

DARE Newsletter 4

March 2009

Welcome to the March DARE Newsletter¹

Great news! DARE has now completed the recruitment phase of the project. With 204 participants initially enrolled, we have exceeded our target of 196. Of course, with two years of the project still to go, your continued involvement is critical for us to know at the end of the trial whether relapses of depression can be prevented.

The focus of work now is on maintenance of data collection and DRAM. This is a mammoth task for our administration staff with 197 assessments to organise each month. Karen continues to take charge of this with great skill. She is especially grateful to those of who are able to return their assessments within a few days. There is great joy for every assessment returned!

Stop press!



Victoria's Mental Health Reform Strategy for 2009-2019, *Because mental health matters*, was released on 13 March 2009. Developed after extensive consultation with the community, one of the key points of the strategy over the next 10 years will be to give greater focus to *earlier intervention in illness* and *relapse prevention*. These two aspects of mental health maintenance are at the heart of DRAM and MBCT respectively, the treatments we are examining in DARE. You can feel proud to be contributing to areas of mental health that are seen as critical by the government and your fellow Victorians. If you are interested to know more about the new Victorian mental health strategy go to: <http://www.health.vic.gov.au/mentalhealth/reformstrategy>

A snapshot of progress to date:

- 204 people were enrolled in the project
- 7 people have withdrawn following randomisation
- 6 MBCT groups have been successfully completed
- 5 MBCT groups currently in progress
- 24 research interviewers and 24 new MBCT practitioners have been trained

Missing data update

In the last newsletter, we talked about the importance of preventing missing data which, if present to a significant degree, makes it difficult to draw reliable conclusions from a study. Each newsletter, we thought it would be of interest to provide an update on our rate of ongoing participation and completed data collection. Our current rates are:

Participants continuing:

97%

Assessments completed:

94%

This is a great effort! We hope to maintain this rate of participation and even increase the rate of completion of assessments to above 95%. You have the power to help. *Every* individual participating in the project is extremely valuable and *each* assessment is important. Only by joining forces can we make a difference to outcomes in depression. Each time you return an assessment remind yourself that you are choosing to do something for the community to make a difference and give yourself a well-deserved pat on the back.

We must not, in trying to think about how we can make a big difference, ignore the small daily differences we can make which, over time, add up to big differences that we often cannot foresee.

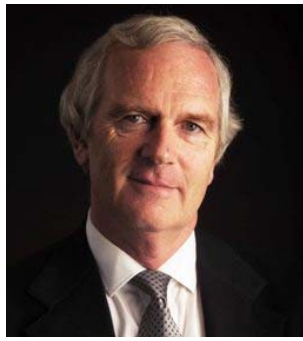
Marian Wright Edelman

¹ 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.

Meet the project team

In this newsletter, we feature Professor Paul Martin, a senior investigator on the project.

Paul Martin is Professor of Clinical Psychology at Monash University and Director of Psychology for Southern Health. He is a past President of the Australian



Psychological Society and is the President of the 27th International Congress of Applied Psychology. As a chief investigator on DARE, he provides advice and support for the activities of the research team. Paul's long-standing connections at a senior level within psychology make him very well-qualified to assist in the important job of translating the findings from DARE to clinical practice. On a personal level, he has two children and his interests include good (French) food and wine, and exercise/sport.

DRAM

"...it's enabled me to 'detect' a developing bout of depression which I am now managing proactively - went to a great new GP (mine recently retired); commenced on anti-depressants (after a long discussion - he had me in there for an hour and a quarter, just 'teasing' things out gently), seeing a psychologist and am now on a MH plan and addressing things before they became 'critical'. The trigger for this? Completing the monthly questionnaire and seeing the score & realising I'd been 'playing' a game of denial with myself."

DARE participant, February 2009

This quote beautifully sums up the purpose of DRAM. While this is the ideal, we are also aware that for some other participants certain obstacles can diminish the positive impact of DRAM, such as difficulty accessing treatment when needed. The recent bushfire tragedy has got us thinking further about how DRAM might be further developed to make a real difference in vulnerable populations. We welcome feedback, both positive and negative, and other suggestions and insights you might for the further development and application of DRAM.

Visiting Professor

We are very pleased to welcome Scott Patten, Professor Psychiatry from the University of Calgary (Canada) to Southern Synergy. Scott's research interest is in epidemiology (the study of distribution of health



problems in populations). He is visiting Monash University for six months. While here, Dr. Patten is collaborating with Professor Graham Meadows and other colleagues on several projects. In one project, for example, he is developing mathematical models to describe the pattern of depression in the population. These models can lead to a better understanding of the potential benefits from new approaches to managing depression (such as those being evaluated in DARE), something that is important for health-system planning (e.g., see the paper described below).

MBCT paper

A paper by Scott Patten and Graham Meadows has been provisionally accepted for publication in the scientific journal *Psychiatric services*. The title of the paper is "Mindfulness Based Cognitive Therapy: Linking Epidemiologic Evidence to Policy Decisions". In this paper, data from the Canadian Community Health Survey, Mental Health and Wellbeing (2002) was combined with computer modelling techniques to estimate the proportion of the general population who would be potentially eligible for MBCT. With eligibility based on having a history of three or more episodes of depression, the rate at which population members become eligible for MBCT was found to be 13 per 10,000 per year. Assuming treatment acceptance rates of at least 20%, the authors found that running four MBCT groups per year would serve the emerging eligibility in a population of 200,000.

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

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