

Short communication

The long-term effect on mental health symptoms and patient activation of using patient feedback scales in mental health out-patient treatment. A randomised controlled trial



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ABSTRACT

Objective: To investigate the long-term effect on mental health symptoms and patient activation, from using the Partners for Change Outcome Management System (PCOMS) feedback scales in out-patient mental health consultations, compared to not using feedback scales.

Methods: An open parallel-group randomised controlled trial was conducted in a mental health hospital in Norway. Eight therapists treated the intervention group, using two feedback scales, and seventeen therapists treated the treatment as usual group.

Results: Seventy-five patients participated. Six and twelve months after starting treatment there were no significant effects on the primary outcomes mental health symptoms or patient activation. Compared to baseline assessment the PCOMS group had significantly improved their patient activation scores after twelve months.

Conclusion: We found no long-term effects from using the PCOMS scales on mental health symptoms or patient activation.

Practice implications: This study shows that the use of a feedback system does not increase mental health outcomes or patient activation.

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1. Introduction

There is an increase in involving patients through collecting and using feedback from patients [1]. Arguments are to improve treatment outcomes [2], strengthen the alliance with the professional [2] and prevent treatment drop-out [1,3,4].

Partners for change outcome management system (PCOMS) is a brief feedback system consisting of the outcome rating scale (ORS) and the session rating scale (SRS) [5]. At the start of the session the patients rate their functioning during the last week on the ORS. After the session they rate their experience of the session on the SRS.

Only a few controlled studies have investigated the outcome from using PCOMS, showing improved short-term psychotherapy treatment outcome [6] and increased improvement in couple's therapy [7,8]. We found no short-term effect on alliance and patient satisfaction [9]. So far, no studies have investigated the

long-term effect. The aim was therefore to investigate the effect on mental health and patient activation after 6 and 12 months from using the PCOMS.

2. Methods

We conducted an open, randomised parallel-group controlled trial in an out-patient unit in a mental health hospital in Norway (ClinicalTrials.gov: NCT01083225). The regional committee for medical and health research ethics in Central Norway approved the study (4.2008.1853).

All patients offered treatment at the out-patient unit between six weeks and three months after referral were invited. Randomisation of patients was done by the university's internet based computerised randomisation service. Patient flow is described in Fig. 1 and the sample is described in Table 1.

All therapists at the out-patient unit who provided and were responsible for individual treatment were eligible for participating as treatment providers. Therapist sample is described in Table 2. The intervention therapists received 12 h of training in administering PCOMS [5] from an experienced external instructor. Based

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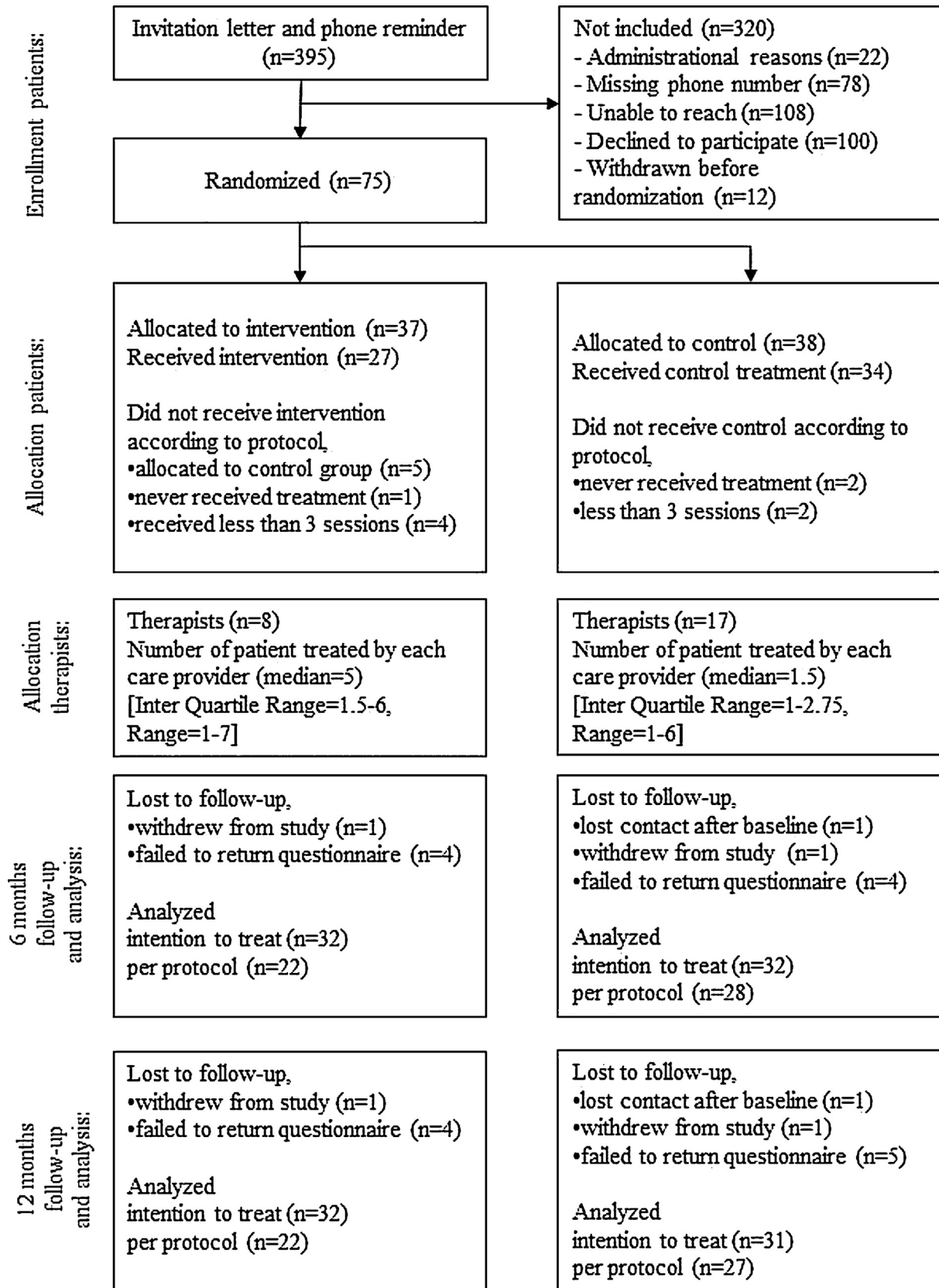


Fig. 1. Flow chart of the study.

on the patients' initial ORS score, a progress curve was produced with a dotted line representing the expected trajectory of change for patients [5]. The therapists were trained to use this curve

together with the patient to evaluate treatment progress. All therapists were free to choose treatment approaches for their patients and choice of treatment was not monitored.

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