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2016 Peer-supported Open Dialogue National Conference

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OPEN DIALOGUE in the NHS

Russell Razzaque

Consultant Psychiatrist & Associate Medical Director

When a flower doesn't bloom you fix the environment in which it grows, not the flower.
- Alexander Den Heijer -
www.livelifehappy.com

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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"*

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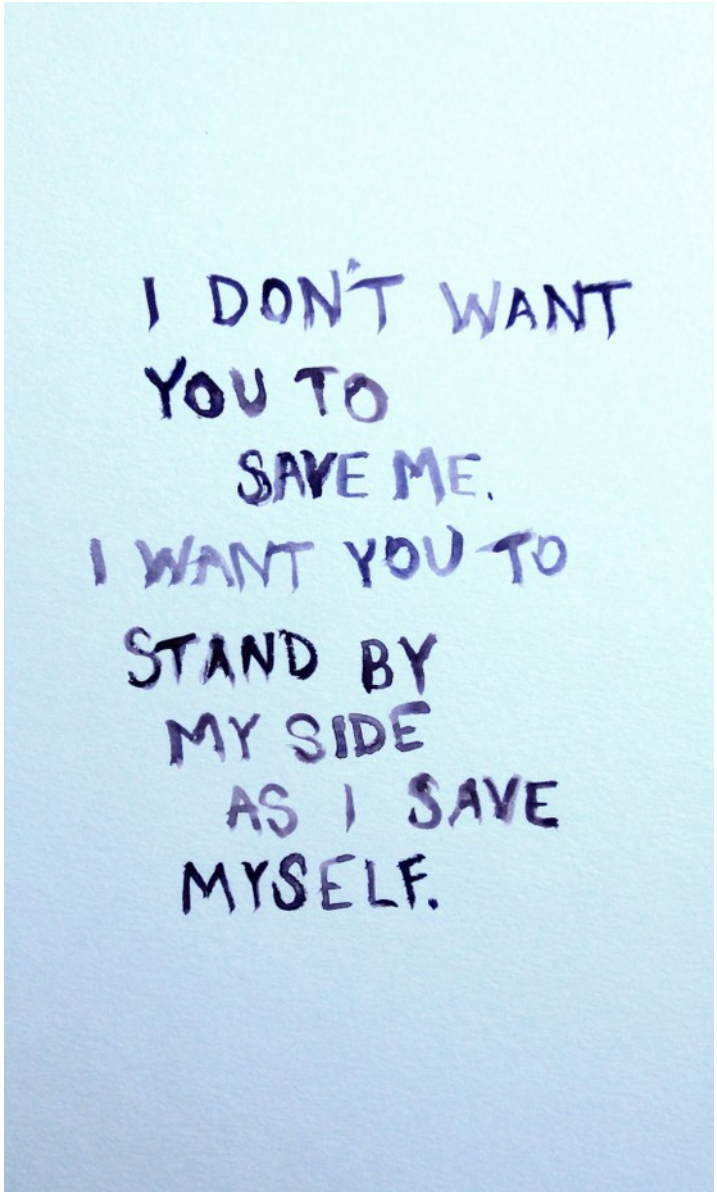
Open Dialogue…
A Family/Network Based Approach

Core principles…

- **The provision of immediate help**
- **Responsibility**
- **A social network perspective**
- **Psychological continuity**
- **Dialogue & Polyphony**
- **Tolerance of uncertainty**
- **Flexibility & Mobility**


I DON'T WANT
YOU TO
SAVE ME.
I WANT YOU TO
STAND BY
MY SIDE
AS I SAVE
MYSELF.

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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**	**(9% average in 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

Global Take Up

- **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.

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Peer-supported Open Dialogue (POD)

3 “P”s in POD…

- **A peer worker in every team; their experience is itself recognised as a form of expertise for the team**
- **A “we’re all peers” mentality in the team; combatting the “them and us” mentality**
- **Service users and peer workers cultivating local peer communities – can be of value especially where social networks are limited or lacking**

POD in the NHS

- North East London, Nottinghamshire, North Essex, Kent, Avon & Wiltshire, Somerset
- Training organized by N.E. London NHS Foundation Trust (not leaflets)
- 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 started in Jan 2016 (75 more with 10% peer workers)
- All teams part of a multi-centre RCT study led by Prof Steve Pilling with robust panel from Kings, UCL & Middlesex Uni. £2.3million NIHR grant application outcome in June.
- If successful study will run for 4/5 years
- Further teams being recruited for 2017 training to participate in “nested studies”
- Training will continue to be offered long term in partnership with LSBU

