Scoring the MGD TRD scale is dependent on having information regarding the patient' treatments during this current episode. In BRIGhTMIND, this is established thro combination of interview with the patient and examination of primary and secondar case notes. Patients are interviewed using timeline follow back techniques to identify the current episode of depression started. However, the MGH TRD scores are susceptible to error due to mis-remembered details and inadequate, inaccura inaccessible case notes. Rather than focusing on the specific MGH TRD score, patie BRIGhTMIND are allocated to three categories of degree of treatment resistance medium and high. These are defined on the basis of data collected in a previous I patients with TRD, the ADD study (McAllister-Williams et al. 2016), by scores of 2-3. and ≥6.5 respectively. If there is any concern that there is incomplete data or treatments, then a patient is allocated to the high resistance group.

The specific guidance on using the MGH TRD scoring system in BRIGhTMIND is as follo

1. The scale assesses the degree of treatment resistance in the CURRENT EPISODE. For sc patients with long histories of depression it can be difficult to determine the beginning episode. Count a new episode of depression from the end of any period of substantial better mood for a minimum of 2 months.
2. Confirm if ANY antidepressants have been taken (not just prescribed) in the current ep If not, then the patient is excluded.
3. If the participant has taken any antidepressants in the current episode then collect information regarding WHAT has been taken (all psychotropics), at what DOSE and for LONG at the minimum dose or greater. Then, using supplementary table 1:
    a. in column A, tick an antidepressant the patient has taken at the minimum dos at least 6 weeks during THIS episode of depression.
    b. for antidepressants ticked in column A, put another tick in column B if the trea continued for at least 10 weeks.
    c. tick column C if the patient has taken the drug at a dose equal to or greater th maximum dosage listed for that medication. *(There is no extra score for doses than the maximum)*
    d. If the patient has been prescribed any of the drugs listed here (taken for at lea weeks) during the same time period to boost the antidepressant effect, write t name in column D.
        i. **NB** – if an antidepressant combination is used, then only score for one these with the second antidepressant being the augmentation agent. I example if a patient on venlafaxine has mirtazapine added, put a tick i venlafaxine row and write 'mirtazapine' in Column D. Don't tick the Mirtazapine row (unless this was also used in monotherapy).
        ii. **NB** – augmentation agents should in theory be used at minimum effec doses. However, there is a lack of consensus as to what these should b any doubt seek a view of the local Principal Investigators or Chief Investigator.