Using DIALOG in a meaningful way in Older Adult services

Recommendations & Good Practice

This document provides recommendations and best practice guidance that aims to standardise the use of DIALOG/+ in older adult services.

This has been developed by clinical and transformation leads in London Mental Health Trusts, VCSE partners and Queen Mary University of London DIALOG researchers.
See appendix for full list of contributors.

Contents Page

> **I found DIALOG helpful because I find out what the patients' needs actually are and I do not have to assume or "make up" information**
>
> Older Adult Registered MH Nurse, Band 6

Using DIALOG in Older Adult Services - Overview

- **DIALOG is commonly used in early intervention and Care Programme Approach services across London Mental Health Trusts.**
- **The London DIALOG Steering Group made up of clinical and transformation leads would like to expand the use of DIALOG across different settings.**
- **This document provides advice and guidance on the use of DIALOG in older adult services.**

What do we mean by Older Adult?

- An older adult is generally applied to people over ‘normal working age’. Chronological age is an indicator of growing older but differences in ageing are dictated by biological, psychological and social factors.
- Services for older people can range from 50+ but often a threshold age of over 65.

What is unique for an Older Adult?

- The NHS Long Term Plan looks to support patient-centred services that enable people to age well.
- DIALOG can be used as an effective tool to support preventative approaches in better understanding the physical and mental health needs of older adults.
- Psychosocial development in late adulthood is an important consideration.
- Common psychological issues affecting older patients may include, but are not limited to, anxiety, depression, delirium, dementia, personality disorders, and substance abuse.
- Common social and emotional issues may involve loss of autonomy, grief, fear, loneliness, financial constraints, and lack of social networks.

- This document is focused on using patient reported outcome measures (PROMS) in older adults mental health services.
- This document considers the changes to diagnostic groups e.g. dementia and service change e.g. using across memory services.

1. Ross et al (2017) https://www.ncbi.nlm.nih.gov/pmc/articles/PMC5798664/

Is DIALOG meaningful for everyone?

- **Professor Stefan Priebe (QMUL) acknowledges DIALOG was not devised for dementia or neurodegenerative disorders.**
- **Considerations need to be made on the diagnosis and services for older adults based on a persons capacity or ability to understand the questions that are being asked of them (mental capacity).**

It is important to note that **this is not an exclusion made on a discriminatory basis but one of fairness to ensure that DIALOG is used as a tool that is meaningful to that person** - this is important to ensure that it remains a valid and useful tool and is not abused or used without any purpose.

Out of scope contexts

If a person's mental capacity is diminished, for example due to later stages of dementia then the person may not understand or may not give a meaningful answer. It would be unfair to make a judgement on a persons needs if they have misjudged or misunderstood it.

This is an example where DIALOG would not be an appropriate tool as a patient-reported outcome measure (PROM) or patient reported experience measure (PREM).

Using a carer as a proxy for the person's DIALOG scores is not an appropriate way to determine a person's satisfaction score. The carer may want to use their own DIALOG to find solutions to their own concerns.

Capacity is time specific and question specific- for example, a person may be able to make a judgement on where they would like to be, such as at home, but may not have the capacity to go through a complex surgical procedure because they do not understand the risks.

A person may be unable to have a meaningful response to DIALOG questions for a brief period of time but regain the capacity to do so, e.g. when suffering from Delirium or in a dementia when their cognitive/ mental abilities fluctuate, e.g. Dementia of Lewy Body.

You will not complete a DIALOG with a person that is experiencing delirium- it is not an immediate planning tool. If they have an existing DIALOG you may see if there are parts that need adapting- asking questions that are relevant at the time however you will not need to do the whole rating for care planning purposes.

Additional Considerations of the DIALOG Questions

The following slides provide some suggested adaptations to the DIALOG questions

Additional considerations of the DIALOG questions

- To ensure that DIALOG is an appropriate tool for older adults there may need to be further considerations of the relevance / nuances of some of the questions.
- It would be more appropriate to extend the meaning of some questions rather than change the question for example in the IT and reporting system as this may pose challenges in making comparisons to other population groups if a consistent use of the questions are not used.

- For example there may be some needs that are greater in older adult population such as considering loneliness, grief, loss of autonomy and mobility issues that may have an impact on the mental and physical health of a person.
- The DIALOG questions may not explicitly cover all areas that are impacting on the person we would therefore refrain from giving each question a strict definition so that it is up to the service user to interpret what that means to them.

