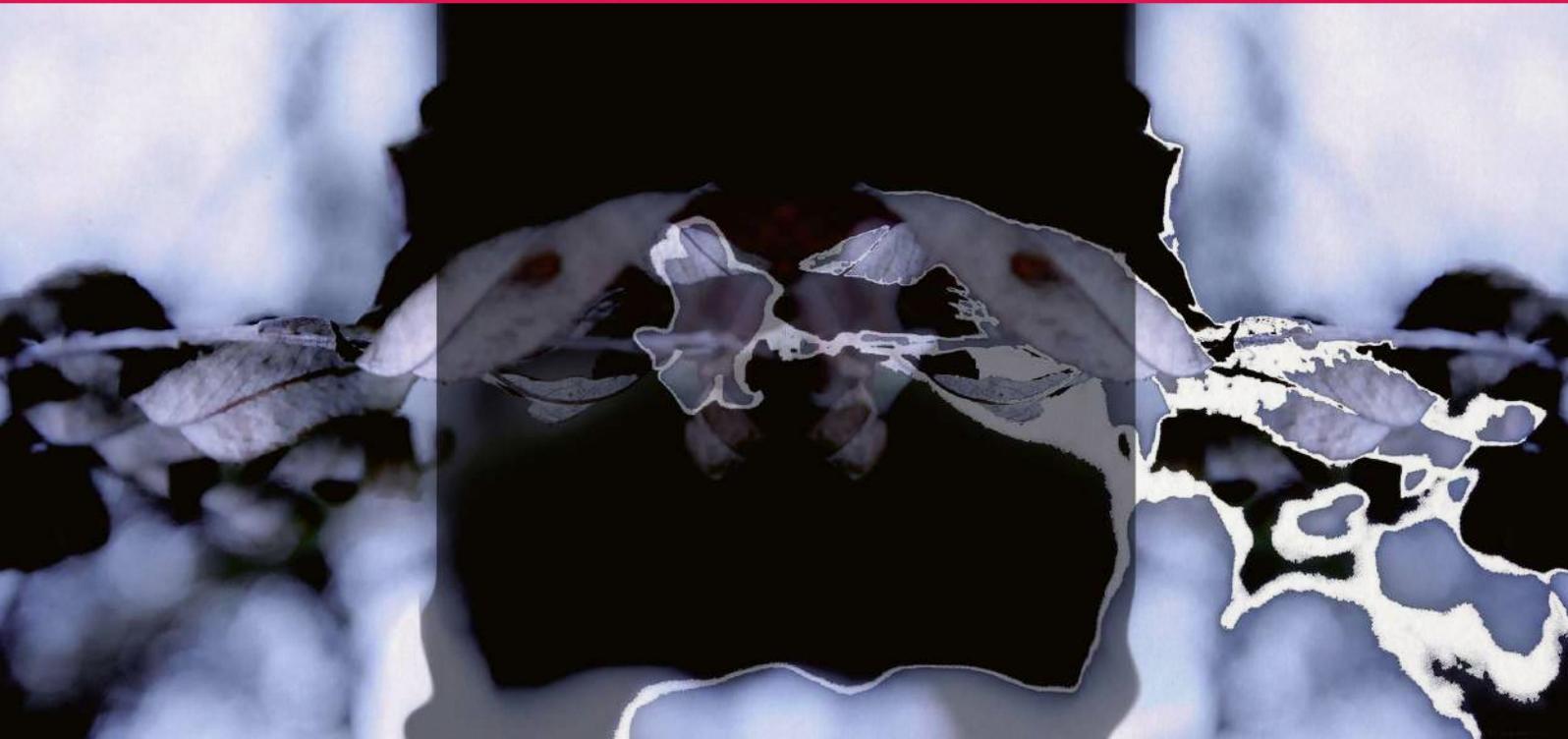


Health and Social Care Academy

# Emphasising Humanity: Open Dialogue



# Introduction

In 2015, the Health and Social Care Academy's Five Provocations for the Future of Health and Social Care<sup>1</sup> recognised that achieving meaningful change in health and social care requires new and different ways of thinking. One of the key elements of the Five Provocations was a focus on co-produced models of health and social care support which emphasise humanity, values and encourage people to flourish in challenging circumstances.