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POD in the NHS

- **The challenges**
  - Functional teams
  - Financial squeeze
- **The promise**
  - Better long term outcomes
  - Long term savings
- **The process**
  - Workstream 1 – autonomous teams
  - Your help…

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Best care by the best people

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THANK YOU

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Dr. James Osborne

Consultant Psychologist

Lead Psychologist for Adult Psychology Services in East Kent

- Kent & Medway NHS Partnership Trust
- James.osborne@kmpt.nhs.uk

Why Open Dialogue for me?

- Involve the Family or Social Network
- Immediate Help
- Same person throughout the care
- Promote Agency
- Reduce Risk

Risk

- Risk of unnatural death reduced by 90% when there is family involvement from the start (Medical Research Council AESOP – 10 year Study, 2015)

- Simon, R (2011) Preventing Patient Suicide: Clinical Assessment and Management, American Psychiatric Publishing

The Model in the NHS

- Combines:
  - 1) Therapeutic style treatment meetings
  - 2) An organisational structure with the continuity of the relationship at its heart.
- Peer Supported Open dialogue Team in Kent

Evaluating Open Dialogue in the NHS: the ODDESSI research programme

Professor Stephen Pilling PhD

Research Department of Clinical, Educational and Health Psychology

University College London, UK

Is OD a plausible intervention fit for evaluation?

- Social networks are implicated in development and maintenance of mental disorders (Giacco et al, 2012, Smyth et al, 2015)
- Can social networks be a focus for and modified by an intervention?
    - **Systematic review of social network interventions**

      Found 9 SN interventions across 16 publications: 4 RCTs

      6 focused on severe mental illness and 3 on drug and alcohol misuse

      few intervene directly with the network (OD and Hoult)
    - OD work in Finland (with some evaluation) and USA
    - SN as mediator?
- Can OD be implemented in the UK?
    - Pilot work in NELFT and Training Programme
- Can it be evaluated?
    - Can we specify it; do we have an adequate design, outcomes and comparator; can necessary service style changes be delivered

Proposed UK research programme

"***O***pen ***D***ialogue – ***D***evelopment and ***E***valuation of a ***S***ocial Network Intervention for ***S***evere Mental ***I***llness (**ODDESSI**)"

- 5 year programme, NIHR Programme Grants for Applied Research – awaiting Stage 2 review outcome
- Comprehensive evaluation with 5 workpackages, including a multi-centre cluster RCT
- 5 NHS Trusts across UK signed up as study sites
- Majority of OD staff teams, including peer support workers, will be trained by late 2016
- Funding decision Summer 2016, anticipated start February 2017

