

Effectiveness and Cost-Effectiveness of Needs-Oriented Discharge Planning and Monitoring for High Utilisers of Psychiatric Services

Submission date 28/09/2005	Recruitment status No longer recruiting	☒ Prospectively registered
		☒ Protocol
Registration date 28/10/2005	Overall study status Completed	☐ Statistical analysis plan
		☐ Results
Last Edited 30/07/2008	Condition category Mental and Behavioural Disorders	☐ Individual participant data
		☐ Record updated in last year

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

Reference number BE 2502/3-1 at German Research Foundation (DFG)

Study information

Scientific Title

Acronym
NODPAM

Study objectives

Primary: The intervention will lead to a significant reduction of length and number of psychiatric inpatient stays.

Secondary: The intervention will entail better quality of life and clinical outcome, and will show cost-effectiveness and cost-utility.

Ethics approval required

Old ethics approval format

Ethics approval(s)

Not provided at time of registration

Primary study design

Interventional

Study design

Randomised controlled trial

Study type(s)

Treatment

Health condition(s) or problem(s) studied

Severe mental disorder

Interventions

Patients in the intervention group will be offered a manualised needs-led discharge planning and monitoring intervention consisting of two sessions. The first session (at discharge from the inpatient service) will result in a needs-led post-discharge treatment plan which will be forwarded to the clinician responsible for aftercare. The second session (three months after discharge) will serve to monitor the adequacy of the initial treatment plan in cooperation with the outpatient clinician.

Control: Usual care

Intervention Type

Other

Phase

Not Specified

Primary outcome(s)

High utilisers of psychiatric services who receive a needs-oriented discharge planning and monitoring programme will show fewer hospital days and readmissions to hospital

Key secondary outcome(s)

Subjects receiving the intervention will show better compliance with aftercare as well as better clinical outcome and quality of life. Furthermore, the intervention will show cost-effectiveness and cost-utility, and community-based psychiatrists whose patients receive the new discharge protocol will show better compliance with treatment recommendations.

Completion date

31/12/2008

Eligibility

Key inclusion criteria

1. Adult age with a primary diagnosis of schizophrenia, bipolar disorder, or major depression
2. Have been identified as high utilisers of psychiatric inpatient services

Participant type(s)

Patient

Healthy volunteers allowed

No

Age group

Adult

Sex

All

Key exclusion criteria

Primary diagnosis of substance abuse

Date of first enrolment

01/01/2006

Date of final enrolment

31/12/2008

Locations

Countries of recruitment

Germany

Study participating centre

Ulm University

Guenzburg

Germany

89312

Sponsor information

Organisation

University Hospital Ulm (Germany)

ROR

<https://ror.org/05emabm63>

Funder(s)

Funder type

Research organisation

Funder Name

Reference number BE 2502/3-1 at German Research Foundation (DFG)

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?
Protocol article	Protocol	21/07/2008		Yes	No
Study website	Study website	11/11/2025	11/11/2025	No	Yes