Community Report: what did the Target-D Study find?

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https://medicine.unimelb.edu.au/research-groups/general-practice-research/mental-health-program
Thank you for being involved in Target-D

“The Target-D Study was the first Australian primary care trial of a model of care supported by a digital platform to recommend different approaches to mental health care based on the likely course of someone’s depressive symptoms.”

Who Participated

14 general practice clinics across Victoria

1868 participants enrolled in Target-D

All participants completed emotional wellbeing questions using a digital platform

What did we do?

Target-D gave 1868 people a chance to reflect on and identify what they most wanted to work on in relation to their emotional wellbeing.

Using a digital platform, people answered questions about emotional wellbeing and these responses were calculated to develop a score for the extent of a person’s mental health needs in 3 months’ time. Based on the scores, people were allocated to one of three mental health needs groups referred to as mild, moderate or severe.

Each group was invited to try a different approach to manage their emotional health, tailored to their needs. For some people that meant trying online programs with or without support from us, for others it meant working with a nurse to identify other options.

Because this was a research study, not everyone was asked to try one of these different strategies. Half of our participants were invited to keep seeing their GP as usual. This let us compare the Target-D model against standard practice.
What did we find?

The Target-D model of care offered a way to identify individual mental health needs and deliver tailored mental health services in the primary care setting.

Over the course of the study, everyone’s depressive symptoms improved. Those receiving a management strategy matched to their identified needs improved more quickly. The effect was more pronounced in people who had more severe symptoms, and people in this group who worked with the Target-D nurse improved the most.

We also found that providing a tailored management strategy had some economic benefits, by helping people to avoid having time off work (paid or unpaid).

The Target-D model was acceptable for people, the digital platform helped to identify needs and kept mental health on the radar of GP’s without adding to workload.
The research team would like to sincerely thank you for your participation in the study. The time and effort you committed to completing the postal surveys and telephone interviews is appreciated and has enriched our research.

The findings from Target-D have been presented at 13 national and international conferences. There have been six research papers produced. The topics of the papers and what the papers found are provided below:

**Results of the Target-D stratified individually randomised controlled trial. Under review.**

*The Target-D trial found that on average, people with depressive symptoms get better over time. However people who received a management strategy matched to their likely course of symptoms, as determined by our digital symptom prediction tool, improved more quickly. People who used their recommended management strategy got more benefit.*

**Self-help strategies among primary attendees with subthreshold depression**

*People with mild symptoms of depression can often recover on their own or with the help of family and friends. The things that they do to improve their mood fall into four main categories: social activities, general health activities (exercise, sleep, diet, etc), activities to occupy the mind and stop negative thinking (distraction tasks, goal setting), and calming activities like meditation, baking, and listening to relaxing music.*
Sharing Our Findings

How do primary care patients use mobile apps to manage their depressive symptoms?

People use lots of different apps to help manage depression, and they use them in different ways. For example, some people just like knowing that they have a self-help app there as a safety net, others use apps to learn a new skill like meditation. Once they know how to meditate, they do not need the app any more. Apps can help people manage their mood in ways that we know are helpful but can be difficult, like exercising or having social contact.

Development of a mobile clinical prediction tool to estimate future depression severity and guide treatment in primary care:

The idea behind being able to predict the course of depression is that you could use that information to inform treatment decisions. We wanted our digital platform to be easy for people to complete, and to offer treatment options in a way that was useful and engaging. We thought making this available digitally might be a good way to go. In a series of focus groups and interviews, we asked people to test this and give us feedback on what they liked and what they did not, and we made changes accordingly. The final product was what you saw in Target-D.

continued...
Development of a prognostic model for predicting depression severity in adult primary patients with depressive symptoms using the diamond longitudinal study

In many fields of medicine, doctors decide on a course of treatment based not on your current symptoms but on how the condition is likely to progress over time. We developed a digital tool to predict likely symptoms of depression in three months. The tool included different factors that might influence illness and recovery and narrowed down to the ones that best predict the likely course of depression over a three month period.

The protocol for the Target-D randomised controlled trial

Lots of people experience depression. There are lots of services available to help but it’s not always easy to get the right person to the right service at the right time. The Target-D trial tested one way to identify depression needs and the protocol described what the trial involved.

Students have also been part of the study and have undertaken research studies and PhDs; you may have been interviewed by one of these early career researchers about your experiences in Target-D or about the different ways you manage your emotional health and wellbeing. Thank you for helping us to support the next generation of health care professionals and researchers.
Thank you

We will continue to send you updates via the email address: livinglabs-imhr@unimelb.edu.au to inform you about how you can contribute to related research opportunities through our Co-Design Living Labs.

Please contact our Living Labs Coordinator on the freecall number below to update your email address if this has changed.

If you prefer no further contact with the study team and you do not wish to receive further updates, please email us at livinglabs-imhr@unimelb.edu.au or call our Living Labs Coordinator on freecall 1800 721 513.