

Kent Open Dialogue Service

Yasmin Ishaq - Service Lead

In common with the FYFV and the Care Act 2014

- Early detection and intervention for mental distress or emerging mental health difficulties
- Prevent development of more serious problems
- Self determination, the right to decide how you want support and care
- Holistic, whole family, whole community approach
- Asset based approach that focusses on strengths and recovery
- Equality and parity of esteem
- The right to have support that is timely and effective

Aims:

- 1) To operationalise standalone Peer Supported Open Dialogue Teams in KMPT
- 2) To be a lead site in the proposed NIHR national RCT

TRANSFORM

SUSTAIN



The Journey so far....

- **Oct 2014** **18 staff in first cohort of POD training – funded by KMPT**
- **Jan 2016** **17 staff in second cohort + 4 mentor places**
- **Jul 2016** **Health Foundation award (£75K – 15month project)**
- **Nov 2016** **Visit Tornio**

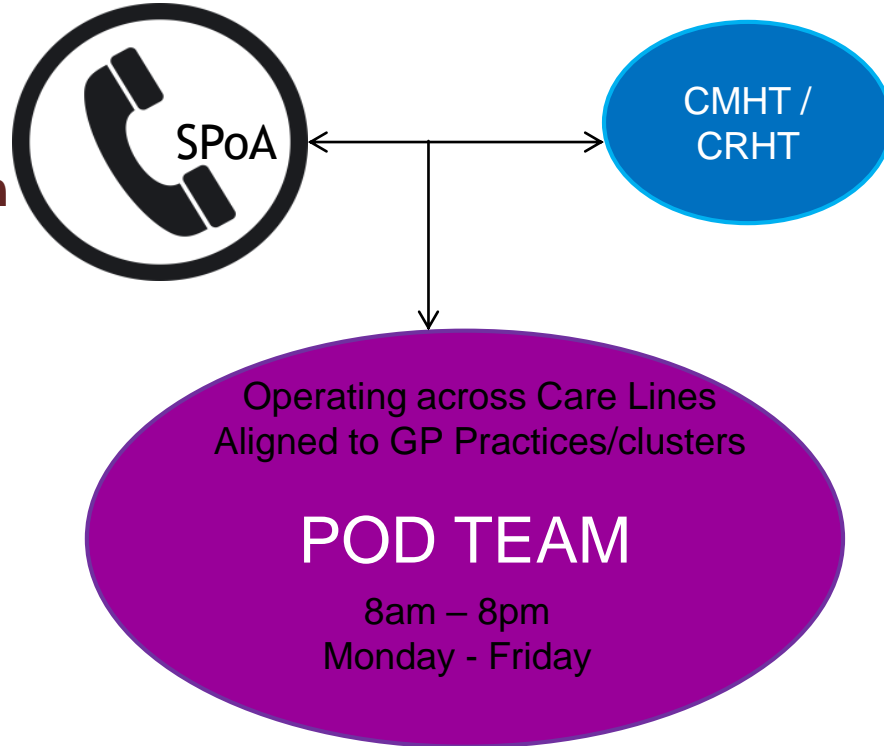
- **Dec 2016** 2 staff on train the trainers course, Helsinki
Business case signed off and presented to Trust board
- **Feb 2017** Launch POD team and KMPT portfolio study
Updated Business case signed off
- **July 2018** Begin taking routine and urgent referrals for Specific Canterbury GP cluster. Start feasibility part of National RCT

The Team Set Up

- ▶ Training
- ▶ Stand alone Vs integrated
- ▶ Movement of staff to team
- ▶ Roles and responsibilities
- ▶ Activity release
- ▶ Scheduling work and caseloads
- ▶ Supervision

Client Group

- Age 18-65
- Clusters 4-17
- Crisis Presentation (within 24 hours)



Operational Policies and interface protocols

- ▶ Designing an operational policy
- ▶ Interface protocols
- ▶ Interface meetings
- ▶ Job plans

MAIN PRINCIPLES FOR ORGANISING OPEN DIALOGUES IN SOCIAL NETWORKS

- ▶ IMMEDIATE HELP
- ▶ SOCIAL NETWORK PERSPECTIVE
- ▶ FLEXIBILITY AND MOBILITY
- ▶ RESPONSIBILITY
- ▶ PSYCHOLOGICAL CONTINUITY
- ▶ TOLERANCE OF UNCERTAINTY
- ▶ DIALOGISM

- ▶ Film about set up and 7 principles

THE KEY ELEMENTS OF DIALOGIC PRACTICE IN OPEN DIALOGUE: FIDELITY CRITERIA

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Evaluating the KMPT Peer Supported Open Dialogue service

Outcome measures

- ▶ **Primary Outcome**
 - ▶ **Hospital Admission**
- ▶ **Secondary Outcomes**
 - ▶ **Mental Wellbeing (SWEMWBS)**
 - ▶ **Work and Social Adjustment (WASAS)**
 - ▶ **Carer Support Scale (CWSS)**
 - ▶ **Clinical improvement (HoNOS)**
 - ▶ **NHS Community Mental Health Survey**

