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OPEN DIALOGUE in the UK

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Family/Network is Key To Better Care & Outcomes

- "*Having friends (& a social network) is associated with more favourable clinical outcomes and a higher quality of life in mental disorders*" (Giacco et al., 2012)
- *"A systematic review of Randomised Controlled Trial (RCT) evidence suggests that family therapy could reduce the probability of hospitalisation by around 20%, and the probability of relapse by around 45%"* (Pharoah 2010)
- *"The estimated mean economic savings to the NHS from family therapy are quite large: £4,202 per individual with schizophrenia over a three-year period"*

Family/Network is Key

- **WHO International Pilot Study of Schizophrenia (IPSS), 1967;** ***patients in countries outside Europe and the United States have a lower relapse rate than those seen in developed countries***

- **Ten Country Study (Jablensky et al., 1992). [Data on outcome after 2 years were obtained for 78% (n=1078) of the original sample]** ***The long term outcome for patients diagnosed with broad schizophrenia was more favourable in developing countries than in developed countries***

- **WHO International Study of Schizophrenia (ISoS), 2000 [based on numerous cohorts including the original IPSS and Ten Country Study cohorts]** ***replicated the developed versus developing differential through long term follow up (>13 years follow-up)***

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Family Work/Therapy & NICE

- **Recommended across the board in a range of guidelines;**
  - Depression
  - Bipolar
  - Schizophrenia (strongly recommended)

- **But how many receive it? (?<10%)**

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But This Is Lacking In Our Services…
2014 National CQC MH SU Survey*

Poor network involvement …	
"A family member or someone close to me was involved as much as I would like"	55%
… leads to poor collaboration/agreement	
"Mental health services understand what is important in my life"	42%
"Mental health services help me with what is important"	41%

- *16,400 SU respondents from 51 MH Trusts

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Open Dialogue…
A Relational & Network Based Approach

- All MDT staff receive rigorous training in family therapy and related social network engagement skills
- This is therefore knitted into the very fabric of care – not an additional intervention offered on the side
- Every crisis is an opportunity to rebuild fragmented social networks (friends & family, even neighbours), by instilling a sense of group agency
- 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)
- There is an emphasis on building deep & authentic therapeutic relationships from the start

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Outcomes

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

	OpD	TAU
Mild/no symptoms	82%	50%
NO Relapse	**74% returned to work or study**	**(7% in the UK)**
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

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Global Take Up

- **First Wave:**

Finland, Norway, Lithuania and Sweden

- **Recent Years:**

Germany, Poland, New York ($150m invested in Manhatten by 2016), Massachusetts, Vermont, Georgia (U.S.)

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

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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

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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

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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

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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"**

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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.

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Open Dialogue…
Making a Mindful Connection

- **Being In The Present Moment:** ***"Therapists… main focus is on how to respond to clients' utterances from one moment to the next"*** **(not using a "pre-planned map")**

- ***"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)***

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Peer-supported Open Dialogue (POD)

- **Their experience is itself recognised as a form of expertise for the team**

- **They affect the culture of the team – keeping the hierarchy flattened and the combatting "them and us" mentality**

- **They help cultivate local peer communities – of value especially where social networks are limited or lacking**

UK Multi-centre POD RCT

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Training

- A % of one team (EIP or CRT) for 1 year from 6 Trusts
- North East London, Nottinghamshire, North Essex, Kent, Avon & Wiltshire, Somerset
- 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 – inc. Mary, Jaakko, Mia, Kari
- Diploma to be accredited by AFT
- First wave of 50 students completed in 2015
- Second wave training starts in Jan 2016 (70 more with 10% peer workers)

UK Multi-centre POD RCT

Trial

- Led by Prof Steve Pilling with robust panel from Kings, UCL & Middlesex Uni.
- Program grant submitted to NIHR for £2.4 million
- If successful, launch teams throughout 2017 and evaluate from end of 2017
- Recruit for 1 year and follow up for 2 years
- Compare to TAU re relapse + hospitalization, agency, social network size & depth, medication use, recovery/functional outcomes and wider service use

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Initial Feedback/Response

- **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”,
  - “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?”,
- **Staff Moral:**
  - “This is the most important training I’ve had in my career”
  - “I want to work in this way full time now”

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April 2016 National Conference

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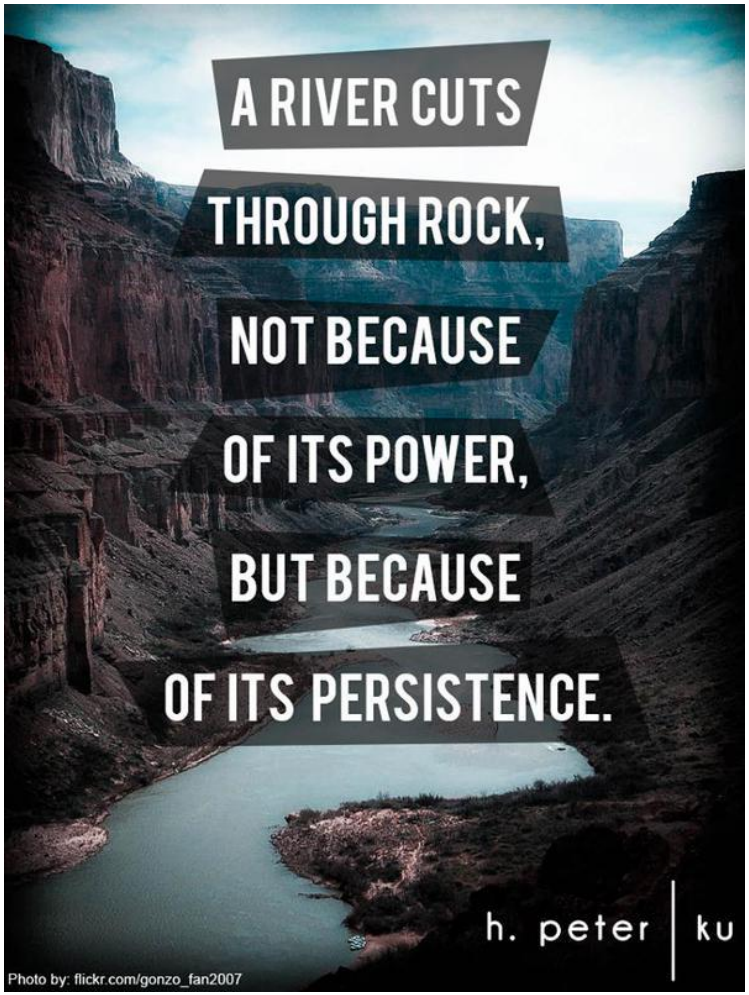
Challenges Ahead

- **Developing operational policies**
  - Creating a separate recovery POD team
  - With own culture & non-hierarchical way of working
  - Regular supervision to maintain practice and self work
  - Maintaining continuity of care across HTT and Recovery Team

- **i.e. can we be true to OD principles, and also deliver on a large scale?**

- **Can we also measure everything that happens/makes a difference?**


A RIVER CUTS
THROUGH ROCK,
NOT BECAUSE
OF ITS POWER,
BUT BECAUSE
OF ITS PERSISTENCE.
h. peter | ku
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THANK YOU

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For regular updates on the POD project, please go to:

www.podbulletin.com