

# A research study in Uganda to test an intervention called DIALOG+, designed to improve care for people living in the community with severe mental illness

<b>Submission date</b> 09/11/2018	<b>Recruitment status</b> No longer recruiting	<input checked="" type="checkbox"/> Prospectively registered <input checked="" type="checkbox"/> Protocol <input type="checkbox"/> Statistical analysis plan <input checked="" type="checkbox"/> Results <input type="checkbox"/> Individual participant data
<b>Registration date</b> 20/11/2018	<b>Overall study status</b> Completed	
<b>Last Edited</b> 30/01/2026	<b>Condition category</b> Mental and Behavioural Disorders	

## Plain English summary of protocol

### Background and study aims

DIALOG+ is an intervention delivered on a tablet or smartphone using an app. It is designed to help mental health professionals to improve the structure of their routine meetings with patients. It also helps to improve communication with patients during these meetings. Patients are first asked about how satisfied they are with eight areas of their lives (e.g. physical health, family relationships, leisure activities) and three areas of the treatment they are receiving (e.g. practical help, meetings), which is called the DIALOG scale. The patient then chooses up to three areas to discuss in more depth with their health professional. The clinician then discusses each area chosen by patients, using four steps that focus on solutions to the identified problems. This study aims to find out whether DIALOG+ can help to improve care for people living with severe mental illness in Uganda. More specifically, the researchers want to find out how patients and health professionals experience DIALOG+ when it is used during their routine meetings. They also want to find out if DIALOG+ improves outcomes like quality of life and symptoms.

### Who can participate?

Patients aged 18-65 with severe mental illness (psychosis, bipolar disorder, psychotic/severe depression), epilepsy and/or substance misuse

### What does the study involve?

All patients are randomly allocated into two groups. Patients in the DIALOG+ group use the app with their clinicians once per month for a period of 6 months. The other group (the control) do not receive DIALOG+ (both groups receive their usual treatment). The two groups of patients are compared to see if DIALOG+ makes a difference to outcomes like quality of life and symptoms. Patients in the DIALOG+ group are also interviewed to see how they experienced the intervention.

### What are the possible benefits and risks of participating?

For patients, they will be taking part in testing an intervention which might lead to improved

quality of life, social functioning and symptoms. The study will also benefit clinicians who take part in terms of the training and supervision they will receive to enable them to implement the intervention. For all participants involved in the research, their suggestions and experiences might be incorporated into further adaptations of DIALOG+, so that it is tailored to the needs of patients, carers and clinicians in the context of the mental health care system in Uganda. Severe mental illnesses cause a high burden for societies with high levels of distress and high costs to individuals who are affected. This is particularly worse in low and middle-income countries such as Uganda, where there is a lack of human and financial resources for specialised mental health services in the community. The testing of DIALOG+ will provide evidence for interventions for people with severe mental illness in the community. It is unlikely that any significant ethical, legal or management issues will arise from this study, but some potential risks might be: within the research assessments and interviews that will take place across both studies, questions will be raised with participants that might trigger feelings of distress or anxiety. Participants may experience anxiety in trying a new intervention. Throughout the intervention-testing period, individuals will continue to receive their routine care, including any medication, in addition to the test intervention. The intervention can be stopped at any point. The intervention (DIALOG+) to be tested has an evidence base for effectiveness.

Where is the study run from?

Butabika Hospital (Uganda)

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

August 2017 to March 2021

Who is funding the study?

National Institute for Health Research (NIHR) (UK)

Who is the main contact?

Dr Francois van Loggerenberg, f.vanloggerenberg@qmul.ac.uk

## Contact information

### Type(s)

Public

### Contact name

Dr Francois van Loggerenberg

### ORCID ID

<https://orcid.org/0000-0001-5317-7983>

### Contact details

Unit for Social and Community Psychiatry,  
Queen Mary University of London  
Newham Centre for Mental Health  
London  
United Kingdom  
E13 8SP  
+44 (0)20 7540 4380 Ext: 2339  
f.vanloggerenberg@qmul.ac.uk

**Type(s)**  
Scientific

**Contact name**  
Dr Francois van Loggerenberg

**ORCID ID**  
<https://orcid.org/0000-0001-5317-7983>

**Contact details**  
Unit for Social and Community Psychiatry  
Queen Mary University of London  
Newham Centre for Mental Health  
London  
United Kingdom  
E13 8SP  
+44 (0)207 540 4380 Ext: 2339  
f.vanloggerenberg@qmul.ac.uk

## Additional identifiers

**Protocol serial number**  
16/137/97

## Study information

**Scientific Title**  
Testing the effectiveness, acceptability and feasibility of DIALOG+ in severe mental illness in Uganda: a randomised controlled trial

**Study objectives**  
To test the acceptability, feasibility and effectiveness of DIALOG+ against usual treatment.  
The specific research questions are :  
1. How can DIALOG+ be used to support community mental health care in Uganda?  
2. How is DIALOG+ experienced by patients and professionals?  
3. How do patient outcomes change when DIALOG+ is used?