The following slides provides some examples of this

Top Tips & Considerations

- Understanding the value or purpose of DIALOG may be more important to get right in this group.
- Some people have reported that it can be more difficult to 'make the case' for DIALOG in this group as it is seen "as another set of questions" or they may be cautious to the reason for asking so many questions.
- Therefore it may be important to spend more time at the beginning of a conversation to explain the purpose of the questions, their importance and how it can help them.

- You may need to be careful at getting the right questions because it may be more likely to trigger people into negative thoughts, for example, asking direct questions around feeling lonely - for this group it may be more difficult to admit to needing additional support.
- You may need to follow up the DIALOG questions with other questions such as prompting people to thinking about their daily routine (see following slides for examples).

- It may be appropriate to remind people of previous conversations for example: "You may remember when we met last and we went through the DIALOG questions and spoke about your relationship with your family."

- Feeding back after completion of DIALOG is also an important consideration for this group.
- This may include explaining the next steps and giving people a chance to follow-up if they have forgotten about something and want to add it.
- Spending time to help the person understanding how this information is going to be used next may help to give them more confidence of taking part.

It is important to note that prompting questions should be used as an aid to get people to open up and not take them away from the original question

How satisfied are you with your job situation?

It may be more common in this population group that scoring the satisfaction of 'job situation' becomes irrelevant due to retirement. This question therefore can be adapted in line with the relevant needs of that person during the conversation.

Below provides two examples of how this question can be adapted to ensure that it remains a meaningful outcome measure and care planning tool.

Some older adults may be in paid work however it is likely that the majority of people in this group are retired

This question can be adapted to mean unpaid or voluntary work that replaces paid work after retirement. This question may be replaced (verbally) by:

> **How satisfied are you with your financial situation?**

Prompting questions may include:

- Do you have any money worries?
- Do you get to spend money on the things that you enjoy?
- Are you retired? Do you get involved in local activities or any pass time activities, occupation or vocation?

Use these prompts if the 'financial situation' question is not understood

A number of implementation projects involving Professor Stefan Priebe (not published) explored the use of this adapted question and was found to an acceptable adjustment.

Studies showed that patients were able to raise all of their concerns with the distribution of scores raising no issues.

The original DIALOG question should not be amended in the IT system as this might skew data when analysing it. This suggested adaptation verbally during the conversation with the person.

When asking prompting questions, return back to the original DIALOG question to ensure that you are using the tool to measure what it was designed to measure- people's satisfaction ratings.

Exploring mobility or frailty

Completing the DIALOG questions using a 4 step approach can help to explore wider needs that are unique to older adults such as mobility or frailty.

1	2	3	4	5	6	7
Totally Dissatisfied	Very Dissatisfied	Fairly Dissatisfied	In The Middle	Fairly Satisfied	Very Satisfied	Totally Satisfied

In turn this may help us have a better understanding of an older adults satisfaction with their overall physical health and inform healthcare professionals on how to support a person to age well and live well with frailty in line with what matters most to them.

We have used the term frailty as this is a technical term that is often used to describe the populations OPMH services work with. However, this is not a term we are suggesting is used with service users in DIALOG+ conversations, in which we could advocate for clinicians to use the language of the service user they are working with.

The following DIALOG questions may be relevant when exploring mobility or frailty but this will depend on the individual.

See the following slide for the example conversation

Example conversation

To listen to the video recording click here

The full conversation can be found on page 23 or click here

Below is an example conversation looking at the physical health DIALOG question to explore mobility and frailty

Step 1: Understanding

The service user is encouraged to explore positive and negative aspects of the situation.

The healthcare professional may want to explore a persons typical daily routine.

"Could you tell me more about your daily routine?

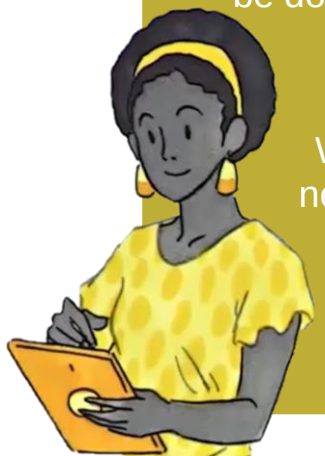
Are there any times where your body feels less/more achy?"

Step 2: Looking forward

The service user is encouraged to move away from a description of the problem towards the desired alternative scenarios.

