Recruitment - we did it!

The Cambridge Specialist Depression Service treatment trial reached an important milestone in October: the end of our first year and the recruitment phase of the study. This means that the trial is no longer open to new referrals. We are delighted to have 30 participants involved in the study here in Cambridge, reaching the target we had hoped for at the start of October 2012.

CSDS is the Cambridge arm of a larger, multi-site project with teams also based in Nottingham and Derby, and the recruitment phase for all three sites ended at the same time. In total, an impressive 187 people are taking part in the multi-site Mood Disorders RCT which is fantastic news. A huge thank you to everyone who helped to make this happen.

What happens next?

Over the next 12 months, the focus will turn towards staying in touch with our participants as they move through the 2-year span of the study (see ‘study pathway’ diagram to the right). The follow up interviews and questionnaires enable us to find out how people’s experiences of depression and treatment services develop during this time.

During the first year (the treatment period), follow ups are placed at 3-monthly intervals to try to understand the immediate, ‘online’ impact of treatment services. In the second year (the follow up period) this is relaxed to every 6 months as the longer term effects unfold. The first participants to join up are now entering their second year in the study, and we are very grateful to all of our participants who give generously of their time to contribute to this research.
Collaborative care for long term depression: How does it work?

A key feature of CSDS is a detailed initial assessment by the specialist nurse which informs a collaborative assessment by a psychologist and psychiatrist, which places the individual at the centre of the treatment formulation process. These initial assessments incorporate physical health status and information about practical matters which bear on quality of life and mental health such as benefit entitlement, occupation and living environment. In this way, medication and psychological therapy can be offered in a complementary way that fits the preferences and situation of the individual. The diagram to the right shows how different mental health professions can target the context surrounding depressive illness in complementary ways to maximise treatment efficacy.

Service Commissioning and Implementation Forum 16th October 2012

The Mood Disorders RCT is a collaborative project involving three partner sites: Nottingham, Cambridge (CSDS) and Derby. Whilst the wonders of modern technology keep the information flowing between the three sites, there is no substitute for getting together in the same room to share perspectives and learn from each other’s experiences. Following the closing of recruitment across all sites, this was an important opportunity to collectively take stock and consider how to translate findings from the Mood Disorders RCT research project into mainstream clinical services.

The forum began with two service users movingly talking through their own experiences of healthcare services for chronic depression. These deeply personal presentations brought the reasons for and aims of the Mood Disorders RCT sharply into focus.

Next, representatives from each study site: Derby (Angie Balwako), Cambridge (Rajini Ramana and Richard Moore) and Nottingham (Anne Garland), presented the team experience of setting up and running the study at each location. This highlighted the importance of considering the site-specific NHS context of service development and implementation as each study site had a very different story to tell.

The final session of the forum considered the vital question of implementation: how can we translate findings and practice from the Mood Disorders RCT into clinical services? Key issues raised by service commissioners centred on: the measurement of quality of life benefits, their duty to commission services for the whole population versus particular groups and balancing the books. Positive steps for the study teams included close liaison with GP commissioners, developing local clinical networks and continuing to gather high quality data on the impact of specialist services.

The day proved to be a lively and informative exchange of views that really set the scene for the next phase of work in the year ahead.