

## INTRODUCTION

- Mental health intensive support team (MhIST) is the community rehabilitation offer within the Cheshire and Wirral region.
- The team supports patients with complex presentations who have not responded to treatment and / or input from other mental health services.
- They are patients who present with impaired social, interpersonal, and occupational function and high support needs. The focus is on patients who are either in long stay in-patient wards or who are at risk of admission or transfer to a long stay in-patient ward.
- The team have adopted the principles of Open Dialogue as it's philosophy of care. Open dialogue is a network-based model of care that emphasises listening and understanding and engages the social network of the patient.
- It comprises both a way of organizing a treatment system and a form of therapeutic conversation, or Dialogic Practice, within that system.
- Open Dialogue has drawn on a number of theoretical models, including systemic family therapy, dialogical theory and social constructionism.
- We are not aware any other rehabilitation services using this approach and were keen to understand the patient and staff experience of using approach.

## Aims and Objectives

To capture the experience of patients and their networks of open dialogue

To evaluate the effectiveness of using this approach from an experiential perspective and to understand which elements of the practice is seen to add most value

## METHODOLOGY

**DESIGN:** semi-qualitative cross-sectional study

**SETTING:** Mental Health Intensive Support Team

**TIME PERIOD:** October- November 2023

**PARTICIPANTS:** There were nine service users undergoing active open dialogue sessions within MhIST, of which six responded to, or were available, to complete the questionnaires for this study.

**INCLUSION CRITERIA:** A group pilot study of Service users who have undergone Open dialogue sessions within MhIST.

**EXCLUSION CRITERIA:** : Individuals who have denied consent for the participation, or who completed the sessions in the past

**MEASURES:**

- Feedback from service users was obtained through their engagement with a questionnaire which adopted both a free text box and Likert scale with 8 questions linked to their experience with undergoing open dialogue sessions within MhIST.
- Similarly, the network team had questionnaire with 5 questions.
- The feedback data was combined and reviewed to create a snapshot of service user/network opinion of the open dialogue approach they had received.
- The general themes included feeling understood, improving communication, thoughts around engagement and generation of open discussion and any benefits linked to overall improvement on quality of life.

| FEEDBACK QUESTIONNAIRE- SERVICE USER  |   |   |   |   |   |   |
|---|---|---|---|---|---|---|
| How often do you attend the session?  |   |   |   |   |   |   |
| What aspects of the sessions do you find helpful?   |   |   |   |   |   |   |
| The sessions makes me feel better supported by those involved in my care                      | 6 | 5 | 4 | 3 | 2 | 1 |
| The sessions helped me to understand myself and my mental illness better                      | 6 | 5 | 4 | 3 | 2 | 1 |
| The sessions have helped to bring positive changes in myself                                  | 6 | 5 | 4 | 3 | 2 | 1 |
| The sessions have helped with open communication within my network                            | 6 | 5 | 4 | 3 | 2 | 1 |
| The sessions have helped my family/network to be more involved with my mental health          | 6 | 5 | 4 | 3 | 2 | 1 |
| The sessions have made me feel more able to discuss areas of concerns with my network         | 6 | 5 | 4 | 3 | 2 | 1 |
| The sessions helped to build up my self-confidence in expressing my difficulties and concerns | 6 | 5 | 4 | 3 | 2 | 1 |
| The sessions helped me feel more able to complete daily activities                            | 6 | 5 | 4 | 3 | 2 | 1 |