"If you were feeling less fed up, what would you be doing more of?

What would you need to be able to do this?"



Step 3: Exploring options

The service user is asked to consider the practical actions that might help make a change.

"Is there something that I would be able to help you with?

What do you think you could do to help?"

Step 4: Agreeing actions

Appropriate actions are agreed upon. You may want to support the service user to consider achievable actions that can be reviewed in other sessions.

"What do you think would be a realistic goal- how many times a week do you think you should aim for?"

Exploring loneliness or isolation

Completing the DIALOG questions using a 4 step approach can help to explore wider needs that are unique to older adults such as loneliness and isolation

The DIALOG questions may help shape an older adults care plan by better understanding what matters most to them.

1	2	3	4	5	6	7
Totally Dissatisfied	Very Dissatisfied	Fairly Dissatisfied	In The Middle	Fairly Satisfied	Very Satisfied	Totally Satisfied

The DIALOG questions can be a helpful tool to explore feelings of loneliness and isolation and in turn help to combat the stigma around loneliness and a person's likelihood to open up to the impact that loneliness is having on their mental health.

It provides an opportunity to explore the reasons behind loneliness such as a family bereavement, leaving the workplace, disability or illness.

The following DIALOG questions may be relevant when exploring loneliness or isolation but this will depend on the individual.

See the following slide for the example conversation

Exploring loneliness or isolation

To listen to the video recording click here

The full conversation can be found on page 24 or click here

Below is an example conversation looking at the physical health DIALOG question to explore mobility and frailty

Step 1: Understanding

The service user is encouraged to explore positive and negative aspects of the situation.

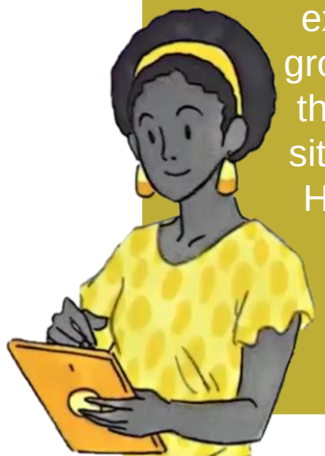
The healthcare professional may want to explore a persons typical daily routine.

> Could you tell me why you have rated this as a 3- try to explain to me what your normal day looks like and why you have rated this?

Step 2: Looking forward

The service user is encouraged to move away from a description of the problem towards the desired alternative scenarios.

> If you are able to go somewhere, instead of people coming to you, for example a local group- how would that improve the situation for you? How would that help you?



Step 3: Exploring options

The service user is asked to consider the practical actions that might help make a change.

> Is there anything that your friends of family may be able to do to help you make this easier for you?

Step 4: Agreeing actions

Appropriate actions are agreed upon. You may want to support the service user to consider achievable actions that can be reviewed in other sessions.

> What do you think would be a realistic goal- by the next time that we meet up in a months' time,

Practical considerations for using DIALOG

Person-centred consideration for assisted completion of the form

Who completes the form?

The service user usually completes DIALOG on their own but for some older adults it may mean that they are unable to physically complete the DIALOG questions/form where motor skills may prohibit completion of the scale, for example if the person has arthritis.

The below information provides some considerations on completing the form through a clinician or a carer and ensuring that it enables a person to feel involved and independent when they are unable to complete the form themselves.

- Ask the person first if they would like to complete the form. If they would like someone else to complete it, clarify who that person would be e.g. the clinician or the carer
- Explain what you are doing when completing the form
- Check with the person that you have understood what they mean
- Read back what you have added into DIALOG notes and check for clarification. Avoid making assumptions
- If possible, show the form to the person so they can see as you are completing the form

This information is intended for any person that may be completing the DIALOG questions on behalf of the person/ patient. This may be a clinician, Care Co-ordinator, Peer Support Worker or carer.

Completing DIALOG face to face

For older adults, this may be the preferred option of receiving care and participating in the DIALOG questions but this is not always the case as the person may have strong wishes to stay isolated due to COVID-19.

Completing DIALOG face to face may be more appropriate when the person:

- ☑ has hearing or visual impairment and visual aids/body language may be helpful
- ☑ is isolated and feeling lonely
- ☑ needs an interpreter

The DIALOG scale can be completed in around 20 minutes however it may not be likely that you can cover the whole of the care planning (DIALOG +) in one sitting.

