



### ABSTRACT FORM

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<b>Title of the contribution/Titolo del contributo</b>	<b>Open Dialogue in the Trieste Mental Health Department: process of implementation, critical issues and perspectives.</b>		
<b>Objectives/Obiettivi</b>	to evaluate, in a shared way, the feasibility of an implementation of the open dialogue in the working methods in Trieste and the possible perspectives.		

#### **Contents-text/Contenuto-testo:**

In 2014, the Department of prevention of the Italian Ministry of Health financed a national project to evaluate the transferability of Open Dialogue (OD) in the context of eight Italian Mental Health Department (MHD) located in different Regions, including Trieste MHD. The project provided OD training to eighty professionals from the eight MHD involved. In February 2017, there began a pilot study to complete the evaluation of OD transferability in the clinical practice and to test the feasibility of evaluating outcomes.

The following qualitative research design intends to extend, through open interviews, the results of the Trieste pilot study with the point of view of 16 professionals and peer workers, who participated to the training and to the pilot study. Some considerations on the process of implementation of the OD in the MHD of Trieste are also presented, focusing on the change in professional attitude that has occurred, in the last 3 years, for the professionals involved in the OD training process and on the current development prospects. The emphasis has been placed in particular on what is of help and what hinders the development of the process. Qualitative content analysis survey method was selected. Data were categorized on the base of their content and analyzed using a thematic analysis. Analysis of the interviews yielded six key themes with two or three sub themes for each. There is some overlap and connection between the themes.

## **Concluding Reflections**

The analyzed data shows that, at present, in the MHD of Trieste, after the experimentation phase, the professionals involved seemed still enthusiastic about OD, but also frustrated because their opportunity to work accordingly with all dialogical principles was limited in their workplace. This even if, according to all the interviewees, many of the basic principles of OD (except dialogism and polyphony) are, in some form, already present in the organization and in the work practice of the services in Trieste, as also confirmed by the “Technical Report for the Italian Ministry of Health “ (R.Pocobello 2017). In any case the OD approach seems to have given many food for thought and suggesting putting more effort especially on the attention given to the families in the therapeutic relationship, and to the time devoted to a responsive listening avoiding a prescriptive attitude. It is also important to say that the total number of people who have begun to use in their work practices the OD approach has expanded and new professionals and new subjects, such as peer workers, seems interested to develop their knowledge about OD.

For organizational reasons it would seem that OD, although appreciated and valued by many, has not been applied continuously and totally adherent to the Finnish model, nor has it been integrated in a structural way in the Trieste system. It seems difficult to change the working practices especially because it is in a well-structured context that has a strong and complex organization and functioning quite well. Now the new knowledge is a privileged and personal professional baggage of a small group that is trying to mix it with the actual practices and look for an integration of approaches.

From what was said by the interviewees it seems that to experience important changes in such a complex and high-level activity system there is a need to create a culture of the whole service by developing skills and training for a greater number of professionals and peers combined with a strong institutional mandate and dedicated space and time.

***Max. 400 parole/words***