

Identification and treatment of early symptoms of severe mental illness in youth

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1. Developing a intervention which focuses on the reduction of early symptoms of psychiatric disorders by combining elements of existing methods, namely an...

Ethical review	Approved WMO
Status	Recruitment stopped
Health condition type	Psychiatric disorders NEC
Study type	Interventional

Summary

ID

NL-OMON38493

Source

ToetsingOnline

Brief title

MasterMind

Condition

- Psychiatric disorders NEC

Synonym

mental health, psychological problems

Research involving

Human

Sponsors and support

Primary sponsor: Vrije Universiteit Medisch Centrum

Source(s) of monetary or material Support: ZonMW

Intervention

Keyword: (migrant) youth, cognitive bias modification, empowerment, high risk group

Outcome measures

Primary outcome

degree of daily functioning/ degree of symptoms of psychiatric disorders.

Secondary outcome

degree of self-esteem/ degree of locus of control/ degree of attention bias.

Study description

Background summary

Several studies have shown that 75% of the serious and chronic psychiatric disorders develop before the age of 25. Early symptoms of these disorders are often seen in adolescence. The development of this early symptoms into severe disorders may be prevented by offering early treatment in the adolescence. Preventing severe psychiatric disorder is especially important for non-western ethnic minorities that are insufficiently reached by the mental health care institutions in the Netherlands, while non-western migrant youth have more psychological problems compared to their Dutch peers. The hypothesis is that problems of migrant youth accumulate, resulting in an overrepresentation of migrant youth in forensic mental health care.

To date there is no existing appropriate treatment for dynamic early symptoms, common psychiatric treatment in the (youth) mental health care is based on disease categories. To reduce early symptoms, treatment should be more development-oriented with a strong focus on risk and protective factors. In addition to the general factors, factors which mainly migrant youth have to deal with (e.g. social exclusion) should be taking in account. By offering an accessible cultural adapted psychosocial treatment the development of psychiatric disorders may be prevented in both Dutch and migrant youth.

Study objective

The aims of this study are to reduce early symptoms of severe psychiatric disorders.

1. Developing a intervention which focuses on the reduction of early symptoms of psychiatric disorders by combining elements of existing methods, namely an

empowerment program for the prevention of marginalization of (migrant) youth (POWER) and a psychological intervention for treatment of cognitive biases (Cognitive Bias Modification).

2. Using a culture-sensitive protocol to recruit participants, causing at least 60% of adolescents with persistent symptoms of mental disorders agreeing to participated in the study.

3. Investigate the effectiveness (see a.) and the degree of cultural sensitivity (see b.) of the intervention:

a. adolescents in the intervention show a reduction of symptoms of psychiatric disorders and show better social functioning immediately after the intervention and six months after the intervention compared to the measurement before the intervention took place.

b. the effect of the intervention is present and equally large in all ethnic groups.

Study design

At several schools, adolescents are screened for psychological problems and contextual risk factors. Participants will be selected based on the results of questionnaires that were previously filled out by them. Adolescents fill out digital questionnaires about psychological problems and functional impairment at two moments in time (with an interference of at least 12 months).

Adolescents will be selected for the intervention if they have at least mild symptoms and/or impairment in social functioning at both measurements.

Intervention

The intervention is composed of two existing and effective metnodes, namely:

1. POWER is an empowerment program developed by the Trimbos Institute which focuses on reduces factors like marginalization, identity problems, social exclusion, powerlessness and a negative self-esteem, migrant youth have to deal with. These factors have previously been associated with depression, anxiety and psychosis. The POWER program includes psycho-education, experiential learning and behavioral change, and uses role models. The following topics are covered in POWER: (cultural) identity, relationships and sexuality, dealing with frustration, crime, health and substance use, environment, spending leisure, education and work, and future prospects.

Not only the content of the program is adapted to the target group, the method of recruitment is also culture sensitive. Migrant youth are hardly reached, this has to do with lack of confidence health care and research institutions.

These institutions often associated with previous negative experiences, fear of negative consequences of providing personal information and fear that confidentiality is not guaranteed. For recruitment of youth POWER has

successfully used informal social networks and local immigrant key figures. These people were able to recruit potential participants. POWER has been used by more than sixty trainers in several places in the Netherlands, the experiences of young people, community and trainers are positive.

2. Cognitive Bias Modification (CBM) is a psychological intervention that directly affects distorted dysfunctional thought patterns by using computer tasks. CBM is based on the theory that a cognitive scheme helps to reduce, categorize and interpret incoming information in a certain way. This affects which information comes to attention and how this information is interpreted. For example, several studies have shown that people with an anxiety disorder mainly pay attention to signals of threat (e.g. noticing disapproving faces instead of neutral faces). The tendency to systematically noticing negative information is known as attention bias. Such biases make relatively innocent situations threatening and thereby increase the risk of dysfunctional emotional and behavioral consequences. Cognitive biases play a major role in the emergence and persistence of psychiatric symptoms. CBM reduces dysfunctional thought patterns by neutralizing thought patterns. CBM is an intervention which has proven to be effective in various psychiatric disorders.

Study burden and risks

Prior to the treatment program, a psychological interview will be conducted. Participants follow an eight week treatment program. This program takes place at the school of the participants. Each meeting has a duration of one and a half hour. Participants will also complete a number of questionnaires.

Burden:

- Psychological interview prior to the treatment program.
- Questionnaires: before, after (directly and after 6 months) of the intervention.
- Computer Tasks: in all eight meetings, the participants will perform a computer task (finding positive stimuli among negative stimuli)
- Group Assignments: role plays and group discussions.

Risks:

- Emotional burden of completing the questionnaires and attending the group assignments.

Contacts

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Trial sites

Listed location countries

Netherlands

Eligibility criteria

Age

Adolescents (12-15 years)

Adolescents (16-17 years)

Inclusion criteria

Participants will be selected based on the results of screening questionnaires that were previously filled out by them. Adolescents fill out digital questionnaires about psychological problems and functional impairment at two moments in time (with an interval of 12 months).

Inclusion criteria:

- The presence of two measurements (T1 & T2)
- The presence of at least mild symptoms and/or impairment in social functioning at both measurements (T1 and T2)
- Consent to participation of both child and parent (in cases of joint custody consent of both parents)

Exclusion criteria

- Presence of only one measurement (T1 or T2)
- No symptoms and no impaired functioning at the first or second measurement or both.

Study design

Design

Study type: Interventional

Masking: Open (masking not used)

Control: Uncontrolled

Primary purpose: Basic science

Recruitment

NL

Recruitment status: Recruitment stopped

Start date (anticipated): 02-01-2014

Enrollment: 120

Type: Actual

Ethics review

Approved WMO

Date: 13-11-2013

Application type: First submission

Review commission: METC Amsterdam UMC

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

CCMO

ID

NL44625.029.13