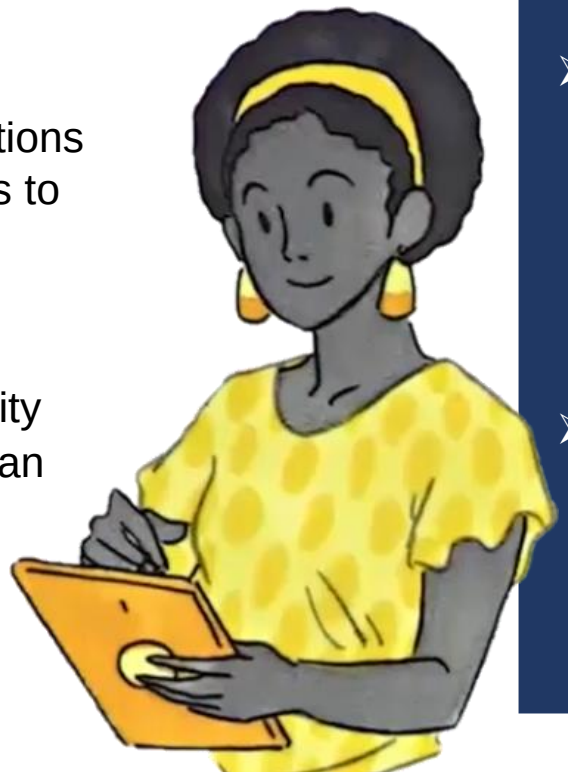
Using DIALOG remotely with Older Adults

The COVID-19 pandemic has **significantly impacted the way that we have been able to connect with local communities** face to face. This is particularly a challenge in this age group as there are still **around 5 million people over the age of 55 who are not online.** Clinicians have been considering the best way to deliver DIALOG remotely (either over the phone or video call).

Supporting older adults to get online

The voluntary and third sector organisations can work in partnership with NHS Trusts to support older adults to connect online.

VCSE and NHS staff such as Community Connecters or Peer Support Workers can help to support an older person use computers, phones and tablets to stay connected online.



For example

- Age UK and Lewisham are resourcing tablets and smartphones to older adults. They have been working with older adults to help improve the use of digital technology. Other Age UK groups have run digital inclusion projects including 1:1 support, classroom based services and drop in community sessions.
- Age UK Leeds are offering a new digital inclusion service to support older people to access and manage their own healthcare online providing equipment to those most in need, and supporting people to use their own equipment with the support of Digital Champions

Using DIALOG remotely with Older Adults

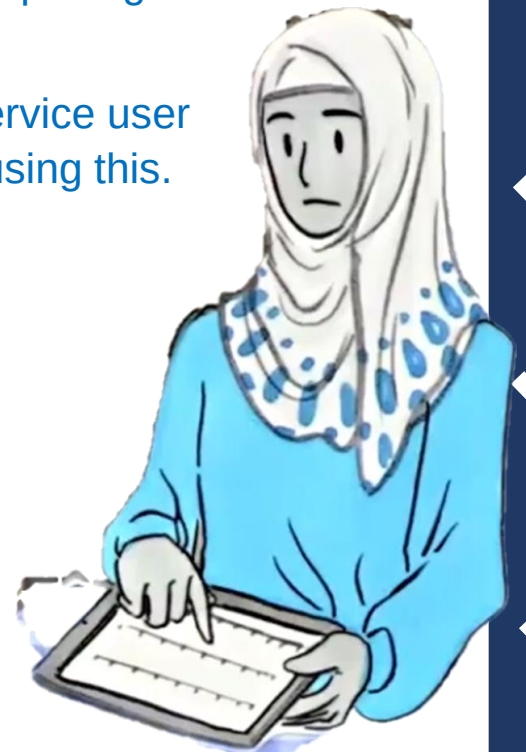
Completing DIALOG via video call

The clinician can complete DIALOG scores via the app or share the screen so that it can be interactive for the person.

The clinician or the person may be completing and filling in the DIALOG questions.

If your Trust has a patient portal the service user can complete the DIALOG questions using this.

You may have to check that the person is completing the questions fully e.g. that all questions are completed. This is important when considering the implications of using this as an outcome measure.



Points to consider

- ✓ Access to infrastructure and technology at both ends- consider the service users preference
- ✓ Data security – if you will send or store data in a different way.
- ✓ A process that allows a meaningful conversation in your session.

