

# Initial implementation of DIALOG+ within an acute mental health unit

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# Overview

- Background & context
- Introduction to the DIALOG+
- Implementation and evaluation plan
- Issues arising in the process
- Questions



# Background & Context

- Person Centred care
- Recovery approach
- Pilot of a person centred care plan- November 2015- February 2016
  - Perceived as an additional task rather than a core part of the role
  - Need to simplify to process whilst retaining the essence of a person centred and collaborative approach
- 2 main elements
  - Personal Profile
  - Bullseye
  - Structured and collaborative care planning process

# Personal Profile

Who are the most important people in your life right now?

Why are they important to you?

How would they describe you and what is important to you? Would you describe yourself in any other ways?

Your values: What really matters to you? What do you want to do with your time on this planet? Values might be things like 'respect' 'freedom' 'fun' 'creativity' 'humour' 'companionship' 'love' or 'relationships'

Your goals: What sort of person do you want to be? What personal strengths or qualities do you want to develop?

Have you any hobbies, maybe things you used to enjoy doing?

What would a typical day look like for you when you are not in hospital?

Sometimes we have places that mean a lot to us. Is there a place that is special to you?

It might be somewhere you went as a child, or a place you visit from time to time or even a place you've read about in a book or seen on TV. Why is that place important to you?

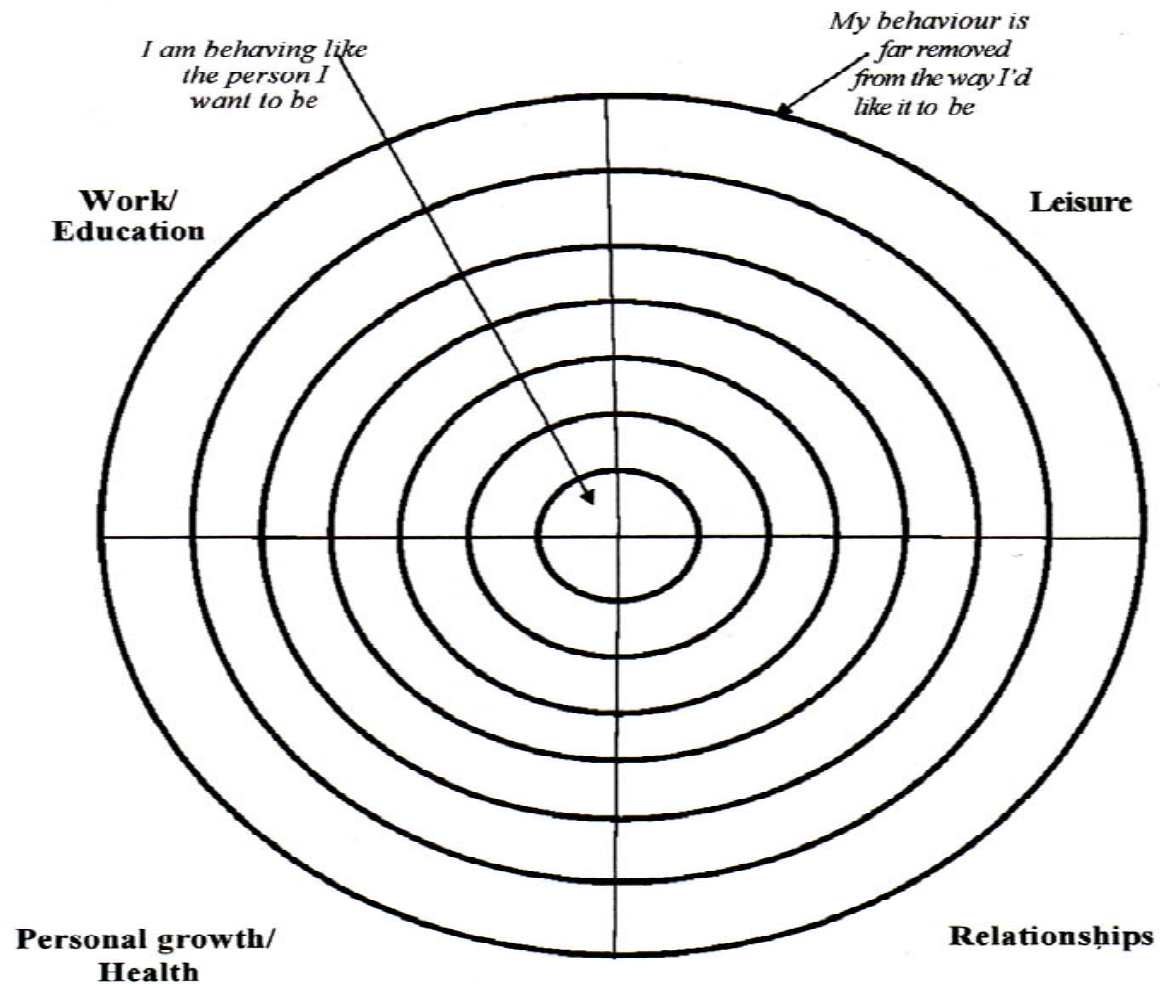
Is there anything that helped you deal with things in the past that you could use again now? Any skills you used or coping strategies, or a person who really supported you?