Community Mental Health Survey

	Question from the Community Mental Health Survey	2017 National Score	2017 KMPT Score	2017 POD Score at 6 months
Overall	Overall, on a scale of 0 (I had a poor experience) to 10 (I had a good experience)	7.03	6.51	9.38
Contact	In the last 12 months, do you feel you have seen NHS mental health services often enough for your needs?	6.12	5.39	8.83
Family	Have NHS mental health services involved a member of your family or someone else close to you as much as you would like?	6.80	5.78	9.62
Listening	Did the person or people you saw listen carefully to you?	8.12	7.81	10.00
Help	Do the people you see through NHS mental health services help you with what is important to you?	6.36	5.62	9.62
Time	Were you given enough time to discuss your treatment and needs?	7.54	7.24	10.00

Bed Day Savings

	OD Team	C&C CMHT	Maidstone CMHT
New urgent referrals	82	498	702
Bed Days (17/18)	39	2763	3027
Av Bed days per referral	0.5	5.5	4.3
Av. Cost per referral (Bed day @ £390)	£195	£2,145	£1,677

Bed Day Savings cont'd

	OD Team	C&C CMHT	KMPT saving	Maidstone CMHT	KMPT saving
OOA bed (£580)	£23,780	£261,580	£237,800	£204,508	£180,728
KMPT bed (£390)	£15,990	£175,890	£159,900	£137,514	£121,524

Service user feedback

“The Open Dialogue team have been my safety net during this episode. Without them I would probably have taken my own life four weeks ago.”

“I have received the most excellent care. I wish I'd had the type of care I have received years ago and spared me the agony I've endured.”

“For the first time in my life I have felt cared for.”

“The Open Dialogue team have been an important safety net to help the whole family not just me.”

“The Open Dialogue team have been a lifeline for me and my family. I was close to suicide before I started receiving the support. I would be too distressed to leave the house, having them come to the house felt safe, also the fact that they are so flexible and can be there as needed, saved my life.”

“The Open Dialogue service is by far the best treatment I've ever received for my mental health needs.”

“Open Dialogue – Development and Evaluation of a Social Network Intervention for Severe Mental Illness (ODDESSI)”

- 5 year programme, NIHR Programme Grants
- Comprehensive evaluation with 5 work packages, including a multi-centre cluster RCT
- 5/6 NHS Trusts across UK signed up as study sites
- Majority of OD staff teams, including peer support workers.
- Funding agreed late 2017 for £2.4 m
- Recruitment started July 2018 for feasibility study
- Full trial recruitment started June 2019

National Recognition for Innovation in developing Open Dialogue



Some examples of dialogical practice in children's services

Children and Adolescence in Dialogical Practice

Tanja Pihlaja- social worker and family therapist

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Dialogic practice - foster care and open services

CARE

Basic needs

Sleep, eat, daily routines

Taking care of children in every level

"I like to do you a sandwich."

GROWTH

Therapeutic rules, boundaries

Reason-consequence thinking

Structure - in the community and daily routines for every child

How do we relate to and appreciate each other

THERAPEUTIC

Every child is unique

What does she/he need?

We are aware of the past, live in this moment and see the future together

Hope x Belief = Motivation

Altruistic Good

Creating Space for Children's voices



Our small foster care homes (Aura, Aisa, Aalto) are child protection units which are specialised helping children with attachment injuries and traumas.



Creating a dialogical space



Assuming a not-knowing stance



Taking a position of curiosity and non-expertise



Offering "appropriately unusual" comments



Generating multiple perspectives



Entertaining alternatives to the spoken word



No Kids in the Middle: Dialogical and Creative Work with Parents and Children in the Context of High Conflict Divorces*

Justine van Lawick¹ and Margreet Visser²

¹ *Lorentzhuis Center for Systemic Therapies, Training and Consultation, Haarlem*

² *Children's Trauma Center, Haarlem*

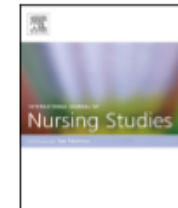
This article contains a description of the context, development and delivery of *No kids in the middle*, a group approach for divorced fighting parents and their children. After addressing the social and legal context of high conflict divorces, we describe the main characteristics of this destructive dynamic. We describe some aspects of the approach and give examples. Key principles for the project include: keeping the child in mind; working in groups; stopping legal processes; making free space for interactions; creative presentation ceremonies; and reaching out to the network. The outcomes are promising. Research on the project has started.



Contents lists available at [ScienceDirect](#)

International Journal of Nursing Studies

journal homepage: www.elsevier.com/ijns



The association between Open Dialogue to young Danes in acute psychiatric crisis and their use of health care and social services: A retrospective register-based cohort study



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Family Therapy as a Process of Humanisation: The Contribution and Creativity of Dialogism

Jim Wilson

Greenwich Child and Adolescent Mental Health Service, London

Family therapy shaped by the twin contributions of radical humanism (after Freire) and dialogism together create a binocular vision for practice. This vision encompasses the intricacies of moment to moment responses that are seen to occur within a politically informed and socially structured relational context. The breadth of practice possibilities shows no allegiance to any particular 'school' of family therapy but rather advocates for an orientation that humanises the relationship between therapist and family. This humanising orientation counters 'technologies' of practice that reduce the social or relational complexity of human existence creating categories of deficiency or pathology that individualise distress. Practical applications of aspects of dialogism are described and illustrated with

Summary

- ▶ **KMPT began running the first NHS Open Dialogue service in England in February 2017**
- ▶ **Service users are given the opportunity to take part in research**
- ▶ **Results of the local research will be published late 2019**
- ▶ **The ODDESSI national trial is beginning and KMPT will play a major role in recruiting and collecting data**



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<https://www.kmpt.nhs.uk/information-and-advice/open-dialogue.htm>