Completing DIALOG over the phone

Completing DIALOG over the phone can be challenging for both the clinician and the patient. It may be time consuming and difficult to keep people engaged.

- Consider ways that the questions can be shared with the person before the conversation e.g post or email.
- Spend time at the start of the conversation going through the scoring (1-7) and the meanings. If you are not able to send the scale beforehand you will need to ask the person to draw the scale on a piece of paper.
- Add in a brief explanation of how this was conducted over the phone in the free text box.

Guidance to explain DIALOG over the phone

The below information is a suggested framework that may help the healthcare professional or person that is completing the DIALOG questions with a service user over the phone- when they are unable to see the DIALOG questions and scales visually.

Step 1

Start by explaining why you are asking the questions- it may also be worth suggesting why DIALOG is important or how it will benefit the person.

For example, I am going to ask you some questions which will help me understand how you feel about different aspects of your life. There are 11 questions which cover your mental health, physical health, job or finance situation, accommodation, leisure activities, relationships with your partner or family, friendships, medication, practical help you receive and your healthcare professionals. I am going to go through each one and ask you to rate how satisfied you are which each one.

It may take a little bit of time for us to go through each area but it is important because it will help me understand what areas are most important to you and how I might be able to help you best.

Step 2

Talk through the rating scales and what each one means so that they fully understand what they are rating.

The rating scale starts at 1 and ends at 7.
I am going to tell you what each rating means, you may want to write this down.

Scale 1-3 are negative ratings.
1 – means you are totally dissatisfied
2- means you are very dissatisfied
3- means your are fairly dissatisfied

Scale 4 is in the middle

Scales 5-7 are positive ratings
5- means you are fairly satisfied
6- means you are very satisfied
7- means you are totally satisfied

There are no wrong answers so try to be honest as you can.

Step 3

Go through each question (domain) in turn.

I am going to start with your mental health. So how satisfied do you feel with your mental health?

Choose a rating from 1 – 7.

You may want to ask prompting questions such as how well do you feel that you are coping with your mental health and wellbeing lately.

NB if you use prompting questions remember to always bring the person back to the original DIALOG rating question.

[go through each question in turn] You may want to remind people how many questions are left so they can get an idea of how much longer this may take.

Step 4

Start to take the person through the 4 step approach [for DIALOG +].

OK, so now you have helped me understand what areas you are most dissatisfied with. You scored [areas 1] and [area 2] the lowest at 3- so would you like to focus on this area for today?

Start to take the person through using a 4 step approach.

Step 5

Once you have completed the DIALOG scoring [and 4 step approach for DIALOG+] remember to feedback to the person.

Remind them of how this information will be used. Tell them where it is recorded and the next steps.

The DIALOG + care plan produced in this way would be shared with the person e.g printed out and shared at next face to face contact / emailed, etc

Using DIALOG as an outcome measure and a care planning tool

Using DIALOG / DIALOG+ in the Electronic Patient Record

Any adaptations made to DIALOG e.g exploring wider challenges such as mobility, finance situation and loneliness. Will need to be documented on the IT system.

Suggested adaptation may include:

Trust's may want to add in a tick box around mental capacity to carry out DIALOG + OR a reminder about assessing capacity with a set of guiding questions around considerations of capacity.

This may also be relevant in adult services where clients receive Disability Living Allowance (DLA) or Personal Independence Payment and Disability Living Allowance (PIP) therefore such adaptations may want to also be considered here.

Any adaptations will need thorough consideration

Embedding DIALOG into one care plan

Developing one care plan for a service user is the end goal- a care plan that is used across all services and settings so that information on the service user is in one place.

Using DIALOG as a care planning tool is considered to be more clinically meaningful.

East London Foundation Trust Older Adult Teams are using DIALOG with their older adult service users.

It is usually completed in several sessions and the care plan is evolving whereby the service user contributes more as they get better.

It must be completed with the service user which means staff spend more time listening and adding to the care plan, rather than completing at the point of admission.

ELFT teams have had positive feedback when using DIALOG with service users with dementia. It is important that the family is also involved in this process.

