

Routine Process Monitoring, systematic patient feedback in the primary and specialised mental healthcare

No registrations found.

Ethical review	Positive opinion
Status	Pending
Health condition type	-
Study type	Observational non invasive

Summary

ID

NL-OMON25619

Source

Nationaal Trial Register

Brief title

RPM

Health condition

Routine Process Monitoring (RPM)
Systematic patient Feedback
Outcome Rating Scale (ORS)
Session Rating Scale (SRS)
Feedback Informed Treatment
Primary and specialised Mental Health care

Sponsors and support

Primary sponsor: Postmaster PsychologieOpleidingen (PPO) Groningen

Rijksuniversiteit Groningen RUG

Dimence Groep

Source(s) of monetary or material Support: Postmaster PsychologieOpleidingen (PPO)

Groningen

Rijksuniversiteit Groningen RUG

Dimence Groep

Intervention

Outcome measures

Primary outcome

Outcome Questionnaire 45 (OQ-45)

Dutch Mental Health Continuum - Short Form (MHC-SF)

Secondary outcome

-dropout

-patient-satisfaction

-duration

-treatment costs

Study description

Background summary

Routine Process Monitoring (RPM) is a patient feedback method developed in the USA which is widely applied in clinical practice of mental health care in The Netherlands. In this method a patient fills in the Session Rating Scale (SRS) and the Outcome Rating Scale (ORS) in each treatment session. The results are discussed directly in this session and the treatment is optimized based on this discussion. This method has not been systematically studied in The Netherlands. The aim of this study is to clarify whether the addition of RPM for treatment in primary and specialist mental healthcare in The Netherlands has a positive effect on the treatment outcome.

Study objective

Addition of Routine Process Monitoring (RPM) to brief therapy (number of sessions <12) will result to a significant improvement in treatment outcome within five weeks compared to short-term treatment without RPM in the primary mental health care in Netherlands.

Addition of RPM to brief therapy (number of sessions <12) will still result to a significant improvement in treatment outcome after 13 weeks compared to short-term treatment without RPM in the primary mental health care in Netherlands.

Leading to Study 1: The effect of RPM in the primary mental health care

Addition of RPM to long-lasting therapy (number of sessions >12) will still result to a significant improvement in treatment outcome after 13 weeks compared to long-lasting therapy without RPM in the specialised mental health care in Netherlands.

Leading to Study 2: The effect of RPM in the specialised mental health care

Study design

start, 5 weeks, 13 weeks, 26 weeks

Intervention

-Routine Process Monitoring + Treatment as usual (TAU-RPM)

-Treatment as Usual (TAU)

Contacts

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Eligibility criteria

Inclusion criteria

The inclusion criterion are that patients are 18 years or older, are assigned to and have psychological treatment in the primary or specialised mental healthcare. They must speak the Dutch language and agree that the data obtained by Routine Outcome Monitoring are

used for this study.

Exclusion criteria

- Patients who do not speak the Dutch language
- Objections to use ROM data for scientific research

Study design

Design

Study type:	Observational non invasive
Intervention model:	Parallel
Allocation:	Randomized controlled trial
Masking:	Open (masking not used)
Control:	Active

Recruitment

NL	
Recruitment status:	Pending
Start date (anticipated):	21-12-2015
Enrollment:	448
Type:	Anticipated

Ethics review

Positive opinion	
Date:	30-09-2015
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	NL5356
NTR-old	NTR5466
Other	METC Twente : K15-11

Study results