# Clinical effectiveness and cost-effectiveness of collaborative care for depression in UK primary care (CADET): a cluster randomised controlled trial

David A Richards,<sup>1\*</sup> Peter Bower,<sup>2</sup> Carolyn Chew-Graham,<sup>3</sup> Linda Gask,<sup>2</sup> Karina Lovell,<sup>4</sup> John Cape,<sup>5</sup> Stephen Pilling,<sup>6</sup> Ricardo Araya,<sup>7</sup> David Kessler,<sup>8</sup> Michael Barkham,<sup>9</sup> J Martin Bland,<sup>10</sup> Simon Gilbody,<sup>10</sup> Colin Green,<sup>1</sup> Glyn Lewis,<sup>11</sup> Chris Manning,<sup>12</sup> Evangelos Kontopantelis,<sup>2</sup> Jacqueline J Hill,<sup>13</sup> Adwoa Hughes-Morley<sup>2</sup> and Abigail Russell<sup>1</sup>

<sup>1</sup>University of Exeter Medical School, Exeter, UK

- <sup>2</sup>Centre for Primary Care, Institute of Population Health, University of Manchester, Manchester, UK
- <sup>3</sup>Institute for Primary Care and Health Sciences, Keele University, Keele, UK
- <sup>4</sup>School of Nursing, Midwifery and Social Work, University of Manchester, Manchester, UK
- <sup>5</sup>Research Department of Clinical, Educational and Health Psychology, University College London, London, UK
- <sup>6</sup>Division of Psychology and Language Sciences, University College London, London, UK
- <sup>7</sup>London School of Hygiene and Tropical Medicine, London, UK
- <sup>8</sup>School of Social and Community Medicine, University of Bristol, Bristol, UK
- <sup>9</sup>Centre for Psychological Services Research, Department of Psychology, University of Sheffield, Sheffield, UK

<sup>10</sup>Department of Health Sciences, University of York, York, UK

- <sup>11</sup>Research Department of Primary Care and Population Health, University College London, London, UK
- <sup>12</sup>Public and Patient Advocate, Upstream Healthcare, Teddington, UK <sup>13</sup>School of Psychology, University of Exeter, Exeter, UK

\*Corresponding author

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# **Plain English summary**

## CADET: a cluster randomised controlled trial

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# **Plain English summary**

Depression causes misery to many people and is a major health problem in the UK. Although effective treatments are available, many people do not have access to them and we are always looking for treatments that are easier and quicker for patients to receive. New ways of organising treatment have been developed in the USA but we do not know if they are better than usual care in the UK.

In this study we compared a way of organising treatment for depression called collaborative care with the usual care given by general practitioners (GPs). Collaborative care involves a care manager talking to patients regularly on the telephone to give advice about depression and increasing patient activity, helping people make the best use of medical treatments from their GP and co-ordinating care between GPs and specialists.

We found that the people seeing a care manager improved more than those receiving usual care. These results were seen at 4 months and 12 months after collaborative care started. We also found that collaborative care was affordable to the NHS. When we followed up people after 3 years we no longer found a difference between the groups. What seemed to make collaborative care work best was when patients were successful in carrying out more routine, pleasurable and necessary activities in their lives.

We recommend that any further research should concentrate on improving the treatments that care managers can use to help people as we think that the collaborative care system itself is effective and affordable.

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#### This report

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