Effect of Routine Process Monitoring using the ORS / SRS scales on the outcome of treatment by a Rapid Response Team in MHC.

No registrations found.

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

Summary

ID

NL-OMON19950

Source
NTR

Health condition

Patients on the waiting list for psychological or psychotherapeutic treatment in the second line care.

Sponsors and support

Primary sponsor: Dimence
Source(s) of monetary or material Support: Dimence

Intervention

Outcome measures

Primary outcome

Is there a significant difference in treatment outcome if the RPM method is added to 5 supportive treatment sessions from a social psychiatric nurse?

Secondary outcome

Is there a significant difference in overall functioning for patients who get 5 supportive treatment sessions from a social psychiatric nurse in comparison with patients on the waiting list?

Study description

Background summary

N/A

Study objective

1. Currently, there are a wide variety of therapeutic techniques for specific patients and certain psychological problems. The guidelines on mental health care focus only on the specific therapy factors. In addition to these specific therapy factors also exist universal or non-specific therapy factors. These factors are a good match between therapist and patient, a good therapeutic relationship and hope and expectation of improving both the therapist and the patient Both universal and specific factors influence the effectiveness of treatment. Routine Process Monitoring as appointed by Hafkenscheid (2008) is a systematic method in which feedback is given to the clinician on both the progress of the client and the quality of treatment. This would optimize the effectiveness;

2. Nowadays mental health care often has waiting lists most often for psychological and psychotherapeutic treatments. When the waiting time is longer than 4 weeks it might help to offer those patients some supportive treatment. They will get 5 supportive treatment sessions offered by a Social Psychiatric Nurse (SPV) in order to bridge the waiting time. The primary research question of this study is whether the effectiveness of the supportive treatment can be increased by the use of RPM. Secondary research question is to what extent the offering of 5 supportive treatment sessions generally improves the wellbeing of a patient. The study will take place at Dimence, location Steenwijk, Adult Division. These are secondary care;

3. Goal Knowledge:

A. Increase knowledge of Routine Process Monitoring as appointed by Hafkenscheid (2008) on whether or not systematic feedback to supportive treatment leads to increased effectiveness of therapy;

B. Increase knowledge to what extent the offering of 5 supportive treatment sessions generally improves the functioning of a patient Utilization: Patients, health insurers and mental health institutions benefit by optimizing the effectiveness of mental health care. Patients could benefit by customizing their treatment. Health insurers benefit as a high

efficiency level leads to increased cost. Metal health institutions benefit by optimizing their treatment.

Study design

Before the intake and after 6 weeks.

Intervention

All patients who are in treatment by Dimence Steenwijk Section adults fill in the Outcome questionnaire (OQ-45) before intake. After the intake, patients are discussed in the team and those with an indication for psychological or psychotherapeutic treatment are put on a waiting list. Those patients who must wait for 4 weeks ore more before psychological or psychotherapeutic treatment can start, will be asked whether they wish to participate in the study. Within the study, all patients on a waiting list for a psychology or psychotherapy are at random divided into three groups:

1. A waiting list group;

2. A waiting list group where each individual patient gets 5 supportive treatment sessions from a social psychiatric nurse;

3. A waiting list group where each individual patient gets 5 supportive treatment sessions from a social psychiatric nurse and is asked for feedback by the routine process monitoring method.

After about six weeks anyone who will participate in the study will again be asked to fill in the OQ-45.

Contacts

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Eligibility criteria

Inclusion criteria

Ambulatory adult clients with indication for psychological or psychotherapeutic treatment in which the waiting time is greater than 4 weeks before treatment can start.

Exclusion criteria

1. Clients with no indication for psychological or psychotherapeutic treatment;

2. Clients with indication for psychological or psychotherapeutic treatment that can tolerate no delay.

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):	15-03-2011
Enrollment:	120
Type:	Anticipated

Ethics review

Positive opinion

Date:	07-03-2011
Application type:	First submission

Study registrations

Followed up by the following (possibly more current) registration

ID: 34468
Bron: ToetsingOnline
Titel:

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

No registrations found.

In other registers

Register	ID
NTR-new	NL2668
NTR-old	NTR2796
CCMO	NL32944.097.10
ISRCTN	ISRCTN wordt niet meer aangevraagd.
OMON	NL-OMON34468

Study results

Summary results
N/A