WORKING ACROSS BOUNDARIES: UNDERTAKING MENTAL HEALTH NURSING RESEARCH IN PRACTICE AREAS

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RESEARCH

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Peer supported Open Dialogue in the National Health Service: implementing and evaluating a new approach to Mental Health Care

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Abstract

Background: Open Dialogue is an internationally developing approach to mental health care based on collaboration between an individual and their family and social network. Our quest for better approaches to Mental Health

Open Dialogue

◦ Open Dialogue is an innovative approach to working with mental health crises that originated in Finland

◦ Its emphasis is on social network support, generating dialogue about the mental health crisis and involving the service user in all decisions regarding treatment

◦ The aim of dialogic practice in Open Dialogue is to actively listen, generating dialogue between all participants

◦ Treatment decisions are made by all participants with the expressed aim of avoiding hasty treatment planning

◦ Most studies undertaken have been mainly qualitative or cross-sectional and small scale

Peer Supported Open Dialogue (POD)

◦ Peer Supported Open Dialogue is an adaption of Open Dialogue model specifically designed to be applied for the NHS

◦ The service was provided by a standalone team of clinicians from a variety of backgrounds, including peer support workers, working with the Peer Supported Open Dialogue model

◦ All POD staff underwent a one-year training course

◦ Social networks meetings were formed from first contact in order for the user and their identified family members/friends to be present at the first and ongoing meetings

◦ Continuity of care with the same POD clinicians involved with the network throughout

◦ During the initial stage of a mental health crisis, meetings could take place every day for the first 10-12 days and lasting for up to 2 hours

◦ A point of discharge was a shared decision between service user, social network and clinicians

Aims and Objectives

◦ Overall aim - to implement a POD service in a mainstream NHS setting and examine the changes in a range of user and carer outcomes over a period of six months

◦ Objectives

◦ To examine service user clinical outcomes, wellbeing, and impact on daily routine, during the course of a POD intervention at three time points (baseline, 3 months following POD and 6 months following POD)

◦ To examine the clinical outcomes, wellbeing, and impact on daily routine, family/social network support receiving treatment in the POD service at the three time points noted above

Design

◦ An exploratory study using a before-after design with participants followed up for 6 months following on from the first POD meeting

◦ Service users were eligible if they were aged between 18-70, were experiencing a mental health crisis and would have normally been seen by a traditional mental health service

◦ All service users meeting the eligibility criteria and had capacity to consent to participate were invited to participate

◦ This approach continued until a target of 50 participants was reached

◦ Data collected at baseline, 3 and 6 months:
  ◦ Service user self report questionnaires covering wellbeing, functioning and satisfaction
  ◦ One carer self report measure

◦ A clinician reported measure collected at baseline and 6 months

◦ Inferential statistics used to examine differences in scores at each time point

◦ 50 service users and 25 carers consented to take part

Results

Measure (n)	Baseline Mean (sd)^a/ Median (iqs)^b	Three months Mean (sd)^a/ Median (iqs)^b	Six months Mean (sd)^a/ Median (iqs)^b	F (df)^a/ χ^2 (df)^b	p value
HoNOS (n=42)	20.95 (6.4)^a	n/a	12.31 (7.26)^a	62.45 (1)	<0.01
SWEMWBS (n=33)	16.19 (3.89)^a	20.45 (4.48)^a	20.67 (4.68)^a	24.05 (2)	<0.01
WASAS (n=32)	27.28 (9.36)^a	19.75 (11.17)^a	18.81 (11.66)^a	18.63 (2)	<0.01
CMHS (n=31)	9 (7-10)^b	10 (8-10) ^{b}	10 (9-10)^b	11.02 (2)^b	<0.01
CWS (n=10)	45.5 (42-47.5)^b	47 (43.75-50.25)^b	49.5 (47.25-51)^b	12.86 (2)^b	<0.01

POD Summary

◦ First study looking at the implementation or impact of a standalone POD team in the NHS

◦ The study indicated it was possible to deliver a clinically effective POD service in the NHS

◦ The approach provided continuity of care within the social network, with improved carer support and significant improvements in clinical outcomes and users' experiences

ORIGINAL PAPER

Supporting prisoners with mental health needs in the transition to RESETtle in the community: the RESET study

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Abstract

Background Homelessness is linked to poor mental health and an increased likelihood of offending. People often lose accommodation when they enter prison and struggle to find accommodation upon release leading to an increased likelihood of relapse and reoffending. The RESET intervention was developed to support prisoners with mental health needs for 12 weeks after release to coordinate their transition into the community and obtaining secure housing.

