Introduction

2025: Research Fellow at NCCMH

2021: Currently completely a part-time PhD at UCL

2020-2024: Previously worked as a Research Associate on ODDESSI for 4 years

Overview

- Outline of ODDESSI trial

- Introduction to PhD project

- Qualitative study on experiences of receiving Open Dialogue

ODDESSI - *"Open Dialogue – Development and Evaluation of a Social Network Intervention for Severe Mental Illness (ODDESSI)"*

- 5-year programme, NIHR Programme Grant for Applied research

- 5 NHS Trusts across England

- 5 work packages

WP1:
Intervention development

WP2:
Feasibility study

WP3:
Multicentre cluster RCT and economic evaluation

WP4:
Implementation and organisational change process evaluation
(including impact of CV19)

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

ODDESSI trial - Objectives

To examine whether Open Dialogue is more clinically and cost effective than treatment as usual (TAU) at:

- **Increasing time to relapse after recovery (primary outcome)**

- Hospital admissions

- Re-referrals to crisis care

- Quality of life (EQ5 VAS)

- Social network quality (SPS) and size (LSNS-6)

- Service-user defined recovery (QPR)

- Service user satisfaction with care (CSQ-8)

- Shared decision making (Dyadic OPTIONS)

- Client service use (CSRI)

ODDESSI

ODDESSI trial - Methods

Trial design — Multi-site, cluster randomised controlled trial

Recruitment — June 2019 – September 2021. Two-year follow-up

Eligibility criteria — Presenting in crisis, GP within trial cluster, 18 years+, English speaking

Exclusion criteria — Dementia, cognitive impairment, substance misuse, learning disability, under forensic services, OD previously

ODDESSI trial - Methods

Procedure

- Local researchers screened daily referrals to crisis teams
- Written consent or consultee
- Baseline ax, 3, 6, 12 & 24 month follow up
- 24-month summary of mental health rated by panel of blinded psychiatrist for primary outcomes

Monitoring intervention delivery

- Fidelity measure developed and administered at regular intervals with teams
- Measured adherence to Open Dialogue – recordings of OD sessions rated
- If fidelity or adherence fell below a pre-determined level – action had to be taken (maintained throughout trial)

ODDESSI – Participant demographics

	TAU N=223 (%)	OD N=271 (%)	Overall N=494 (%)
Age at consent - mean (SD)	37.3 (13.4)	38.8 (13.4)	38.1 (13.4)
Gender			
Female	116 (52.0%)	150 (55.4%)	266 (53.8%)
Sexual orientation			
Heterosexual/Straight	176 (78.9%)	224 (82.7%)	400 (81.0%)
Ethnicity			
White	172 (77.1%)	195 (72.0%)	367 (74.3%)
Highest education level completed			
Tertiary/further education	87 (39.0%)	88 (32.5%)	175 (35.4%)
Currently unemployed			
No	162 (72.6%)	191 (70.5%)	353 (71.5%)

Demographic data obtained at first research interview but refer to the time period before index referral. Largest groups reported here.

ODDESSI – Participant ethnicity breakdown

Ethnicity	TAU N=223 (%)	OD N=271 (%)	Overall N=494 (%)
Black African	8 (3.6%)	14 (5.2%)	22 (4.5%)
South Asian	11 (4.9%)	9 (3.3%)	20 (4.0%)
Black Caribbean	5 (2.2%)	11 (4.1%)	16 (3.2%)

Why focus on these ethnic groups?

In UK, people from these minoritised ethnic groups experience a range of inequalities in mental healthcare and specifically in access, experience and outcomes (Bhui et al., 2025)

Access:

- Less likely to access primary care (Bignall et al., 2020)
- More likely to end up in crisis care and CJS
- Increased compulsory psychiatric admission (Barnett et al., 2019)
- More likely to end treatment prematurely (Fortuna et al., 2010; Gerber et al., 2010)

Experience:

- Once enter services, inequalities persist into treatment
- Negative and distressing experiences reported (Synergi, 2018)
- Less likely to be referred to psychological or talking therapies and more likely to be offered medications and detained (McKenzie & Bhui, 2007; Bhui et al., 2003)

Outcomes:

