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Linking Abuse and Recovery through Advocacy (LARA)

Submission date
19/07/2012

Recruitment status
No longer recruiting

Registration date
01/08/2012

Overall study status
Completed

Last Edited
01/10/2018

Condition category
Mental and Behavioural Disorders

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

Plain English summary of protocol

Background and study aims
Mental health service users report higher rates of domestic violence than other healthcare service users and the general population. However, when mental health service users disclose domestic violence, the response of mental health services is frequently thought to be inadequate. Despite increasing evidence of community and primary healthcare treatments in improving outcomes for victims of domestic violence, there are few treatments for victims in contact with secondary mental health services. We developed and conducted a pilot study for a future larger study of a domestic violence advocacy treatment in community mental health services.

Who can participate?
This pilot study aimed to recruit mental health professionals caring for service users, and approximately 75-80 male and female service users (aged 18-65 years) who disclosed domestic violence in the past 12 months across five community mental health services in London, England.

What does the study involve?
Of the five participating community-based outpatient mental health services, three were allocated as intervention groups and two were allocated as control groups. The three intervention groups received domestic violence education to improve clinicians competencies in addressing domestic violence (this consisted of two 2-hour training sessions on how to identify and respond to domestic violence, followed by regular team meetings with domestic violence advisors who provided ongoing advice, education and assistance to professionals), education of advocates about mental health services and service users, and a direct referral pathway to an advocacy treatment for male and female mental health service users experiencing domestic violence. Advocacy involved outreach work, support, advice and information, including work to increase personal safety. The two control groups received treatment as usual.

What are the possible benefits and risks of participating?
For participating mental health professionals, benefits may include improvements in knowledge and competence in responding to domestic violence experienced by service users; no risks have been identified. For service users, benefits may include improvements in quality of life, reduction in unmet needs, decreased abuse and improvement in mental symptoms. Risks may

include increasing abuse if perpetrator knows the abuse has been disclosed and that the service user is receiving advocacy; and emotional distress when disclosing abuse and receiving advocacy. Therefore, a standard operating procedure and safety protocol aimed to minimise the risk for service users. Additionally, no written information about the study was taken away by service users, unless it was safe for them to do so, and all participants (including those in control teams) were provided with information about support services.

Where is the study run from?
Institute of Psychiatry, Kings College London (UK).

When is it starting and how long is it expected to run from?
The two-year study started in May 2009 and finished in May 2011

Who is funding the study?
The project was funded by the National Institute for Health Research (NIHR) Research for Patient Benefit Programme.

Who is the main contact?
Dr Louise M. Howard, Professor in Womens Mental Health

Contact information

Type(s)
Scientific

Contact name
Ms Kylee Trevillion

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Additional identifiers

EudraCT/CTIS number

IRAS number

ClinicalTrials.gov number

Secondary identifying numbers
4409

Study information

Scientific Title
Linking Abuse and Recovery through Advocacy: an observational study

Acronym
LARA

Study objectives
High rates of domestic violence are experienced by mental health service users but most domestic violence is undetected by mental health services and when disclosure occurs, the response of services is often inadequate. Domestic violence advocates can reduce abuse, and improve quality of life, in the general population but there are no studies examining advocacy for mental health service users. This intervention will be developed for mental health services after carrying out relevant qualitative studies examining the experiences of service users and professionals when domestic violence is disclosed. A pilot randomised controlled trial will then examine the feasability of a future larger trial to evaluate this intervention.

Ethics approval required
Old ethics approval format

Ethics approval(s)
The Joint South London and Maudsley and the Institute of Psychiatry NHS Research Ethics Committee, 01 November 2007 ref: 07/H0807/66

Study design
Non-randomised interventional and observational trial

Primary study design
Observational

Secondary study design
Other

Study setting(s)
Other

Study type(s)
Quality of life

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

Health condition(s) or problem(s) studied
Mental Health Research

Interventions
Five community-based outpatient mental health services were allocated to the intervention (n=3) and control (n=2) groups. As this was a pilot study we did not randomly allocate services and instead determined allocation by grouping services that shared the same building (to avoid problems of contamination). Intervention and control groups were followed up over two years.

The three intervention groups received:
1. Two 2 hour sessions of domestic violence training for mental health professionals (on entry to study), illustrating how to identify, respond and document domestic violence
2. Domestic violence manual for mental health professionals (developed by the research team), which included guidelines for good practice and details of local and national domestic violence services.
3. Direct referral pathway to a domestic violence advocacy intervention for service users identified by clinicians as experiencing violence.
4. Provision of integrated domestic violence advocacy for service users (delivered by two named domestic violence advisors who received mental health training). Advocacy incorporated specialist emotional and practical support, including safety planning and referrals to other agencies
5. Regular attendance by domestic violence advisors at staff meetings, to discuss clinical cases and provide ongoing domestic violence education.
6. Information campaign in CMHTs (posters and leaflets in the waiting room and toilets) highlighting the problem of domestic violence and support available.

The two control groups receive treatment as usual.

Intervention Type
Other

Phase
Not Applicable

Primary outcome measure
To explore the feasibility of a future larger study of domestic violence advocacy

Secondary outcome measures
To pilot cost measures and outcomes, including professionals knowledge, attitudes and behaviours towards domestic violence and service users experience of domestic violence, use of safety behaviours, unmet needs and quality of life.

Overall study start date
01/04/2008

Completion date
01/12/2010

Eligibility

Key inclusion criteria
1. Service users in contact with Community Mental Health Teams (CMHTs)
2. Male & female participants
3. Aged 18 - 65 years

Participant type(s)
Patient

Age group

Adult

Lower age limit
18 Years

Sex
Both

Target number of participants
UK Sample Size: 112; Description: Sample size for qualitative study is 40. Pilot trial sample size yet to be determined.

Key exclusion criteria
Service users deemed by clinicians to be too unwell to enter the study

Date of first enrolment
01/04/2008

Date of final enrolment
01/12/2010

Locations

Countries of recruitment
England

United Kingdom

Study participating centre
South London and Maudsley NHS Trust
London
United Kingdom
SE5 8AF

Sponsor information

Organisation
South London and Maudsley NHS Trust (UK)

Sponsor details
Michael Rutter Centre for Children
Maudsley Hospital
De Crespigny Park
London
England

United Kingdom
SE5 8AZ

Sponsor type
Hospital/treatment centre

Website
http://www.slam.nhs.uk/

ROR
https://ror.org/015803449

Funder(s)

Funder type
Government

Funder Name
National Institute of Health Research (NIHR) (UK)

Results and Publications

Publication and dissemination plan
Not provided at time of registration

Intention to publish date

Individual participant data (IPD) sharing plan

IPD sharing plan summary
Not provided at time of registration

Study outputs

Output type	Details	Date created	Date added	Peer reviewed?	Patient-facing?
Protocol article	protocol	01/06/2010		Yes	No
Results article	resultsl	01/03/2011		Yes	No
Results article	results	01/03/2014		Yes	No