

The Mental health Trialogue Network is a community development project, aiming to increase community participation in fostering positive mental health; developing an enhanced understanding of mental health and mental health problems from the diverse perspectives within communities; and to develop a sustainable resource and response to the needs of people with mental health problems in these communities.

There is much debate as to whether mental health services are improving and recovering from an era of institutionalised care. Within the bubble of this ‘mental health community’, much energy is being invested in trying to improve mental health services with the intention of providing a better service to the community. However, the community at large often remains separate and segregated from innovation, understanding and collective responsibility.

The Mental Health Trialogue Network will establish sustainable community spaces in participating communities, where a series of Trialogue Meetings in neutral local community settings will attempt to bring together members of the community with an interest in mental health. Participants will include users and survivors of mental health services, families and friends of people with mental health problems, mental health professionals, Gardaí, teachers, community groups, local services, business people and anyone else with an interest. In addition the Trialogue Meetings will provide an exploratory forum for members of communities experiencing mental health difficulties; who have not yet had contact with mental health services; and participation may maximise their capacity for greater understanding of their experiences and to make choices about how they will manage their difficulties

There are already alternative mental health communities, community spaces established and in some communities, Trialogue Meetings have already commenced. Where they have already commenced, this project will ask to integrate with them. *Triologue Meetings* provide a very specific type and form of community space with a focus on respectful communication, active participation, open dialogue, embracing diversity and developing mutual understanding. These meetings will be an Irish context adaptation of a long standing community initiative established in several Germanic speaking European and other countries, more recently including Ireland.

## **Triologue meetings**

*“Triologue” - an exercise in communication between consumers, carers and professional mental health workers beyond role stereotypes*

For over a decade in European German speaking countries, an alternative approach to participation of people with an interest in mental health and mental health care at community level, outside of the mental health system has been evolving. A new form of communication, not perceived possible in mainstream psychiatric services, where each have their given social roles. This is in the form of ‘Triologue Meetings’ ( Amering et al, 2002; Bock & Priebe, 2005; Mac Gabhann et al. 2010).

"Triologue" stands for the encounter of the three main groups of individuals who deal with mental health and psychiatric problems and with the mental health system – people with

experiences of severe mental distress, family members/friends and mental health professionals. This encounter occurs under special conditions - outside familial, institutional and therapeutic professional hierarchies. Trialogue group participants meet on neutral ground and communicate on equal footing (Amering et al. 2002). By bringing the main groups of people interested in developing better understanding of the complexity of mental health and ill health; and how they can be addressed, new possibilities emerge that can help people and communities meet the challenges of mental health problems in the community.

The Mental Health Trialogue Network will develop the Trialogue Meetings further, particularly in relation to participants and aspirations. Although aimed at mental health service users/survivors, carers/family members and mental health professional providers, they will be open to any interested members of the participating communities. In addition, where they are often about generating a space for developing open communication and greater understanding, Trialogue Meetings for this project will also be action orientated, where communities will be encouraged to develop creative approaches to the diversity of mental health experience; and to advise and direct mental health services on how to deliver more effective services to their community.

There are two very specific processes developed in a parallel project over four years that underpin the activities of the Trialogue network and how Trialogue meetings will be facilitated. They are 'Participatory Action' and 'Open Dialogue' (Mac Gabhann et al. 2010) described below.

## **Participatory Action**

Community participation is not a given and lip service is open given to notions of participation not necessarily grounded in genuine participation. In broad terms 'participation' can be understood as a process where individuals take part in the decision making of institutions, programmes and environments that affect them (Wandersman 1984). This definition may apply to empowered, self directed, self determining communities with pre-established common ground. However, the historical and political context and power relations evident in community, professional and state responses to people with diverse mental experiences and mental health problems would not equate comfortably with those characteristics and the defined participation may not be robust enough. Many expected participants and members of the Trialogue network may already feel disenfranchised and segregated from 'normal' community business and the process of participation warrants a much more transparent and specific process of participation it is important that the right approach is employed for given circumstances. For example, examining or seeking to empower people through power sharing and self determination would employ a humanistic approach to participation, such as 'communicative action' (Webler and Tuler 2002), rather than a 'bureaucratic' approach often founded on consumerism with an emphasis on economy, efficiency and cost effectiveness (Meyer 2001).

Webler and Tuler (2002) have developed their theoretical contributions to ‘participation’ based on critical theorists’ perspectives, in particular Jurgen Habermas (Habermas 1987), which corresponds well with the aspirations of our programme.. They describe the ‘communicative approach’ with two main components, fairness and competence.

*Fairness* relates to what people are permitted to do in the participatory process with a minimal of four necessary opportunities:

- To attend (be present)
- Initiate discourse (make statements)
- Participate in the discussion (ask for clarification, challenge, answer and argue)
- Participate in the decisions making (resolve disagreements and bring about closure)

*Competence* refers to reaching the best possible understandings and agreements on the basis of what can be reasonably knowable to participants, at the time discourses take place.

Competence entails two basic necessities:

- Access to information and it’s interpretations
- Use of the best available procedures for knowledge selection

Additionally it is necessary for a consensus on how decisions will be made, though not necessarily in the decision making itself. Furthermore, the process must pursue mutual understandings before agreement is reached on actions. Webler et al. (2001) identified a number of emerging perspectives on what constitutes a good participative process:

1. A good process acquires and maintains popular legitimacy through a consensual democratic process
2. One that facilitates an ideological discussion among a core of stakeholders
3. One that focuses on the fairness of the process, concentrating on high quality democratic deliberation and achieving participation by all segments of society
4. One that pays attention to mitigating the relative power balances among participants
5. One that highlights the need for leadership and compromise, in combination with collecting insights and fostering deliberation among a wide range of the public

This form of participation will underpin the activities of Trialogue Meetings and the wider network.

## **Open Dialogue**

Dialogue is a word or form of communication easily bandied about, yet sometimes not necessarily used in communication as defined. Participation in Trialogue meetings and the network entails the necessary interaction with diversity, where the only common ground might be an interest in mental health; and responding to challenges associated with this as an individual, family, service or community.

Open Dialogue can accommodate this diversity towards mutual understandings and commonly agreed purpose. In particular it is the social constructionist process of open dialogue that is useful here. Bakhtin perceived ‘dialogue’ as a joint action that joins people together in a temporary mutual world experience. Participants have to be willing to engage in this dialogue or a situation needs to be created where it can ensue (Bakhtin 1981). This

dialogue brings about mutual understanding through the formation of a communicative space, where people bring their social baggage and narrative histories to share, and the formulation of a joint language and meaning (Bakhtin 1981). This is created through individual utterances spoken and listened to, each response bringing new understanding with the construction of new words that lie somewhere between the speaker and the listener (Volosvinov 1973). The emergent change in individual stories within that communicative space is a consequence of dialogue (Anderson and Goolishian 1992). It is a process or performance, an action that creates, sustains or alters worlds of social relationships (Gergen and Kaye 1992). Open dialogue is applicable at the individual communication level (Anderson and Goolishian 1992), group level (Gergen and Kaye 1992), and at organisation or large systems level (Gustavsen, 2001). For Seikkula & Aaltonen (1995) with other colleagues it provided a process by which they changed the entire approach to how mental health services were delivered to ‘people experiencing psychosis’ in Western Finland. Whenever a person is referred by any means to the service, first a meeting is set up with any persons who is or may be affected by the individual’s experience. Each person’s views, perceptions and understanding of the situation are shared before a consensus is reached on how the person might progress from their present difficulties.

It is in the spirit of these pioneers of open communication that the Mental Health Network will strive to create a communicative space for open dialogue.

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