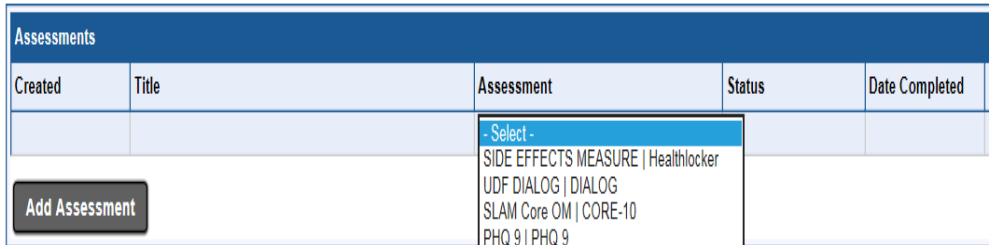
Using DIALOG / DIALOG+ in the Electronic Patient Record

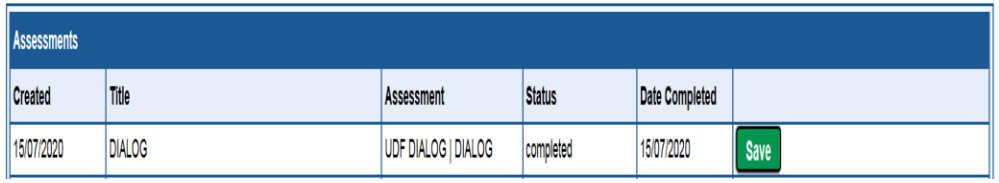
Some Trusts have developed patient portals that include information on DIALOG for the service user to access at home. The below information is on the Beth patient portal developed by South London and the Maudsley (SLaM) NHS Foundation Trust

DIALOG questions can be completed by the service user prior to the appointment which flow back into ePJS for staff to review saving valuable time.

Staff can also send assessments such as the DIALOG from ePJS to Beth. Once the service user completes it, it will flow back into the online assessment form for staff to review and save.

Sending Assessments from ePJS to Beth





Service users can use Beth on their mobile phone or computer to:

Set up and track personal goals to share what is important to you with your care team

View care plans agreed with healthcare professionals

Record personal goals and coping strategies to help care teams understand priorities and what works for them

Online diary and mood tracker these can be personal and not viewed by the healthcare professional

Communicate with the care team directly with a list of the members of the care team including carer access to the care team.

Analysing the data

DIALOG is a person centred and patient rated scale that measures **Patient Reported Outcome** (PRO measure or PROM) as well as a measure of **Patient Experience** (Patient Reported Experience measure). DIALOG can be used as an outcome measure and a care planning tool.

Using DIALOG as an outcome measure

How DIALOG is going to be used is an important consideration to ensure that when it is used as an outcome measure, **DIALOG keeps its integrity and value as a tool.**

Using DIALOG in a community setting, across numerous geographies, organisations and staff groups **can introduce new challenges when several people or partner organisations are completing the DIALOG form** with the same person.

For example

A Care Coordinator from the VCSE sector may visit a person and complete the DIALOG questions and three weeks later another DIALOG may be completed by a MH nurse. This may make the person feel disillusioned to the purpose of DIALOG.

Things to consider

- It is important that we have a clear and coordinated approach to using and imputing DIALOG/+.
- This includes an agreement on the different roles of DIALOG completion (for example the clinician inputs the data as the outcome measure) but a VCSE partner may visit the person and focus on one element of DIALOG e.g. satisfaction with physical health as a care planning tool.
- Who is accountable for what? – ICS, neighbourhood, Trust, clinical and non-clinical?

Appendix

What are the four steps?

Step 1: Understanding

Exploring both positive and negative aspects of the situation asking the person to explain the reasons for dissatisfaction and how they might like more help. Then the person is encouraged to consider existing strengths or coping strategies.

Step 2: Looking forward

Directing the person from a description of the problem to considering desired alternative scenarios. They are asked to imagine what changes he/she would like to see to replace the current undesirable situation. This can focus on long-term preferred outcomes and more short term small changes.

Step 3: Exploring options

Asking the person about what practical actions might help to bring about the desired change. This covers actions taken by the person, the healthcare professional or someone else.

Step 4: Agreeing on actions

Agreeing on defined actions to improve the person's condition and/or social situation. This step involves an agreement on specific and defined actions from the person or the healthcare professional or both. The agreed actions are briefly documented.

Conversation example 1: Exploring mobility or frailty

The example conversation below explores common needs of older adults such as mobility issues or frailty by using the DIALOG question physical health. This example starts the conversation using the '4-step approach' by the time you have arrived at this point the clinician and service user have already gone through the DIALOG questions and determined which ones have been scored lowest (1-3 to indicate areas they are most dissatisfied with).

