An e-health application to the Illness Management and Recovery Program for people with Severe Mental Illnesses , an early RCT

e-IMR

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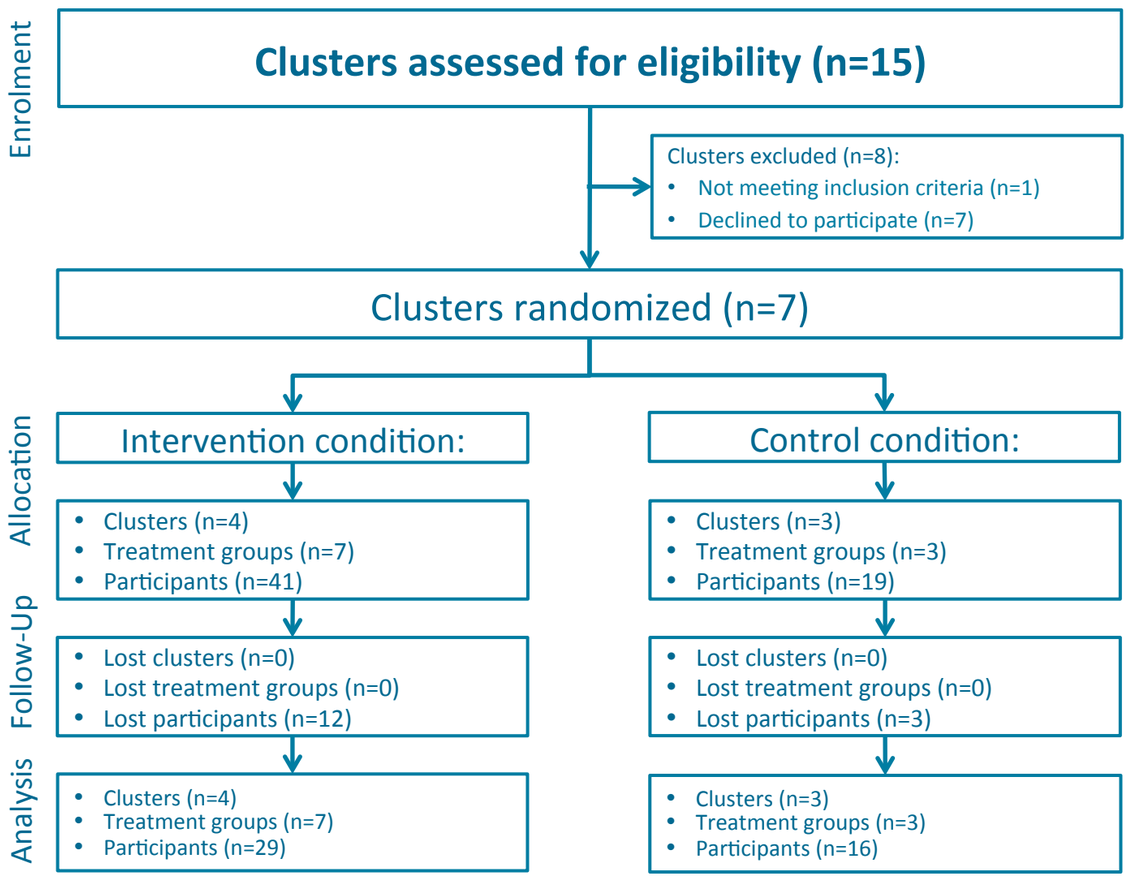
Introduction

- Policy: e-health to keep care affordable and accessible[1]
- Focus on self-management and personal recovery for people with severe mental illnesses[2]
- An evidence based recovery intervention: The Illness Management and Recovery program (IMR)[3]
- Development e-IMR intervention through Intervention Mapping Method[4]
- Objectives:
  - Exploring potential effectiveness and Effect-size;
  - Identifying outcome measures capturing the consumer's benefit
  - Explore actual use and added value
  - Evaluate continued participation/drop-out

