

Cost effectiveness of psychiatric rehabilitation

Submission date 14/10/2013	Recruitment status No longer recruiting	<input type="checkbox"/> Prospectively registered <input checked="" type="checkbox"/> Protocol
Registration date 13/05/2014	Overall study status Completed	<input type="checkbox"/> Statistical analysis plan <input checked="" type="checkbox"/> Results
Last Edited 05/03/2021	Condition category Mental and Behavioural Disorders	<input type="checkbox"/> Individual participant data

Plain English summary of protocol

Background and study aims

People suffering from Severe Mental Illness (SMI) require rehabilitation in many areas of life. The Boston University approach to Psychiatric Rehabilitation (BPR) has been developed to help people with Severe Mental Illness reach their goals in the areas of living independently, social contacts, work and meaningful activities in society. Previous research showed partially positive results of BPR. The BPR approach led to increases in participation in work, schooling and independent living and to improved functioning and a better quality of life. In this study, we will compare BPR to usual care in the area of societal participation (work, study, daily activities). We will also find out about if it is financially viable.

Who can participate?

We aim to recruit 250 patients with severe mental illness between 18 and 60 years of age with a wish for a positive change in the area of societal participation.

What does the study involve?

Participants will be randomly allocated to two groups. One group will receive usual care and the other group will receive support according to the BPR. In each group, patients will be offered individual sessions at least once every 2 weeks. At 6 and 12 months, we will assess societal participation in both groups by means of structured interviews and questionnaires. Also, information will be gathered on social functioning, psychiatric symptoms, quality of life and care consumption. This information is used to decide if the BPR approach is more cost effective than usual care.

What are the possible benefits and risks of participating?

All participants will receive additional support to help them achieve their rehabilitation goals. If the participant wishes, the sessions may be continued after the study is completed. The risks of the study are evaluated as 'very low'. By taking part in the study, participants will not experience risks other than those normally involved in clinical psychiatric treatment.

Where is the study run from?

The study will take place in two large mental health care centers in the Netherlands, 'Altrecht Mental Health Care' and 'Dijk en Duin' and an organization for sheltered and supported living 'Promens Care'.

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

The study started in January 2014 and will run for 3 years. Patients will be recruited over the first 2 years and will participate in the study for 1 year.

Who is funding the study?

The Netherlands Organisation for Health Research and Development (ZonMw) (Netherlands).

Who is the main contact?

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Contact information

Type(s)

Scientific

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Additional identifiers

Protocol serial number

80-83700-98-132069

Study information

Scientific Title

Societal participation with Boston Psychiatric Rehabilitation for patients with severe mental illness: a cost effectiveness study

Study objectives

Boston Psychiatric Rehabilitation is expected to be effective and cost-effective compared to care as usual in realising patients' goals regarding societal participation. Attending effectively to severe mental illness (SMI) patients' participation needs is expected to promote greater independence of care and so reduce health costs.

Ethics approval required

Old ethics approval format

Ethics approval(s)

Medical Ethical Committee of the University Medical Center Groningen (UMCG); 29/11/2013; ref.: 2013/70

Study design

Multicenter randomized clinical trial

Primary study design

Interventional

Study type(s)

Treatment

Health condition(s) or problem(s) studied

Severe Mental Illness

Interventions

Participants will receive BPR or care-as-usual for 1 year.

Boston Psychiatric Rehabilitation (BPR) uses a methodology that helps patients to explore, choose and realize their rehabilitation goals in the areas of working, learning, social contacts and living environment. The approach has three phases:

1. Setting a goal: helping patients gain insight into their goals in the areas of work and study, social contacts and living environment and into the skills and resources needed to attain these goals
2. Planning: describing necessary interventions (skills training, support) to achieve these goals
3. Carry out these interventions.

