

Community mental health nursing

Submission date 15/01/2016	Recruitment status No longer recruiting	<input type="checkbox"/> Prospectively registered
Registration date 07/03/2016	Overall study status Completed	<input type="checkbox"/> Protocol
Last Edited 07/03/2016	Condition category Mental and Behavioural Disorders	<input type="checkbox"/> Statistical analysis plan
		<input type="checkbox"/> Results
		<input type="checkbox"/> Individual participant data
		<input type="checkbox"/> Record updated in last year

Plain English summary of protocol

Background and study aims

Most people are affected by a mental health problem in some form during their lives. It is estimated that as many as 1% of the world's population suffer from a serious mental disorder, such as schizophrenia. Schizophrenia is a long-term mental health problem that affects how a person thinks, feels and behaves. It involves a wide range of symptoms, including seeing or hearing things that do not exist (hallucinations), having beliefs that do not reflect reality (delusions) and distinct changes in personality or behaviour. These symptoms can be very difficult for patients to deal with, often affecting the way they live their lives and their ability to work. A study in 2007 found that there is a particularly high amount of people suffering from a serious mental disorder like schizophrenia in Jakarta (capital of Indonesia). It was also found that surprisingly few of these people sought treatment in hospital for their condition. Community mental health nursing (CMHN) is a programme set up to try and help people in the community who are at risk of developing a serious mental health problem by working with families to help build up a support network. The aim of this study is to find out whether the CMHN programme is more effective at helping schizophrenia patients to improve their life skills and how well they are able to work.

Who can participate?

Patients between 18 and 55 years old who have been diagnosed with schizophrenia.

What does the study involve?

Participants are randomly allocated to one of two groups. Those in the first group continue to receive standard care for their condition only. Those in the second groups also continue to receive standard care, but are also given weekly cognitive behavioural therapy sessions (a type of talking therapy aiming to change the way a person thinks and behaves) and weekly home visits from community mental health nurses to talk about their symptoms, for 12 weeks. All participants complete questionnaires in order to measure their life skills and work productivity at the start of the study and then again at 12 and 14 weeks.

What are the possible benefits and risks of participating?

Participants who receive the additional therapy may benefit from being able to better cope with their daily lives and being able to work better. There are no risks to participants taking part in the study.

Where is the study run from?
Twenty health centres in Jakarta (Indonesia)

When is the study starting and how long is it expected to run for?
March 2010 to July 2010

Who is funding the study?
Directorate of university research and community service in Indonesia (Indonesia)

Who is the main contact?
Professor Budi Anna Keliat

Contact information

Type(s)
Scientific

Contact name
Prof Budi Anna Keliat

Contact details
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Additional identifiers

Protocol serial number
N/A

Study information

Scientific Title
The effectiveness of the implementation of Community Mental Health Nursing model to improve life skills and work productivity of patients with mental illness

Acronym
CMHN

Study objectives
The implementation of model of community mental health nursing (CMHN) effective in improving life skills and work productivity of patients with mental disorder.

Ethics approval required
Old ethics approval format

Ethics approval(s)

Study design

Community based randomised controlled trial

Primary study design

Interventional

Study type(s)

Treatment

Health condition(s) or problem(s) studied

Schizophrenia

Interventions

Participants are randomly allocated to one of two groups.

Intervention group: Participants receive treatment via the community mental health model which includes standard therapy and nursing care for schizophrenia. Participants also receive 12 weeks of hour-long cognitive behavioural therapy appointments and weekly home-visits from a trained community nurse so that they can talk about any symptoms they have been experiencing.

Control group: Participants standard therapy and nursing care for schizophrenia only.

Participants are visited by a trained community nurse at 12 and 14 weeks, when their life skills and work productivity are assessed using questionnaires.

Intervention Type

Mixed

Primary outcome(s)

Life skills are measured using The Life skill Profile (LSP) at baseline, 12 and 14 weeks.

Key secondary outcome(s)

Work productivity is measured using the Indonesian version of Work Productivity and Activity Impairment (WPAI) Questionnaire at baseline, 12 and 14 weeks.

Completion date

30/07/2010

Eligibility

Key inclusion criteria

1. Aged between 17 years to 55 years
2. Capacity to provide informed consent
3. Ability to communicate well
4. Diagnosis of schizophrenia

Participant type(s)

Patient

Healthy volunteers allowed

No

Age group

Adult

Sex

All

Key exclusion criteria

Aged below 18 or above 65.

Date of first enrolment

01/03/2010

Date of final enrolment

09/04/2010

Locations**Countries of recruitment**

Indonesia

Study participating centre**Puskesmas Cipayung**

Jakarta Selatan. Jl. Monumen Pancasila Sakti

Jakarta Timur

Jakarta

Indonesia

13810

Sponsor information**Organisation**

DRPM University of Indonesia

ROR

<https://ror.org/0116zj450>

Funder(s)

Funder type

Research organisation

Funder Name

Directorate of university research and community service in Indonesia (Direktorat riset dan pengabdian masyarakat universitas Indonesia)

Results and Publications**Individual participant data (IPD) sharing plan****IPD sharing plan summary**

Available on request