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Anthropological Study of Peer-supported Open Dialogue in the NHS

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What are we studying?

- Complement to ODDESSI
- **Actual practices and experiences** of Open Dialogue (clinicians and clients)
- **Treatment experience**: what lies between procedure and outcome
- **Human and contextual factors** influencing POD
- **Full description**: open to the unexpected, unintended, informal, the everyday
- Things that **may not be in the POD model**; important to future implementation of the approach

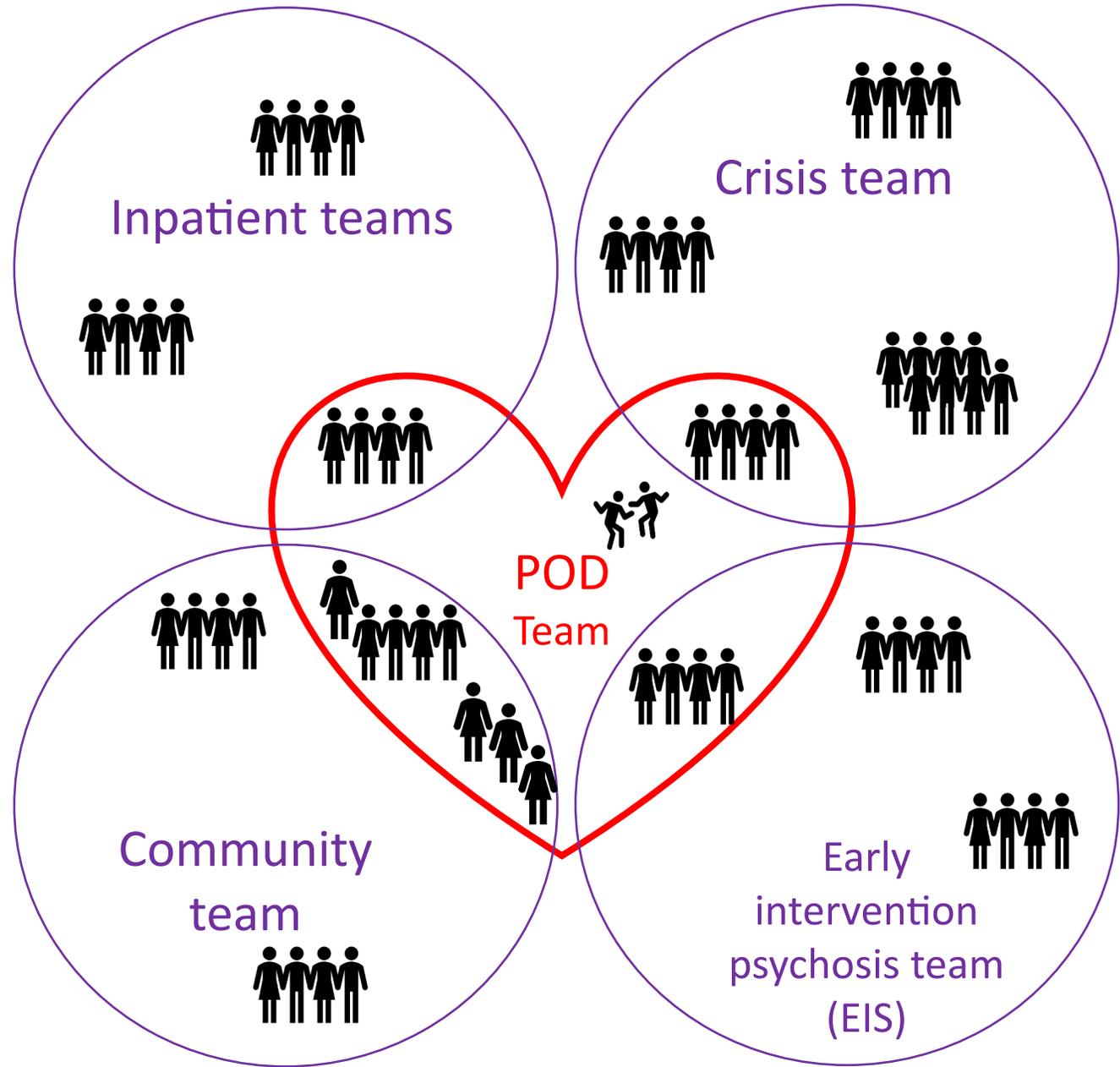
How do we research?

