What are the causes of low participation rates in preventive interventions for depression?

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Ethical review	Approved WMO
Status	Recruitment stopped
Health condition type	Other condition
Study type	Observational non invasive

Summary

ID

NL-OMON38009

Source
ToetsingOnline

Brief title
participationrates in preventive interventions for depression

Condition

- Other condition
- Mood disorders and disturbances NEC

Synonym
low mood, subclinical depression

Health condition

subclinical depression

Research involving
Human

Sponsors and support

Primary sponsor: Vrije Universiteit
Source(s) of monetary or material Support: ZonMW

Intervention

Keyword: (subtreshold) depression, participation rates, preventive interventions

Outcome measures

Primary outcome

Questionnaire, screener and CIDI.

Secondary outcome

not applicable

Study description

Background summary

Although effective interventions are available to prevent the onset or delay of depressive disorders (Cuijpers et al., 2008), only few people who could benefit from the interventions actually participate in this. This is especially true for indicated prevention aimed at people with subthreshold depressive symptoms. Epidemiological research has shown that about 7.5% of the population in the Netherlands (750.000 people between 18 and 65) suffer from subthreshold depression (Cuijpers et al., 2004). Data from the Netherlands Institute for Mental Health and Addiction (Trimbos Institute) have show, however, that in 2007 only 8.273 people (about 1%) participated in a preventive intervention (Ruiter & de Jonge, 2008).
It is not clear why participation rates in these interventions is so low. There is no scientific research available examining the reasons for this. In an earlier paper, we distinguished three categories of reasons for this (Cuijpers et al., 2009): (1) people with subthreshold depression are not willing to participate in preventive interventions (for example because they do not consider themselves to be subclinically depressed; they are not willing because of the stigma associated with treatment for mental health problems; they think preventive interventions are not effective); (2) the organisation of preventive interventions is not optimal

(for example, these interventions are now organised by specialized mental health services, while they may be better positioned
in primay care; and general practitioners and other health care professionals in primary care should refer better to these
interventions); and (3) the information about the interventions does not reach the target group sufficiently.
It is not known currently which of these three groups of reasons are the most important ones. Knowledge about this is very
important for the development of measures to improve the participation rates in preventive interventions. The current project is
aimed at examining the reasons for not participating in preventive services systematically, and to make an overview of possible
solutions.
Both people who will be taking part in the preventive interventions and those who do not will be invited to answer questions regarding (non-) participation and other related variables. We will make an overview of reasons why people do or do not participate. Help seeking in people with depression has not been systematically researched either. Therefore, we will investigate reasons for (not) participating by people with depression as well. One year later we will interview them once more to examine whether they have developed a depressive disorder and thus did not participate *correctly* or *not correctly* in a preventive intervention. Before the start of the study, study procedures and materials will be tested in a pilot study and qualitative interviews will be held with 20 participants.

Study objective

The current project is aimed at examining the reasons for not participating in preventive services systematically and to make an overview of possible solutions. A second goal is to make an overview of reasons for (not) participating in interventions by people who have a depressive disorder. We are interested in investigating their help-seeking behaviors.

The basic idea is that we will organize preventive interventions in several communities in the Netherlands. These communities will be selected by using zip-codes. We then will draw a random sample from the adult population in these communities and select the potential participants (those with a subthreshold depression) . We will ask both people who take part in preventive interventions and people who do not take part about their reasons for (non) participation. We will also examine variables that are expected to be related to help-seeking behavior, to get a clearer picture of whom participates seek help and what kind of help they seek. Finally, we will examine whether these (non) participants have developed a (more severe) depressive disorder one year later and, therefore, have *(in)correctly* not participated. We will also investigate work absenteeism and costs being made by (non) participants.

Study design

This study contains an epidemiological population screening and a prospective cohort study of people taking part in preventive interventions for depression.

Screener, either filled out at the institution during intake or during the Gezondheidsmonitor. Diagnostic interview and Quesntionnaire. After one year there will be a follow up which will consist of the CIDI and the Questionnaire.

Study burden and risks

Where possible we will use the Health monitor (GZM) conducted by the GGD. The participants in the communities in Amsterdam will be selected through the GZM. After receiving data from the GZM we will conduct a CIDI over the thelephone. Depending on the score on the CIDI we will send people questionnaires. Filling in the questionnaires will take about 30 to 45 minutes.

The participants in the intervention group are all people who sought help on their own. They will also be taking a CIDI and afterwards the questionnaires. Which will be the same questionnaires the "non-participants" are taking.

Contacts

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Trial sites

Listed location countries

Netherlands

Eligibility criteria

Age
Adults (18-64 years)
Elderly (65 years and older)

Inclusion criteria

must be (subclinically) depressed (score above cutoff on the screeninginstrument of depression,)
18 years or over

Exclusion criteria

no complaints

Study design

Design

Study type: Observational non invasive

Masking:	Open (masking not used)
Control:	Uncontrolled
Primary purpose:	Prevention

Recruitment

NL

Recruitment status:	Recruitment stopped
Start date (anticipated):	19-09-2012
Enrollment:	1500
Type:	Actual

Ethics review

Approved WMO Date:	01-03-2012
Application type:	First submission
Review commission:	METC Amsterdam UMC

Study registrations

Followed up by the following (possibly more current) registration

No registrations found.

Other (possibly less up-to-date) registrations in this register

No registrations found.

In other registers

Register	ID
CCMO	NL37316.029.11