Prisoners, homelessness and mental health

- Ministry of Justice (2021) - 79,092 prisoners detained in December 2021 in England and Wales

- Singleton et al (1998) - over 90% of prisoners had one or more psychiatric disorders

- CHAIN (2018) - 36% of people rough sleeping in 2017 to 2018 had served time in prison

- Ministry of Justice (2012) - 79 per cent of those homeless when brought into custody were reconvicted within one year

- Hancock et al (2018) - secure housing was the most important factor in ensuring a positive transition from prison to the community due to:
  - Impossible to address mental health support before a person has stable accommodation
  - If someone does not have a fixed address, they become difficult to contact so hard to provide support
  - Housing helps break a cycle of returning to poor previous relationships and routines

Supporting Prisoners upon Release Service (RESET) Intervention

◦ Short-term (12 week) support service to prisoners with an identified level of mental health need

◦ Based on Critical Time Intervention approach (Draine and Herman, 2007)

◦ Focus on obtaining appropriate safe and secure accommodation

◦ Work before release to develop rapport with service user and start on paperwork

◦ On day of release, support co-ordinator meets service user at the gate

◦ Main aim in first day is to ensure the individual has some form of housing
  ◦ Escorted to all crucial appointments on the day (i.e. probation and local authority housing)
  ◦ Support also provided to ensure they have essentials for the first few days (i.e. correct medication, scripts and planned appointments)

◦ Support co-ordinator works intensively during the first week of release and then gradually reduces level of contact

Aims and Objectives

◦ Overall aim to evaluate the impact of the supported release from prison service

◦ Primary objective: To examine the participants' housing situation at three months post-release

◦ A prospective cohort design followed up 62 prisoners with mental health needs for 9 months post-release.

◦ The participants in the intervention group were those who received the RESET support service while the comparison group were prisoners identified as suitable to receive the service, and agreed to take part in the study, but subsequently "lost"

◦ Data were collected at three time points (14 days, 3 months and 9 months post-release) regarding accommodation, reoffending and contact and engagement with services

◦ Inferential statistics used to examine differences in scores between the two groups at each time point.

◦ For the intervention group only, there was also an in-depth exploration of the participants' views and experiences of the service

Significant Findings

◦ RESET Intervention group n=31, comparison group n =31

◦ Three-months post-release - 29 (94%) RESET users engaged

◦ Accommodation
  ◦ More of the RESET group in secure housing at all three time points

◦ Contact with Services
  ◦ More of the RESET group in receipt of state benefits and in contact with a GP at all three time points
  ◦ The RESET group more likely to be in contact with mental health services at 3 months post-release

◦ Offending
  ◦ 14 days post-release - less of the RESET group reoffended

◦ Service Engagement
  ◦ 14 days and 3 months post-release – Service Engagement Scale Collaboration sub-scale score significantly higher for RESET group

Accommodation status at nine months post-release

	Intervention n=31	Comparison n=28	Ttest (df) and Sig
Mean number of days housed (sd)	244.48 (59.72)	129 (123.76)	4.49 (38.04) p = <0.01

RESET Summary

◦ First UK study to focus on reducing homeless for recently released prisoners with mental health needs

◦ Main objective achieved - accommodating participants in permanent housing and reducing homelessness.

◦ There was also an association between receiving the intervention and greater engagement with other services.

◦ Overall positive views of the service from service users and demand for extended support

◦ Supports the view that secure housing is important in ensuring a positive transition from prison to the community for prisoners with mental health needs

Concluding Thoughts

◦ Research was mental health nurse led but not mental health nursing focused
  ◦ Related to clinical initiatives at the two Trusts
  ◦ Large element was how to embed and evaluate innovative approaches in practice
◦ Invited to lead the research
  ◦ Joint application for funding
◦ Existing good links with the Trusts
  ◦ Previous work undertaken over a number of years
  ◦ Research competence - research skills and experiences
◦ Interpersonal skills
  ◦ Collaboration with different; individuals, organisations, professionals, users, carers and services
◦ Knowledge of health and social care services (including prisons) and working environments
  ◦ Pragmatic choices
◦ Including less experienced academics/clinicians in research project team

Thank you

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