Programme aims

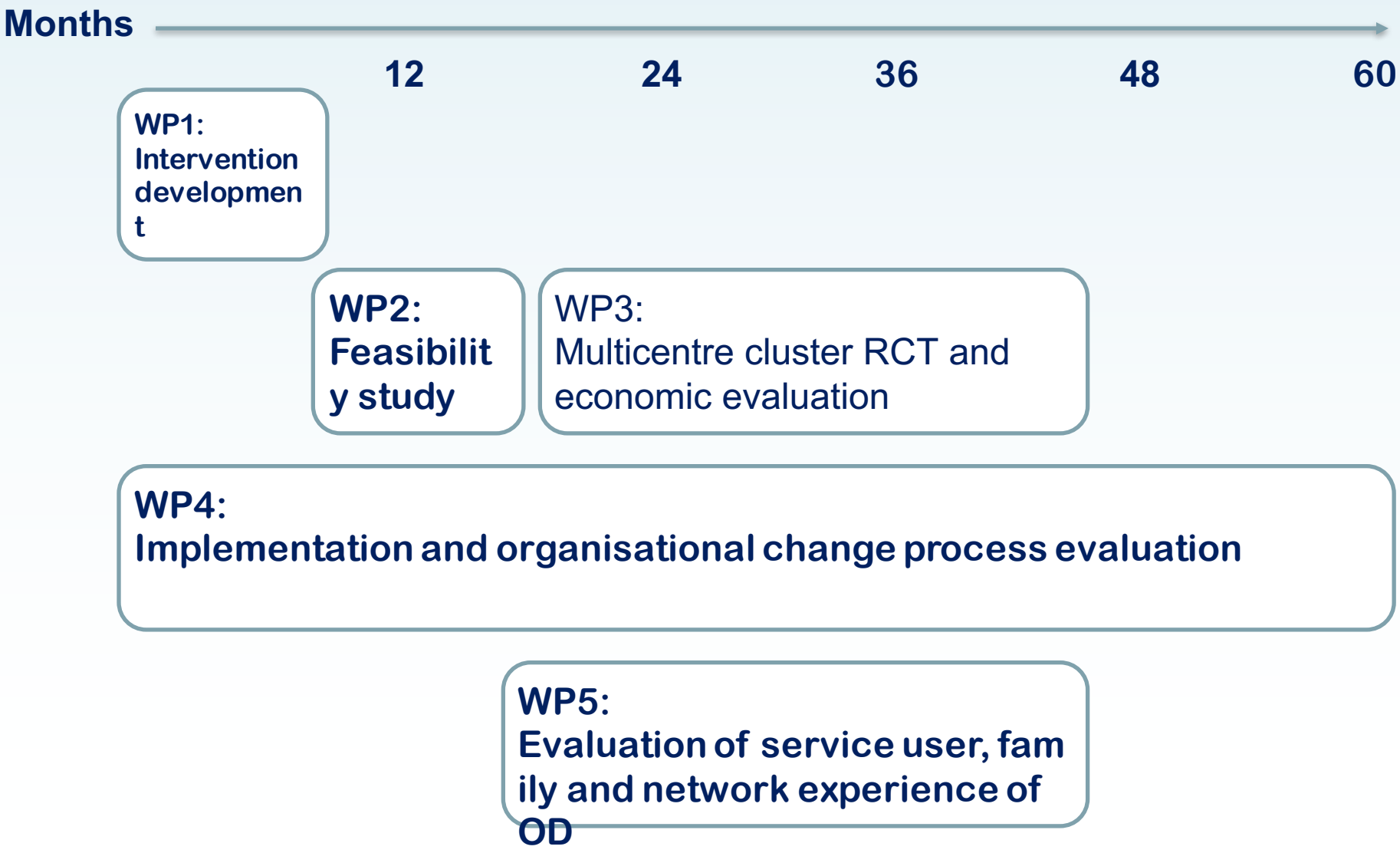
1. Develop a protocol acceptable to clinicians and service users for OD in the NHS for the management of mental health crises

2. Assess the clinical and cost-effectiveness of OD compared to usual care: does OD reduce time to relapse and improve quality of social network?

3. Assess the organisational changes required to support OD implementation in the NHS: can we organise services to deliver OD and develop a sustainable model?

4. Understand service user and their family and wider networks' experience of OD compared to usual care

5 Workpackages (WP)



WP1 – Intervention Development

1) Refine and establish the intervention

- OD teams start operating across all sites
- Develop draft operational protocol with core and flexible OD model functions and staffing structure, including peer support
- Stakeholder interviews/focus groups to support NHS implementation - how does the model vary across Trusts?

2) Develop new Peer Support component – 'POD'

- Integral members of OD team
- Role: assist service user to develop and maintain social network, attend network meetings, team meetings and supervision

WP2 – Feasibility Trial

- 9 month feasibility trial of 2 OD teams and 2 TaU teams in 2 Trust sites
- **Can we satisfy the following stop-go criteria so we can progress to the main trial**:

✓ Can we recruit 10% of trial sample?

✓ Can we retain 80% of participants at 3 month follow up?

✓ Can we collect primary outcome data from 85% at 3 months?

✓ Can we achieve the expected consent rate?

✓ Can all sites establish OD teams and the geographical clusters they serve and can all OD teams operate to protocol?

✓ Can all OD teams achieve adequate adherence and fidelity?

