Good care for a crisis?

Start up of a comparative case study examining the practices and values linked to the ‘onset’of a crisis in both Trieste, Italy and the Netherlands.

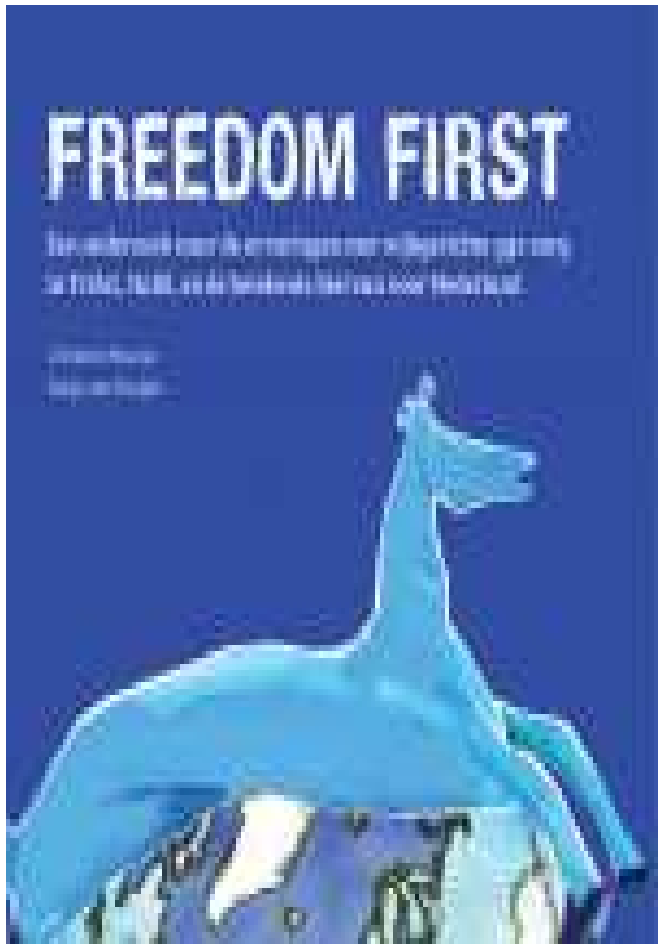
Trimbos instituut
Netherlands Institute of Mental Health and Addiction

overview

- I: first project
- II: new project set up
- II: reflection on first results

Financial support of Lister (Ned), Trimbos- insitute, Aspasia fellowship

I: First project



Values and practice.

Value-driven practice:

- Holistic perspective
- Ecological perspective
- Legal perspective

Trimbos instituut

II: New project

- Good care for a crisis?
- Comparative research between Utrecht, Netherlands and Trieste
- Focus on the proces of what is called the ‘onset’of a psychiatric crisis.

Starting point

- Different logics of care lead to different practices: what can we learn from this?

- Context: in Dutch mental health, 'crisis' is often a reason for hospitalisation or forced care: in working on de-institutionalisation we need different modes of working and modes of thinking about crisis.

Research questions (I)

1. How is a the onset of a crisis dealt with both in mental health practices in The Netherlands and Trieste? This concerns '***what*' questions** about a crisis :
   - Which situations are is labelled as the onset of a crisis (by whom when and why?),
   - what is done (taking account of routines, methods, organisational circumstances and juridical limitations), and
   - who is involved?
2. **Normativities**: Which ideas and values about good care are enacted in everyday practices? Which tensions and dilemma's arise around dealing with a crisis and how do the people involved attend to such issues?

Research questions (II)

3. How do this normativitities relate (2) to the what questions (1) about a crisis and how does this differ between Trieste and the Netherlands?

4. What is there to say about the 'goods' and the 'bads' of the different approaches to a looming crisis. What can we learn from this to further improve care around the onset of a crisis?

Important concepts

- Care: the study uses a broad definition of care not bound to division between treatment and support that is often made in psychiatric practices and research to these practices.
- Practice: (Piras & Zanutta) define a practice as situated practices able to observe. More concrete: “Practices hold together socio-material arrangements, discourses and classification systems, understanding and learning.”
- (On set of a) crisis: in this study this concept is not seen as ‘given’ but subject of questions.

Methods

- Participant observation in two periods, two teams
- Interviews with caregivers and care receivers
- Reflection meetings with the teams
- Interviews with stakeholders

