Patient Education and Counseling 99 (2016) 760–768

Contents lists available at ScienceDirect

Patient Education and Counseling

journal homepage: www.elsevier.com/locate/pateducou

The effect of a brief educational programme added to mental health treatment to improve patient activation: A randomized controlled trial in community mental health centres

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ARTICLE INFO

Article history:
Received 22 April 2015
Received in revised form 22 October 2015
Accepted 30 November 2015

Keywords:
Patient education
Peer-led education
Patient activation measure
Randomized controlled trial
Mental health services
Mental disorders

ABSTRACT

Objective: While there is growing interest in improving patient activation in general medical health services, there are too few randomized controlled trials in mental health settings which show how improvement can be achieved. Using the Patient Activation Measure-13 (PAM-13), we aimed to assess the effect of pre-treatment, peer co-led educational intervention on patient activation. Secondary outcomes included measures of patient satisfaction, well-being, mental health symptoms, motivation, and treatment participation.

Methods: Patients from two community mental health centres were randomized to a control group (CG, $n = 26$) receiving treatment as usual, or an intervention group (IG, $n = 26$) consisting of a four-hour group educational seminar (aiming to encourage patients to adopt an active role in their treatment) followed by treatment as usual.

Results: Only the IG improved on PAM-13, at one- and four-month follow-ups. The intervention had significant effects on patient satisfaction and treatment participation, compared to CG.

Conclusion: Providing pre-treatment, peer co-led education improves patient activation in community mental health care settings.

Practice implications: The use of peers as co-educators may contribute to a different mental health care delivery, ensuring patient activation and participation in treatment. Further studies should examine peers' needs for supervision, challenges for the services, long-term and cost-benefit effects.

Clinicaltrials.gov identifier: NCT01601587.

1. Introduction

Patient activation is recognized as a key component in health care reforms [1], emphasizing the importance of active patients who know how to manage their own health. The concept of patient activation specifically refers to the patient's engagement and own understanding of her role in the health care process and having knowledge, skills, behaviours, and confidence to manage own health and health care [2].

Strengthening patient activation is a growing area of research in long-term and chronic conditions [1,3,4]. Evidence increasingly demonstrates that patient activation, as measured by the Patient Activation Measure-13 (PAM-13) developed by Hibbard et al. [5], may contribute to improved self-management [6], higher engagement in treatment [1,6], greater patient satisfaction [5,7], and better health outcomes in patients with chronic conditions [1,4,8]. Research shows that educational interventions led or co-led by peers improved outcomes in diabetes care [9], hypertension control [10], general chronic conditions [7], as well as

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http://dx.doi.org/10.1016/j.pec.2015.11.028

self-management behaviours and improved use of health services [11]. These studies suggest that peer-led education may be a way to improve activation. Three randomized controlled trials (RCTs) [12–14] show similar results in mental health settings. These three US studies investigated the effect of peer-led education by using two different models: two [13,14] employed the Stanford Chronic Disease Self-Management peer-led group programme, which consisted of peer-led patient education and guided mastery of skills through weekly action planning [9], and one [12] applied an educational self-help support oriented group programme, the Pathways to Recovery [15]. The latter reported a 7-point pre–post improvement of in a small total follow-up sample of 28 patients. Significant pre–post differences in patient activation favouring the peer-led intervention were reported by Godberg et al. [14], but this did not remain at a two-month follow-up. Druss et al. [13] found significant improvement at a six-month follow-up, as well as improvements in the proportion of persons using primary care services, but no effects were found on adherence or quality of life. There is a lack of evidence which demonstrates that such interventions impact mental health outcomes.

The effect of peer co-led educational interventions on activation is promising but limited by methodological weakness of the studies (pilot design in two studies, reporting incomplete and mixed outcome data), making it difficult to draw conclusions with respect to the findings' robustness. Generalizability is also limited due to the inclusion of only US patients with chronic, long-term, and severe mental illness [12–14], predominantly African-American patients (two studies). Furthermore, evidence is lacking on the effects of peer-led activation interventions on patient satisfaction and well-being. Hence, there is a need to assess a variety of key patient-centred outcomes.

