

Open(ing) Dialogues in Cork Mental Health Services



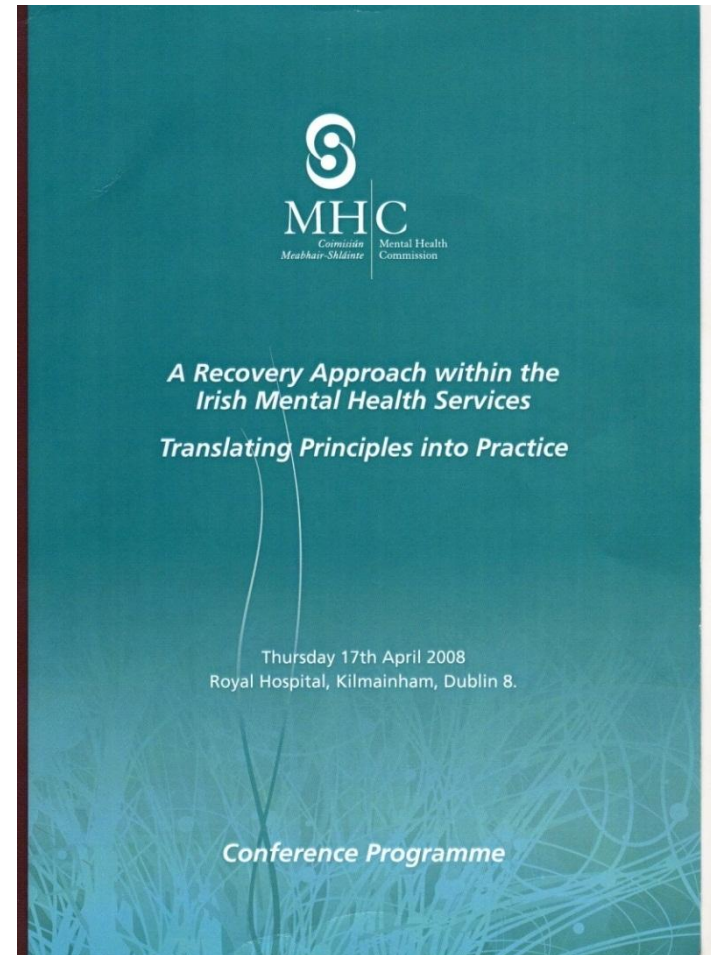
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Why Open Dialogue?



- A collaborative and transparent relational alternative
- Values match Vision for Change and those of our service
- Involvement of support network
- More client contact
- Interesting research
- “*a drastic change..a no brainer*”



All that and because...



- People asked, and we listened.



- *“We will work with existing resources - but how we work, who we talk to and where we do it will be different”*

Open Dialogue: A (therapeutic) approach to service delivery

- Western Lapland mental health service delivery
- 30 years experience
- Needs adapted, values based
- Principles:
 - Immediate help
 - Flexibility and mobility
 - Responsibility
 - Psychological continuity
 - Network perspective
 - Elements of Dialogic Practice

“Treatment meeting”
...where the service user, family/social network and the mental health OD team work to find new understandings about the whole situation and the treatment required **in dialogue together**

Open Dialogue in Cork – early developments



- Genio Grant in 2012
- HSE Grant in 2014
- 27 staff members given introductory training
- Initial pilot of 23 service users and families
- *“it was very very different, the approach... it was very very different, in a good way but it took me a long time to realise that I was in safe hands and to trust again”*



What we learnt from the pilot



- Huge shift for staff & system
- Dialogical practice as a parallel process is not the same as OD
- Delay in referrals
- Start small so you can support big
- Include all stakeholders in planning

Open Dialogue “Clinic”



- Out patient service for **all new referrals** to one sector
- Dedicated day and MDT
- Psychiatry as invited consult
- Small teams meeting individuals and families using dialogic practice
- 100+ service users seen to date
- Weekly reflective supervision

- *“Beyond amazing”*
- *“Incredible & compassionate”*
- *“Gained huge insight”*
- *“Feel very welcomed”*
- *“More homely and friendly”*
- *“I was heard”*
- *“Very welcoming and non-judgemental”*
- *“Definitely need tea and biscuits”*

Implementation in the HSE: Compromises & Challenges



- Immediate help – hoping for 24/7 OD crisis response
- Mobility & Flexibility – one day and venue currently
- Administrative challenges
- Family Inclusion
- Working with wider MDT – huge resource, challenge to include in network meetings
- Emotional impact of the work

But there are compensations...



- “I’ve never worked any way like this and it’s been actually ... it’s been liberating. So, I come in on *my days off* to do this. And I feel much more -- professionally, much more fulfilled.”
- “People come through the service that have been through, all sorts of therapies and treatments ... and yet are saying, “*this is the first time I’ve ever been heard.*” ...and witnessing that ... as a professional? It’s been ... it’s been really heartening, and I feel like we’re going in the right way”

Implementing open dialogue in services



- Go slow
- A strengths based approach
- Use the networks language
- Join the system and work with it - create links not platforms
- Working with ARI, DCU Co-operative Learning, Community initiatives
- Hearing every voice in the system
- Using the user voice
- Importance of training and supervision
- A Cultural Shift: From changing others – to changing our practice
- “... It’s *definitely* ... changed the way I relate to people and the way I consider what’s going on for a person. *Definitely* changed me as a professional..”

Where to from here?



- HSE staff attend Open Dialogue UK training as trainers
- Employment of 2 peer support workers
- Expansion of Open Dialogue to other teams within CHO
- Research partnership with UCC
- SRF Capacity Building Grant for needs analysis and development plan
- Irish Open Dialogue Training
- National stakeholder group