One particularly striking model of health and social care which has evidenced benefits is Open Dialogue, an approach developed to respond to people experiencing a mental health crisis (particularly psychosis). Open Dialogue seeks

to transform mental health care by breaking down existing barriers between people who access services, their family and friends, and professionals – and its development across the globe provides important lessons for people who are designing, delivering and receiving health and social care support.

This paper aims to draw together existing evidence on the Open Dialogue approach and consider the key ingredients required to make this a transformational approach.



**Open Dialogue is totally different to any kind of therapy I've had before. At first, I didn't know what to expect, but it helped that the psychiatrist and nurse were on my territory. I could always ask them to leave.**

Suzanne Chapman, participant in Open Dialogue<sup>2</sup>

1 <https://www.alliance-scotland.org.uk/blog/resources/five-provocations-for-the-future-of-health-and-social-care/>

2 <http://www.independent.co.uk/life-style/health-and-families/health-news/open-dialogue-the-radical-new-treatment-having-life-changing-effects-on-peoples-mental-health-a6762391.html>

# What is Open Dialogue?

Open Dialogue is a model of mental health care pioneered in Finland and subsequently delivered in countries around the world. Developed from a range of theoretical models, Open Dialogue emphasises a dialogue-centred approach that includes the person's family or social network and a consistent team of staff who are trained in family therapy, mindfulness and related psychological skills.

According to Open Dialogue UK<sup>3</sup>, Open Dialogue aims to work with families and social networks, in their own homes where possible, to help people 'experiencing a mental health crisis to engage in dialogue and to make sense of and move through the crisis'. This then supports people to tolerate the uncertainty of a crisis with the aim of long term healing and/or recovery.

## The basic principles of an Open Dialogue approach include:



Immediate support offered within 24 hours of the first call made to services.

All treatment carried out via regular network meetings which include the person accessing services, their family and extended social circle. This allows for the network to discuss and debate what they have heard with the person present.



A diverse, multidisciplinary team of trained healthcare practitioners working flexibly to meet the needs of the person – this includes holding meetings in the home, or another environment where the person is more comfortable.

The same team of staff remaining constant through an individual's contact with the service, providing continuity for the person accessing services and centring responsibility within that team.

Tolerating uncertainty, and avoiding the temptation to make premature decisions about next steps, so that networks take time to explore different options.

**Valuing and responding to every voice in the group.**

In some places, peer workers have also been included in the network group – they are treated as experts, and work to strengthen the sense of a supportive community around the person.

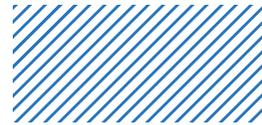


Embedded mindfulness training for professions and peers. This is critical to build the skills required to help the dialogue, reflection and finding a way forward.

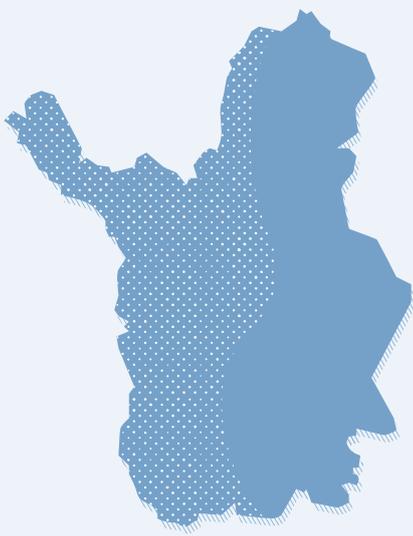


<sup>3</sup> <http://opendialogueapproach.co.uk/>

# Open Dialogue across the world



Since its development in the 1980s, Open Dialogue has been introduced in health and social care systems across the world. In many areas, it has proved successful in improving the wellbeing and recovery of people experiencing a crisis with their mental health.



