

Prevention of admission to psychiatric hospital. A randomised controlled trial of service use, health and social care outcomes of a community mental health team intervention specific to dual diagnosis (psychosis and substance misuse) patients

Submission date 07/02/2007	Recruitment status No longer recruiting	<input type="checkbox"/> Prospectively registered
Registration date 14/03/2007	Overall study status Completed	<input type="checkbox"/> Protocol
Last Edited 16/03/2007	Condition category Mental and Behavioural Disorders	<input type="checkbox"/> Statistical analysis plan
		<input checked="" type="checkbox"/> Results
		<input type="checkbox"/> Individual participant data

Plain English summary of protocol

Not provided at time of registration

Study website

<http://www.iop.kcl.ac.uk/departments/?locator=342&project=10075>

Contact information

Type(s)

Scientific

Contact name

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Additional identifiers

EudraCT/CTIS number

IRAS number

ClinicalTrials.gov number

Secondary identifying numbers

GTCUL

Study information

Scientific Title

Acronym

COMO (Mental health care for dual diagnosis COMOrbidity)

Study objectives

Outcomes were investigated at both staff and patient levels. At the patient level, the primary hypotheses were that, compared with patients on control group care coordinators caseloads, patients on caseloads of the experimental group key workers, would have:

1. diminished use of in-patient services, reflected in significantly lower bed day use over an 18-month follow-up period
2. reduced alcohol and drug consumption, reflected in lower quantity of alcohol and drugs consumed over the month before interview

Secondary hypotheses were that the intervention would also be associated with significantly:

1. diminished levels of homelessness, violence, suicidal behaviour, imprisonment and detention under the Mental Health Act
2. better social functioning, particularly in relation to self care and hostile and aggressive behaviour
3. diminished symptom severity
4. increased adherence to treatment
5. greater satisfaction with services
6. lower overall costs of care

Regarding staff, the main hypotheses were that a significant increase:

1. in knowledge about dual diagnosis
2. in substance abuse intervention skills and more positive attitudes to working with this client group would be observed in staff receiving the experimental training and supervision package

Ethics approval required

Old ethics approval format

Ethics approval(s)

Institute of Psychiatry, Kings College London, Research Ethics Committee, approved in 1999, Ref: 075/99

Study design

A cluster randomised controlled trial

Primary study design

Interventional

Secondary study design

Randomised controlled trial

Study setting(s)

Other

Study type(s)

Not Specified

Participant information sheet

Health condition(s) or problem(s) studied

Severe and enduring mental illness and comorbid substance abuse or dependence

Interventions

Each cluster consisted of the clients on a particular case managers' caseload. The unit of randomisation was the case manager. The experimental group consisted of case managers (and the service users with dual diagnosis on their case load) who had been randomly allocated to receive training in dual diagnosis interventions and the control group were case managers (and the service users with dual diagnosis on their case load) who had not been allocated to receive training.

Case managers in the experimental group received a 5 day training course in detection, assessment and interventions for people with dual diagnosis that aims to increase engagement with care and increase motivation to reduce or abstain from using drugs and alcohol.

Intervention Type

Other

Phase

Not Specified

Primary outcome measure

Service users: Hospital bed use over the preceding 18 months, including admission to hospitals outside the catchment area on an extra-contractual referral basis.

Other service use recorded using the Client Service Receipt Inventory

Case managers: Alcohol and Alcohol Problems Perceptions Questionnaire

Secondary outcome measures

Service users:

1. Current adherence to medication, rated using the Medication Compliance Scale, which yields a single rating for the extent to which the patient is believed to adhere to prescribed medication
2. Stage of treatment rated using the Substance Abuse Treatment Scale (SATS), which yields a single rating of the extent to which a patient with dual diagnosis is motivated for and engaged in substance misuse treatment

3. Met and unmet needs, rated using the Camberwell Assessment of Need Short Assessment Schedule (CANSAS), which elicits ratings of patients needs in 22 social and clinical domains
4. Social functioning, rated using the Life Skills Profile (LSP)
5. Drug and alcohol consumption and associated problems, measured using the section of the Maudsley Addictions Profile (MAP) which records consumption over a month, the Alcohol Use Disorders Identification Test (AUDIT), which screens for alcohol-related problems and may be used to categorise drinking as hazardous or harmful, and the DALI, a screening instrument for problematic drug and alcohol use developed specifically for severely mentally ill populations
6. Service satisfaction, measured by the brief global Client Satisfaction Questionnaire (CSQ-8) and the Treatment Perception Questionnaire, a short instrument developed specifically to assess satisfaction with substance misuse treatment
7. Physical symptoms, rated using the section of the MAP which enquires how often 10 common physical symptoms have been experienced in the past 30 days
8. Psychiatric symptoms, rated using the Brief Psychiatric Rating Scale (extended version)

Overall study start date

01/09/1999

Completion date

01/09/2001

Eligibility

Key inclusion criteria

All case managers were invited to participate unless they were temporary staff or had firm plans to leave during the next 18 months.

Service user inclusion: a clinical diagnosis (made by psychiatrists and recorded in casenotes) of schizophrenia or schizoaffective disorder (ICD 10 codes F20, F25), delusional disorder and other non-affective psychotic illnesses (F22, F29) or bipolar affective disorder (F31) on the caseloads of participating case managers and in addition a rating of substance "abuse" or "dependence" on the Clinician Alcohol Use Scale (CAUS) and the Clinician Drug Use Scale (CDUS) based on DSMIII-R criteria.

Participant type(s)

Patient

Age group

Not Specified

Sex

Not Specified

Target number of participants

44 case managers and 220 service users

Key exclusion criteria

Case managers excluded if they had immediate plans to leave or be absent for the study period
service users were excluded if they had diagnoses other than stated above.

Date of first enrolment

01/09/1999

Date of final enrolment

01/09/2001

Locations

Countries of recruitment

England

United Kingdom

Study participating centre

Health Services and Population Research (PO29)

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Sponsor information

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Sponsor type

University/education

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Funder(s)

Funder type

Government

Funder Name

Culyer grant. Ref: GTCUL (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?
Results article	Results:	01/04/2003		Yes	No