Feasibility and applicability of the TIDY Program (Therapeutic Identification of Depression in Young People) in the National Health System

Spanish full text

Introduction: Depression is an important health problem in adolescence, and is associated with a significant functional deficit, reduced quality of life, and suicidal behaviour. Despite this, several studies have suggested a possible under-diagnosis of depression at these ages, whereby a considerable number of sufferers may not be diagnosed, and not receive any kind of professional help as a result. At present there is a certain degree of consensus at international level about the need to carry out depression screening tests with adolescents in primary healthcare, as recommended in the updated version of the Clinical Practice Guide on major depression in infancy and adolescence, from the guideline programme of the National Health Service. However, the difficulty of implementing this recommendation lies in the fact that it is necessary to coordinate this screening process in order to implement it in an effective way. The TIDY programme (*Therapeutic Identification of Depression in Young People*) was designed in the UK as a therapeutic identification procedure that combines screening for depression in adolescence with a short psychological intervention in primary care. The TIDY, associated with the training of primary healthcare doctors and nurses, has proven to be both viable and accepted in the UK. In Spain, a small pilot study has been carried out in Galicia, and there is clinical interest in exploring mechanisms that contribute to the early detection of depression in the field of primary healthcare.

Aims: the general aim of this report is to evaluate the viability and applicability of the TIDY Programme in the National Health System. The specific objectives are: 1) to review the scientific evidence on the effectiveness, safety, and viability of the TIDY programme, or alternative programmes for the therapeutic identification of depression in primary care; 2) to discover the main hurdles/enablers for implementing the programme from the perspective of the main stakeholders involved, 3) to explore the viability of implementing the programme in the national health system from an organisational perspective, and 4) to analyse the ethical-legal and social implications, as well as those associated with the perspective of patients on the implementation of the programm.

Methods: a mixed methodological strategy was used, combining a systematic review of the literature and a qualitative study. In the case of the systematic review, a bibliographic search was carried out in October 2017 of the following databases: CRD Databases, Cochrane Library (Wiley), Medline (PubMed), Embase (Ovid SP), ISI Web of Science, Scopus (SciVerse), PsycINFO (Ovid SP), ClinicalTrials.gov and ICTRP. Two independent reviewers selected the articles based on previously established

inclusion/exclusion criteria, and evaluated the risk of bias in the studies. This information was compiled in the evidence tables, and a narrative summary was made of the information. In order to identify the perspectives (hurdles, enablers, and perception of viability) of the main stakeholders involved, a qualitative study was carried out, combining semi-structured interviews and focus groups with investigators, clinics, managers, adolescents, and their families. A thematic analysis was made of the information, using the Atlas.ti software as a support.

Results: from the 618 titles/abstracts that were located in the bibliographic search, a total of 11 were selected to be read in full. Taking into account the inclusion/exclusion criteria, finally only 2 studies were included: one study on the viability of the programme, and a qualitative study to explore the perceived use and usability. These studies found that the programme improved the knowledge of primary care professionals and the proportion of adolescents who were screened and identified. However, it is important to take into account the limitations in the design of the viability study (pre-post design), and that only a small number of professionals took part, limiting the generalisability of the results. In the case of the study in the area of Santiago de Compostela, its results have still not been published. A preliminary analysis suggests an improvement in the knowledge of professionals and in the proportion of adolescents who were screened, but not in the number of adolescents identified. Its sample size is lower than the study in the UK, and the dropout rate for the participants was significant. For all of these reasons, the evidence available today is still very limited.

Taking into account the main findings of the in-depth studies and focus groups, six main topics were identified: 1) the importance of the emotional component in infant-juvenile health; 2) the TIDY as a necessity and opportunity in primary healthcare; 3) the strengths of the TIDY: focusing on depression, safety, and trust; 4) weaknesses in terms of its implementation: organisational aspects, and scientific evidence; 5) possible options to explore for implementation: systematic screening or detection in adolescents of risk, educational sphere; and 6) actions and strategies.

Discussion: In order to respond to the aims of the report, a systematic review of the literature was carried out, and a qualitative study. Taking into account the fact that both the review and part of the GPC on dealing with depression in infancy and adolescence, like other recent systematic reviews, did not locate any study (randomised clinical study, pre-post studies, or other non-randomised studies) that evaluated the benefits and risks of screening for depression in adolescence, this systematic review was focused on locating and evaluating the effectiveness and viability of the TIDY programme or other similar programmes that dealt with the components of training primary care professionals, screening,

intervention in primary care, and referral criteria, regardless of their objectives or methodological design. Studies carried out in the educational field and those that considered the inclusion of external consultants to the primary care team were excluded. Based on these criteria, only 2 studies were included. As regards the steering of the programme at national level, this is a study with an insufficient sample size, and which was also designed as a viability study. All of this limits the possibility of drawing conclusions.

The qualitative study was designed to explore the perception of the viability of the TIDY programme at national level, and included the perspective of the investigators involved in the design and steering of the programme (at national and international level), managers, primary care professionals, and patients and family members. This study made it possible to evaluate the perception of the viability and applicability of the project in a different context to the one in which the programme was created, and provides interesting information in terms of the development of future research and actions. The topics that emerged from the thematic analysis in general are very similar to those found in studies of the TIDY in the UK.

Conclusions: screening for depression in adolescence in primary care has been proposed as a possible solution to improve its early detection and clinical management, and to prevent its complications. However, there is a degree of uncertainty resulting from a lack of studies that have evaluated its effectiveness, and which have identified the best way of coordinating screening programmes in healthcare systems.

Therapeutic identification programmes, such as the TIDY programme, which combines professional training, the identification of psychological morbidity, a short intervention based on cognitive-behavioural and interpersonal therapies, and referral criteria, could be an alternative for use in primary care consultations. However, only 2 studies were found in the systematic review: one viability study, and one qualitative study carried out in the UK to determine its usability and acceptability by professionals. Preliminary (as yet unpublished) results were also taken into account from a small study carried out in the area of Santiago de Compostela. Despite the fact that in general, the evidence seems promising and may suggest the viability and feasibility of the programme, there are no comparative data on its clinical effectiveness and safety.

The main findings of the qualitative study carried out as a part of this report, which attempted to obtain the perspectives of the investigators of the programme, reveal the need to adapt/develop and evaluate

tools for the therapeutic identification of depression for the field of primary care, taking into account the complexity and significance of the problem.

Further evidence has to be obtained on the safety, clinical effectiveness and cost-effectiveness of the TIDY programme, or alternative therapeutic identification programmes. To do so, the implementation of controlled, randomised studies, which make it possible to obtain information about the diagnostic precision, risks, and benefits associated with the programme, taking into the evaluation of all of its components, is essential. Due to the complexity of implementing these types of studies, it may be necessary to carry out proof-of-concept clinical studies that could help towards the development of more robust studies.