# **Destigmatizing Mental Illness**

Published: 23-07-2010 Last updated: 04-05-2024

Hypotheses of the study:Psycho-education coping skills training is effective in reducing the negative consequences of stigma in people with SMI, in a way thata) quality of life of people with SMI improves;b) social functioning of people with SMI...

**Ethical review** Approved WMO

**Status** Recruitment stopped

**Health condition type** Schizophrenia and other psychotic disorders

**Study type** Interventional

# **Summary**

#### ID

NL-OMON37949

**Source** 

ToetsingOnline

**Brief title** D-STIGMI

### **Condition**

• Schizophrenia and other psychotic disorders

#### **Synonym**

psychiatric disorders, severe mental illness

### Research involving

Human

## **Sponsors and support**

**Primary sponsor:** Universiteit Maastricht

Source(s) of monetary or material Support: Ministerie van OC&W,FP-7 EU-subsidie

#### Intervention

**Keyword:** coping, empowerment, psychiatry, stigmatization

### **Outcome measures**

## **Primary outcome**

Quality of life

## **Secondary outcome**

Care needs and social functioning

# **Study description**

## **Background summary**

Stigmatization is a social phenomenon in which people are approached using attributes that are assumed to be right but are not always applicable to the individual. Research has shown that stigmatization can have many negative consequences in multiple domains of daily life of people with a severe mental illness (SMI). It's therefore very important to improve the skills of these people in coping with this phenomenon.

Main hypothesis: Psycho-education coping skills training is effective in reducing the negative consequences of stigma in people with SMI, in a way that quality of life of people with SMI improves.

## **Study objective**

Hypotheses of the study:

Psycho-education coping skills training is effective in reducing the negative consequences of stigma in people with SMI, in a way that

- a) quality of life of people with SMI improves;
- b) social functioning of people with SMI improves;
- c) care needs of people with SMI diminish.

#### Study design

A Randomized Controlled Trial (RCT; N=140) is executed in an open design. Evaluation takes place by means of interviews with questionnaires, and the Experience Sampling Method (ESM) at baseline, post-treatment (no ESM) and follow up.

#### Intervention

The intervention group (N=70) participates in a psycho-education coping skills

training. The control group (N=70) participates in a newspaper reading group. Both groups take place in 10 weekly sessions of 1-1,5 hours in groups of 8-10 participants.

## Study burden and risks

Participants from both conditions each get 10 weekly sessions of 1-1,5 hours. The measurements at baseline, post-treatment and follow up (interviews with questionnaires) take a maximum of 3 hours each (together 9 hours). The two ESM measurements each take a week (investment 30 minutes/day - together 7 hours). Participation in neither the experimental nor control condition is associated with significant risks.

# **Contacts**

#### **Public**

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# **Trial sites**

## **Listed location countries**

**Netherlands** 

# **Eligibility criteria**

#### Age

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

### Inclusion criteria

People with a severe mental illness and in particular psychosis of the schizophrenic or affective type. It involves patients with a non-organic psychosis (according to the Diagnostic and Statistical Manual of Mental Disorders (DSM)) and a longterm course of disease (>2 years) and invalidating handicaps in daily functioning. In people with other diagnoses, such as a depressive disorder without psychosis; a severe anxiety disorder; or autism, treatment must not have had the desired effect and the problems in functioning have to be explicit (GAF<40).

Age 18-65.

Sufficient command of Dutch.

Participants are competent to make their own informed consent (no juridical regime restricts their autonomy) and can voluntarily participate in the study. They are able to comprehend the scope of the study, as well as risks and limitations.

## **Exclusion criteria**

Not fulfilling inclusion criteria

# Study design

## **Design**

Study type: Interventional

Intervention model: Parallel

Allocation: Randomized controlled trial

Masking: Open (masking not used)

Control: Active

Primary purpose: Prevention

### Recruitment

NL

Recruitment status: Recruitment stopped

Start date (anticipated): 01-06-2011

Enrollment: 140

Type: Actual

# **Ethics review**

Approved WMO

Date: 23-07-2010

Application type: First submission

Review commission: METC academisch ziekenhuis Maastricht/Universiteit

Maastricht, METC azM/UM (Maastricht)

Approved WMO

Date: 04-05-2012
Application type: Amendment

Review commission: METC academisch ziekenhuis Maastricht/Universiteit

Maastricht, METC azM/UM (Maastricht)

# **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 NL31794.068.10