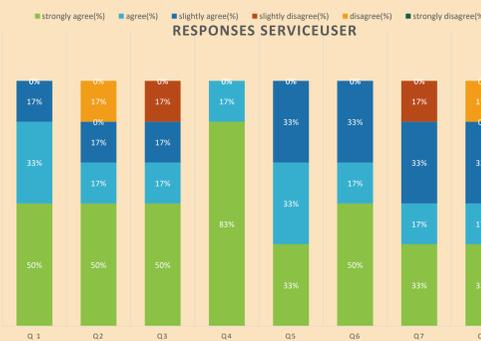
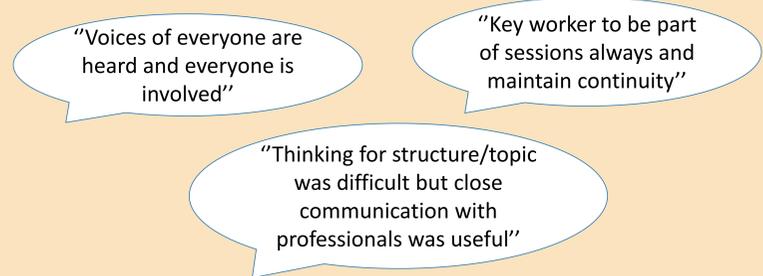
6- strongly agree, 5- agree, 4- slightly agree, 3- slightly disagree, 2- disagree, 1- strongly disagree

| FEEDBACK QUESTIONNAIRE- CARER   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|
| How often do you attend the session?  |   |   |   |   |   |   |
| What aspects of the sessions do you find helpful?                                       |   |   |   |   |   |   |
| The sessions help to understand her/him better as an individual                         | 6 | 5 | 4 | 3 | 2 | 1 |
| The sessions helped with open communication with her/him and healthcare professionals   | 6 | 5 | 4 | 3 | 2 | 1 |
| The sessions have helped to discuss various topics of concern better within the network | 6 | 5 | 4 | 3 | 2 | 1 |
| The sessions help to understand the illness and various factors involved                | 6 | 5 | 4 | 3 | 2 | 1 |
| The sessions helped to be connected within the network                                  | 6 | 5 | 4 | 3 | 2 | 1 |

6- strongly agree, 5- agree, 4- slightly agree, 3- slightly disagree, 2- disagree, 1- strongly disagree

## RESULTS

- Out of the respondents, 50%(3) attended fortnightly, 33%(2) every three weeks and 17%(1) monthly.
- Five out of six service users stated they either strongly agreed or agreed that the sessions had made them feel better supported by those involved in their care.
- In addition, five (5)of the six(6) service users strongly agreed, and the other member agreed, that the sessions had improved the communication and honesty within their network.
- All but one of the service users agreed to varying degrees that the sessions had helped them understand their mental illness more with the other service user disagreeing with this statement.
- The carers opinionated that it helped to understand the family better.
- Some noted feedbacks from carers were:



## DISCUSSION

- ❖ Overall, the feedback received from service users undergoing open dialogue approach and clinical network was positive.
- ❖ The service user feedback demonstrates that the principles of Open Dialogue of dealing with service users own thoughts with good emphasise had better response of being understood.
- ❖ The experience of open discussion rather than symptoms was an added value to this practice.
- ❖ The practise of tolerating uncertainty and being authentic in the approach tailored to each service user and network helps to analyse the situation and understand the individual better.
- ❖ There is better connection within the network to work through each areas of topics.

## RECOMMENDATIONS

- The data obtained from this pilot study is largely positive and shows how the principles of open dialogue approach can lead to improvements in communication, understanding and levels of engagement within networks.
- The aim would be to repeat this study across the wider MhIST population to capture higher population volume and show consistency of results across timeframes.
- The results of this study will hopefully show other mental health community services as well as rehabilitation teams the benefits of adopting Open Dialogue approaches and lead to this becoming a more widespread scope of clinical practice locally and potentially nationwide.

## CONCLUSION

Overall, the outcome of this study indicates that open dialogue sessions were received positively by service users and their clinical networks. The team have been using the feedback to tailor / refine the clinical offer to service users and we are currently exploring the options of developing a local bespoke rolling training offer for MhIST and other teams within the Trust which supports dialogical practice.

## BIBLIOGRAPHY

OpenDialogueUK: Retrieved from <https://www.opendialogueapproach.co.uk/>

Opndialoguevalues: Retrieved from <https://www.nelft.nhs.uk/open-dialogue-values>