**Ethics approval required**  
Old ethics approval format

**Ethics approval(s)**  
1. Makerere University College of Health Sciences, School of Medicine Research Ethics Committee, 19/09/2018, ref: 2018-096  
2. Uganda National Council for Science and Technology, 01/11/2018, ref: SS 4807  
3. Queen Mary Ethics of Research Committee, 30/10/2018, ref: QMERC2018/67

**Study design**  
Interventional single-centre cluster randomised controlled trial

**Primary study design**

## Interventional

### Study type(s)

Quality of life

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

Mental, neurological and substance misuse disorders, which includes severe mental illness (psychosis, severe depression and anxiety), epilepsy and comorbid substance misuse

### Interventions

14 clinicians will be recruited. For each clinician, the research team will recruit 12 of their patients and then each clinician-patient cluster will be randomly allocated to active control or intervention group. Randomisation will be done by the UK based research team using STATA statistical software and communicated to the unmasked researchers in Uganda team. Clinician-patient clusters (12 patients per clinician) will be randomised to either the intervention or active control groups so that each clinicians will be either delivering DIALOG+ OR completing the DIALOG scale with their recruited patients.

Masking: randomisation will take place after recruitment of participants and completion of baseline assessments. Follow-up assessments at 6 and 12 months will be completed with participants by masked researchers. Measures are in-place to ensure that researchers completing follow-up research assessments remain masked to participant allocation and to minimise risk of contamination in clinicians allocated to the active control group. For example, masked researchers will not be based at the hospital where the research is taking place, and clinicians in the active control and intervention groups will be trained separately.

Patients allocated to the intervention group will receive DIALOG+ at their routine outpatient clinic appointments once per month. This will be delivered by their usual clinician using an app on a tablet computer. The intervention will be over 6 months during which patients will receive 6-7 DIALOG+ sessions. DIALOG+ is a technology mediated intervention, which involves a structured patient assessment covering satisfaction with eight life domains and three treatment domains (DIALOG scale) and a four-step solution focused therapy approach to address patient concerns (+). DIALOG+ aims to make routine meetings between clinicians and patients therapeutically effective.

Patients allocated to the active control group will complete the DIALOG scale at their routine outpatient clinic appointments once per month. The scale is completed using an app on a tablet computer (therefore controlling for the use of the tablet).. This will take place over a 6 month period.

### Intervention Type

Mixed

### Primary outcome(s)

Quality of life, measured using the Manchester Short Assessment of Quality of Life (MANSA), collected by masked researchers using a case report form as part of a research assessment at baseline, 6 months and 12 months

### Key secondary outcome(s))

Measured at baseline, 6 months (post intervention) and 12 months:

1. Objective social functioning, measured using the Objective social outcome index (SIX)

2. Symptoms, measured using the Brief Psychiatric Rating Scale (BPRS)
3. Stigma, measured using the Internalised Stigma of Mental Illness Inventory (ISMI)
4. Adherence to medication, measured using the Medication Adherence Rating Scale (MARS)
5. Service use, measured using adapted Client Service Receipt Inventory (CSRI)

**Completion date**

25/06/2020

## Eligibility

**Key inclusion criteria**

1. Primary diagnosis of severe mental illness (psychosis, bipolar disorder, psychotic/severe depression), epilepsy and/or co-morbid substance misuse, assessed by the ICD-10
2. Attending the outpatient clinic at Butabika, or surrounding clinics in Kampala for at least six months
3. Live within a 20km radius of Kampala city/or the clinic where recruitment will take place
4. Aged 18-65 years old
5. Capacity to provide informed consent assessed by UBACC Score of  $\geq 14$  after a maximum of 3 attempts
6. Scores 5 or below on the MANSA scale
7. Able to communicate in Luganda or English

**Participant type(s)**

Patient

**Healthy volunteers allowed**

No

**Age group**

Mixed

**Lower age limit**

18 years

**Upper age limit**

65 years

**Sex**

All

**Total final enrolment**

182

**Key exclusion criteria**

1. Primary diagnosis of substance-use disorder; organic psychosis and/or neurocognitive disorder
2. Currently an inpatient at the time of recruitment
3. Already participating in the DIALOG+ study at another clinic or another study organised by this research group
4. Participating in another interventional study taking place at Butabika hospital

**Date of first enrolment**

01/12/2018

**Date of final enrolment**

01/03/2019

## Locations

**Countries of recruitment**

Uganda

**Study participating centre**

Butabika Hospital

Plot 2 Kirombe-Butabika Road

Kampala

Uganda

N/A

## Sponsor information

**Organisation**

Queen Mary University of London

**ROR**

<https://ror.org/026zzn846>

## Funder(s)

**Funder type**

Government

**Funder Name**

National Institute for Health Research

**Alternative Name(s)**

National Institute for Health Research, NIHR Research, NIHRresearch, NIHR - National Institute for Health Research, NIHR (The National Institute for Health and Care Research), NIHR

**Funding Body Type**

Government organisation

**Funding Body Subtype**

National government

**Location**

United Kingdom

## Results and Publications

### Individual participant data (IPD) sharing plan

The trialists will ensure that the study dataset is available for sharing on request following the publication of the main research papers. This is to ensure the scientific impact of the project is maximised. Prior to making the dataset available to interested individuals, the dataset will be pseudonymised and any potentially identifiable data removed. For publications that require data to be accessible, they will comply with this as guided by FAIR principles.

### IPD sharing plan summary

Available on request

### Study outputs

Output type	Details	Date created	Date added	Peer reviewed?	Patient-facing?
<a href="#">Results article</a>		30/01/2024	07/02/2024	Yes	No
<a href="#">Results article</a>		20/12/2022	30/01/2026	Yes	No
<a href="#">Protocol article</a>		14/06/2019	11/08/2022	Yes	No