Is there anything you are really good at or you like to do which you would like the chance to do while in hospital?

Do you take medication? How do you feel about taking medication (psychiatric as well as general health related medication e.g. paracetamol, E45 cream)?

# The Bullseye

**THE BULL'S EYE:** make an X in each area of the dart board, to represent where you stand today.



# DIALOG

- Patient Reported Outcome Measure (PROM)
- Developed by S. Priebe et al (2007; 2015)
- DIALOG+ builds on the dialog PROM to structure meaningful review meetings.
  - Brief 4-stage psychological intervention
  - Based on Solution Focused Therapy
  - Developed in consultation with clinicians and service user focus groups

# DIALOG prom

	Area of satisfaction / need	Score 1-7
1	<b>How satisfied are you with your mental health?</b>	
2	<b>How satisfied are you with your physical health?</b>	
3	<b>How satisfied are you with your job situation?</b>	
4	<b>How satisfied are you with your accommodation?</b>	
5	<b>How satisfied are you with your leisure activities?</b>	
6	<b>How satisfied are you with your relationship with your partner/family?</b>	
7	<b>How satisfied are you with your friendships?</b>	
8	<b>How satisfied are you with your personal safety?</b>	
9	<b>How satisfied are you with your medication?</b>	
10	<b>How satisfied are you with the practical help you receive?</b>	
11	<b>How satisfied are you with your meetings with mental health professionals?</b>	



# Dialog – 4 Steps

1. Each of the domains chosen for further discussion are addressed in a 4-step approach:
2. Understanding the patient's concerns and previous effective coping strategies
3. Identifying best-case scenarios and smallest steps for improvement
4. Exploring options available to the patient, including the patient's own resources, the clinician's and those of others in the patient's life. Document in action plan





# DIALOG+ outcomes

- Improved quality of life
- Fewer unmet needs
- Increased social engagement
- Higher treatment satisfaction
- More patient actions (70%) compared to 8% in standard care
- Comparable results to trials of CBT

# Possible factors mediating positive outcomes

- Patients feel more involved in care planning
- Improved therapeutic relationship
- Person centred – focus on a goal meaningful to patients rather than ‘illness’ , ‘dysfunction’ or ‘disorder’.
- More workable when trying to engage with people experiencing severe and complex difficulties
- SMART
  - Specific, meaningful and realistic
- Hope

# Implementation and Evaluation within Campbell Centre

- Consultation with S. Priebe: Use of paper form in absence of iPad technological aids
- Staff training: 1 hour sessions
  - Demonstration
  - Practice
  - reflection
- CAT – pre / 3 months / 6 months
- Qualitative evaluation via Focus groups / interviews

# Evaluation of the DIALOG+

- Client's Scale for Assessment of Treatment (CAT)

**7 questions rated from 0 – 10:-**

1. Do you believe you are receiving the right treatment/care for you here?
2. Does your psychiatrist understand you and is he/she engaged in your treatment/care?
3. Are relations with other staff members here pleasant or unpleasant for you?
4. Do you believe you are receiving the right medication for you?
5. Do you believe the other elements of treatment/care here are right for you?
6. Do you feel respected and regarded well here?
7. Has treatment/care here been helpful for you?



# Issues arising

- Past person centred and ‘strengths based practices’ rediscovered.....what happened to them?
- Role
  - Diverse MDT workforce
  - Attitudinal issues
- Cultural change
  - Them and us.....collaboration
  - Medical issues privileged until discharge is delayed.....personal goals
- Poor links between inpatient and community services



Any questions?