- More likely to report poorer outcomes (Synergi, 2018)
- Compared to white psychosis patients, black psychosis patients less likely to recover from symptoms and less likely to be in employment (Morgan et al., 2017)
- More research needed on factors leading to poor outcomes (Bignall et al., 2020)

Open Dialogue is……..

social-network
holistic
person-centered
dialogue
shared-decisions
involvement
continuity
immediate-help

PhD project

Aims:

1. Investigate differences in access, experience and outcomes in OD compared to treatment as usual (TAU) for participants who are Black African, Black Caribbean and south Asian

2. Explore the different experiences of OD to describe what cultural adaptations can be made to OD for Black African, Black Caribbean and south Asian populations.

3. Investigate and propose a method of implementing OD services in the NHS in an ethnically equitable way.

Method

Mixed method study design

Examine ODDESSI baseline data, primary and secondary outcomes for three ethnic groups

- Clinical history and service use 6 months prior
- Time to relapse
- Hospital admissions, re-referrals to crisis, client satisfaction, shared decision making, self-reported recovery…

Explore experiences of OD using semi-structured interviews

- Qualitative interviews
- Thematic analysis

Scoping review of implementation tools and additional research to investigate and develop an equitable method of implementing OD in NHS

- Scoping review of adaptations to implementation frameworks for minority ethnic groups to improve health equity (Mckenzie et al., 2025)
- Final chapter of PhD will develop and propose suggestions for OD service implementation to increase equity

Adaptations to implementation frameworks for minority ethnic groups to improve health equity: systematic scoping review

Emma Mckenzie, Phoebe Barnett, Georgie Parker and Stephen Pilling

Background

There are critical gaps within implementation science concerning health equity, particularly for minoritised ethnic groups. Implementation framework adaptations are important to facilitate health equity, which is especially relevant for psychiatry due to ethnic inequities in mental health; however, the range of potential adaptations has yet to be synthesised.

Aims

This systematic scoping review aimed to identify and map the characteristics of adaptations to implementation frameworks for minority ethnic groups to improve health equity.

Method

Bibliographic searches of the MEDLINE, Embase, PsycINFO and CINAHL databases were conducted, spanning the period from 2004 to February 2024 for descriptions of implementation frameworks adapted for minority ethnic groups. The characteristics of those meeting the criteria were narratively synthesised.

Results

Of the 2947 papers screened, six met the eligibility criteria. Three different types of implementation frameworks were adapted across the six papers: evaluation, process and determinant frameworks. Most of the adaptations were made by expanding the original framework, and by integrating it with another model,

theory or framework with an equity focus. The adaptations primarily focused on putting equity at the forefront of all stages of implementation from intervention selection to implementation sustainability. No studies measured the effectiveness of the adapted framework.

Conclusions

The findings demonstrate that implementation frameworks are modifiable, and different elements can be adapted according to the implementation framework type. This review provides a starting point for how researchers and healthcare providers can adapt existing implementation frameworks to promote health equity for minoritised groups across a range of healthcare settings.

Keywords

Health equity; ethnic inequities; implementation frameworks; cultural adaptations; scoping review.

Qualitative study – Experiences of Open Dialogue

- Aim: To explore experiences of Open Dialogue for people from Black African/Caribbean and South Asian backgrounds

- Recruitment criteria:
    - Black African/Caribbean and South Asian background
    - Received OD as part of ODDESSI clinical teams
    - Attended at least one OD network meeting
    - Attended within last 18 months

- Recruited 11 participants (February 2023 – October 2023)
    - 2 Black Caribbean
    - 2 South Asian
    - 1 mixed Black Caribbean and South Asian
    - 6 Black African