WP3 – Multicentre cluster RCT

- Pragmatic two-arm cluster RCT and cost-effectiveness evaluation of OD versus usual care (routine NHS crisis care, CRTHTT, and longer-term community care)
- 22 clusters randomized to deliver OD or usual care (23 per cluster)
- n=506 recruited over 12 months, 24 month follow up
- Include: 18+ years, service user in crisis, within 24-48 hours of CRHTT referral or discharged to CRHTT, ICD MH diagnosis

- **Primary outcome:** time to relapse (case-note method)
- **Secondary outcomes:** social network quality and size, hospitalisation, recovery, satisfaction with care, QoL, carer burden of care and shared decision making

WP4 – Implementation and organisational change process evaluation

- Stakeholder consultation – staff, NHS managers, service users
- Assess OD team adherence and fidelity to intervention and service model across sites
- Explore staff experience of OD training and of delivering OD and usual care
- Develop an in-service staff OD training programme
- Pilot a catchment-wide 'model' OD service in one Trust site following main trial

WP5 – Evaluation of service user, family and network experience of OD

- Service user, family member and/or social network member and practitioner experience of 'doing' OD together – what works, how does it work and what's different to usual care?

- Comparative case study approach: interviews with 15 OD v. 5 usual care families

- Topics could include experience of process and change, contextual factors affecting access and outcomes, perceived change in relationships, social engagement, empowerment

Professor Stephen Pilling

Director, Centre for Outcomes Research and Effectiveness (CORE)
Professor of Clinical Psychology and Clinical Effectiveness, UCL

s.pilling@ucl.ac.uk

Foundation Diploma in
Peer-supported Open Dialogue,
Social Network and
Relationship Skills

25th April 2016
Mark Hopfenbeck

We are all substantially flawed, wounded, angry, hurt, here on earth. But this human condition, so painful to us, and in some ways shameful – because we feel we are weak when the reality of ourselves is exposed – is made much more bearable when it is shared, face-to-face, in words that have expressive human eyes behind them.

-- Alice Walker, 'Anything We Love Can Be Saved'

Norwegian University of Science and Technology

NTNU

Local history

- Valdres projects from 1998; ”Its only natural”
- District Psychiatric Center, 6 Valdres municipalities population 18,000, Mental Health Norway, National Association of Carers, the Addicts Organization
- Post-graduate program in network meetings and relational competence since 2002, now in cooperation with Akershus University Hospital, Oslo
- 2011, Stabburshella, peer- and carer-run ‘Place-to-Be’
- 2012, funding from Norwegian Directorate of Health to construct a manual and fidelity instruments as a (rural) alternative to Assertive Community Treatment;
  - Open Dialogues In Network meetings (ODIN); A model for collaborative services for persons with substance abuse and mental illness

The POD Perspective

- The explicit integration of;
  1. Value-based practice
  2. Mindfulness and self-work
  3. Sociopolitical approach to recovery
  4. Relational skills
  5. Trauma-informed care
  6. Peer-support

1. Value-based practices
Empirically-based practices

«Value-based practice is based on the premise that **core values guide and direct a particular intervention**... Best practices are empirically-based practices that have impacted recovery outcome variables... Best practices also are value-based practices that have recovery values underlying the practice."

- Farkas & Anthony (2006) System Transformation Through Best Practices. *Psychiatric Rehabilitation Journal*

What are the core values of OD?
(based on the Valdres projects)

- Openness
- Authenticity
- Unconditional warmth

Openness

- The thing that hurts us in our daily interaction with our fellow men, is a lack of love and absence of direct, honest relationships.
    - Ylander & Larson-Lindeman (1978) *Makt och Rädsla (Power and Fear)*

- An open dialogue requires acceptance, respect and equality
  - 'transparency' – 'Nothing about us, without us'
  - Disclosure and self-disclosure

Authenticity

- The more the therapist is himself or herself in the relationship, putting up no professional front or personal façade, the greater is the likelihood that the client will change and grow in a constructive manner.
  - Carl Rogers 1980

- 'Just be a fellow human being whom I can trust'
  - A client's primary request when interviewed

Unconditional warmth

- Unconditional positive regard is the label given to the fundamental attitude of the person-centred counsellor towards her client. The counselor who holds this attitude deeply values the humanity of her client and is not deflected in that valuing by any particular client behaviours. The attitude manifests itself in the counsellor's consistent acceptance of and enduring warmth towards her client.
    - Mearns & Thorne 1988

- See also; Seikkula & Trimble (2005) Healing Elements of Therapeutic Conversation: Dialogue as an Embodiment of Love

2. Mindfulness to develop value-based practice

Therapist attitudes characterized by warmth, unconditional positive regard or acceptance, and genuineness have proved quite difficult to teach as a skill. Training programs have either neglected these personal attitudes or relied upon personal psychotherapy, sensitivity training, and the like for their development. In this regard **mindfulness training** may be an extremely promising addition to clinical training because it may indeed foster attitude change (internalization) toward greater acceptance and positive regard for self and others.

