Trialogue: Liberation in Mental Health Communities

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UN-Convention on the Rights of Persons with Disabilities
(CRPD, 2006; Italy ratified in 2009)

‘Nothing about us without us!’

The CRPD is based on a social model of disability with a focus on non-discrimination and social inclusion and the product of a truly participatory process.

In a corresponding logic, it makes the consultation of its constituency an obligation:

No policy development, no amendment of legislation or elaboration of new regulations shall be undertaken without including experts in their own right: persons with a lived experience of mental health problems and services.
Despite difficult circumstances from financial to organizational matters the inclusion of persons with disabilities into the negotiation process was furthered by their great engagement as well as welcomed by different United Nations bodies.

However, many diplomatic delegations and civil rights organizations ‘simply lacked the expertise, knowledge, and understanding to properly address the needs of persons with disabilities’ and the willingness to learn from organizations and people with a lived experience background.

*Schulze & Sabatello, 2013*
Trialogue

an exercise in communication
between service users, carers and mental health workers
beyond role stereotypes
Dorothea Buck *1917

'Seventy Years of Coercion in German Psychiatric Institutions, Experienced and Witnessed'

Key-note, 2007 at the congress "Coercive Treatment in Psychiatry: A Comprehensive Review", WPA, Dresden, Germany

youtube
www.bpe-online.de/english/dorotheabuck.htm
Dorothea Buck, * 1917

- Sculptor, free artist, teacher
- 1992 – co-founder of the Federal Association of (ex-) Users and Survivors of Psychiatry, now Hon. Chair
Dorothea Buck  *1917
President of the German Association for Psychiatry and Psychotherapy
Frank Schneider
in 2010

‘I stand before you today as President of an association that has taken nearly 70 years to end this silence …..

In the name of the German Association for Psychiatry and Psychotherapy, I ask you, the victims and relatives of the victims, for forgiveness for the pain and injustice you suffered in the name of German psychiatry and at the hands of German psychiatrists under National Socialism, and for the silence, trivialisation and denial that for far too long characterised psychiatry in post-war Germany.’
Discrimination and exclusion – then and now

In Austria the similarly difficult process of ending the silence following the same atrocities was greatly enhanced by the efforts of Harald Hofer, a prominent survivor activist.

He focused in a commemorative speech 1995 on a ‘conspiracy of indifference’ as the obstacle to recognizing victims of discrimination and exclusion - not only historically but also today.
In Trialog-groups

1. users, ex-users, survivors
2. family and friends
3. mental health workers

- meet regularly
- in an open discussion forum,
- that is located on "neutral terrain" -
- outside any therapeutic, familial or institutional context

- with the aim of communicating about and discussing the experiences and consequences of mental health problems and ways to deal with them
- on equal footing – as experts by experience and experts by training or both.
Trialog - „Its normal to be different“
Bock Th, Buck D, Esterer I, Psychiatrie Verlag, Bonn, 1997

- First Trialog in Hamburg in 1989
- First Vienna Trialogue since 1994
- well over 150 groups in Germany today
- ~ 5000 people involved in Trialogue at any given time
  (Bock & Priebe, 2005)

- Trialogues in Austria, Switzerland, France, Lichtenstein, Poland; WPA Istanbul, Beijing, Buenos Aires et al
- Growing interest in english-speaking countries
- Mental Health Trialogue Network, Ireland – www.trialogue.co
The “First Vienna Triologue”

starting 1994

- every second and fourth monday of the month
- 10 to 40 people
- 2 hours (+++)
- ‘neutral’ ground
- rotating role of moderator
Trialog - Topics

- Good and bad experiences with services
- Crisis management
- Stigma and discrimination
- Work and social inclusion
- Power, powerlessness, and empowerment
- When help has more unwanted than wanted effects
- Diagnosis as a trap – being put in a box
- Spirituality and mental health
- Silent users – who is helping them?
- Recovery
Trialogue groups differ from each other, e.g. re:

- Number of attendants (10-200)
- Frequency of group meetings (e.g. every 2. & 4. Monday)
- Ratio between the 3 groups

- Moderation/leadership (rotating/fixed)
- Topics (free/preset/focus)

- Recruitment (who is exposed to Info; who is specifically invited)
- Proportion of long-term attendants/sporadic attendants

- Circumstances of mental health professionals’ attendance (working/training hours or private time)
Trialogue – qualities of possible impact

• Unusual setting
• all expertises acknowledged on equal footing
• no need for role compliance
• no obvious consequences

• Playful exchange and experiments with perspectives
• Learning, information gathering, asking questions
• Experiencing different interpretations of similar roles
• Abundance of expertise in one room

• Secure setting, rules, limits (time, communication style, …), power balance?
Bock & Priebe (2005) described characteristics and possible effects of psychosis-seminars and triad groups:

✓ Many participants are characterized by a lot of experience, often over many years.

✓ Main benefits for carers stem from gaining knowledge, sharing experience and being able to discuss concrete issues they struggle with within their family with persons, who know similar situations from their own experience, but with whom they are not intimately entangled through emotional and biographical bonds.
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- Professionals value not only the opportunity to gain new insights into the experience of psychiatric problems, but also review their role and their practices in new and comprehensive perspectives.

- Many attendants share the wish to improve current psychiatric practices and advance the concepts of mental illness and health.
‘This openness must continue’ - Changes through trialogue identified by users, carers, and workers

- Communication in trialogue groups is clearly different from clinical encounters.
- All three groups cherish and aspire to interest for each other, good will and openness.
- Daily clinical routine with role prescriptions, power balance and constant pressure to act is experienced as an obstacle.

- Trialog facilitates a discrete and independent form of communication and acquisition and production of knowledge.
Its normal to be different!

