OPEN DIALOGUE in the UK

Dr Russell Razzaque
Consultant Psychiatrist
Associate Medical Director
North East London NHS Foundation Trust

2014 National CQC Community MH Service User Survey*

Poor Involvement…	
"I was involved as much as I wanted to be in agreeing my care"	57%
"A family member or someone close to me was involved as much as I would like"	**55%**
…leads to poor agreement	
"I definitely agreed with someone in NHS MH services on what care I'll receive"	43%
"Mental health services understand what is important in my life"	**42%**
"Mental health services help me with what is important"	41%
"mental health services help me feel hopeful about what is important"	38%

*16,400 SU respondents from 51 MH Trusts

At the same time…

- Mental ill health is now the highest cause of claiming equivalent of DLA
- RCPsych & RSPH state that "*The consequence of mental ill health has huge financial implications for the economy and this is set to double over the next twenty years*"
- Are things destined to get worse, or do we need a new way of working?

Social Networks

*"Mental health services for SMI persons may provide **substitute** social supports"*

This is a key aspect of the care we provide. However, unlike **real** social networks, the relationship is…

"Nonreciprocal"

Schizophrenia Bulletin, Meeks et al.

Open Dialogue…
A Different Approach

The patient's family, friends and social network are seen as "competent or potentially competent partners in the recovery process [from day one]" (Seikkula & Arnkil 2006)

- About **empowering**, not **replacing** social networks
- Every crisis is an opportunity to rebuild fragmented social networks (friends & family, even neighbours), to step up to the plate
- Staff receive **rigorous training in social network engagement**
- And the same staff group maintains **consistency of care throughout the patient journey**
- This, therefore, becomes the primary intervention itself (not an afterthought, as in most MH systems)

Outcomes

2 Year follow up (Open Dialogue Vs Treatment As Usual):

	OpD	TAU
Mild/no symptoms	82%	50%
Relapse	24% (74% returned to work or study)	71%
DLA	23%	57%
Neuroleptic usage	35%	100%
Hospitalisation	< 19 days	++

In a subsequent 5 year follow up, 86% had returned to work or full time study

Global Take Up

Rapidly increasing interest internationally and at home…

- First Wave:

Finland, Norway, Lithuania, Estonia and Sweden

- Recent Years:

Germany, Poland, New York, Massachusetts, Vermont

…training evolving and improving, becoming more accessible and focused.

Open Dialogue…
A Different Approach

Core principles…

- **The provision of immediate help** – first meeting arranged within 24 hours of contact made.
- **A social network perspective** – patients, their families, carers & other members of the social network are always invited to the meetings

Open Dialogue…
A Different Approach

- **Psychological continuity**: The same team is responsible for treatment – engaging with the same social network – for the entirety of the treatment process

- With this as the backbone of treatment, hospitalisation is resorted far less often

Open Dialogue…
A Different Approach

- **Dialogism**; promoting dialogue is primary and, indeed, the focus of treatment. "the dialogical conversation is seen as a forum where families and patients have the opportunity to increase their sense of agency in their own lives."

- This represents a fundamental culture change in the way we talk *to and about* patients. All staff are trained in a range of psychological skills, with elements of social network, systemic and family therapy at its core

Open Dialogue…
A Different Approach

- Social network meetings occur regularly – daily if necessary – for the first 2 weeks
- A sense of safety is cultivated through the meetings – both their frequency and their nature
- **Tolerance of uncertainty**: "An active attitude among the therapists to live together with the network, aiming at a joint process… so as to avoid premature conclusions or decisions"

Open Dialogue…
A Different Approach

- **Flexibility & Mobility**: "Using the therapeutic methods that best suit the case"
- Rapid response where physical safety threatened, otherwise, leaving models at the door (biological, CBT etc.) and using whatever works/arises in the moment through a dialogical process
- Minimum 3 meetings before new medication prescribed.

Open Dialogue…

A Compassionate, Mindful Approach

- **Being In The Present Moment**: *"Therapists are no longer interventionists with some pre-planned map for the stories that clients are telling. Instead their main focus is on how to respond to clients' utterances."*

- *"Team members are acutely aware of their own emotions resonating with experiences of emotion in the room."*

- ***Mindfulness*** *is a major aspect of training (studies show how it improves therapeutic relationships)*

Peer-supported Open Dialogue (POD)

- **Combined with Intentional Peer Support (from US)**
- *"The approach does not start with the assumption of 'a problem.' Instead people are taught to listen for how and why each of us has learned to make sense of our experiences, and then use the relationship to create new ways of seeing, thinking, and doing."*
- Peers as experts & key to social network formation

UK Multi-centre POD RCT

- Training

- Train approx. 50% of one team (EIP or CRT) for 1 year from 4 Trusts
- North East London, Nottinghamshire, North Essex, Kent
- Strong support from medical and service directors in each area
- Training organized by N.E. London NHS Foundation Trust
- Delivered by 12 trainers from 5 different countries
- Diploma to be accredited by AFT

- Pilot

- Run pilot for 2-3 years
- Compare to TAU re hospitalization, medication use, recovery outcomes and wider service use (CI: Prof. Steve Pilling & Panel includes: Prof Sonia Johnson, Prof Tom Craig & Prof Naomi Fuller)

- **Second wave of trial**

- Training starts in Jan 2016. Currently recruiting more Trusts around UK

Feedback/progress so far

- Started working with families in November 2015
- Incorporates same governance and risk assessment processes as TAU – only more detailed because…
- Whole family & network recruited into the process.
- **True partnership working**
- At end of each meeting network asked if they want to continue – and EVERY TIME they have asked to continue (usually high frequency initially, then decreases as need reduces)
- Staff step back from the constant "expert" role and no longer "in charge" as before
- Staff morale significantly higher, "I want to work in this way full time now"

Feedback/progress so far

- SU feedback:
  - "I feel very safe in these meetings"
  - "I have never been able to share like this, with anyone in all the years I have had mental healthcare",
  - "we feel so lucky and privileged to receive this kind of attention"
  - "I wouldn't have been in services for 20 years if I had this"
  - "I wish I had this before – it would have changed my life."
  - "I never want any other kind of care again"
  - "how can I help promote this so that everyone is treated this way?",

Peer-supported Open Dialogue *Quarterly Bulletin…*

www.podbulletin.com

Russell.Razzaque@nelft.nhs.uk