Open(ing) Dialogues in Cork Mental Health Services

DR ISEULT TWAMLEY
OPEN DIALOGUE CLINICAL LEAD
SENIOR CLINICAL PSYCHOLOGIST
ISEULT.TWAMLEY@HSE.IE

(ADRIENNE ADAMS
OPEN DIALOGUE PRACTICE LEAD
ADVANCED NURSE PRACTITIONER
ADRIENNE.ADAMS@HSE.IE)
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