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Community Participation, Open Dialogue and the development of the Mental Health Trialogue Network, Ireland

This paper summarises the third cycle of a national participatory action research (PAR) project that has taken a radical approach to improving mental health services provision, and communities understanding and response to mental health problems.

Traditional and ineffective mental health services provision to people with mental health problems were challenged with the publication of a 'Vision for Change' (Government of Ireland, 2006) that set out a radical new policy direction for mental health in Ireland. A major challenge was the move away from what was considered a reductionist professional expertise approach to provision, towards a collaborative and participatory inclusion of a wider expertise; i.e. professionals, family members and service users in developing and providing mental health care to people in their communities. Where the first two cycles of this project focussed on improving mental health services themselves (Mac Gabhann et al. 2010); the Mental Health Trialogue Network locates the PAR process in the participating communities themselves (www.trialogue.co), and is an outcome of the previous cycles.

The Mental Health Trialogue Network Ireland is a new community development initiative in Ireland. The aim of this Network is to empower communities to become proactive in communicating about mental health through a powerful open dialogue and participatory process called 'Trialogue' (Amering et al. 2002). Presently there are seven participating communities with several more requesting to participate. Participation involves establishing a series of monthly Trialogue meetings', with previously agreed topics relating to mental health. The term 'Trialogue' here relates to the three key groups of people who engage in an open dialogue at these meetings; people with mental health problems who may or may not use services; family members or friends of people with mental health problems; and mental health care providers. However, in reality any community member with an interest in mental health can and do participate. The Trialogue meetings offer a communicative space where everyone's lived expertise is respected with no ranking of knowledge expertise. The focus of meetings is to explore the topics from the collective expertise and diverse perspectives and through critical discussion come up with an enhanced understanding and strategies for individuals, families and professionals to respond to mental health problems in their communities. Trialogue meetings are not in themselves action orientated, however the transformatory experience of participants and inevitable development of open dialogue communication skills means that frequently there is a fundamental shift in how people view mental health problems and see the solutions for overcoming associated challenges. Furthermore, the Trialogue meetings often provide an impetus for participants to revisit their own roles outside the meetings in relation to mental health problems. Trialogue meetings offer an emancipatory space for people to connect with each other and see mental health problems as something that is part and parcel of living and interacting in ones chosen environment.

Why PAR?

As a research methodology PAR enshrines many of the aspirations and characteristics necessary for successful implementation of this project and provides a process not possible with more traditional methodologies.

Reason and Bradbury (2001) offer a definition commensurable with the project aspirations;

" action research is a participatory, democratic practical knowing in the pursuit of worthwhile human purposes, grounded in a participatory worldview" (p.1)

In terms of specific characteristics of Action Research applicable to the intent of this project, Levin and Greenwood (2001) summarise the core elements as:

- being context bound and addressing real life problems
- inquiry where participants and researchers co-generate knowledge through collaborative communicative processes in which all participants contributions are taken seriously
- treating the diversity of experience and capacities within the local group as an opportunity for the enrichment of the research/action process
- meanings constructed in the inquiry process leading to social action or these reflections on action leading to the construction of new meanings
- the credibility/validity of action research knowledge is measured according to whether actions that arise from it solve problems (workability) and increase participants control over their own situation.

Methods

There are two underpinning methods or processes involved in this project; 'Open Dialogue' and 'Participatory Action'.

Open Dialogue can accommodate the diversity of participants 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).

Participatory action for this project draws on the theoretical contribution of Webler and Tuler (2002) to 'participation'. They have developed their theoretical contributions to 'participation' based on critical theorists' perspectives, in particular Jurgen Habermas (Habermas 1987). 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.

Through the integration of these two processes the Trialogue meetings and indeed the wider network provide a communicative space for the inquiry and process of community development to flourish.

The Process

The Mental Health Trialogue Network is led by a core team of three including a national co-ordinator. An Advisory group representing the 'trialogue' constituents who also oversee the entire PAR inquiry provide guidance and support to the project. At local community level a number of people with an understanding and training in the methodology and underpinning processes gleaned during phases one and two of the project provide local facilitation until such a time as other community members are comfortable with taken a more active facilitation role. The Website www.trialogue.co provides a national cohesion and point of information for on going activity.

Each community uses local newspapers, radio interviews and distributed flyers to advertise and explain the purpose of Trialogue meetings.

Each meeting is held once a month in a neutral venue, i.e. not a mental health service facility or one that can be perceived as the 'domain' of one group. This is usually a community centre, hall or in some cases a local hotel. Initially there are six Trialogue meetings in each community with the national leads taking an increasing participative rather than facilitative role as the community takes active ownership of the process. Meetings are about two hours long with an informal refreshment break in the middle or towards the end depending on group's preference.

Two people usually moderate the conversation at meetings, ensuring the agreed ground rules are met and open dialogue around the agreed topic can ensue. Initially moderators are from the project team and as people become comfortable with the process the roles are rotated amongst willing participants.

Ground rules are relatively simple:
- anonymity is important, as in people do not have to give their name or the experience (e.g. service user, family member or professional provider) they come from. Metaphorically people are asked to leave their hats at the door as they come in
- people agree to respect that what is being said in trialogue meetings is in good faith and on the basis that these discussions will not be personalised outside
- each perspective is respected as individual expertise and other participants take them on board

- one voice at a time, as opposed to people speaking over each other
- people have the right to speak and be heard, as they do not to have to speak and to just listen and experience.

How will we know that Trialogue meetings make any difference?

A series of structured interviews, semi structured interviews and group discussions are providing individual community and overall trialogue network stories of how the Trialogue meetings are transforming thinking and action for people and to what extent the aims of the project are being met. We are early in the process yet and as stories are unfolding so too are the methods of demonstrating the success of this initiative.

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