- Remote interviews which were transcribed and analysed using thematic analysis

Results – thematic map

Theme 1:
An autonomous and collaborative approach, but an unclear end goal

⇒ Valued the autonomy and flexibility
⇒ The network worked collaboratively
⇒ But what happens next?
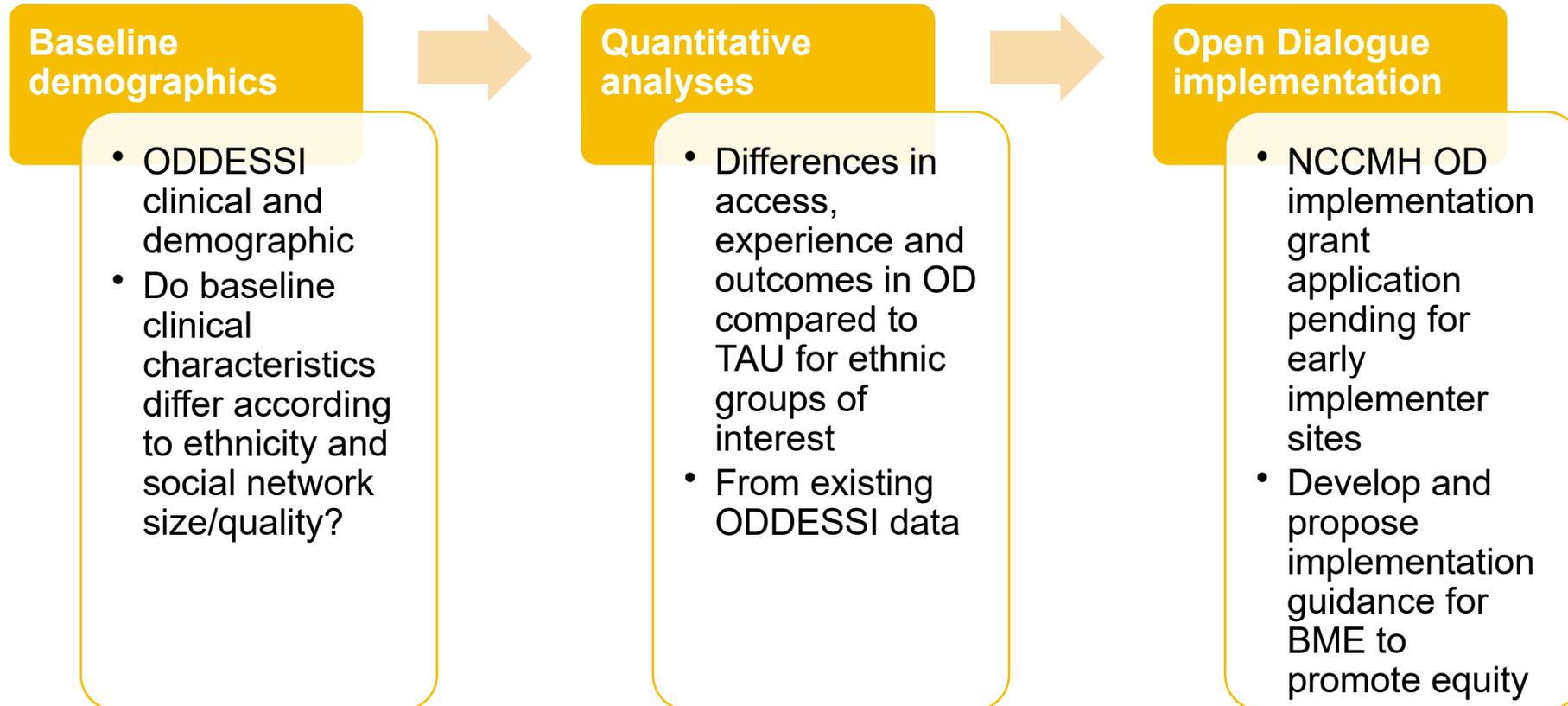
Theme 3:
Changes and ways forward for Open Dialogue

⇒ Clarity about the approach
⇒ Considering timing of OD initiation and time for people open up
⇒ Proactively bringing culture and diversity into meetings

Theme 2:
"We are all humans"

⇒ My ethnicity is "important, but it is not the top priority"
⇒ Finding points of "connection"
⇒ "It's about just having an understanding of people on a human level"

Next steps

Baseline demographics

- ODDESSI clinical and demographic
- Do baseline clinical characteristics differ according to ethnicity and social network size/quality?

Quantitative analyses

- Differences in access, experience and outcomes in OD compared to TAU for ethnic groups of interest
- From existing ODDESSI data

Open Dialogue implementation

- NCCMH OD implementation grant application pending for early implementer sites
- Develop and propose implementation guidance for BME to promote equity

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