"Introducing Open Dialogue in Italy: the role of participatory evaluation"

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Outline

This presentation will:

1) describe the Italian Project on OD

2) point out the main principles and the role of the evaluation

3) offer the first results of the evaluation

(content analysis of the interviews with the eight directors of the mental health services involved in the project)

Evaluation Theory

Socio-cognitive perspective

Evaluations are always related to an agent's goals:

x is good / bad for what?

(Miceli and Castelfranchi, 1989)

"Polyphony" in evaluation research

In multi stakeholder settings - like mental health systems - the goals of the different social agents cannot be the same for all and depend heavily on their **different interests** and backgrounds

(Stakeholder based evaluation)

"Polyphony" in evaluation research

The different points of views need to be understood, shared, discussed and negotiated during the evaluation process.

(Participatory evaluation)

Role of the evaluation

From this perspective, evaluation is not seen as a means of control but more as an instrument to

✓produce evidence

✓manage knowledge (give value to knowledge and outcomes, elicit explicit knowledge, …)

✓create an open channel of communication

✓promote collective reasoning and problem solving

✓take into account the all the voices

✓give service users positive role

✓develop a sense of community and co-responsibility

Models of innovation in mental health

Whilst the translational gap between novel innovation and their implementation has been identified as an area of particular attention, implementation processes are still not well understood in the field of mental health (…). Focus on the organizational level has failed to produce evidence of effectiveness.

Importance to study innovative programmes with a focus on:

➢CONTEXT
➢PROCESS
➢OUTCOMES

(Brooks et al, 2011 p.).

Introducing Open Dialogue in Italy

a) **CONTEXT:**
- ✓ General context: MHS Reform and actual situation
- ✓ Local context: 8 MHD involved in the project, financed by National Ministry of Health

b) **PROCESS:**
- ✓ Open Dialogue training for 80 professionals and 1 researcher;
- ✓ experimentation of OD in MHDs
- ✓ supervision

c) **OUTCOMES:**
comparing two matched areas (test area vs control area).

General context: historical roots

Mental health reform,
law 180 (May 13th 1978), or "Basaglia Law"

Revolution in mental health care with main focus on citizen rights and the need to **humanize mental health practices**

"It was the only real reform ever in Italy" (Bobbio)

Difficult implementation process of the reform

- Implementation at regional level
  - differences in funding
  - different experiences
  - dis-homogeneity (De Girolamo & coll., 2012)

- Mental health services **vs** Academia
  - Almost no research on the extraordinary experiences during the deinstitutionalization process
  - Basaglia focused mainly on citizen rights, phenomenology, sociology and philosophy
  - but university remained conservative and biological oriented…

(Castelfranchi, 2008)

Why implement OD in Italy NOW?

In the last years, mental health service users and their family members are demanding more and more
- ✓ evidence based practices
- ✓ recovery oriented services
- ✓ voice and active roles of users and family members (experts by experience)

Fundamental critics about
- ✓ the increased use of "psychiatric drugs" as the main treatment inadequacy of crisis
- ✓ intervention strategies and excessive use of compulsory treatment

LOCAL CONTEXTS of the implementation

✓ Understanding the organizational and policy context at the local level

✓ Identify supportive and impeding factors for the implementation of OD

✓ Investigating the different conceptions of "mental health crisis" and its management

