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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

Registration date
14/03/2007

Overall study status
Completed

Last Edited
16/03/2007

Condition category
Mental and Behavioural Disorders

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

Plain English summary of protocol
Not provided at time of registration

Contact information

Type(s)
Scientific

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Additional identifiers

Protocol serial number
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

Study type(s)
Not Specified

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(s)
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

Key secondary outcome(s))
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)

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

Healthy volunteers allowed
No

Age group
Not Specified

Sex
Not Specified

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
United Kingdom

England

Study participating centre
Health Services and Population Research (PO29)
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Sponsor information

Organisation
Kings College London (UK)

ROR
https://ror.org/0220mzb33

Funder(s)

Funder type
Government

Funder Name
Culyer grant. Ref: GTCUL (UK)

Results and Publications

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
Study website	Study website	11/11/2025	11/11/2025	No	Yes