



THE UNIVERSITY OF
MELBOURNE

'Diagnosis, Management & Outcomes of Depression in Primary Care'

diamond

diamond Newsletter | AUGUST 2013

THANK YOU FOR YOUR CONTINUED SUPPORT OF THE DIAMOND STUDY

We are nearing the end of the seventh year and are well underway with our eighth year of follow-up. The *diamond* research team continues to collate and analyse the data that we have collected from you over the past seven years. Sandra Davidson completed her PhD using *diamond* data which investigated the importance of social connectedness in recovery from depression. Sandra will now join the *diamond* research team as a research fellow and continue her work in this area. Our study coordinator Aves Middleton is taking some leave before she returns

as PhD student investigating the challenging area of suicidal thinking. We are delighted to welcome back Maria Potiriadis from maternity leave who will return to her role of study coordinator. In this issue of the *diamond* newsletter we are pleased to share with you updates on some of our current work, namely the outcomes of the genetics study which many of you took part in last year and also findings from our recent publication looking at the use of mental health plans in general practice.



diamond Genetics Project Update

From 2011-2012 we invited current participants in the *diamond* Study to donate saliva as part of an innovative sub-study to examine the genetics of depression. We have now completed collection of saliva and genetic analysis is underway. We would like to thank everyone who kindly donated saliva and their time as part of this study. We would also like to take this opportunity to provide you with an update on the project and share with you our future plans.

Who participated?

A total of 342 participants donated saliva for genetic analysis. Over half (69%) of the participants were female and the average age was 50 years old.

What are we doing with your saliva?

From the donated saliva we have extracted DNA (the molecule that contains your genes) and have started doing genetic analysis. Our analysis is focused on understanding the links between several genes and experiences with depression over time.

One of the genes we are currently investigating is involved in the movement of serotonin in the brain and is called the serotonin transporter gene. Serotonin is a chemical that transmits nerve impulses across the space between nerve cells and is thought to play a role in regulating a person's mood. In our analysis we are examining whether or not different versions of the serotonin transporter gene affects the way people react to life events and influences their experiences with depression.

We are also doing similar analyses on other genes that are related to the function of dopamine (a chemical in the brain linked to mood) as well as a gene involved in the breakdown of folic acid (an essential nutrient that is involved in making brain chemicals such as serotonin and dopamine).

We will share with you the results of these genetic analyses in future newsletters.

diamond Project

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PRIMARY CARE RESEARCH UNIT

“Even if you have not experienced or are no longer experiencing depression, stress or worries, your answers are important to the study as we want to hear from a wide range of people to make the project results more meaningful. The study is also looking at what helps people recover from depression and stay well.”

Your views on the importance of having a written Mental Health Plan to recover from depression, stress or worries have been published

Diamond study investigators Dr Palmer and Professor Gunn along with other researchers have put together the views collected from the 500+ people involved in *diamond* between 2006 and 2007 about the benefits of having a written mental health plan to recover from depression.

The paper will appear in a 2013 issue of the Australian Journal of Primary

Health and it looks at the relationship between written care plans and building a recovery focused primary mental health care system.

While there were a very small group of people who did not see many benefits of written plans, the majority of people talked about positive benefits. These related to goal setting and direction, monitoring, information

about where to go and who to see, and a way to regain control and hope. These benefits provide an important link between plans completed with professionals and individual recovery. The paper provides policy makers, GPs and other health care professionals with much needed information about patient views on written plans. It highlights the important role they can play in working toward recovery from depression, stress or worries.



Some of your views included

“Well [a written plan] would give them a starting point and it would give them goals to set because a lot of the time they feel they have nothing, no direction, and by putting it on paper in front of them you'd give them direction and a little bit of hope.”

“Well it helps give the person direction and information about how to deal with it.”

“It [the written plan] has to be very clear. It gives you options, but it also puts you back in control. The illness often takes things out of your hands, but to give you some sense of control will also give you hope.”

This paper is an example of how the information that you provide in the annual telephone interviews is used and published. We will now use the published paper to inform discussions about how mental health plans being written in Australia can be improved.

Research can be a slow process but together we are collating essential information to assist in improving depression care.

HAVE YOU RECENTLY MOVED, CHANGED PHONE NUMBERS ... ?

If your address or phone number has changed, please fill in your new details below and return to us or call us on +61 3 8344 7449 with your new details.

Name: _____

Address: _____

Suburb: _____ Postcode: _____

Phone number: _____