8 MHD in
6 different regions

TORINO

TRIESTE

MODENA

SAVONA

ROMA

CATANIA
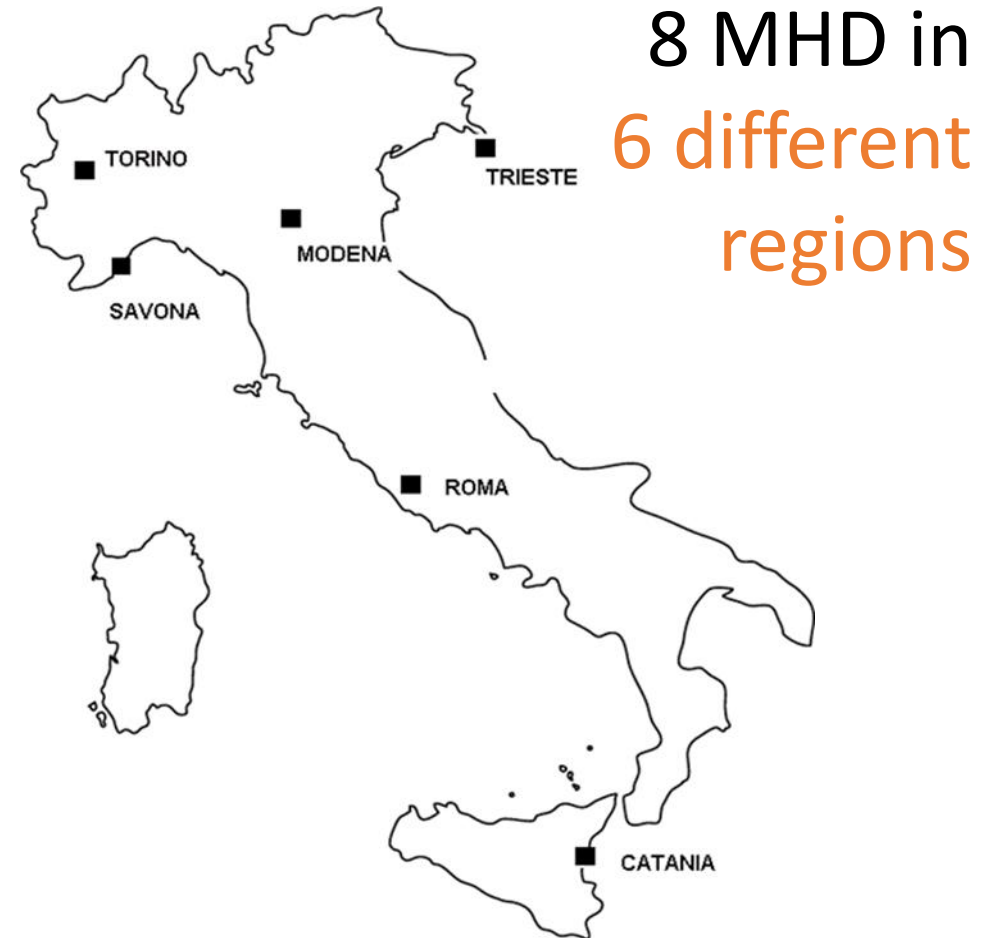
PROCESSES

✓LEARNING OD

Training for 80 Mental Health professionals and 1 researcher

✓IMPLEMENTING OD

- Each MHD will carry out a trial in one CMHC (80-100.000 inhabitants)
- all NEW clients asking for help in a psychiatric crisis and living in the CMHC's territory will be treated in the OD-approach by a dedicated project team
- MHD's patients already under treatment will continue to be treated with the usual therapy

OUTCOMES

✓Improve practices of professionals (OD fidelity scales)

✓Comparison of effectiveness: Health and organizational indicators, related to project CMHC's new clients, treated with OD, will be compared to same indicators collected from new clients treated with the usual therapy in a matched CMHC of the same MHD

✓Stakeholder based evaluation in order to study the point of view of users, family member and professionals about the OD experience

...our first steps in the evaluation

The perspective of the MHDs directors

Semi-structured interviews with 8 MHD directors on:

a) The "psychiatric crisis" (definition, intervention strategies and use of physical restraint)

b) OD as an approach (points of strength and critical issues)

c) Implementation of OD

d) Peer supported open dialogue?

e) Other relevant issues?

a) "psychiatric crisis" and the intervention approaches

- Different theoretic definitions and approaches emerged with respect to "psychiatric crisis" (e.g. Narracci, 1979 and Mezzina et al 2005)