- Lambert & Simon (2008) The Therapeutic Relationship: Central and Essential in Psychotherapy Outcome

Developing value-based practice requires self-work

«.. a simultaneous exploration of one's inner world and private thoughts… When we begin training, we embark on two simultaneous journeys; one outward into the professional world and the other inward, through the labyrinths of our own psyches… The more fearless we become in the exploration of our inner worlds, the greater our self-knowledge and our ability to help clients.»

– Cozolino (2004) *The Making of a Therapist*

3. Sociopolitical approach to recovery

- The sociopolitics of emotional distress…
  - Marginalized, stigmatized, excluded, discriminated

"A recovery-oriented paradigm can not, and will not, be realized simply by changing what people do (i.e., their behavior). It also requires changing the way that people feel and think (i.e., their hearts and minds). As individuals and as a system, we must look inward and address the obstacles that linger in our own perspectives and worldview, and then we must talk with each other honestly and openly about what we see."

  - Tondora, m.fl. (2005)

4. Relational skills

"Interpersonal skills are core competencies in mental health care... Increasing relational skills and improving the ability to collaborate require that the topic be addressed and prioritized so high that sufficient time and resources are made available. In order to cultivate one's relationship skills you must be willing to engage in personal development work, you need a forum for reflection and you need someone to reflect with, ie competent supervisors."

– Steihaug & Loeb (2007) Mental health services for resource intensive users (in Norwegian)

What are those skills?

- ‘Being flexible, honest, respectful, trustworthy, confident, warm, interested, open, explorative, reflective, noting past therapy success, interpreting accurately, facilitating the expression of affect, and attending to the patient’s experience contribute positively to the therapeutic alliance’
  - Ackerman & Hilsenroth (2003) A review of therapist characteristics and techniques positively impacting the therapeutic alliance. *Clinical Psychology Review,* 23, 1-33

5. Trauma-informed approach

"A program, organization, or system that is trauma-informed realizes the widespread impact of trauma and understands potential paths for recovery; recognizes the signs and symptoms of trauma in clients, families, staff, and others involved with the system; and responds by fully integrating knowledge about trauma into policies, procedures, and practices, and seeks to actively resist re-traumatization."

– SAMHSA's Concept of Trauma and Guidance for a Trauma-Informed Approach (2014)

The impact of adverse childhood events (ACEs) on women

- 54% of depression in women can be attributed to childhood abuse.
- Women with an ACE score of 4 or more are almost nine times more likely to become victims of rape and five times more likely to become victims of domestic violence than women with a score of zero.
- Two-thirds of all suicide attempts are attributable to ACEs; women are three times more likely to attempt suicide than men across the lifespan.

Six key principles of a trauma-informed approach

1. Safety
2. Trustworthiness and Transparency
3. Peer Support
4. Collaboration and Mutuality
5. Empowerment, Voice and Choice
6. Cultural, Historical, and Gender Issues

"Adopting trauma-informed policies may require a fundamental cultural shift within organizations intended to promote a greater sense of equality…"

- SAMHSA (2014) Trauma-Informed Care in Behavioral Health Services

6. Peer Support

- Peer support is a system of giving and receiving help founded on key principles of respect, shared responsibility, and mutual agreement of what is helpful. Peer support is not based on psychiatric models and diagnostic criteria. It is about understanding another's situation empathically through the shared experience of emotional and psychological pain.
  - Mead, et al (no date) *Peer Support: A Theoretical Perspective*

Peer-supported services

- Peers on all teams
- Community-based Peer Support Networks and meeting places
- 'A Place to Be', connecting, contributing (Bradford Soteria)
- User-driven day centres and respite/crisis centres
- Stigma reduction, network building, social inclusion
- Building values;
  - «It's normal to be different»
  - «Everybody hurts sometimes»
- Potential therapeutic factors; (1) presence of others, (2) cohesion and understanding, (3) self-disclosure, (4) openness, (5) discussion, (6) insights, (7) observational experiences and (8) guidance (Hellemans, et al. 2011).