- Ethnographic team
- Immersive participation observation as members of POD teams:
- 2 ODDESSI trial Sites
 - Inner London
 - South West England
- Non-trial POD services (inner London)





Peer-Supported Open Dialogue



APOD Team



- **North London** (2020-2023)

- David Mosse (SOAS)
- Kiara Wickremasinghe (SOAS)
- Ruth Kloocke (Psychiatrist)
- Molly Carroll (Peer/Systemic Family Therapist)
- Darren Baker (Psychologist)

- **Southwest** (2021-2023)

- Liana Chase (Durham University)
- Bethan Cramer (Peer practitioner)

- **Central London** (2023-4)

- Paulina Smaglo (POD practitioner CMHT)
- Milena Wuerth (SOAS)
- Emily Green (SOAS/LSHTM)



What is an Anthropological Approach?

 frontiers | Frontiers in Psychology

TYPE REVIEW
PUBLISHED 11 May 2023
DOI 10.3389/fpsyg.2023.1111588

Frontiers in Psychology, May 2023
doi: 10.3389/fpsyg.2023.1111588

 Check for updates

OPEN ACCESS

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RECEIVED 29 November 2022
ACCEPTED 18 April 2023
PUBLISHED 11 May 2023

CITATION
Mosse D, Baker D, Carroll M, Chase L,
Kloocke R, Wickremasinghe K, Cramer B,
Pratt-Boyden K and Wuerth M (2023) The
contribution of anthropology to the study of
Open Dialogue: ethnographic research
methods and opportunities.
Front. Psychol. 14:1111588.
doi: 10.3389/fpsyg.2023.1111588

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The contribution of anthropology to the study of Open Dialogue: ethnographic research methods and opportunities

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When Open Dialogue diversifies internationally as an approach to mental healthcare, so too do the research methodologies used to describe, explain and evaluate this alternative to existing psychiatric services. This article considers the contribution of anthropology and its core method of ethnography among these approaches. It reviews the methodological opportunities in mental health research opened up by anthropology, and specifically the detailed knowledge about clinical processes and institutional contexts. Such knowledge is important in order to generalize innovations in practice by identifying contextual factors necessary to implementation that are unlikely to be achieved. The article

APOD

What are we learning?

- **Active ingredients** of Open Dialogue practice in the NHS
- **Impact** on clients and staff
- **Wider significance** of the approach
- **Implications** for organisational culture change



Ingredients of practice?

For Clients:

- **'Human'** presence; **recognition** and normalising experiences
- **Continuity** of team members – building a **relationship of trust** in care;
- **Flexibility**, responsiveness;
- **Person's voice at the centre**: all decision making here with me, transparency
- My **safety** in crisis through trusting relationships not risk management procedures
- **Peer practitioners** – connecting through shared life experience
- **Involving family/social network**

For Staff:

- **Whole self** to the work:, vulnerability alongside clients
- Working in **pairs**
- **Connective labour/Emotional exchange**
- **Transformative training**, supportive **team**, **reflective space**: the emotional aspects of work

Organisation:

- Cohesive team/Distinct culture (e.g., for transparency)
- Committed leadership at all levels
- Manageable case loads
- Flexible work

Clients' experience and effect of OD?

- **'More human'** than other treatments; being a **person not a diagnosis**, or a number.
- Two practitioners, so more like **ordinary conversations** – a **social experience**, reducing isolation.
- Feeling **listened to**, heard and seen; recognised, experience validated – 'team **reflections**'

Effects:

- Putting experiences/feelings things **into words** for first time.
- Navigate **others judgement** – recovered '**moral agency**'
- **Changed relationships** – family and others.
- Confidence and **capacity to connect** to others in social life



POD Clinicians' experience

- Realigns practice to their **values**
- In touch with **own life histories** changes the relationship with clients/attitudes to mental illness (less symptom-focused)
- **Decision-making with clients**
- **Work in pairs** increases capacity to tolerate distress and uncertainty.

In teams:

- Open to the **emotional impact** of mental healthcare
- Trust and space to **process feelings** – create psychological safety
- Holding **uncertainty and risk**
- Potential to **reduce burnout**

“you can say, this really upset me...and hear colleagues' response ”

Nurse

“Learning to share with colleagues helps us be more open with patients... It changes the way we view each other and our clients”

Psychiatrist

Wider significance

- Rebalancing **relational skill** and **expert knowledge** in mental healthcare.
- De-medicalizing the environment of care.
- **Making services safer from suicide:** collaborative work, involving families, relational trust, open dialogue on suicidal and self-harm).
- **Organisation of mental healthcare teams:** emotional openness, skilled reflective practice, attending to emotional impact, creating psychological safety for staff.

Relationships with the wider 'system'



Demands of the wider systems of governance, responsibility and procedural accountability

Effects of the pressure on the system

Conditions of the wider organisation produces unequal experiences of POD



Future directions

Organisational culture and staff burnout

Dialogical inpatient care and connections to the community

Ethnographic study of Open Dialogue and dementia care

Building Open Dialogue from the grassroots – POD Space

Disciplinary growth out of APOD - CAMHRA



“Does Open Dialogue work?”

Our anthropological research has shown that the answer to this question lies in the strengths of connections formed.”



“What’s unique about anthropological research is that we become really embedded in our field of study, in this case training as Open Dialogue practitioners and in my case, because I was drawn to the role of peers in the model, assuming the role of peer support worker – which involved working in both network meetings and one-to-one contexts.”



“What is captured here is the creativity and spontaneity that the role of peer offers under the Open Dialogue model.”

“Peers are putting back into mental health services the relationship-oriented care that has become lost.”

“The role of peer is a kind of “placeholder”, which stands in for something, and we as peers make our own meaning of it.”