

# Åpen dialog bak lukkede dører – Erfaringer med nettverksmøter – ved avdeling Spesialpsykiatri

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# Kontekst

- En døgnavdeling innen psykisk helsevern på Ahus
- Pasienter innlagt på akuttavdelingen og som har behov for videre utredning, behandling og stabilisering blir innlagt hos oss
- 2 psykoseseksjoner
- 1 sikkerhetsseksjon
- Tvungen psykisk helsevern
- Pasientene utredes og behandles for psykoselidelser ofte i kombinasjon med vold og rusproblematikk
- Fokus på struktur og sikkerhet
- Pasientene har som oftest vært syke over tid

# Åpen dialog - Teoretisk forankring

- Det startet i Finland, Vestre Lappland – Jakko Seikkula, på 90-tallet
- En ide om å reorganisere psykiatrien og garantere for kontinuiteten gjennom hele sykdomsforløpet- kommunehelsetjeneste/ spesialisthelsetjeneste
- Hjelp innen 24 timer
- Mål om å forhindre en forverring av krisen
- Forhindre innleggelse i sykehus
- Opprettelse av team som følger pasienten fra første kontakt
- Forskning har vist at tilnærmingen har medvirket til reduksjon i innleggelser, reduksjon av tvangstiltak, reduksjon i bruk av psykofarmaka og man kommer raskere tilbake til jobb og skole (Seikkula et al. 2006; 2011; Aaltonen et.al. 2011; Bergstrøm et.al, 2018)

# Prinsipper utledet av forskningen i Finland

## De 7 prinsippene for Åpen dialog

Umiddelbar respons

Inkludere det sosiale nettverket

Fleksibilitet og mobilitet

Teamets ansvar

Psykologisk kontinuitet

Tåle usikkerhet

Dialogisme ( og polyfoni)

# Studier vi har gjort

- Undersøkt pasienter og pårørendes erfaringer med åpen dialog i nettverksmøter (Sørgård & Karlsson, 2017)
- Undersøkt behandlernes erfaringer med åpen dialog i nettverksmøter (Jacobsen & Karlsson, 2019)
- Sammenlignet alle gruppene (Jacobsen et.al., 2018)
- Undersøkt en pasient og ansattes erfaringer med en ny behandlingsmetode (reflekterende team) (Jacobsen & Karlsson, 2018)

# **“Open Dialogue behind locked doors” – exploring the experiences of patients, family members, and professionals with network meetings in a locked psychiatric hospital unit: A qualitative study**

**In our exploratory study, the Open Dialogue approach was seen as a largely positive experience for patients, family members, and professionals in a locked psychiatric unit, write Ritva Kyrrø Jacobsen and colleagues.**

“Open Dialogue behind locked doors” – exploring patients’, family members’, and professionals’ experiences with network meetings in a locked psychiatric hospital unit: A qualitative study

This paper explores and describes the experiences of patients, family members, and professionals with the Open Dialogue approach to network meetings at a locked psychiatric hospital unit in Norway. Previous research on Open Dialogue has mostly focused on acute crises in community care contexts. In this article, we discuss the participants’ experiences with Open Dialogue in a new context; that is in an inpatient locked unit. The inpatients are suffering from severe mental illness and might have been admitted to the unit against their will. The study has a qualitative design. Data were collected through a focus group interview with professionals and from written evaluations by patients and their families. Data were analyzed using systematic text condensation. The findings suggest that the Open Dialogue approach is largely a positive experience for patients, family members, and professionals in a locked psychiatric unit.

Keywords: inpatient treatment, network meetings, Open Dialogue, qualitative study.

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## Method

- This study, with its descriptive, explorative design, applied the guidelines for qualitative research suggested by Kvale and Brinkmann (2015) and is based within the phenomenological hermeneutic framework.
- The data used in this article was derived from two studies. In the first study, the professionals' experiences were explored in a semi-structured focus group interview.
- The data for the second study were written expressions of the experiences of attending the network meetings by patients and family members. The participants were asked to write down their experiences at the conclusion of network meetings. Upon completion, their written statements were immediately handed over to the author.
- Data from both studies were analyzed using thematic analysis (Braun & Clarke, 2006). Both inductive and deductive approaches were used to develop themes

# Findings: 3 main themes

- **Experiencing otherness and equality**

“As a relative, meeting the healthcare services, you are vulnerable and you feel disqualified or that you are the weaker part(of the equation). In the network meetings, we were met with respect and experienced equality.”

- **The content and possibilities of Open Dialogue in network meetings**

“Network meetings have the potential to bring forth change and teach the patients and their networks to have similar conversations in the future.”

- **Tone, time, and openness in Open Dialogue**

“The network meetings had an informal, open tone. There was no agenda. The goal was openness, which was perceived as a good thing”



- Takk for oppmerksomheten!