

SWAT 241: Understanding the impact of comorbid multiple-long-term conditions and mental illness upon group therapy participation in a randomised controlled trial (the ERA study)

Objective of this SWAT

To gain an understanding of the impact of comorbid multiple long-term health conditions and mental illness (MLTC-M) upon their decision-making process, engagement, and experience of participating in therapy groups in a randomised controlled trial.

Additional SWAT Details

Primary Study Area: Intervention Selection/Design/Adherence

Secondary Study Area: Barriers and facilitators; Qualitative

Who does the SWAT intervention target: Participants

Estimated resources needed to conduct the SWAT: Low

Estimated cost of the SWAT (£): £47,132

Findings from Implementation of this SWAT

Reference(s) to publications of these findings: SWAT paper currently under review

Primary Outcome Findings:

Cost:

Background

People with severe mental illness frequently meet the definition for MLTC-M and are more likely to have a co-morbid physical condition than people in the general population.[1] There is a 10-25 year life expectancy reduction in patients with severe mental disorders,[2] often caused by cardiovascular, respiratory and infectious diseases, diabetes and hypertension. In a study examining mortality and co-morbidity in Ohio, the leading causes of death were heart disease and suicide across 20,018 psychiatric inpatients.[3]

In line with the NIHR Strategic Framework for MLTC-M (2021), it is recommended that decisions about mental health treatment should be made collaboratively and involve a discussion between the patient and their mental health professional.[2] Patient preferences and values should be taken into account as often as possible, because this can have a positive effect on engagement with treatment.[4]

Currently, little is understood about the impact of co-morbid conditions on treatment engagement for people with a severe mental illness. This Study Within a Trial (SWAT) seeks to explore how a patient's physical comorbidities might impact their decision-making process on research participation and attendance of group therapy sessions, through qualitative interviews with participants in a randomised controlled trial of group arts therapy (art therapy, dance movement therapy or music therapy) versus group counselling; the ERA study (ISRCTN88805048). The SWAT will build on an existing process evaluation and provide immediate learning on how to improve recruitment and maximise treatment engagement for people with MLTC-M.

Host Trial Population: Adults

Host Trial Condition Area: Mental Health

Interventions and Comparators

Intervention 1: Qualitative investigation of group experiences from study participants in the ERA Trial.

Method for Allocating to Intervention or Comparator:

Outcome Measures

Primary Outcomes: This is a qualitative investigation of group experiences from study participants in the ERA Trial.

Secondary Outcomes: Not applicable

Analysis Plans

This SWAT will consist of up to 20 semi-structured interviews with participants in the ERA trial. They will all be under the care of community mental health teams, with a diagnosis of F20 - F29 Schizophrenia, schizotypal and delusional disorders, F30 – F39 Mood (affective) disorders, or F40 – F49 Neurotic, stress-related and somatoform disorders.

Purposive sampling will be used, based on participants in the host trial who have co-morbid physical conditions or infectious diseases (for longer than 6 months). These will be identified through looking at participants' baseline case report forms, to see whether there are indicators of physical health conditions (e.g. medication). The research team will also speak to the group therapists, to ask if they are aware of any participants who have co-morbid conditions. The research team will also check participants' medical records to see if any challenges were identified during the initial research meetings. Participants' attendance at the ERA groups will be monitored to get a range of levels of engagement.

The research team will develop a semi-structured interview guide in collaboration with a service user advisory panel. People who are currently in the ERA LEAP (Lived Experience Advisory Panel), and other suitable candidates within ELFT will be invited to join the advisory panel, i.e. people who have experience of serious mental illness and co-morbid conditions. Participants identified from the purposive sampling will be invited to participate in interviews lasting up to one hour. These will be online, by telephone, or in person and will be audio recorded.

Audio recordings will be transcribed by an NHS-approved transcription company. The research team will undertake interpretative phenomenological analysis to explore the lived experience of participants with severe mental illness and co-morbid conditions. The service user advisory panel will be involved in the analysis and write-up of the project. Analysis will look specifically at experiences of deciding to take part in the ERA groups, experiences of attending the ERA groups, what enabled them to get to the groups, any barriers to attending and how this may relate to their long-term comorbid condition.

Possible Problems in Implementing This SWAT

No problems encountered.

References Cited in This Outline

1. Sokal J, Messias E, Dickerson FB, et al. Comorbidity of medical illnesses among adults with serious mental illness who are receiving community psychiatric services. *Journal of Nervous and Mental Disease* 2004;92(6):421–7. doi: 10.1097/01.nmd.0000130135.78017.96
2. World Health Organisation. Premature death among people with severe mental disorders. World Health Organisation. (2021). *Guidance on Community Mental Health Services*.
3. Miller BJ, Paschall CB, Svendsen DP. Mortality and medical comorbidity among patients with serious mental illness. *Psychiatric Services* 2006;57(10):1482–7. doi: 10.1176/ps.2006.57.10.1482
4. Windle E, Tee H, Sabitova A, et al. Association of patient treatment preference with dropout and clinical outcomes in adult psychosocial mental health interventions: A systematic review and meta-analysis. *JAMA Psychiatry* 2020;77(3):294-302. doi: 10.1001/jamapsychiatry.2019.3750

References to This SWAT

Source of This SWAT

People to show as the source of this idea: Dr Catherine Carr, Dr Emma Millard, Emma Medicott, Jane Fernandes, ERA study team

Contact email address: c.e.carr@qmul.ac.uk

Date of idea: 30/09/2021

Revisions made by: Not applicable

Date of revisions:

