing:**

**96%**

**Assessments completed:**

**92%**

Our aim over the next 2 years is to minimise missing data. We invite you to work with us on this aim by completing all your assessments when we prompt you. Together, let’s aim for rates above 95%.

As mentioned in the December newsletter, missing data can arise through either participant withdrawal or non-completion of assessments. Missing data is of most concern when it is “non-random” – that is, when there is a pattern to it. In the current study, the most relevant example of non-random missing data is if participants who are depressed are less likely to complete assessments. If this happens on a regular basis, it makes it difficult to draw conclusions about the real effect of the treatments. We recognise that completing assessments can be difficult when you are low. It may help to remember your work is of high value to the community and especially to others with depression.

*I am only one, but I am one. I cannot do everything, but I can do something. And I will not let what I cannot do interfere with what I can do.* Edward Everett Hale

<sup>1</sup> This newsletter is for everyone involved in the DARE Project. It is our way of keeping you in touch with how the project is going. We aim to produce newsletters every few months during the course of the project. If you don’t wish to be kept up to date on DARE by this newsletter, just let us know and we will take you off the mailing list. If you wish to view or print previous issues of the DARE newsletter, please visit [www.dare.org.au](http://www.dare.org.au)

## Visiting PhD student

We have deferred our “Meet the team” section this newsletter in order to introduce another special visitor to Southern Synergy:

Hi there! I am Marijn Prins, a PhD student from The Netherlands. I've studied psychology and am now participating in a national survey called the Netherlands Study of Depression and Anxiety (“NESDA”). My project focuses on the care for people with depression and anxiety, seen from the patient's perspective. I'm using the Perceived Need for Care Questionnaire (PNCQ) to learn more about what specific services patients want to receive, and to what extent they have received different forms of care. The PNCQ was developed by Professor Graham Meadows and other colleagues and that's why I came to Australia. I'm visiting Monash University for 3 months to collaborate with the researchers here and combine the Dutch NESDA data with Australian data on perceived need for care. Hopefully we will learn from each other and our collaboration will give us new insight into the treatment of depression and anxiety.



*A Canadian psychologist is selling a video that teaches you how to test your dog's IQ. Here's how it works: if you spend \$12.99 for the video, your dog is smarter than you.* Jay Leno

## Newsletter contributions

Please contact us if you would like to contribute items or events to the DARE newsletter that may be of interest to your fellow participants.

## Contacting DARE

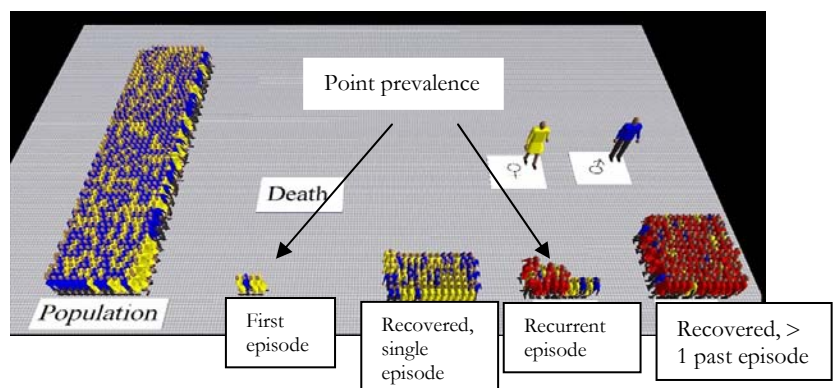
Phone: (03) 9554 1585

Email: [dare@med.monash.edu.au](mailto:dare@med.monash.edu.au)

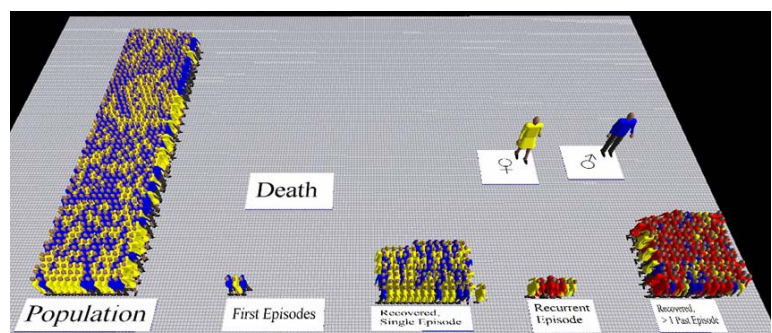
## More on depression modelling by Professor Scott Patten

Last newsletter we introduced Scott Patten, from the University of Calgary, whose interests include developing mathematical models to describe the pattern of depression in the population. We thought it might be of interest to provide some more details about his work.

The pictures below show “snapshots” of output from Scott's mathematical model that visually displays the pattern of depression in the population. The model includes the fact that, whether depressed or not, of course everyone eventually dies. In the first picture, the “point prevalence” is displayed, which is the number of people who are depressed at a given point in time. According to research studies, a bit less than half of people who have one episode only have one, but the remainder at some point develop at least one other episode. **Those with three or more past episodes of depression (the focus of DARE) are the subset of this group depicted as red.** As you can see, they are an important contributor to the prevalence of depression in the population so interventions for this group could make a big impact.



A model of this sort allows “what if” scenarios to be explored in order to better understand strategies for combatting depression. For example, screening for depression and early treatment might reduce prevalence by shortening the duration of episodes. The effect of reducing recurrence in the “red” group is shown in the graphic below. Strongly effective preventative interventions in this group could reduce the prevalence by half.



These models illustrate the importance of the DARE project. If effective strategies for reducing relapse can be identified, the burden of depression in the population can be greatly reduced. If you are interested in viewing the complete (3 minute) animation, go to: <http://dSPACE.ucalgary.ca/handle/1880/44649>