

CDDH

The Centre for Developmental Disability Health Victoria
VICTORIA

Research project into depression in people with intellectual disability: Impact on social inclusion and behaviours of concern.

The aim/purpose of this research

The overall aim of this research is to identify people with intellectual disability who may be depressed. Another aim is to look at the relationship between depression, social inclusion, and behaviours of concern.

Researchers are:

Dr Rachael McDonald, A/Professor Robert Davis, Dr. Jennifer Torr, Stella Koritsas and Sheridan Forster. This research project has been funded by the Department of Human Services (DHS).

Who can participate?

Only people in DHS funded shared supported accommodation are eligible to participate.

What does the research involve?

This project involves gathering information about the person with a disability from a direct support worker/instructor that knows the person well. The questionnaires are about depression, social inclusion, and behaviours of concern. There is also a questionnaire that asks direct support workers about depression in people with intellectual disability.

We will review the questionnaires data and identify people with intellectual disability who may be depressed. We can identify people who may be depressed because two of the questionnaires are screening instruments for depression. Screening positive for depression means that the person may be depressed. Because the depression questionnaires are only screening instruments, not all people who screen positive will be depressed and require treatment.

We will contact you and the house supervisor if your relative screens positive for depression to make arrangements for the person to visit a general practitioner or psychiatrist from our clinic (the Centre for Developmental Disability Health Victoria) for a clinical assessment. This clinical assessment will tell us if your relative is depressed. If your relative is depressed, our clinicians will refer them to your relative's regular general practitioner with recommendations for treatment. Our clinicians will also liaise with the general practitioner periodically during treatment.

At two times following/during treatment for depression (at 3 months, and at 6 months), the direct support worker will be asked to complete the depression, social inclusion, and behaviours of concern questionnaires again. This information will let us determine if there are any changes following treatment for depression. We will also interview the direct support worker to obtain information about any barriers to social inclusion. If possible, we would like to interview the person with intellectual disability too.

If your relative does not screen positive for depression, you have two options:

1. No further involvement in the research project, or
2. Possible further involvement. We would like to compare the group of people who are depressed to a group of people who are not depressed (matched for age, gender and severity of intellectual disability). This is known as the comparison group. To do this, we need to follow-up some people who have not received a diagnosis of depression. Follow-up involves completion of the same set of questionnaires by direct support workers (i.e., about depression, social inclusion, and behaviour) and interviews about social inclusion. If possible, we would like to interview the person with intellectual disability too. These data will be collected twice, 3 months apart.

Possible benefits of the study

This research will help us identify people with intellectual disability who may be depressed, and liaise with their general practitioner for treatment. It will improve our understanding of how direct support workers recognise depression in people with intellectual disability. It will also improve our understanding of the relationship between depression, behaviours of concern, and social inclusion.

How much time will it take?

Completion of the questionnaires by direct support workers will take up to 1.5 hours each time. Direct support worker completion of the questionnaires is unlikely to take any of your relative's time.

People who screen positive for depression will attend a clinical appointment with one of our clinicians. This appointment will take about 1.5 hours (for the direct support worker and your relative).

If your relative is given a diagnosis of depression, additional time will be required of them to visit their general practitioner (with their direct support worker) for treatment. The length of this appointment will depend on the general practitioner. Following treatment, the direct support worker will complete questionnaires on two occasions (3 and 6 months following treatment). Completion of these questionnaires is unlikely to take any of your relative's time. Direct support workers will also be interviewed on two occasions. Completion of the questionnaires and interviews are likely to take up to 2 hours each time for direct support workers. Interviews with people with intellectual disability, where possible, are likely to take no more than 20 minutes/interview. This is also the time commitment required of direct support workers and people with intellectual disability if they do not screen positive for depression, but choose to remain in the research (i.e., the comparison group).

Inconvenience/discomfort

It is unlikely that you will experience any adverse events arising from participating in this project. If you have any concerns about the person with a disability, please contact our researchers, or talk to the person's general practitioner.

The CDDHV is a joint initiative of Monash University and the University of Melbourne and is funded by the Dept of Human Services Tel (03) 95012400 Fax (03) 8575 2270 Email: cddh@med.monash.edu.au.
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