Community Mental Health Fidelity Scale (COM-FIDE)

This **Co**mmunity **M**ental Health **Fide**lity Scale (**COM-FIDE**) is designed to measure the programme fidelity of the Open Dialogue and standard crisis and community care. The scale addresses four aspects of service provision:

1. Team structure and culture

2. Access and engagement

3. Delivery of intervention

4. External support

Additionally, an Open Dialogue addendum evaluates the extent to which Open Dialogue teams as a whole support and enact specific dialogical operational principles.

☐ **OD**   ☐ **Practitioners**

☐ **CAU**   ☐ **Senior Staff**

TEAM:

DATE: **RATED BY (INITIALS):**

TEAM STRUCTURE AND CULTURE	1 Limited evidence	2 Somewhat present	3 Mostly Present	4 Fully present
1. Team ethos and comprehensiveness Comprehensive, well-articulated, and shared model of care.				
2. Staff training Staff are trained and competent for their role, and their training needs are addressed and reviewed.				
3. Supervision There is a clear supervision model and all team members receive regular supervision.				
4. Team capacity Staffing levels are sufficient to effectively meet the needs of the team caseload.				
5. Staff roles Composition of the team is consistent with core team functions, and there are clearly defined roles and responsibilities within the team.				
6. Staff Satisfaction & Team Cohesiveness Staff feel well supported, valued, and part of a team.				
7. Safety Policies for risk management and protecting people at risk of harm (for clients, their families, and staff members) are in place and are openly discussed within the team.				
8. Client involvement in co-production There is a culture of involving clients in the development, planning, and evaluation of the team.				

ACCESS AND ENGAGEMENT	1 Limited evidence	2 Somewhat present	3 Mostly Present	4 Fully present
9. Access to the service Referral criteria and population served are explicit and understood by all staff members.				
10. Providing information Clients are provided with clear information about the ways of working and interventions provided.				
11. Prompt action The team is able to respond to new referrals and emergencies within its specified response times.				
12. Identification of support systems Client's support systems are identified, considered and engaged where appropriate.				
13. Progression through care Progression through the service is clear from access to discharge, adapting to individual needs and circumstances.				
14. Assertive engagement The team makes any reasonable effort to engage with clients: perhaps through contacting friends/family/professionals, or unannounced visits/welfare checks				

DELIVERY OF CARE	1 Limited evidence	2 Somewhat present	3 Mostly Present	4 Fully present
15. Meetings with clients The client is actively involved in determining the timing, location, and agendas of meetings.				
16. Shared decision making Decisions regarding care and treatment are developed in collaboration with the client, and where decisions are made without the them (e.g. to ensure safety), the team is inclusive in their process and explanation with the client.				
17. Information-sharing and communication The content of records and written communication are shared and reviewed in collaboration with the client.				
18. Continuity of care Systems are in place (e.g. individual staff members, joint working arrangements, clinical records) to ensure that continuity of care is provided.				
19. Coordination of care Systems are in place to support the proper coordination of care, which are monitored and reviewed through appropriate service structures (e.g. electronic patient records, team meetings, delegation of responsibility to an individual tracking this).				
20. Experts by experience Experts by experience of mental health problems provide care or support to clients (e.g. staff, volunteers, peer support groups)				
21. Outcome monitoring Formal individual or service-level data (such as individual mental health assessments and/or service use metrics) is used to improve delivery of care.				

EXTERNAL SUPPORT	1 Limited evidence	2 Somewhat present	3 Mostly Present	4 Fully present
22. Links with services The team has effective links with a range of other mental health, social, and care services, and the team enables the access and utilisation of these links				
23. Links with the community The team has effective links with people and organizations within the client's community and encourages their continued involvement.				
24. Carer involvement and support Family/carer's needs and support are considered and addressed including the provision of information about local support services for families and carers (e.g. carers groups, welfare advice, child support).				
25. Discharge and aftercare Care coordination/ or meetings include discussion and agreement of end of care, including referrals to other health and social care services, which is supported by a social support system or network.				

OPEN DIALOGUE ADDENDUM	1 Limited evidence	2 Somewhat present	3 Mostly Present	4 Fully present
1. Transparency - All discussions about the client and their network occur with them present. - There is a culture of 'nothing about them, without them' and neither the client nor members of their network are talked about when they are not present.				
2. Self-disclosure Professionals share their own lived experiences (self-disclosure) in both intervision and network meetings if deemed relevant and appropriate.				
3. Network engagement The team actively engages with the client's support network in order to enhance their involvement in daily activities and access to relevant services.				
4. Intervision frequency All members of the team meet at least weekly for intervision (or group supervision)				
5. Intervision content and structure -Intervision focuses on adherence to the key principles of Open Dialogue and the clinicians' own emotions and reactions, while minimising content of the actual case wherever possible. - Intervision includes team members sharing personal reflections in pairs/groups, reflections on which are then shared with team members.				
6. Team self-work - A regular programme of self-work is on-going within the team where such work is engaged in by all team members - Team members are encouraged to maintain a regular individual self-work practice				
7. Open Dialogue training and Continuing Professional Development (CPD) All team members have completed or are undergoing accredited Open Dialogue training and attend regular CPD.				