MHC workers receive training and gather practical experience with BPR under the supervision of experts of the Dutch BPR foundation. BPR is a comprehensive approach that can be used in different contexts such as inpatient settings, assertive outreach teams [(F)ACT teams], and in combination with more specific rehabilitation interventions (f.i. social skills training) and support systems.

In this study, BPR will be compared to care-as-usual. In both conditions, patients will be offered individual sessions at least once every 2 weeks to address their rehabilitation needs on the areas of societal participation. The professionals in the control condition offer support to patients in clarifying and realizing their goals on the basis of generic MHC models; generic mental health nurse care, social work and generic vocational rehabilitation programmes.

Measurements will take place at baseline, 6 months and 12 months after enrollment.

Intervention Type

Other

Phase

Not Applicable

Primary outcome(s)

1. Increase in societal participation (getting paid work, voluntary work, and schooling (yes/no; after 6 and 12 months), measured with the Birchwood Social Functioning Scale (Birchwood et al., 1990)
2. Change in social participation expressed in terms of incremental cost per proportion increase

in societal participation

3. A cost-utility analysis in terms of Quality Adjusted Life Years (QUALY)

Key secondary outcome(s)

1. Change in the number of hours of societal participation and in the position of patients on the national societal participation ladder (Divosa, www.participatieladder.nl)
2. Patients' experience of success (yes/no) in achieving societal participation goals in the areas addressed, such as work and schooling. For this purpose we developed an instrument in previous RCTs (Swildens et al., 2011)
3. Change in quality of life measured by the Manchester Quality of life Schedule (MANSA); (Priebe S, 1999)
4. Change in functioning is measured from different perspectives. First, psychosocial functioning is measured by the Birchwood Social Functioning Scale (Birchwood et al., 1990). Further change in psychosocial functioning is measured from the Mental Health Care team's perspective with the Activity and Participation scale (Van Wel et al., 2002). Further change in symptomatic functioning and psychiatric remission is measured with the (remission items) of the Brief Psychiatric Rating Scale (Ventura et al., 1993)
5. Increase of self-esteem with the Recovery Assessment Scale (Corrigan et al., 2004)

Completion date

31/01/2017

Eligibility

Key inclusion criteria

1. Having Severe Mental Illness (SMI): a diagnosis according to Diagnostic and Statistical Manual of Mental Disorders (DSM) IV, duration of service contact more than two years; GAF S-D score indicating substantial handicaps in global psychosocial functioning [Global Assessment of Functioning - Symptoms and Disabilities (GAF S-D); score 60 or lower]
2. Expressing a wish for change in societal participation (work, education, daily activities outside the home)
3. Between 18-60 years of age
4. Willing to participate in a rehabilitation process and in the research

Participant type(s)

Patient

Healthy volunteers allowed

No

Age group

Adult

Lower age limit

18 years

Upper age limit

60 years

Sex

All

Total final enrolment

188

Key exclusion criteria

1. Legally incompetent
2. Younger than 18 years
3. Older than 60 years. We decided for the maximum age of 60 years because patients with older age usually have different goals in social participation, notably other than obtaining regular employment.
4. Received Boston Psychiatric Rehabilitation in the 4 months preceding the start of the trial
5. Admitted as inpatient to a Mental Health Care (MHC) centre

Date of first enrolment

06/03/2014

Date of final enrolment

01/01/2016

Locations

Countries of recruitment

Netherlands

Study participating centre

Lange Nieuwstraat 119

Utrecht

Netherlands

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Sponsor information

Organisation

Netherlands Organisation for Health Research and Development (ZonMw) (Netherlands)

ROR

<https://ror.org/01yaj9a77>

Funder(s)

Funder type

Research organisation

Funder Name

Netherlands Organisation for Health Research and Development

Alternative Name(s)

Netherlands Organisation for Health Research and Development

Funding Body Type

Private sector organisation

Funding Body Subtype

Other non-profit organizations

Location

Netherlands

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	23/09/2020	05/03/2021	Yes	No
Protocol article	protocol	15/09/2015		Yes	No