The effectiveness of technology-based patient education on self-reported deprivation of liberty among people with severe mental illness: A randomized controlled trial

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lib-er-ty (lib’ər·tē) n. pl. -ties 1
The state of being exempt from the domination of others or from restricting circumstances; freedom.

(The New International Webster’s Comprehensive Dictionary of the English Language, 1999)
BACKGROUND

- Personal liberty is a basic human right
- Central value for all human beings, whether they have mental health problems or not
- Deprivation of liberty in psychiatric care is common
- How to support patients’ liberty in mental health nursing?
OBJECTIVES

Determining the effectiveness of a needs-based computerized patient education programme on psychiatric patients’ experience of being deprived of their liberty during hospitalization.
METHODS

- **Method**: Randomised controlled trial
- **Participants**: People with severe mental illness
- **Intervention**: Technology-based patient education
- **Outcomes**: Self-reported deprivation of liberty (+ length of stay, drop out from the study, patient satisfaction)
Visual analog scale: To what extent are you currently deprived of liberty?

- I don’t experience any deprivation of liberty
- I experience the severest possible deprivation of liberty
Patients screened (n = 2793)

Did not meet the inclusion criteria (n = 1964)

Eligible patients (n = 829)

Included (n = 311)

Refused (n = 518)

Randomisation

Intervention group: needs-based computerised patient education (n = 100)

Comparison group: oral sessions and written material education (n = 106)

Control group: standard treatment (n = 105)
**RESULTS**

Outcome measure: change in self-reported deprivation of liberty from baseline to endpoint

<table>
<thead>
<tr>
<th></th>
<th>Intervention group</th>
<th>Comparison group</th>
<th>Control group</th>
<th>Difference (P-value)</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Intention-to-treat-analysis</strong></td>
<td>n = 97</td>
<td>n = 102</td>
<td>n = 101</td>
<td></td>
</tr>
<tr>
<td><strong>Deprivation of liberty, mean</strong></td>
<td></td>
<td></td>
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<tr>
<td>Baseline</td>
<td>48.5</td>
<td>53.4</td>
<td>47.5</td>
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<tr>
<td>Endpoint</td>
<td>36.9</td>
<td>42.9</td>
<td>40.0</td>
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<tr>
<td>Change in VAS score</td>
<td><strong>-11.6</strong></td>
<td><strong>-10.5</strong></td>
<td><strong>-7.5</strong></td>
<td>0.562</td>
</tr>
<tr>
<td><strong>Completers</strong></td>
<td>n = 73</td>
<td>n = 68</td>
<td>n = 76</td>
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<tr>
<td><strong>Deprivation of liberty, mean</strong></td>
<td></td>
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<tr>
<td>Baseline</td>
<td>46.4</td>
<td>53.7</td>
<td>43.5</td>
<td></td>
</tr>
<tr>
<td>Endpoint</td>
<td>28.4</td>
<td>33.7</td>
<td>29.6</td>
<td></td>
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<tr>
<td>Change in VAS score</td>
<td><strong>-18.0</strong></td>
<td><strong>-20.0</strong></td>
<td><strong>-13.9</strong></td>
<td>0.558</td>
</tr>
</tbody>
</table>
RESULTS

Length of stay
- no between group differences
- patients with longer length of stay reported more deprivation of liberty ($p = 0.018$)

Drop out from the study
- in the control group, men dropped out more often than women ($p = 0.049$)

Patient satisfaction
- no between group differences
- patients quite satisfied (mean PSS-Fin score 3.09 on a scale from 1 to 4)
CONCLUSIONS

- IT in patient education
- Clinical importance of 20% decrease in deprivation of liberty from baseline to endpoint?
- Systematic patient education not more time consuming / expensive
CONCLUSIONS

• Systematic patient education for males?
• Internet-based patient education showed no negative effects
• Patients with severe mental health problems:
  • Equal opportunities to be familiarised with computers
  • Minimise their marginalisation from information society
Thank You!

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