Mechanisms linking social ties and support to physical and mental health

- Thoits (2011)

- From significant others;
  - Love, care, concern
  - Sympathy
  - Being there
  - Instrumental assistance
- From similar others, i.e. peers;
  - Empathic understanding
  - Acceptance of ventilation
  - Validation of feelings and concerns
  - Threat appraisal
  - Role modeling
  - Inspiring hope

The training…

- The first English language post-graduate program in Peer-supported Open Dialogue
- In cooperation with London South Bank University
  - Will soon be validated at LSBU and we will start recruiting
- First module starts the 23rd of January 2017
- Residential; The Friars at Aylesford

Organisation

- Four five-day residential modules
- Assignments – reflexive writing / discussions
- Mindfulness and self-work
- Clinical course work / supervision / project work
- Readings
- Eight hours pr week

- Val Jackson, Russell Razzaque, Mark Hopfenbeck

Modules

- Mindful movement every morning
- Mindfulness meditation or other form for contemplation
- Peer experts; Corrine Hendy, Rai Waddingham, Yasmin Kapadia, Anna Arabskyj, Kerry, Charmaine, Lauren
- Jaakko Seikkula, Mia Kurtti, Mary Olson, Chris Gordon, Ed Atlwies, Natalie Tobert, Katie Mottram, Hugh Fox
- Network meetings with families, experiential exercises, role plays, support groups, reflections, dialogues…

Clinical course work

- Prepare flyer
- Start meeting families
- Active use of fidelity criteria
- Local supervision groups
  - Focus on process and personal experience (not content)

Assignments

- Learning and development post (min 400 words)
- An autobiography post (min 400 words)
- A family life cycle post (min 200 words)
- A family of origin post (min 200 words)
- Four module posts (min 200 words)
- Three literature posts (min 200 words)
- Three clinical posts (min 200 words)
- Three mindfulness posts (min 200 words)
- Three organisational development posts (min 200 words)
- Group-based POD development report (min 4000 words)
- Learning and development essay (min 2000 words)

- Finals
  - Group presentation of fidelity video
  - Group presentation of development report
  - Assignment portfolio

Want to create change?

We will soon be accepting applications for the 2017 training…

Have any questions or want more information, contact

Mark.Hopfenbeck@ntnu.no

Or stay informed via our FB group:

Network for Open Dialogue Practices and Reflective Processes

https://www.facebook.com/groups/234079520082275/

Family Therapy and beyond

Val Jackson
April 25th 2016

"OK, maybe you're not yet ready for group therapy."

I am who I am because of who we all are

UBUNTU

Leung
UNDERSTANDASCOPE
WHOSE LENS ARE YOU LOOKING THROUGH?

Developingopendialogue.com

Thankyou

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Dialogue First

- 0300 555 1201 ext 54005
- Dialogue.First@nelft.nhs.uk

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NELFT Dialogue First

@NELFTDialogue1

Dialogue First is a NELFT NHS Foundation Trust Service. We are an Open Dialogue informed NHS team, accepting referrals from any GP nationwide from May 4th 2016.

nelft.nhs.uk/aboutus-initia…

Photos and videos

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NELFT Dialogue First @NELFTDialogue1 · 9m

Dialogue First - an #OpenDialogue informed #NHS service, accepting referrals from GPs nationwide - launches May 4th

NELFT, Russell Razzaque, AmyJebreel and 6 others

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ABOUT

Dialogue First is an Open Dialogue Informed NHS service, accepting referrals from any GP nationwide from May 4th 2016

Tel: 0300 555 1201 ext 54005

http://www.nelft.nhs.uk/dialoguefirst

NELFT Dialogue First added a new photo.

April 9 at 9:51pm ·

Dialogue

We think of mental health difficulties as expressions of distress and trauma that haven't found words and meaning. The aim of the meetings is to develop a dialogue, giving a voice to all concerned putting the person at the centre. We won't rush to find solutions but listen responsively to you.

Like | Comment | Share

3

1 share

www.nelft.nhs.uk/dialoguefirst

NELFT NHS
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Home | About us | Our services | Patients, carers and visitors | News and events | Contact us | Work for us

Home > Our services > Dialogue First service

Our services

- Barking and Dagenham
- Basildon
- Brentwood
- **Dialogue First service**
  - What is Open Dialogue?
  - Who we are
  - Our approach
  - What do we offer?
  - Making contact and referrals
  - Booking an appointment
- EWMHS for Southend, Essex and Thurrock
- Havering
- Redbridge
- Thurrock
- Waltham Forest
- Our services
- Wards

Dialogue First service

Dialogue First - A new person-centred mental health service utilising key principles of Open Dialogue

Where it all began

A number of NHS Trusts have been discussing and examining Open Dialogue in the UK for the the past last few years, and in March 2014, NELFT NHS Foundation Trust took a position of leadership in this emerging coalition by organising a national conference on developing Open Dialogue in the NHS -- attended by 150 healthcare staff and mental health service users from across the country. You can find out more information about that event here.

