

# The Momentum Trial

A smartphone application to support shared decision making in people with schizophrenia in outpatient treatment settings

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# Momentum

## Agenda

- Background: Momentum vol. 1: A pilot study in 2014
- Momentum vol. 2: A randomized controlled trial on a new and updated version of the Momentum app
  - Methods
  - Perspectives

# Momentum vol. 1: A pilot study, 2014

## Background: Shared decision making

- A cornerstone of a recovery-oriented practice
- A preferred model for clinical decision making in mental health for both consumers and providers
- Research showing that people with mental health issues wish to be involved in their treatment and that this is possible in many cases
- But SDM occurring more infrequently in mental health care than in primary care
- Self-reporting of clients as being involved in every aspect of a SDM process moderately low
- Computer-mediated interventions perhaps having advantages in facilitating shared decision making in mental health

## Momentum app version 1 consisted of

1. Core element: An interactive element where clients prepared for treatment consultations and shared their preparation with professionals before the treatment appointment – this part could then be seen by the provider on a web portal.
2. A tool for users to develop and evaluate personal coping strategies
3. Information and small inspirational videos on recovery



# The pilot study – Lessons learned

Tested for 4 months with 78 patients and 116 clinicians in a qualitative evaluation design with semi-structured interviews: three focus group interviews with staff members, one focus group interview with 7 doctors only, and 7 individual interviews with consumers using the Momentum app.

- Patients and therapists perceived the app a useful tool: Relevant content and easy to navigate
- Patients pointed out that the tool supports them in becoming aware of the things they want to talk about during their next treatment conversation (preferences)
- Pointed out that it helped them to set an agenda of their own and to structure what was important
- Besides: Were happy to have at hand a “catalogue” of things they could do for themselves in difficult situations (personal coping strategies)

## **BUT:**

- **Some patients stopped using the app after a very short time**
- **Most patients asked for more opportunities to evaluate themselves on a daily basis**
- **Practice about sharing did not work optimally, primarily because professionals forgot to see the patient's shared preparation**

## Momentum app version 2 – to be finally constructed by Monsenso: The Monsenso mHealth solution for mental health

Based on our workshops with Monsenso we expect:

- An SDM module to prepare for treatment consultations – to be shared
- Daily self-monitoring on different parameters (for example stress, sleep, wellbeing) – **automatically shared data**
- Recovery goal setting
- Forms for evaluating treatment consultations



## Momentum Trial based on Momentum app vol. 2

# The efficacy of using a smartphone application to support shared decision making in people with schizophrenia in outpatient treatment settings.

- **Setting:** 5 OPUS teams (outpatient treatment sites) in the Capital Region of Denmark
- **Length of intervention:** 6 months.
  - Data collection at baseline, after 3 months and at 6 months.



## Methods/design:

- **Study design:** A randomized controlled trial:
  - Group 1 receives treatment as usual (OPUS treatment)
  - Group 2 receives treatment as usual + Momentum app
- **Sample size:** 224 patients.
  - Both sexes aged 18-35 with a diagnosis of schizophrenia or related psychotic disorders (ICD-10 codes: F20–F29) and who recently (<3 months) have started OPUS treatment.
- **Randomization (1:1):** Stratification on participants baseline score on primary outcome (PAM-13).



# Assessments:

## Primarily quantitative self-reported questionnaires

- Patient-reported outcomes
- Provider-reported outcomes
- Interviews with patients conducted by researchers
- Information from patient journal and registers



## Patient-reported outcomes:

- **Patient activation Measure (PAM-13)**

When you think about your mental health and mental health care, how much do you agree or disagree with the following statements?