## Western Lapland, Finland

The Open Dialogue approach originated in Western Lapland, Finland, with studies focusing on supporting people experiencing psychosis. Follow-up studies five years after the initial network meeting showed impressive results, and Open Dialogue is now the primary form of psychiatric service in Western Lapland. The study showed that:

19

Only 19 per cent of people relapsed, and

78

78 per cent of participants returned to full employment or study.<sup>4</sup>

This early evidence has encouraged mental health systems in a range of other countries to consider how Open Dialogue approaches can be implemented and/or adapted to support people through their mental health crisis. To date, this includes the mental health systems in Germany, Norway, Denmark, Italy, Ireland and the United States.

## New York City, United States

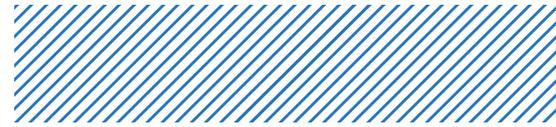
In early 2013, New York City pioneered a model whereby several mobile teams operated alongside 'parachute respite centres' – both of which were modelled on Open Dialogue principles. If a person reached crisis, they could be referred to the service, and were then seen at home by the enhanced mobile team within 24 hours of the call – this team would work with the individual as frequently as needed for up to one year, with group network meetings remaining a core element of the process. If the individual required a different level of care than can be provided at home, they could also be referred to a crisis respite centre, where they were able to stay for up to two weeks.<sup>5</sup>



4 <http://developingopendialogue.com/wp-content/uploads/2015/04/Notts-Healthcare-Trust-discussion-document.pdf>

5 [https://www.leaders4health.org/images/uploads/files/Parachute\\_In\\_500.pdf](https://www.leaders4health.org/images/uploads/files/Parachute_In_500.pdf)

# Open Dialogue in the UK



In March 2014, Dr Russel Razzaque and the North East London Foundation Trust (NELFT) organised a national conference on developing Open Dialogue in the NHS which was attended by 150 staff and people who use support and services from across the country.

The momentum generated from this led several Trusts - including NELFT, North Essex, Nottinghamshire and Kent & Medway - to commit to setting up pilot Open Dialogue services, and to evaluate them and deepen the evidence base, as part of a multi-centre randomised controlled trial (RCT), together with University College, London.<sup>6</sup>

The trial builds on the approach developed in New York, by incorporating peer support workers into network meetings alongside family and practitioners – this is known as a Peer-supported Open Dialogue (or POD) approach.

## Kent and Medway NHS and Social Care Partnership Trust<sup>7</sup>

The Kent and Medway Open Dialogue Service started on 1st February 2017 and is the first operational team to take crisis referrals within secondary mental health services in England. The development of the model has taken approximately 3 years with around 40 clinicians and practitioners trained in the approach on a one-year Peer Supported Open Dialogue training course.

Consistent with the Open Dialogue model in other countries, the service receives referrals at the point of crisis and remains involved in supporting the person until they are ready to be discharged back to their GP.

Early surveys indicate a high level of satisfaction from individuals and their families/networks, with the majority highly likely to recommend the service.

The team at NHS Kent and Medway have found their biggest challenges to be ensuring that the same practitioners work with individuals through their entire care pathway, and fully embracing the principle of “tolerating uncertainty”, so that they can sit with distress rather than quickly jump to expert solutions.



Beyond this pilot project, Open Dialogue UK has started to offer the first full Open Dialogue training programme outside of Finland (3 years), as well as the one-year foundation training programme<sup>8</sup>, and there are also several UK health services which have explored ways to engage with the Open Dialogue principles.