- Most departments do not use a specific definition of "psychiatric crisis"

- In GHPU (General Hospital Psychiatric Unit) main treatment is pharmacological

- Relevant differences between MHC 12h or 24h
  - hospitalization vs hospitality (Mezzina & Johnson 2008)

b)   Open Dialogue as an approach

Continuity with the cultures of the Italian services:

"It appears to me an interesting theoretic scheme (…) something that belongs to the Italian psychiatry from the start of its reform with 180 (…) thus, it does not meet us unprepared (…) Let me repeat, that the methodology and the systematization are still very much to appreciate, but the core of the intervention has been done since the beginning (…) **it certainly should not be introduced as an absolute novelty to avoid the creation of antibodies** *- which wouldn't be very useful!"*

b) Open Dialogue as an approach

Perceived Points of Strength

- Change in the relationship between the medical doctor and the patient
- Extension of the context *"this is even more effective because done from the start, since it gives a very different message to the person as well as to the context"*
- Scientific evidences

Perceived weakness

- *"A point of weakness is that it (OD) tends to massify the response. It (OD) may work well in the case of an acute psychosis, but would not work so well in the case of aggressions, that is, in the case of persons which are aggressive at a psycho-pathological level."*

c)   Implementing Open Dialogue in Italy

Points in common

- For 3 MHDs **multi-family psychoanalysis approach**,

- The **Trieste model** has many points in common with the OD:

- flexibility and mobility, the concept of responsibility, the therapeutic continuity are the same

- **tolerance of uncertainty** conceived as a "positive assumption of risk"

But different conceptions of dialogism (as "participatory de-codification of the crisis") and "reflective team" (as equip meeting, reflecting on dialectic elements: e.g. control vs freedom)

c) Implementing Open Dialogue in Italy

Critical issues:

- Lack of personnel (in general and/or with respect to the Finnish service)
- The difficulty to have a group which is dedicated exclusively to the open dialogue
- The lack of young professionals (the mean age of the personnel in more that one DSM is about 55 years!)
- Urban context and some proposed regional laws oriented to the control of social danger
- A growing reductionist psychiatric culture over the past years

d) Peer supported open dialogue?

"Yes …but not now!"

This is a promoted proposal, but in perspective of adequate system of support and formation

Problems

- **role of the patient** - or family member expert may be transformed into a real profession. Is it healthy?
- **resistance** of the professionals
- legal questions

Strategic relevance of OD in Italian MHD now

1) Dealing with **new kind of patients** in MHD

   ➢ Ever younger patients, with psychopathologies mostly secondary to the abuse of substances, are characterized by greater demands from families

2) The present moment of great difficulties in the territorial services: *"...at the end of the empire..."*

   ➢ the personnel – which gets older

   ➢ the change in culture, which is more and more based on the pharmacological and ambulatory treatment

Restitution of the first evaluation result

Context:

International Workshop on the introduction of the Open Dialogue Approach in the context of mental health services: an assessment of organizational issues, Rome July 10th 2015

✓Discussion about the Italian project

✓Learning from the implementation experience of OD in other countries

✓Create a sense of belongingness to an international community in search of more human and meaningful practices in MH

Concluding

✓ Participatory evaluation will support the implementation of Open Dialogue in Italy

✓ In line with the objectives of this important conferences, participatory evaluation represents *"a dialogical way of working together with individuals, families and communities. Through dialogue we can give space to people's vitality." (Conference website)*

✓ The implementation of Open Dialogue in Italy represents a crucial opportunity to relaunch the main principles of the mental health reform.

Thank you for your attention!

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Outcomes evaluation

In line with the Finnish studies – the principal data of the project will be:

a) Diagnosis

b) Socio-demographic characteristics, situation at the outset and DUP (Duration of Untreated Psychosis)

c) Variability of processes

d) Variability of outcomes: register of number of relapses; working situation; BPRS and GAF.