The scenario below has established that the service user- Sandra has indicated they are most dissatisfied with their physical health and have scored it at 2- very dissatisfied.

Step 1: Understanding (Video: 00:32–03:07)

Healthcare worker: You have rated this area as 2, which means you have said that you are 'very dissatisfied' with your physical health so I'm going to explore this further with you.
Could you tell me about your daily routine?

Sandra: I usually wake up at about 7am and get up at around 9am as it takes me a while to get up. I get dressed and then go to the living room to watch television. I spend most of my day on the couch but I have a nice view into the garden. I wish I could get up earlier but it takes me so long. I feel unhappy about my physical health as I'd like to be able to move better in the morning, I feel really stiff and struggle to get out of bed in the morning- it takes me so long to get ready in the morning.

Healthcare worker: Do you think there is anything in particular that causes a good/bad day or anything you've noticed?

Sandra: My bad days are when I feel so achy that I just lie there in bed and it takes me a while to get the strength to get up and start the day. It would be better if I could get up earlier.

Healthcare worker: Are there any times when your body feels less achy in the morning?

Sandra: Sometimes, if I have been able to have a bath the evening before my body feels a bit better. But this only happens when I have some help to get in and out of the bath because at the moment it's too high for me to do on my own.

Healthcare worker: Is there anything you can think of that might help you to have more regular baths in the evening?

Sandra: Maybe having regular help on the nights I would like a bath so I can be safe, or maybe having a different bath so I can use it on my own.

Healthcare worker: You mentioned that you get up and watch television- do you make yourself some breakfast in the morning?

Sandra: No, I don't bother with breakfast because it's usually time for Lunch soon so I'll watch a bit of television and then make myself a sandwich around 12:00- if I managed to get up earlier I would eat breakfast.

Healthcare worker: OK so getting up in the morning and how you feel achy, the time it takes to get ready in the morning and the impact that this is having on the time you are able to eat breakfast is definitely something that is contributing to your dissatisfaction of your physical health.
If you were able to do more to be more active in the morning, how might that affect your mobility and physical well-being?

Sandra: Well, if I could get up earlier it would make me feel less fed up as I can start the day sooner instead of sitting around in bed.

Step 2: Looking Forward (Video: 04.44-05.51)

Healthcare worker: If you were feeling less fed up, what would you be doing more of? Is therefore something that can help you get up to a 3 or 4 (fairly dissatisfied or in the middle)?

Sandra: It would help if I could get up at 7am and make myself some breakfast and possibly go in the garden.

Healthcare worker: What would you need to be able to do this?

Sandra: I'd probably need some help in the morning but I'm not sure.

Healthcare worker: And what does that help look like- is that a person? Is it a family, friend or possibly carers? Or is it some aid to help you get up easier yourself?

Sandra: I'd like to stay independent but I'm not sure how I would do it.

Healthcare worker: So, you'd like to stay as independent as possible, helping you get up in the morning through some aids or equipment, being able to get yourself some breakfast easier and getting out in the garden for some physical exercise sounds like a good day for you?

Sandra: Yes, I think it would be a good start.

Step 3: Exploring options (Video: 07:10-07:49)

Healthcare worker: So, is there something that I would be able to help you with to organise getting you some equipment or aids?

Sandra: Yes, I don't really know what I would have to do to get something like that.

Healthcare worker: OK, so I will take an action to speak with social care to explore your options.

And what do you think you could do to help once you are able to get up easier.

Sandra: I could make my breakfast and take it in the garden with my walker (walking aid) and then have a walk around the garden.

Step 4: Agreeing actions (Video: 09:34-10:19)

Healthcare worker: OK, great- so what do you think would be a realistic goal- how many times a week do you think you should aim for? Perhaps start off small and work your way up.

Sandra: I could try to do it once a week and I'll see after that.

Healthcare worker: OK, fantastic- so Sandra, today we have agreed that I will speak to my colleagues in social care, I'll do that this week and they will be in touch. And once those aids are in place, you will make sure that you have some breakfast every morning, and at least once per week you will take it into the garden and have a walk around the garden. I will add this into your notes- does that sounds like a helpful first step to help you improve your physical and mental health wellbeing?

Conversation example 2: Loneliness or isolation

The example conversation below explores common needs of older adults such as loneliness or isolation by using the DIALOG question 'friendship'. This example starts the conversation using the '4-step approach' by the time you have arrived at this point the clinician and service user have already gone through the DIALOG questions and determined which ones have been scored lowest (1-3 to indicate areas they are most dissatisfied with).

