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Phone Pal: volunteering via smart-phone for people with psychosis

Submission date
22/09/2018

Recruitment status
No longer recruiting

Registration date
28/09/2018

Overall study status
Completed

Last Edited
27/12/2024

Condition category
Mental and Behavioural Disorders

[X] Prospectively registered
[X] Protocol
[_] Statistical analysis plan
[X] Results
[_] Individual participant data

Plain English summary of protocol
Background and study aims
People with psychosis are commonly socially isolated, both due to their own condition, but also due to the stigma towards them. Although several volunteering programmes exist in the community that could potentially help patients, many expect in person meetings, requiring a greater effort of availability and commitment from participants, which may be difficult for them to fulfil. Therefore, there is a need for more flexible, easily accessible support for people with psychosis.
This study aims to find out the acceptability and the feasibility of remote digital volunteering over a smart-phone for people with psychosis, exploring its potential impact in participants (patients and volunteers).

Who can participate?
Patient participants: Adults with psychosis, receiving care in secondary NHS mental health services, who have sufficient command of English to complete the measures and have capacity to provide informed consent.
Volunteer participants: Adult volunteers, who have sufficient command of English to complete the measures and have capacity to provide informed consent.

What does the study involve?
A patient participant will be matched with a volunteer participant. Each patient-volunteer pair will be encouraged to communicate during 12 weeks with each other through a smart-phone that they will receive. Participants are encouraged to send texts, WhatsApp messages, e-mails, make audio or video phone-calls, according to their preference, once per week.

What are the possible benefits and risks of participating?
Participants may benefit from getting in contact with their match over smart-phone. Participants will be reimbursed for their time spent completing the baseline and follow-up measures. We will provide training at the beginning of the study, and support throughout whenever required.
There are no known risks to participants taking part in this study.

Where is the study run from?
East London NHS Foundation Trust (UK)

When is study starting and how long is it expected to run for?
May 2018 to October 2019

Who is funding the study?
East London NHS Foundation Trust (UK)

Who is the main contact?
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Contact information

Type(s)
Scientific

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Additional identifiers

EudraCT/CTIS number

IRAS number

ClinicalTrials.gov number

Secondary identifying numbers
012393

Study information

Scientific Title
Phone Pal: a mixed methods exploratory study of an intervention for people with psychosis to get in contact with a volunteer via smart-phone

Acronym
Phone Pal

Study objectives
The overall aim of this study is to assess the acceptability and the feasibility of remote digital volunteering over smart-phone for people with psychosis, exploring its potential impact.

Ethics approval required
Old ethics approval format

Ethics approval(s)
Cambridgeshire and Hertfordshire Research Ethics Committee, 22/08/2018, ref. 18/EE/0196

Study design
Interventional single-centre pre-post feasibility study with an internal pilot

Primary study design
Interventional

Secondary study design
Feasibility study

Study setting(s)
Community

Study type(s)
Treatment

Participant information sheet
Not available in web format, please use contact details to request a participant information sheet

Health condition(s) or problem(s) studied
Psychosis

Interventions
A patient participant will be matched with a volunteer participant. Each patient-volunteer pair will be encouraged to communicate during 12 weeks with each other, through a smart-phone, once per week, conducting informal conversation. Participants can send texts, WhatsApp messages, e-mails, and make audio or video phone-calls, according to their preference. Follow-up assessments will be done within 2 weeks of the end of the intervention.

Intervention Type
Behavioural

Primary outcome measure
Feasibility and acceptability of the intervention will be evaluated by assessing the patterns of smart-phone usage (texts, WhatsApp messages, e-mails, make audio or video phone-calls) within each patient-volunteer pair, and interviewing participants at the end of the study.

Secondary outcome measures
The following are assessed at the baseline and at the end of the study for both patients and volunteers.

For patient participants:
1. Smart-phone preferences usage, assessed by self-reported smart-phone usage
2. Step count, assessed by the smart-phone
3. Quality of life, assessed using the Manchester Short Assessment of Quality of Life (MANSA)
4. Physical activity, assessed using the International physical activity questionnaire (IPAQ)
5. Self-esteem, assessed using the Self-Esteem Rating Scale – Short Form
6. Social comparison, assessed using the Social Comparison Scale
7. Attachment, assessed using the Revised Adult Attachment Scale (RAAS)
8. Strength of social network, assessed using the 7-days Social Contacts Assessment
9. Psychiatric symptoms, assessed using the Brief Psychiatric Rating Scale (BPRS)
10. Therapeutic relationship, assessed using the Scale to Assess Therapeutic Relationships – Patient Version (STAR-P)

For volunteer participants:
1. Smart-phone preferences usage, assessed by self-reported smart-phone usage
2. Step count, assessed by the smart-phone
3. Quality of life, assessed using the Manchester Short Assessment of Quality of Life (MANSA)
4. Physical activity, assessed using the International physical activity questionnaire (IPAQ)
5. Self-esteem, assessed using the Self-Esteem Rating Scale – Short Form
6. Social comparison, assessed using the Social Comparison Scale
7. Social distance, assessed using the Social Distance Questionnaire (SDQ)
8. Therapeutic relationship, assessed using the Scale to Assess Therapeutic Relationships – Volunteer Version (STAR-V)

Overall study start date
01/05/2018

Completion date
01/12/2019

Eligibility

Key inclusion criteria
Patients:
1. Aged 18 years or over
2. Clinical diagnosis of schizophrenia or a related psychotic disorder (ICD 10: F20- 29)
3. Interested in having a volunteer with whom they would be in contact through a smart-phone for 12 weeks
4. Receiving care in secondary NHS mental health services
5. Capacity to provide informed consent
6. Sufficient command of English to complete the measures

Volunteers:
1. Aged 18 years or over
2. Interested in having a patient with whom they would be in contact through a smart-phone for 12 weeks
3. Capacity to provide informed consent
4. Sufficient command of English to complete the measures

Participant type(s)
Patient

Age group
Adult

Lower age limit
18 Years

Sex
Both

Target number of participants
36 (18 patients and 18 volunteers)

Total final enrolment
36

Key exclusion criteria
Patients and volunteers:
1. Unable to use smart-phones, even if provided with appropriate assistive technology

Date of first enrolment
01/10/2018

Date of final enrolment
01/10/2019

Locations

Countries of recruitment
England

United Kingdom

Study participating centre
East London NHS Foundation Trust
Trust Heardquarters 9 Alie Street
London
United Kingdom
E18DE

Sponsor information

Organisation
Queen Mary University of London

Sponsor details

Joint Research Management Office
5 Walden Street
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E1 2EF

Sponsor type
University/education

ROR
https://ror.org/026zzn846

Funder(s)

Funder type
Not defined

Funder Name
East London NHS Foundation Trust

Results and Publications

Publication and dissemination plan
The results of this research study will be used in a doctoral thesis submitted to Queen Mary University of London. It is hoped the results will be published in scientific journals and will be shared widely via open access publications.
Participants in the study will receive a summary of findings if they wish.

Intention to publish date
31/12/2019

Individual participant data (IPD) sharing plan
The data sharing plans for the current study are unknown and will be made available at a later date.

IPD sharing plan summary
Data sharing statement to be made available at a later date

Study outputs

Output type	Details	Date created	Date added	Peer reviewed?	Patient-facing?
Protocol article		30/11/2021	20/12/2021	Yes	No
HRA research summary			28/06/2023	No	No
Results article		01/06/2023	04/07/2023	Yes	No
Results article		12/01/2024	15/01/2024	Yes	No

Results article	11/12/2024	27/12/2024	Yes	No