6 <http://www.nelft.nhs.uk/open-dialogue-pilot>

7 <https://www.kmpt.nhs.uk/research-and-innovation/open-dialogue.htm>

8 <http://opendialogueapproach.co.uk/>

# ***What could make Open Dialogue transformational?***



**An approach led and shaped by those who are accessing support, and their social circle, with empowerment and supportive relationships at the heart of the recovery process.**

**Ensuring team members have time to follow the principles at the heart of Open Dialogue. This includes effectively reconfiguring multidisciplinary teams to stay “attached” to a person.**

**Conversations facilitated by a multidisciplinary team that is shaped according to the needs of the individual – this team could include psychiatrists, social workers, occupational therapists, peer support workers and more.**

**A system that supports team members to tolerate uncertainty, and discourages short term solutions.**

**Open Dialogue approaches becoming the default mental health service, rather than just being an alternative to standard mental health services.**

# ***What could stop Open Dialogue being transformational?***



**Failure to rebalance the power dynamic between professionals and people and their families in the process. This shift in power could be seen as a threat to existing professional roles, assessment and treatment models and a loss of professional control.**

**Placing the focus on organisational need rather than local population need.**

**Fear of professional risk dominating the development of the approach. Open Dialogue requires a willingness to step into an equal partnership with the person and their support network. Therefore, professionals must enter their space with no predetermined outcome, and be comfortable with uncertainty and exploring different options.**

**Giving in to the temptation to structure network meetings, rather than letting discussion naturally progress despite uncertainty.**

**A lack of sufficient resource that prevents consistency in the Open Dialogue team.**

# Emphasising humanity, values and flourishing



**M**ental health services have transformed over the last thirty years – moving away from institutional care to community support. But, as the Royal College of Nursing Scotland has made clear, this transformation “did not follow a simple pathway of progression – it wasn’t easy, consistent or linear.”<sup>9</sup> Transformation did not have a single aim, but it sought to improve people’s lives.

In a similar vein, prevention and long-term recovery are central to the Open Dialogue approach. Critics of the existing mental health system in Scotland suggest that it places too much emphasis on dealing with the short-term diagnosis and support in a crisis, rather than placing the emphasis on long-term, more sustainable approaches.<sup>10</sup>

By placing the emphasis on a partnership between the person, their family and social network, the Open Dialogue approach has the potential to rebalance the power dynamic in mental health support and services and provide opportunities for transformation and improved outcomes for people, their families/social networks and practitioners. We recognise that this is a new approach that has the potential to transform mental health services and will require transformational change.

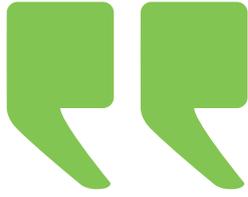
The Scottish Government’s Realistic Medicine initiative has encouraged professionals and people who access support and services to reconsider the style which has been adopted to shared decision making. Allied with the ten-year Mental Health Strategy, published in 2017, which seeks to embrace “the best international evidence, supporting empowerment and recovery oriented approaches to care and intervention”<sup>11</sup>, the mental health world in Scotland is being challenged to use innovative approaches to answer fundamental questions.

Whilst funding is scarce, the state can be discouraged from investing in new and innovative ideas, but in our view, there has never been a better time to lever improvements and innovation in mental health services. The Open Dialogue approach should be part of these considerations.

9 <https://www.rcn.org.uk/-/media/royal-college-of-nursing/documents/countries-and-regions/scotland/2016/november/mental-health-care-transformation.pdf>

10 <https://www.scottishrecovery.net/resource/scottish-mental-health-partnership-why-mental-health-matters-to-scotlands-future/>

11 <http://www.gov.scot/Resource/0051/00514513.pdf>



**I never met with a (schizophrenia) patient – I always meet with a human being.**

Jaako Seikkula, Co-founder of the Open Dialogue Approach in Finland

### **For more on Open Dialogue why not visit:**

Open Dialogue UK

<http://opendialogueapproach.co.uk/>

NELFT Open Dialogue Project

<http://www.nelft.nhs.uk/aboutus-initiatives-opendialogue>

'Open Dialogue: The Radical New Treatment Having Life-Changing Effects on People's Mental Health', *The Independent*,

<http://www.independent.co.uk/life-style/health-and-families/health-news/open-dialogue-the-radical-new-treatment-having-life-changing-effects-on-peoples-mental-health-a6762391.html>

**The Academy would like to thank the following people for their valuable contributions to this insight paper: Lesley Smith, Simon Bradstreet, Russell Razzaque and Viv Hamilton.**