This led several NHS Trusts to commit to setting up the Peer-Supported Open Dialogue (POD) Services over the next few years.

The NHS trusts involved include NELFT, North Essex, Nottinghamshire and Kent and Medway.

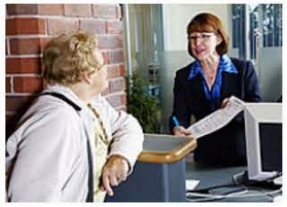
Find out more about our pioneering Dialogue First service via the pages below

What is Open Dialogue

Who we are

Our approach

What do we offer?



Making contact and referrals

Booking an appointment

"For the word (and consequently for the human being) there is nothing more terrible than a lack of response" – Mikhail Bakhtin

What we like is that everyone gets a chance to speak and be heard and understood.

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Dialogue First

- Referral required from GP.
- Not currently receiving Mental Health Services.
- Not in crisis.
- Able to travel to our rooms in Dagenham or Harold Wood.

Our rights, our voice, our control

Values based Commissioning:

Experience leading cultural change

Monday 25th April 2016

Dr Emma Perry, Naomi Good, Felix Pring, Michael Whitaker, Vittoria De Meo

together we are stronger

4pi National Involvement Standards

Who we are

nsun network for mental health

Our vision, mission and values

We bring mental health service users survivors and carers together to communicate, feel supported and have the power and the platform from which to have direct influence at every level.