1. When all is said and done, I am the person who is responsible for managing my mental health
2. Taking an active role in my own mental health care is the most important factor in determining my mental health and ability to function
3. I am confident that I can take actions that will help prevent or minimize some symptoms or problems associated with my mental health condition
4. I know what each of my prescribed mental health medications does
5. I am confident that I can tell when I need to go get mental health care, and when I can handle a mental health problem myself
6. I am confident I can tell my mental health clinician about concerns I have, even when he or she does not ask

Disagree strongly; Disagree; Agree; Agree strongly; N/A

# Patient-reported outcomes:

- Patient activation Measure (PAM-13)
- Decision-making style (CDMS)

## Clinical Decision Making Style – Service User (CDMS-P)

	<i>Strongly disagree</i>	<i>Slightly disagree</i>	<i>Neither disagree or agree</i>	<i>Slightly agree</i>	<i>Strongly agree</i>
1. Important decisions should be made by the clinician in charge and not by me.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Even if I have a different opinion than my clinician, I should still follow his/her advice.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

*Case example 1: Imagine you are on the road to recovery after a critical stage of your illness now you would like to return to your place of work/occupation.*

***Who should make the following decisions?***

	<i>Me</i>	<i>Mainly me</i>	<i>Jointly with clinician</i>	<i>Mainly clinician</i>	<i>Clinician</i>
7. If I can return to work at all.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. What type of occupation would be suitable (e.g. less demanding or the same as before)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9. How much I should work (part-time or full-time)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

# Patient-reported outcomes:

- Patient activation Measure (PAM-13)
- Decision-making style (CDMS)
- **Working alliance between provider & patient (WAI)**

## Working Alliance Inventory

### Short Form (C)

1.	<u>My contact person</u> and I agree about the things I will need to do in therapy to help improve my situation.						
	1	2	3	4	5	6	7
	Never	Rarely	Occasionally	Sometimes	Often	Very Often	Always
2.	What I am doing in therapy gives me new ways of looking at my problem.						
	1	2	3	4	5	6	7
	Never	Rarely	Occasionally	Sometimes	Often	Very Often	Always
3.	I believe <u>My contact person</u> likes me.						
	1	2	3	4	5	6	7
	Never	Rarely	Occasionally	Sometimes	Often	Very Often	Always
4.	<u>My contact person</u> does not understand what I am trying to accomplish in therapy.						
	1	2	3	4	5	6	7
	Never	Rarely	Occasionally	Sometimes	Often	Very Often	Always
5.	I am confident in <u>My contact person</u> 's ability to help me.						
	1	2	3	4	5	6	7
	Never	Rarely	Occasionally	Sometimes	Often	Very Often	Always
6.	<u>My contact person</u> and I are working towards mutually agreed upon goals.						
	1	2	3	4	5	6	7
	Never	Rarely	Occasionally	Sometimes	Often	Very Often	Always

## Patient-reported outcomes:

- Patient activation Measure (PAM-13)
- Decision-making style (CDMS)
- Working alliance between provider & patient (WAI)
- **Hope and optimism (Adult State Hope Scale)**
- **Efficacy in patient-provider interactions (PEPPI-5 or Health Literacy Questionnaire)**
- **Questions on app usefulness (Intervention group only)**



## Assessments:

- **Patient outcomes obtained through interview (researcher):**
  - Positive and Negative Symptoms (PANSS-6)
- **Provider-reported outcomes:**
  - Decision-making style (CDMS)
  - Working alliance between provider & patient (WAI)
  - Patient's level of functioning (F-GAF)
- **Information from patient journal and registers:**
  - Medication, years in treatment, adherence to treatment appointments, number and duration of hospital admissions.



# Perspectives

## EDITORIALS

Shared decision making: everyone wants it, so why isn't it happening?

A. COULTER

- SDM is a highly complex intervention and its effect is inconclusive – still, everybody wants it...
  - How do we implement SDM in mental health?
  - How do we integrate SDM with other recovery-supporting interventions?
  - Monitoring of patients: does it support personal- or clinical recovery? When is it "too much"?



## Partners:

- **Sponsor:** Trygfonden
- **Statistical assistance:** OPEN
- **Recruitment of patients:** OPUS Ballerup, Amager, Glostrup, Hvidovre & Valby.
- **App development/maintenance team:** Monsenso: The Monsenso mHealth solution for mental health
- **Project group:** Lisa Korsbek, Lone Petersen, Stephen Austin, Esben Sandvik Tønder, Merete Nordentoft

Med støtte fra

**TrygFonden**



I phone, you tube.



**Thank you**