The Trialogue experience is indicative of our capacity for surviving and gaining from serious arguments about adverse issues as well as the great possibilities of cooperative efforts and coordinated action.
Partnerships for better mental health worldwide: WPA recommendations on best practices in working with service users and family carers.

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UN-CRPD

‘New Diplomacy‘

New forms of interaction and negotiation strategies emerged from the process towards the UN-Convention for the Rights of Persons with Disabilities.

Sabatello & Schulze (2013)
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However, many diplomatic delegations and civil rights organizations ‘simply lacked the expertise, knowledge, and understanding to properly address the needs of persons with disabilities’ and the willingness to learn from organizations and people with a lived experience background.

Schulze & Sabatello, 2013
UN-CRPD

‘New Diplomacy’

‘With hundreds of persons with disabilities in the UN corridors, in the negotiating room, in the various meetings, and in the cafeteria’ ….. ‘it became impossible to avoid a dialogue’ (Sabatello 2013)

Never again letting the dialogue break down had been an essential goal of the creators of Trialogue and the trialogue movement.
Trialogue

*a process of communication between service users, carers and mental health workers beyond role stereotypes*

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Dorothea Buck

„Seventy Years of Coercion in German Psychiatric Institutions, Experienced and Witnessed“
Key-note speech from June 7, 2007 at the congress "Coercive Treatment in Psychiatry: A Comprehensive Review", WPA, Dresden, Germany, June 6 - 8, 2007

youtube

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Dorothea Buck *1917

- 5 stays in psychiatric hospitals between 1936 and 1959
- subjected to various forms of coercion, such as forced sterilization, cold wet sheet packs and forced injections and was never granted a single talk about the origin or meaning of her psychotic episodes.
- Facing the historical development of psychiatry and its effects on today's mental health system, she challenges a psychiatry, which rejects communication with patients
- She demands a paradigm shift toward a psychosocial system based on the wealth of patients' experiences and provides alternatives, such as the therapeutic principles of *Soteria* and Yrjö Alanen's *Need-Adapted Treatment.*

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Dorothea Buck, * 1917

- 1992 – co-founder of the Federal Association of (ex-) Users and Survivors of Psychiatry now Honorary Chair.
- Countless lectures in Germany and abroad and contributions in specialised journals and anthologies.
Dorothea Buck, * 1917

- 1997 – awarded with the "Bundesverdienstkreuz erster Klasse" (decoration of the Federal Republic of Germany for service to the community).

- 2008, awarded with the Großes Verdienstkreuz des Verdienstordens der Bundesrepublik Deutschland, the greatest decoration of the Federal Republic of Germany for service to the community.

- Publications include:
  
  * On the Trail of the Morning Star: Psychosis as Self-discovery, 1990;
  * Don’t Give up: Texts 1968-2001, 2002);
  * Alternatives Beyond Psychiatry, published by Peter Lehmann Publishing
  * The Sky and Beyond – On the Trail of Dorothea Buck. Film by Alexandra Pohlmeier, 2008
President of the German Association for Psychiatry and Psychotherapy
Frank Schneider in 2010

‘I stand before you today as President of an association that has taken nearly 70 years to end this silence and recall the tradition of enlightenment through science in which it stands.

www.dgppn.de/english-version/history/psychiatry-under-national-socialism.html
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….. In the name of the German Association for Psychiatry and Psychotherapy, I ask you, the victims and relatives of the victims, for forgiveness for the pain and injustice you suffered in the name of German psychiatry and at the hands of German psychiatrists under National Socialism, and for the silence, trivialisation and denial that for far too long characterised psychiatry in post-war Germany.’
Dorothea Buck talks about how she ‘experienced the psychiatric system as so inhumane, because nobody spoke with us. A person cannot be more devalued than to be considered unworthy or incapable of conversation.’

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Research

- Process
- Outcome (empowerment, self-esteem, connectedness, knowledge, attitudes, stigma resistance, …..?)
- Users
- Carers
- Workers
- Multiple roles
- Community
- Qualitative
- Quantitative
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‚This openness must continue‘ - Changes through trialogue identified by users, carers, and workers von Peter S, Schwedler H-J, Amering M, Munk I (2014)

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Together we are stronger

*Examples of topics of discussion*

- Models of mental distress/disorder
- Outcome measures
- Use of coercion
- Compliance/Concordance/Adherence
Together we are stronger

Examples of common interests

• Access to mental health resources
• Overcoming prognostic negativism
• Overcoming discrimination and stigma
• Trialogue
Its normal to be different!

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Trialogue –
an exercise in communication between service users, carers, and professional mental health workers beyond role stereotypes

• people with a first hand lived experience
  (is there anybody without?)

• friends and family
  (is there anybody who is not?)

• people with a professional interest

! Nobody is left out!
Trialogue – learning and preventing

- A community with expertise in successful interventions with regard to secondary and tertiary prevention for persons with mental illness is likely to profit also in terms of primary prevention for the wider community.

- Learning about mental health and illness and helping community members with mental health problems can strengthen communities’ mental health capacities and improve mental health literacy for everybody.

- The currently often hidden knowledge of a large part of the community – namely that of families and friends of people with mental health problems as well as the expertise of those who are dealing with or have overcome such problems in their own lives – should be validated and shared.
Partnerships for better mental health worldwide: WPA recommendations on best practices in working with service users and family carers.

Firstly, the notion that ‘everyone ultimately has an intimate interest in upholding disability rights’ as disability is viewed as ‘an integral part of common human experience’ (Sabatello 2013).

Based on the prevalence rates for disabilities across the life span, clearly, almost everybody will have either personal lived experience or experience within the group of family and friends.