

Selection criteria

Inclusion criteria:

- aged 18 to 75 years
- fluent in English
- at least three previous episodes of depression
- not currently depressed

Exclusion criteria:

- current psychotic symptoms
- current borderline or antisocial personality disorder
- current significant eating disorder
- current significant obsessive compulsive disorder
- current alcohol or drug dependency
- more than 20mg diazepam equivalent per day
- pervasive developmental delay
- organic mental disorder

More information

For more information, or to refer a patient, please contact:

The Project Manager
Phone: (03) 9554 1585
Mobile: 0400 665 676
Email: dare@med.monash.edu.au

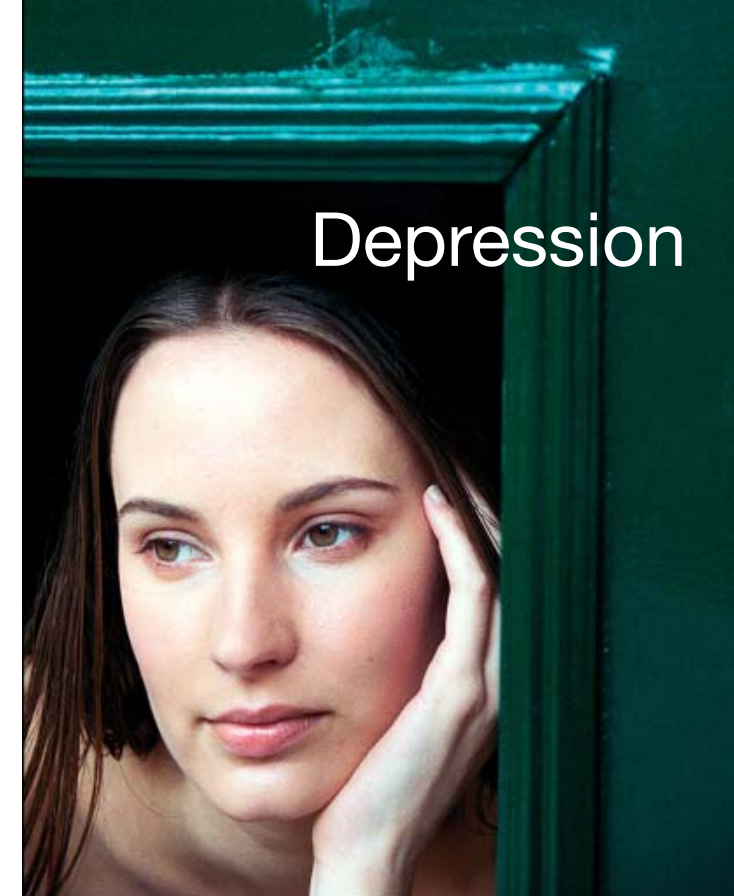
To download an information and referral form, go to:

www.dare.org.au

Referrals to the project are being accepted during 2008.

This project is funded by a Commonwealth Government National Health and Medical Research Council grant. Approval to conduct the project has been granted by the governing Human Research Ethics Committees.

Disclaimer: While the information provided in this brochure was correct at the time of its publication, the faculty reserves the right to alter this information should the need arise. September 2007



The DARE project

Depression Awareness Recovery Effectiveness

A treatment trial for people who have had three or more episodes of depression

Information for GPs

About the project

We are seeking patients to take part in a research project examining whether relapse can be prevented in people who have had at least three episodes of depression. Following an initial assessment, participants are randomised to one of two treatment conditions: Depression Relapse Active Monitoring (DRAM) or Mindfulness-Based Cognitive Therapy (MBCT) + DRAM. **In either case, the care of patients will be enhanced and supported throughout the project.**

What is involved

For GPs:

- recruit patients;
- write a referral under a GP Mental Health Care Plan for patients in MBCT;
- opportunity to participate in education activities (category 1 and 2) that are developed for the project.

For participants:

- three annual face-to-face interviews;
- three-monthly self report measures completed over the internet or by mail;
- monthly supported self-monitoring of depressive symptoms;
- for patients in MBCT, participation in the group skills-training program;
- nil direct cost.

About the treatment groups

Mindfulness-Based Cognitive Therapy (MBCT)

This therapy integrates aspects of cognitive therapy with meditation to teach skills in disengagement from automatic negative thoughts. It aims to help people find new ways to deal with their moods and emotions and includes reading, meditation and movement. It involves groups of about six to ten people attending one two-hour session per week for eight weeks. **People in this group will be asked to assign their eligible Medicare benefit for bulk billing.**

Depression Relapse Active Monitoring (DRAM)

DRAM trains participants in how to monitor their symptoms using the Patient Health Questionnaire (PHQ-9). Over the 26 months of the project, participants are prompted monthly to self-monitor by contact from the researchers via their preferred medium of SMS, telephone, internet or email. Participants reporting symptoms of depression are encouraged to contact their treating clinician with a copy of their PHQ-9.

Patients in both treatment groups will be free to visit any doctor or any healthcare professional as they see fit.

The potential benefits for patients

- involvement in a trial testing a new treatment over a two-year period;
- for those in the MBCT group, learn about this treatment in the eight-week group program;
- for all patients – have access to regular feedback about their wellbeing;
- \$20 gift voucher for participating in the three-month assessments;
- \$50 gift voucher for participating in the face-to-face assessments.

The potential benefits for GPs

- help improve health outcomes for patients who have had three or more episodes of depression;
- learn more about MBCT at education activities;
- share experiences with peers at the education activities;
- learn from peers' experiences discussed in the education activities;
- enhance links with your local Primary Mental Health and Early Intervention team;
- integrate evidence-based information into practice;
- have access to specialist opinion;
- RACGP points.