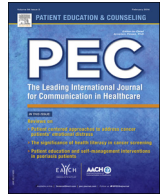




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## Short communication

# Short-term effects of a peer co-led educational programme delivered before mental health treatment: A randomised controlled trial

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## ABSTRACT

**Objective:** To investigate the 1-month effects of an educational programme co-led by peers delivered before treatment on treatment preferences, self-management knowledge and motivation in comparison to usual care.

**Methods:** Adults referred to a community mental health centre were randomised to either a control group ( $n = 48$ ) or a peer co-led educational programme (intervention group,  $n = 45$ ). The programme consisted of an 8-hour group education session followed by an individual pretreatment planning session. The main topics of the educational programme were treatment options, patients' rights, self-management, the importance of patient activation and participation.

**Results:** At 1-month follow-up, a significantly larger proportion of the patients in the intervention group knew which type of treatment they preferred (76.7% vs. 32.5%,  $p < 0.001$ ). The intervention group had significantly higher self-management knowledge ( $p < 0.001$ ). There was no effect on treatment motivation ( $p = 0.543$ ).

**Conclusion:** At 1-month following the delivery of a pretreatment educational programme, we found that participants' knowledge of treatment preferences and self-management had improved.

**Practice implications:** Educational interventions co-led by peers can optimise the process of informing and educating outpatients, thereby helping patients to clarify their treatment preferences

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## 1. Introduction

In the field of patient education, increased emphasis has been placed on empowering patients to be knowledgeable and actively engaged in managing their health [1–3]. A recent review of studies on patients with severe mental illnesses found preliminary support for the effect of educational interventions on self-management, acknowledging the importance of preparing, supporting and empowering patients to effectively participate in their own care [4]. Educational interventions may be effective in improving outpatients' knowledge about treatment preferences; however, to the best of our knowledge, no studies have

investigated such an effect using a peer co-led educational intervention in routine mental health practice.

Owing to the importance of educating outpatients in a mental health setting, we endeavoured to bridge this gap in the research by developing – in cooperation with expert peer educators – such an educational intervention. This intervention integrates peer co-led education and self-management approaches and is delivered before treatment initiation. In the present study, we investigated the 1-month effects of this educational intervention on participants' knowledge about treatment preferences, self-management knowledge and motivation, compared to a control group.

## 2. Method

This randomised controlled trial (RCT) was conducted between June 2009 and August 2012 at a community mental health centre (CMHC). The centre's catchment area includes urban and rural areas and has a population of 90,000 people. The Regional

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Committee for Medical and Health Research Ethics in Central Norway approved the trial (no. 4.2009.77).

To be eligible for inclusion in this study, participants had to be referred to the CMHC, have an estimated waiting time for treatment between 2 and 4 months, be at least 18 years old and understand Norwegian. Exclusion criteria were the presence of serious mental illness and psychosis. The participants gave written informed consent and completed the baseline questionnaire during an inclusion appointment. An externally administered Internet-based programme was used to randomise the participants (1:1) to either the intervention group (IG) or the control group (CG). The CG received 'treatment as usual', remaining on the waiting list. CG did not receive any education.

The intervention consisted of two 4-hour group educational intervention sessions (Table 1) followed by a 45-minute individual planning session, which was given within a week after the group sessions. The aims of the planning session were to identify specific problems and to discuss available treatment options.

The programme content was based on different literature sources covering user participation, self-management, strategies for preparing patients for treatment, and the philosophy of informed decision-making and patient-centred care [5–9]. In the development phase of the educational programme, the peer educators suggested that the patients receive information about mental health, patient participation, patients' rights, self-management strategies, treatment options, mutual support, goal setting and action planning. From the perspective of the health personnel, importance was placed on elucidating the patients' responsibilities, goals for treatment and expectations, as well as explaining to patients what can affect mental health and management of physical and psychological symptoms. In addition, importance was placed on the sharing of expertise by both health professionals and peer educators. For example, when a social worker was teaching about patients' rights and practical information, the peer educators were actively asking questions and providing comments about this topic.

Before the implementation of the educational programme the peer educators received two training sessions concerning pedagogic skills and patient participation (a total of 12 h). The health personnel did not receive any formal pedagogic training in advance.

### 2.1. Outcomes measurements and sample size

Assessments were collected at baseline and 1-month follow-up. All questionnaires returned up to 5 weeks after baseline were included.

The primary outcome was based on yes/no responses to the following question: 'Do you know what treatment you want?' (reliability coefficient of 0.742 measured with the Kuder–Richardson formula). Specified treatments could be writing down in an open-field response, and these treatments were categorised as individual, group or a combination of group and other treatments.

Secondary outcome measures were treatment motivation and self-management knowledge. Treatment motivation was measured with the following question: 'How motivated are you with respect to your treatment?' Responses were scored on a 6-point scale, ranging from 0 (not at all) to 5 (very much). Self-management knowledge was measured using five self-developed questions: 'How much knowledge do you have about how the outpatient clinics work? About how the therapy works? About self-help and user participation? About patients' rights? About the various treatment options available to you?' Each item was scored on a 6-point scale, ranging from 0 (no knowledge) to 5 (high degree of knowledge), summarised as a 0 to 25 score (Cronbach's  $\alpha$  for the scale was 0.90).

Sample size calculation was based on knowledge about treatment preferences (yes/no responses). The intervention was considered to be successful if 50% of patients in the IG answered 'yes' compared with 15% of patients in the CG ( $p_1=0.50$  and  $p_2=0.15$ ). To detect significant group differences (with a power of

**Table 1**  
Content and structure of the peer co-led educational programme.

Session 1	Responsible	Duration
Introduction	Nurse	15 min
What is mental health?	Psychiatrist	30 min
Orientation on individual treatment and psychotherapy	Psychologist	25 min
Break		
Patient participation, self-help and self-management groups	Peer educator <sup>a</sup>	25 min
Patients' rights and practical information	Social worker	45 min
Break		
Small-group work: discussing the given information and self-help possibilities	Health personnel and peer educator	45 min
Questions and final comments	Nurse	15 min
<b>Session 2</b>		
Introduction	Nurse	5 min
How to influence your own treatment: experiences with individual treatment	Peer educator	25 min
Participation, expectations, goals and framework for the treatment (e.g. attendance)	Psychologist	30 min
Break		
Physical symptoms in relation to mental health: physiotherapy as treatment	Physiotherapist	25 min
Treatment in group, is that possible?	Nurse/psychologist	30 min
Break		
Experiences with group treatment: pros and cons	Peer-educator	15 min
Information about available group modalities	Nurse	25 min
Break		
Small-group work: asking questions about treatment options	Health personnel and peer educator	35 min
Questions and final comments	Nurse	15 min

<sup>a</sup> Peer educators were user representatives with experiences from mental health organisations.

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