Effects of two forms of crisis cards, i.e. with and without provided support of the local patients organisation, on the number of crisis contacts with mental health services and the number of (compulsory) admissions

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Ethical review	Approved WMO
Status	Recruitment stopped
Health condition type	Other condition
Study type	Interventional

Summary

ID

NL-OMON30910

Source
ToetsingOnline

Brief title
Crisis Card research

Condition

- Other condition
- Schizophrenia and other psychotic disorders

Synonym
crisis plan

Health condition

bipolaire stoornissen II

Research involving
Human

Sponsors and support

Primary sponsor: Bavo RNO groep (Capelle aan den IJssel)
Source(s) of monetary or material Support: Zon Mw

Intervention

Keyword: crisis, crisis card, prevention

Outcome measures

Primary outcome

The number of crisis contacts with mental health services and teh number and

duration of (compulsory) admissions.

Secondary outcome

Patients' needs, mental and social functioning.

Study description

Background summary

The research is important, firstly since crises and (compulsory) admissions have a large impact. Secondly since the number of crises has been on the increase during the past years. Thirdly since there is a lack of effective crisis intervention to prevent crises and (compulsory) admissions. Finally, the research is important, because there are doubths about the effectivess of precent crisis intervention methods.

The effectiveness of crisis intervention methods may be incresed by providing support by an independent consultant during the creation of a so-called crisis card. The crisis card is the combination of a crisis plan and the abstract of it on a kind of credit card-sized card. The crisis card is meant to recognize the signals of the onset of a crisis and to treat it according the agreement

stated in the crisisplan.

Earlier research shows that crises and (compulsory) admissions may be prevented with a crisis card. The question is in which way a crisis card can be made.

Study objective

This study examines two two forms of crisis card: (1) crisis card formulated with an independant consulant, (2) crisis card formulated with a clinician.

The background of the comparison of the two forms of intervention is that the crisis card formulated with an indepandant consultant is possibly more effective than the crisis card created with a clinician.
Possibly the patient is more open about his of her preferences during the crisis situation in the case the card was made with the help of an independent party.

Involvement of a consultant may have disadvantages. It means an additional link in the treatment proces, because of the duration of making the crisis card. The threshold may be higher to choose to make a crisis card in the first place.

This study will investigate if the role of an indepanant consultant has a positive influence on the patients' needs, the number of crises and (compulsory) admissions.

Study design

Randomised controlled trial with two experimental groups and one control group.

Intervention

Creation of a crisis card with or without an indepandent consultant. Group 1: crisis card formulated by the patient with an independant consultant; group 2: crisis card formulated by the patient with a clinician, without a consultant and group3: control group without a crisis card.

Study burden and risks

During the contact with the researcher the patients will be interviewed and asked to answer some self-report questionnaires. The total number of research contacts is four. The first contact will be before the randomisation, the next four months afterwards, then again nine months after randomnisation and finally eighteen month after randomnisation. The duration of every research contact will be for about an hour.

Contacts

Public
Bavo RNO groep (Capelle aan den IJssel)

van der Mandelelaan 10
3062 MB Rotterdam
NL
Scientific
Bavo RNO groep (Capelle aan den IJssel)

van der Mandelelaan 10
3062 MB Rotterdam
NL

Trial sites

Listed location countries

Netherlands

Eligibility criteria

Age
Adults (18-64 years)
Elderly (65 years and older)

Inclusion criteria

- patient is recieving outpatient treatment
- within the previous two years at least one crisis contact with mental health services and/or (compulsory) admission
- psychotic or bilopair disorder II

Exclusion criteria

- organic mental syndrome
- unable to give informed consent because of mental incapacity
- insufficient command of Dutch

Study design

Design

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

Primary purpose: Prevention

Recruitment

NL

Recruitment status:	Recruitment stopped
Start date (anticipated):	15-10-2007
Enrollment:	240
Type:	Actual

Ethics review

Approved WMO

Date:	25-06-2007
Application type:	First submission
Review commission:	METIGG: Medisch Ethische Toetsingscommissie Instellingen Geestelijke Gezondheidszorg (Utrecht)

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
CCMO	NL16818.097.07