

Feasibility and Initial Outcomes of a Group-Based Teletherapy Psychiatric Day Program for Adults with Serious Mental Illness: An Open, Non-Randomized Trial in the Context of COVID-19

Ajeng J Puspitasari, Dagoberto Heredia, Brandon J Coombes, Jennifer R Geske, Melanie T Gentry, Wendy R Moore, Craig N Sawchuk, Kathryn M Schak

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Feasibility and Initial Outcomes of a Group-Based Teletherapy Psychiatric Day Program for Adults with Serious Mental Illness: An Open, Non-Randomized Trial in the Context of COVID-19

Ajeng J Puspitasari¹ PhD; Dagoberto Heredia¹ PhD; Brandon J Coombes¹ PhD; Jennifer R Geske¹ MS; Melanie T Gentry¹ MD; Wendy R Moore¹ MSN; Craig N Sawchuk¹ PhD; Kathryn M Schak¹ MD

¹Mayo Clinic Rochester US

Corresponding Author:

Ajeng J Puspitasari PhD
Mayo Clinic
200 First Street SW
Rochester
US

Abstract

Background: In the context of COVID-19, many behavioral health services transitioned to teletherapy to continue delivering care for patients with mental illness. Studies that evaluate the outcome.

Objective: This single-arm, non-randomized pilot study aimed to assess the feasibility and initial patient-level outcomes of a psychiatric transitional day program that switched from an in-person to a video teletherapy group during COVID-19.

Methods: Patients with transdiagnostic conditions who were at risk of psychiatric hospitalization were referred to the Adult Transitions Program (ATP) at a large academic medical center in the United States.

ATP was a 3-week intensive outpatient program that implemented group teletherapy guided by cognitive and behavioral principles delivered daily for 3 hours per day. Feasibility was assessed via retention, attendance rate, and rate of securing aftercare appointments prior to ATP discharge. Patients completed standardized patient-reported outcome measures at admission and discharge to assess program effectiveness for improving quality of mental health, depression, anxiety, and suicide risk.

Results: Patients (N = 76) started the program between March to August of 2020. Feasibility was established with 70 (92.1%) completing the program, mean attendance of 14.43 (SD = 1.22) days, and 71 (94.7%) had at least one behavioral health aftercare service scheduled prior to ATP discharge. All patient-level reported outcomes demonstrated significant improvement on depression (95% CI: -3.6 to -6.2; Cohen's d = 0.77; p < 0.0001), anxiety (95% CI: -3.0 to -4.9; Cohen's d = 0.74; p < 0.0001), overall suicide risk (95% CI: -0.5 to 0.1; Cohen's d = 0.41; p = 0.019), wish to live (95% CI: 0.3 to 1.0; Cohen's d = 0.39; p = 0.0005), wish to die (95% CI: -0.2 to 1.4; Cohen's d = 0.52; p = 0.011), and overall mental health (95% CI: 1.5 to 4.5; Cohen's d = 0.39; p = 0.0003) from admission to discharge.

Conclusions: Rapid adoption and implementation of a group-based teletherapy day program for adults at risk of psychiatric hospitalization appeared to be feasible and effective. Patients demonstrated high completion and attendance rates and reported significant improvements on psychosocial outcomes. Larger trials should be conducted to further evaluate the efficacy and effectiveness of the program through randomized controlled trials.

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Supplementary Files

Figures

Participant enrollment and completion of the video teleconferencing Adult Transitions Program.

Figure 1: Participant enrollment and completion of the video teleconferencing Adult Transitions Program.