- Solidarity
- Integrity
- Diversity
- Equality

together we are stronger

Making A Difference Alliance

LikeMinded
WORKING TOGETHER FOR MENTAL HEALTH AND WELLBEING IN NW LONDON

together we are stronger

together we are stronger

together we are stronger

4pi National Involvement Standards

nsun network for mental health

Like Minded
WORKING TOGETHER FOR MENTAL HEALTH AND WELLBEING IN NW LONDON

together we are stronger

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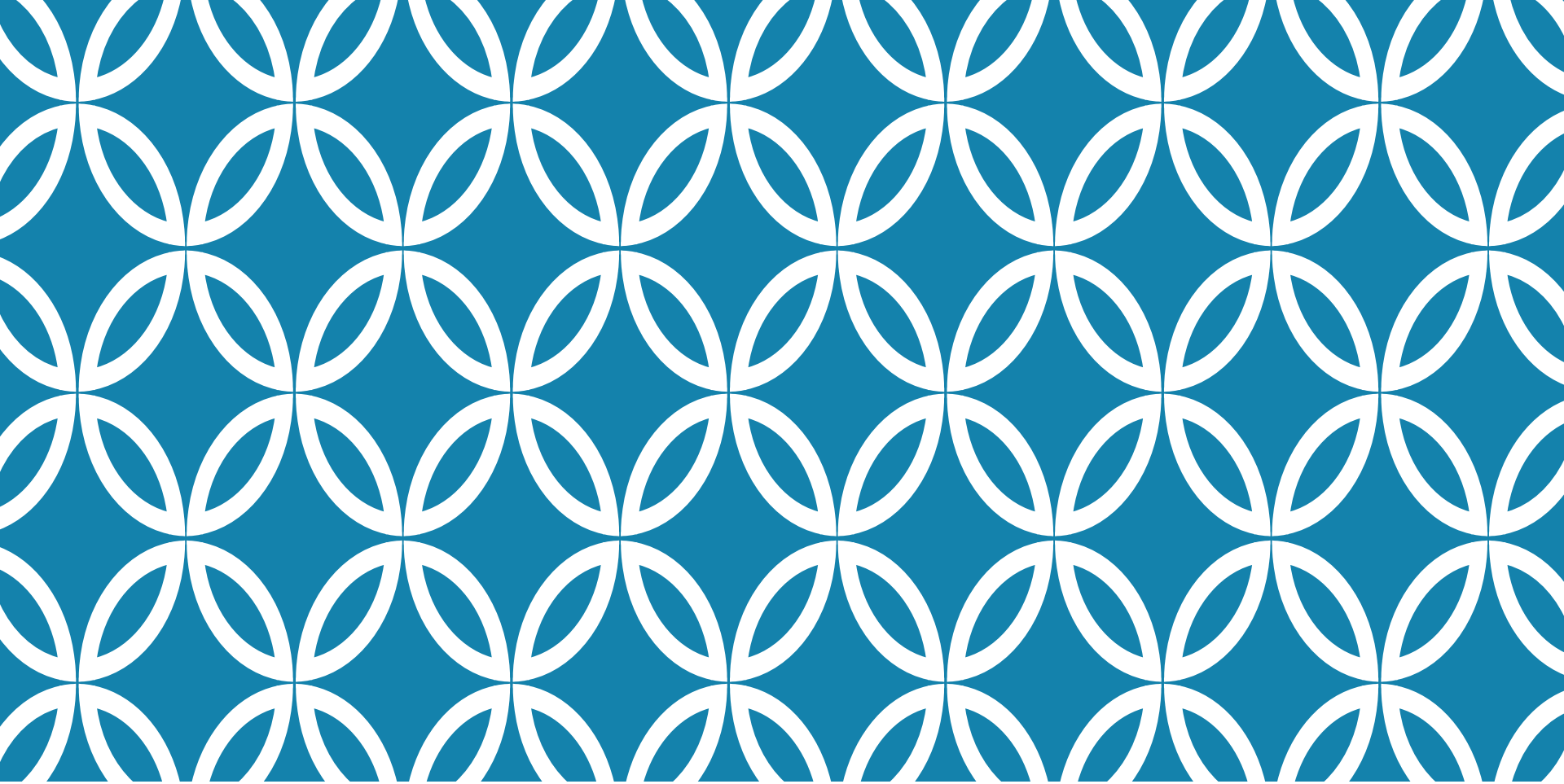
Please get in touch!

NSUN
info@nsun.org.uk
020 7820 8982



CAMPAIGNING FOR POD IN THE NHS

Katie Mottram

25th April 2016

What an emotional day – can you feel the energy? Let's not leave without harnessing that and putting it to good use…passion and energy creates change, and together we can do that.

I know what it feels like to watch my mother stretchered onto a psychiatric ward after having attempted to stab herself in the heart because of too many years having to repress her anomalous experiences and emotions.

I know what it's like to live in a family splintered through silence by an antiquated system that threatens madness if you dare to admit vulnerability.

I know what it's like to have joined the mental health profession to try to protect myself from the same consequence as my mother – it was the only way I knew how to hide my own emotional fragility.

I know what it feels like to become so ashamed of your profession that it leads you to want to take your own life.

I know the relief to be gained by finally talking about my own repressed emotions, daring to let down my defenses, and how amazing it feels to deeply connect with others who have dared to do the same.

I know how it feels to sit with a group of dedicated, brave Tutors and Peers at the end of a year of POD training and cry tears of happiness and gratitude that things are finally starting to change – that common sense is finally starting to prevail.

I know how it is to feel so passionate about changing the mental health system that the incapacitating fear I'd have once felt about standing up in front of a huge crowd and talking about my own vulnerability, actually makes me realize how strong being vulnerable can make us.

This is my story; we all have a story, no more or less significant than another. The pain in our

stories has the potential to give us great impetus to drive our passion forwards.

We in POD are channeling our passions into influencing change – do you want to join us?

If you have been moved today and would like to support the POD Pioneers' campaign to make Peer-supported Open Dialogue Treatment as usual in the UK, then this is what you can do…

Go to: www.apopendialogue.org

Click on 'How to lobby for POD' and scroll down the PDF to find instructions for how to join a Patient Reference Group / CCG committee or Healthwatch forum in your local area. Request to sit on the forum influencing CCG decisions in mental health services and plug POD.

There is immense power in passionate people. As Margaret Mead said:

"Never believe that a few caring people can't change the world. For, indeed, that's all who ever have." Imagine what we here now can all do together? "

HTTP://APOPENDIALOGUE.ORG

APOD

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NHS Foundation Trust

2016 Peer-supported Open Dialogue National Conference

Twitter: #POD4NHS

www.apopendialogue.org

www.podbulletin.com