Activities in Trieste

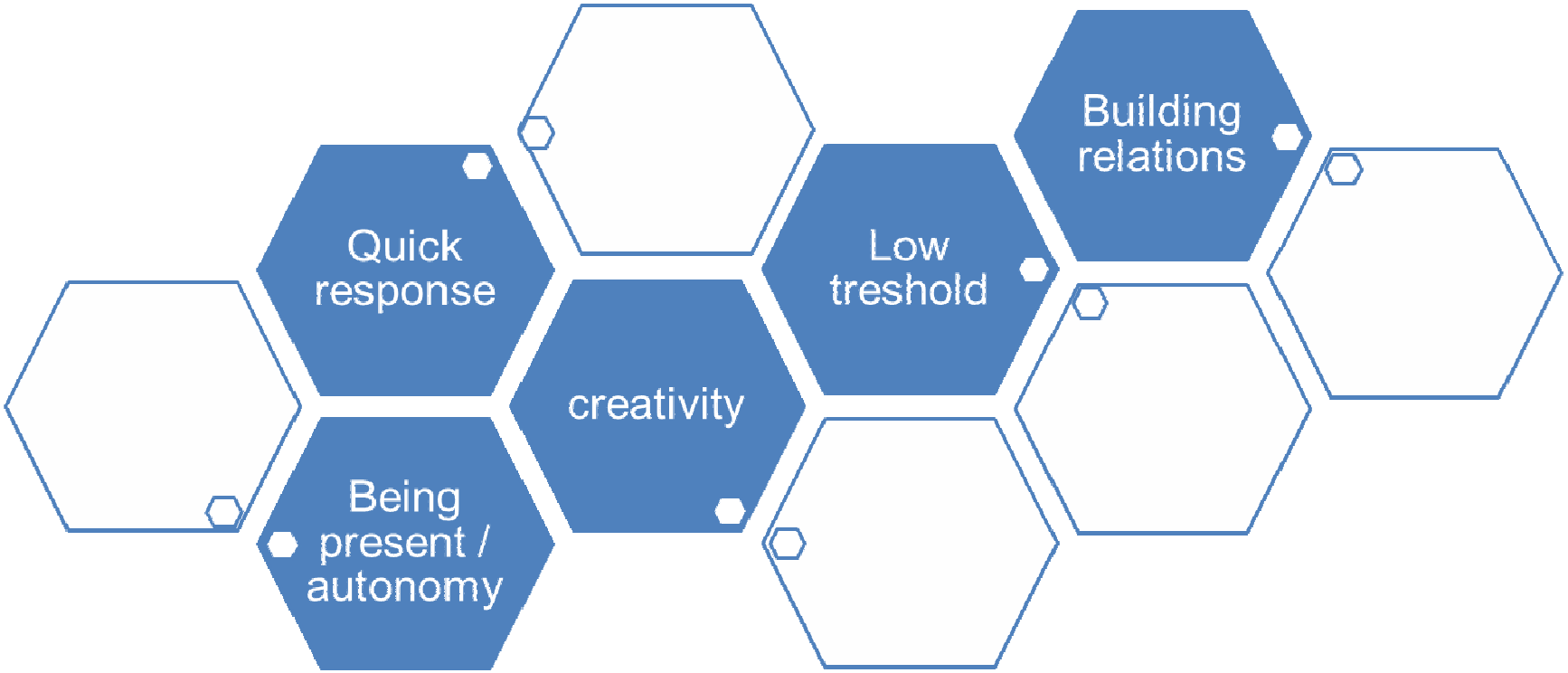
- 3 periods of fieldwork in one CMHC:

- Total of 16 days of observations in the center, SPDC or homevisits, joining workers of different disciplines and informal observations in the center.
- Present at 12 teammeetings
- Interviews with stakeholders around the center(police, micro area, Pater, alcohol service, SAR, University)
- Groupinterview with 5 members of the team.
- 4 Interviews with service users and network
- Visits to projects (peer project, recovery house, housing project)

III: Reflection on First results

- Type of data collected:
- Context:
    - Juridical framework around care and forced care
    - Description of center and context (organisation of care proces, professions, catchement area etc)
    - Indicators 2016 of CMHC and city
- Used words
- Fieldwork notes & interviews>>> case descriptrions

Practice: some examples from fieldwork



Relational approach: network versus 'micro manicomio'

- If spoken about 'good' or 'bad' situations, often is has to do with the way a service user is **imbedded in a social network**.

The network can be differentiated in:

- the relation of user and his network with the services, (the center and others)
- the personal network of family, and a more social network of work, neighborhood, and social contacts.
- relations between CMHC with other services

Responsibility and trust

Concept of shared responsibility is also multilayered:

- it’s on the level of the team,
- on the level of the relation between service user and worker ,
- on the level of the relation with family’s and the broader social network,
- between services in the same catchment area

Trust and taking risks are linked and both seen as necessary for recovery.

Temporality versus creating stable networks

- importance of movement and change: working in projects.
- Next to change also *moving fast* is seen as important: the CMHC have a low threshold and provides care quickly:

  Important is trust and the idea that you share responsibility. That way you can work quick. It's about working together and not slowing down (int Stakeholder)

But also: creating stable networks to prevent crisis, building on relations and creating continuity. Sometimes this causes tensions.

The concept of crisis

- preventing a crisis is connected to the relational approach:

  'preventing crisis is *social engineering*: working on social determents that create stability. Otherwise the circle maintains itself.'(stakeholder)
- Dilemma's are often articulated after an emergency or acute situation: rebuilding of networks.
- Framed as disruption of equilibrium and routine (for person and team)
- Disruption of communication: this leads to loss of control

Planning

- Planning: fieldwork 2017 - summer 2018
- End of project: 2020
- 4 or 5 articles in peer reviewed journals

- Next steps:
- Fieldwork in Utrecht
- Comparative analysis
- Reflection meetings on results

Discussion

- Logic of care around crisis: what do we have to take into account?