Open Dialogue in Trieste MHD: process of implementation, critical issues and perspectives

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In 2015, the Department of Prevention of the Italian Ministry of Health financed a national project to evaluate the transferability of OD in the context of 8 Italian mental health departments (MHDs), located in different regions and cities (Turin, Savona, Trieste, Rome, Modena, Catania).

The project included an initial training phase and a second phase of experimentation of open dialogue in mental health departments.

In February 2017, there started a pilot study to complete the evaluation of OD transferability in clinical practice and to test the feasibility of outcomes evaluation.
Pilot study

The main objectives of the pilot study are:

to assess if MHDs succeed **to treat at least 66%** of all new cases of a predefined area via the OD-approach (as stated in the project proposal);

to assess **the fidelity** to the OD-principles of the MHD-teams’ clinical practice;

to observe and **describe processes** (number of meetings, professionals involved and the locations of the services, hospitalizations, pharmacological and/or psychological and/or social treatments) and short-term outcomes (symptoms, psychological and social functioning, and social network size) related to the practice of OD in the Italian context;

to **assess the satisfaction** with care from users’ and family perspectives.
According to the results of the Pilot Study, as reported in the “Evaluation of Open Dialogue transferability in the context of the Italian mental health services. Technical Report for the Italian Ministry of Health” (R. Pocobello 2017), OD appears feasible, clinically and organizationally, to the Italian context.

In fact, altogether, the MHDs succeed to treat, in 2017, the 69,2% of all new cases of a predefined area via the OD-approach- the standard of the project was at least 66%. Moreover, patients and family members expressed a high-level of satisfaction with respect to the evaluation of OD sessions.
Phase 2
Investigation through open interviews

Investigate, through open interviews addressed to 16 OD trained professionals and peer workers, whether there have been changes in the work style of professionals, who participated in the project, and if these have been integrated and eventually consolidated into the usual work practices of MHD services.
1. Training issue
   a. Nostalgia
   b. Feeling that the training done up to now is not quantitatively sufficient
   c. Hope and desire to do more

2. Application of the 7 Principles
   a. Similarities
   b. Differences

3. New knowing about yourself
   a. As a professionals
   b. As a persons

4. Emotions and Feelings
   a. Being allowed to shift attention to your own feelings
   b. Frustration and disappointment
   c. Enthusiasm and hope

5. Time/Space/Legitimation
   a. The things that hinder
   b. The things that help

6. Expectations / perspectives
   a. Where are we now with OD?
   b. Incrementing training
   c. Work in a small group
2. Application of the 7 Principles

a. Similarities

b. Differences

Almost all believe that the basic principles: immediate help, network perspective, flexibility and mobility, resposability, continuity, tolerance of uncertainty, except dialogism and polyphony, are already quite present in the usual practice in Trieste (as confirmed by the “Technical Report for the Italian Ministry of Health” - R.Pocobello 2017).

“Small differences that make a big difference”

• listening attentively and without judgment / just be present at the moment
• absolute transparency
• no directive attitude / do not give solutions
3. New knowing about yourself

a. As professionals
b. As persons

It is the dimension of listening that seems to undergo a great change in the attention and attitudes of the interviewees. In fact there are references, to almost all, of how the path has been useful to clarify what is the basis of a “good listening”:

“when I was able to understand that it was not so much about the resolutions of the problems that we had to focus our attention on, as in not providing resolutions, then we opened an opportunity for great professional growth but also personal. All this allowed me to really change my approach to listening, opening up to a greater comparison with others”.

The path taken has, above all, put in crisis the most assertive mode that often characterizes communication, especially in the relationship with people with fewer resources.

“I have become much more tolerant even in private life and this is the most beautiful thing that OD has left me”. 
4. Emotions and Feelings

- Being allowed to shift attention to your own feelings
- Frustration and disappointment
- Enthusiasm and hope

Feeling more free to express your own emotions and yourself / more relaxed and feeling good:

"Shift the attention and the center of listening not only on the contents but also on how you feel, focusing on staying well with the people ...” (Diego)

“I intervene less and bring more to make their process to understand for themselves where they are. I begin to understand much more this work on emotions, how you feel ... I understand more what happens to me when I resonate, I start to flow more and I pay more attention to the emotional component, even mine” (Gabriella)
5. Time/Space/Legitimation

a. The things that hinder

b. The things that help

These three elements, adequate time, recognized institutional space and legitimized by a clear institutional mandate seems to be the factors identified by many of the interviewees as the most significant for a consolidation of the OD practices, but they also seem to be the most complicated elements to be achieved simultaneously and in a short time in the organization.

It is also identified in the lack of attention and involvement of executives and “vertices” a further cause of slowing down and however not facilitating the use of the OD: “in the absence of the presence of a managerial figure who supported ... I retired a little”; “I think the manager has to put people in a position to work but also has to ask ...”
6. Expectations / perspectives

a. Where are we now with OD?
b. Incrementing training
c. To create the possibility to work in a small group

“At this moment it is, at best, a tool that many operators know and that if there is the circumstance ... that they can use ... but it is not a shared practice, so it becomes an instrument that just a few have... because then the risk that becomes ... is lost in the time is very high”; “I think that it must be carried out in a structural way, it is necessary that those who know it must relaunch otherwise there is a risk of losing it”.

"What is left is a mix made of what I have acquired over the years and what has remained to me from the OD training"
Some final considerations

What is left now?

It takes long time to change routine and habits, specially in situations that have a strong and complex organization and functioning quite well.

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.

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 adaptation of approaches.

Risk of loosing the opportunity if no change into the organization happen

What could be of help?

To create a culture of the whole service
Improving skills and training for more people
Select a target to start working with (very young people)
Create a dedicate working group (change in the organization)
...and also some surprises!

Peer Workers
New professionals
Family members
Peer workers

“The difference between the roles is reduced, especially if one works on one's own sensitivity and on oneself, because working on oneself... then it becomes better with others. If you do not work on yourself the dialogue can not fly, it works when there is reciprocity and trust between people, then everyone can express their different positions without shadows”.

“This theme of tolerance... not to look at yourself with too much severity, reserving a look of sweetness and acceptance also towards yourself and therefore also reserve that acceptance also towards oneself... that is not is not predictable and depends on the characters...”