Patient-centred interventions entail comprehensive efforts to empower and recognize patients' values, beliefs, and preferences [16]. Such efforts require effective communication and patient education, provision of information about treatment options, and emotional support that encourage autonomy and participation in own treatment [17]. Based upon this patient-centred framework and the lack of research evidence for peer-led educational programmes, we developed an educational intervention to prepare for out-patient treatment early on. This was done in cooperation with peer educators, user representatives, and health personnel. The intervention's main objective was to enhance patient's ability, skills, and confidence to become actively involved in health and treatment, by providing education and peer support.

Using a randomized controlled trial, the present study aimed to evaluate the effect of a peer co-led intervention, added to treatment as usual, on patient activation in out-patient mental health care settings. Secondary aims were to assess the effects on patient satisfaction, well-being, mental health symptomatology, motivation, and treatment participation in mental health services.

2. Methods

2.1. Study design

The study was a parallel group randomized controlled trial conducted in two community mental health centres (CMHCs) in mid Norway with a catchment area of 170,000 inhabitants. The trial was registered in clinicaltrials.gov (trial no. NCT01601587) and was approved by the Regional Committee for Medical and Health Research Ethics in Central Norway (no. 4,2009,77). Patients did not receive payment for participation. The recruitment began in November 2011 and was completed in May 2012.

Three assessment points were made equally for both groups: baseline (i.e. before randomization during the waiting time), post-test one month after baseline (follow-up 1), and four months after baseline (follow-up 2). The persons administering the educational interventions were not blinded to group allocation, but those performing the main analyses were blinded.

2.1.1. The randomization arms: intervention and control group

The intervention consisted of a four-hour group pre-treatment educational seminar (see Table 1) followed by regular treatment as usual, i.e. a range of different treatments commonly given at psychiatric outpatient clinics. Treatment started with an individual therapy intake session, combining intake psychiatric evaluation and identifying the patient's service needs (psychotherapy, medication, or a combination of various approaches). Mean waiting time between the peer co-led educational intervention and treatment initiation was 49 days (range = 12–90).

The pre-treatment educational programme was developed in cooperation with health care professionals and user representatives. It was based on the principles of patient involvement, peer-support, and self-management, and drew from the literature on pre-treatment preparation [18–22]. Between 9 and 15 patients participated in each seminar. The objective was to encourage the patients to participate actively in the treatment and to take an active role in their own health. The educational methods employed were of PowerPoint presentation (with corresponding printed handouts), verbal information, and group discussion. During two breaks the patients were encouraged to mingle and become acquainted with self-help literature and leaflets from patient organizations. All participants received a folder containing leaflets on mental health disorders and treatment possibilities.

Table 1
Content of the peer co-led educational intervention.

Content	Responsible	Duration
Introduction	Nurse	5 min
What is mental health	Psychiatrist	20 min
Orientation about treatment and how psychotherapy works	Psychologist	25 min
Experiences with individual treatment: How to influence your own treatment?	Peer-educator*	20 min
Break		5–10 min
Expectations, goals and framework for the treatment	Psychologist	30 min
Patients' rights and practical information (e.g. attendance)	Social worker	30 min
Break		5–10 min
Physical symptoms and mental health: Physiotherapy as treatment	Physiotherapist	10 min
Encouraging patient participation and self-management groups (Stanford Course)	Peer-educator*	10 min
Experiences with group treatment: Pros and cons	Peer-educator*	10 min
Asking questions and small-group discussion	Health personnel, Peer-educators & User representative	45 min
Discussion and final comments	Nurse	10 min

* Peer educators were user representatives from Mental Health Organizations and VARRES.