The scenario below has established that the service user- Sandra has indicated they are most dissatisfied with their friendship and have scored it at 3- fairly dissatisfied.

Step 1: Understanding
(Video: 13:12-14:37)

Exploring both positive and negative aspects of the situation asking the person to explain the reasons for dissatisfaction and how they might like more help. Then the person is encouraged to consider existing strengths or coping strategies.

Healthcare worker: You have rated this area as 3, which means you have said that you are 'fairly dissatisfied' with your friendships so I'm going to explore this further with you.

Could you tell me why you have rated this as a 3- try to explain to me what your normal day looks like and why you have rated this?

Sandra: Well, my normal day is usually on my own. I spend most days on my own apart from when I might go to the shops and that is when I usually see people. I'm starting to feel quite down about not seeing people- it gets lonely not seeing many people.

Healthcare worker: So, is this the main reason that you have rated this so low- because you spend large amounts of your days alone?

Sandra: Yes.

Healthcare worker: Is there anything in your normal routine that makes for good day?

Sandra: When my friend Barbara rings me that makes me feel better as I have someone to talk to.

Healthcare worker: OK so being able to see someone- to talk to them would improve things? If you were able to be more sociable- what impact would that have on your health and wellbeing?

Sandra: Yes, I think if I was able to see more people it would make me feel like I had people to talk to but that's difficult because my friends aren't able to come to me easily.

Step 2: Looking Forward
(Video: 18:13-18:56)

Directing the person from a description of the problem to considering desired alternative scenarios. They are asked to imagine what changes he/she would like to see to replace the current undesirable situation. This can focus on long-term preferred outcomes and more short term small changes.

Healthcare worker: If you are able to go somewhere, instead of people coming to you, for example a local group- how would that improve the situation for you? How would that help you?

Sandra: Yes it would help, it would be good to speak to people who are in a similar position as me with similar interests so I could have something to talk to them about.

Healthcare worker: What would you need to be able to do this?

Sandra: I wouldn't know what I could do, I don't have any idea of what sorts of things are out there. And, I would need some help getting out. I can't get out very well these days and when I do, I don't go very far.

Step 3: Exploring options
(Video: 24:24-24:48)

Asking the person about what practical actions might help to bring about the desired change. This covers actions taken by the person, the healthcare professional or someone else.

Healthcare worker: So, is that something that I would be able to help you with? I have the number for the local charity group- and you can discuss with them what may suit you best? I can also ask about help for transport.

Sandra: Yes, OK that would be helpful.

Healthcare worker: And what do you think you could do?

Sandra: I can speak with the charity and organise a group session that I can go to.

Step 4: Agreeing actions
(Video: 22:50-23:36)

Agreeing on defined actions to improve the person's condition and/or social situation. This step involves an agreement on specific and defined actions from the person or the healthcare professional or both. The agreed actions are briefly documented.

Healthcare worker: OK, great- so what do you think would be a realistic goal- by the next time that we meet up in a months' time, you will organise to speak with the charity group and organise a community group that you would like to attend regularly?

Sandra: Yes, I think that would work if I can get some help with transport.

Healthcare worker: OK, fantastic- so Sandra, today we have agreed that I will get you the charity number and you will ring them to explore options to organise a community group for you to attend and you will also ask them about transport. I will add this into your notes- does that sound like a helpful first step to help you improve your friendship and sociability?

Acknowledgements & Contributions

We would like to give thanks to everyone that contributed to this document and acknowledge their valuable input and advice.

This document has been signed off by London clinical leads across London including the London DIALOG working group and the London Older Adult working group clinical and technical leads.

With special thanks to:

- Dr Rahul Bhattacharya, Clinical Lead, New Models of Community MH Programme, HLP / NHSEI
- Dr Andrew Crombie, Consultant Old Age Psychiatrist, C&I
- Dr Guy Harman, Consultant Clinical Psychologist, Older Adult MH Services, CNWL
- Philip McNamee, QMUL Senior Researcher
- Prof. Stefan Priebe, Professor for social and community psychiatry
- Dr Waleed Fawzi, Consultant Psychiatrist and Trust-wide lead for MH care of older people
- Philip Adam, Community Connector, Age UK North East London/Mind/ELFT