

## CONFERENCE ABSTRACT

# **How can we provide a better response to crisis for people with psychiatric problems in the community in the region of Flanders? We examine how "Open Dialogue" can be implemented in our care context and which factors can lead to sustainable implementation.**

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Despite the socialisation of care and the increasing focus on recovery and experiential expertise, the story of the client with for example psychotic experiences and that of his informal network is still insufficiently listened to. As a result, there is a great risk that the focus of care is primarily on the client's clinical recovery and that strengths and other relevant factors in the network remain underexposed and are not timely addressed. We find that, in practice, it often takes a lot of effort and time to re-establish ties with the informal network after clinical recovery. On top of this, the care landscape in Flanders is very fragmented and the route to care is difficult.

Open Dialogue is a system of mental health care, first developed in Finland, which has two essential ingredients: a therapeutic and philosophical approach to being with people in a time of crisis/need, and a way of organizing mental health services that maximises the possibility of being able to respond to people in such a way and in a timely manner. It usually starts with arranging a 'network meeting' in the community, as soon as possible after initial contact with the service. The 'persons(s) at the centre of concern and significant members of their social network can participate [in the meeting], along with a professional team of two or more persons.

"On the Road with Open Dialogue" is a 2-year research project (September 2021 – September 2023) in which researchers, in close cooperation with the field and clients, prepare, analyse the steps for implementation and realise a translation and initial implementation of the "Open Dialogue" principles to the context of teams within mental health services.

Our participatory action research involves 3 outpatient and 2 residential teams within Mental Health services in the region of Limburg, Flanders. Through focus groups, we identify supporting and impeding factors using the Consolidated Framework of Implementation Research, CFIR.

Six co-creation sessions have taken place in which the principles of "Open Dialogue" are worked on together with at least 2 ambassadors per team. Learning from each other is central. The outcome is a roadmap of the approach translated to the context of the professional mental healthcare teams.

Schalenbourg: How can we provide a better response to crisis for people with psychiatric problems in the community in the region of Flanders? We examine how "Open Dialogue" can be implemented in our care context and which factors can lead to sustainable implementation.

The research-goal is to identify which factors could lead to sustainable implementation of Open Dialogue in Flanders region? At this stage of the study, results of the process and initial findings from focus group analysis can be reported. We found that "Open Dialogue" is not a methodology you can just adopt. It requires a process-based and thorough development of practice adapted to the current workings of mental health care. The drive of the ambassadors (of the participating teams) to continue working with "Open Dialogue" stems from the drive to improve care. Taking small steps gives the experience of being closer to why they chose a job as a caregiver. Advanced training in Open Dialogue is seen as a necessary basis to continue with dialogism and reflection.