Feasibility and effectiveness of an automated telehealth intervention to improve illness self-management in people with serious psychiatric and medical disorders

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Objective: Effective monitoring and treatment are needed to address the elevated rates of medical comorbidity among individuals with serious mental illnesses. This study examined the feasibility and potential effectiveness of an automated telehealth intervention, supported by nurse health-care management, among adults with serious mental illnesses and chronic medical conditions.

Methods: We conducted a single-arm pilot trial with 70 individuals with serious mental illnesses and chronic medical conditions who were medically unstable (determined by treatment team or defined as multiple emergency room visits/hospitalizations within the past year). The telehealth intervention was delivered for 6 months with feasibility and acceptability as the primary outcomes. Measures of illness management self-efficacy, psychiatric symptoms, subjective health status, health indicators, and service use were also collected at baseline and at 6 months.

Results: Most individuals (n = 62; 89%) participated in at least 70% of the telehealth sessions. Participation was associated with improvements in self-efficacy for managing depression and diastolic blood pressure. Almost all participants (n = 68; 98%) rated their understanding of their medical condition as "much better" or "somewhat better" postintervention. Among a subgroup of individuals with diabetes, decreases in fasting blood glucose were achieved, and among those with diabetes and major depression or bipolar disorder there were reductions in urgent care and primary care visits.

Conclusions and Implications for Practice: These results demonstrate the feasibility and acceptability of automated telehealth supported by a nurse care manager and the potential effectiveness of this technology in improving self-management of psychiatric symptoms and chronic health conditions among these high-risk individuals.