# Empowerment in mental health care using e-health in a redesigned intake process

No registrations found.

| | |
|---|---|
| **Ethical review** | Positive opinion |
| **Status** | Pending |
| **Health condition type** | - |
| **Study type** | Interventional |

## Summary

### ID

NL-OMON19875

**Source**
Nationaal Trial Register

**Health condition**

Empowerment, motivation, activation, working Alliance, Shared Decision Making, adherence to treatment, clinical outcome, Routine Outcome Monitoring, e-health, mental health care.

### Sponsors and support

**Primary sponsor:** Sponsor: GGz Breburg, Mental Health Institute, Tilburg, The Netherlands.

The study is embedded in The EMGO Institute for Health and Care Research (EMGO+): one of the interfaculty research institutes of the VU University Medical Center Amsterdam and the VU University Amsterdam.

Professors of Tilburg University, VU University and University of Leiden are supervising this study.
**Source(s) of monetary or material Support:** Sponsor: GGz Breburg, Mental Health Institute, Tilburg, The Netherlands.

### Intervention

## Outcome measures

### Primary outcome

The primary outcome measures are the degree in patient motivation for treatment and patient activation in mental health (treatment).

### Secondary outcome

The secondary outcome measures are quality of the patient-clinician relationship, process of Shared Decision Making, patients' adherence to treatment and clinical outcome.

# Study description

### Background summary

This study is designed to investigate the effectiveness of a redesigned intake process in specialised mental health care using e-health in a two-arm cluster randomised controlled trial.

The study hypothesizes that this new way of working is positively related to: 1) a higher level of autonomous motivation and an more active role of patients in their mental health treatment, 2) greater equivalence in and quality of the working relationship between patient and clinician, 3) a higher level of the application of shared decision making and treatment adherence, and 4) better clinical outcomes.

### Study objective

The aim of this study is to examine whether the implementation of a redesigned intake process using e-health is effective compared to the intake as usual without an e-health intervention.
The first hypothesis is that using e-health in a new intake method will lead to a higher degree of autonomous motivation of patients for psychiatric treatment and which may in turn lead to a beneficial shift in the empowerment of patients to play an active role in their own mental health and treatment.
Second hypothesis is that motivated and active involved patients have a more equivalent interplay with their clinician. Due to the empowerment of patients and equivalence in the working relationship between patients and clinicians the application of Shared Decision Making may be encouraged.
Third it is hypothesized that improvement in motivation, active involvement and an equivalent working relationship is positively related to patient's adherence to treatment and improved clinical outcome.

### Study design

Datacollection: September 2016-March 2017
Reporting of the results is expected from September 2017.

### Intervention

The intake-teams randomised to the intervention group implement e-health interventions in a redesigned intake process.

To implement this new way of working, the clinicians of the intervention teams follow a training aiming to gain insight, knowledge and skills in the application of recovery supported care, shared decision making and e-health with the purpose to motivate and empower patients in gaining an active role in their recovery and stimulating an equivalent interplay between patients and clinicians.

## Contacts

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## Eligibility criteria

### Inclusion criteria

Patients who are referred to one of the participating centers treating depression, anxiety and personality disorders, for whom a full intake is planned and who have sufficient command of the Dutch language, are eligible for participation and will be asked for written informed consent.

### Exclusion criteria

Exclusion criteria for participating in this study are patients who don’t get a full intake because of a come back in treatment and patients who don’t speak and read Dutch.

## Study design

### Design

| | |
|---|---|
| Study type: | Interventional |
| Intervention model: | Parallel |
| Allocation: | Randomized controlled trial |
| Masking: | Open (masking not used) |
| Control: | Active |

### Recruitment

NL

| | |
|---|---|
| Recruitment status: | Pending |
| Start date (anticipated): | 01-09-2016 |
| Enrollment: | 172 |
| Type: | Anticipated |

## Ethics review

Positive opinion

| | |
|---|---|
| Date: | 17-01-2016 |
| Application type: | First submission |

# Study registrations

## Followed up by the following (possibly more current) registration

No registrations found.

## Other (possibly less up-to-date) registrations in this register

No registrations found.

## In other registers

| Register | ID |
|---|---|
| NTR-new | NL5555 |
| NTR-old | NTR5677 |
| Other | Medisch Ethische Toetsingscommissie (METC) VU Medisch Centrum : 2015.434 |

# Study results

**Summary results**
Article about studyprotocol in preparation.