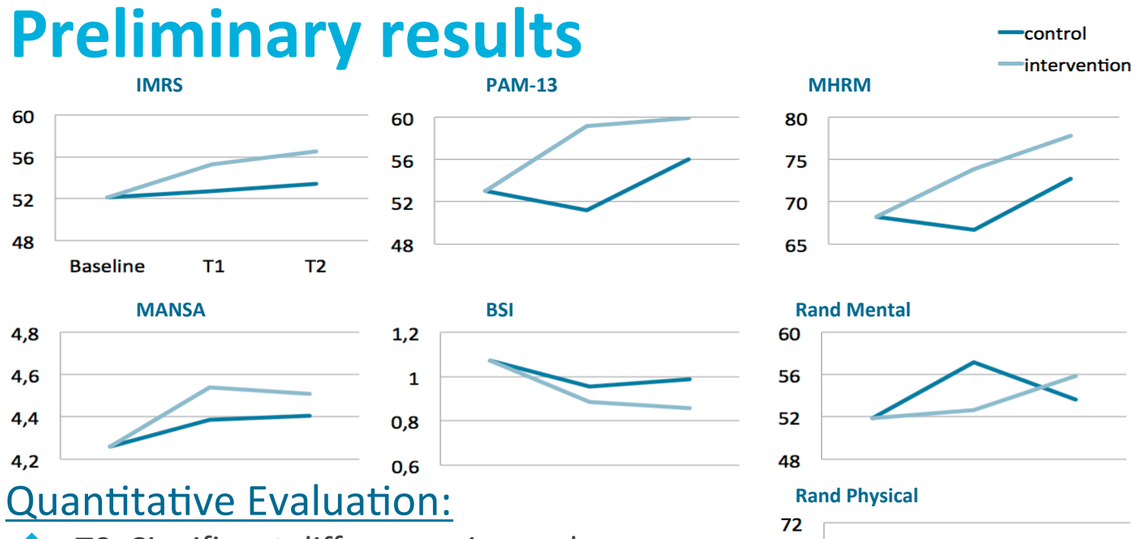
Early (explorative) Cluster RCT

- Control intervention IMR: 11 modules focus on: developing personalized strategies for managing their illness and move forwards in their lives[3];
- e-IMR intervention: IMR applied with e-health components (video's with peer testimonials, practise home assignments, goal & coping skill follow-up, symptom monitoring)
- Quantitative data: Base line; T1: after 5th module; T2: after 11th module; Outcome measures: Illness Management (IMRS), Self-management (PAM-13), Recovery (MHRM), Quality of Life (MANSA), Symptoms (BSI), General Health (Rand-36)
- Qualitative data: interview at T2 with all participants
- Analyses (Intention to Treat):
  - Mixed Model multilevel regression
  - Qualitative analyses

Flowchart:

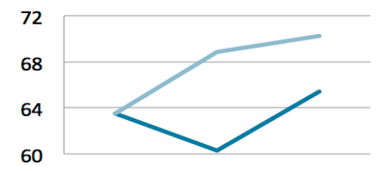


Preliminary results



Quantitative Evaluation:

- T0: Significant differences in gender between control and intervention group
- T1: Significant effects PAM-13 & MHRM
- T2: Effects faded
- No significant interaction on gender

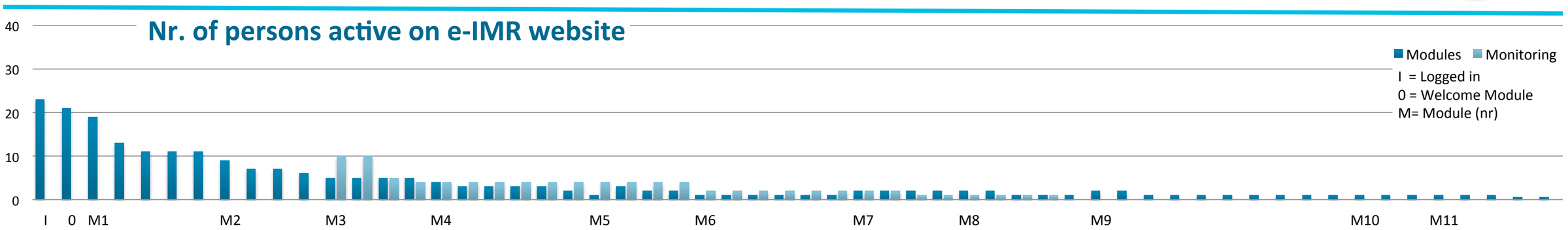


Responsiveness outcome measures:

- All but the Rand outcomes have a *d*>1 effect-size range of change scores between five groups with 1) large-, 2) little positive, 3) no, 4) little- and 5) large negative change

Qualitative evaluation:

- Little activity on the e-IMR website;
- Reasons for not being active on e-IMR:
  - Website and paper workbook is a duplication of effort
  - Not feeling competent: cognitive problems; seeing others struggle with the computer/ internet
  - Preference for: paper workbook, face to face contact with trainers and peers
  - Computer/internet not available
- Reasons for stopping activity on e-IMR
  - Getting stuck; frustration
  - Too much stress in daily life
  - Lack of incentives
- Institutional internet safety precautions



References: 1) Bremmer, F., & van Es, M. (2013), *An analyses of the expected costs and benefits of e-health, blended treatment and care [Dutch]*, Amersfoort. 2) Farkas, M., & Anthony, W. A. (2010), Psychiatric rehabilitation interventions: A review. *International Review of Psychiatry*, *22*(2), 114–129. 3) Gingerich, S., & Mueser, K. T. (2011), *Illness Management & Recovery, Personalized Skills and Strategies for Those with Mental Illness, Implementation Guide* (3rd ed.), Dartmouth: Hazelden. 4) Bartholomew LK, Parcel GS, Kok G, Gottlieb NH, Fernández ME (2011) Planning health promotion programs: An intervention mapping approach, USA: Jossey-Bass.

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