INDEPENDENT

Open Dialogue: The radical new treatment having life-changing effects on people's mental health

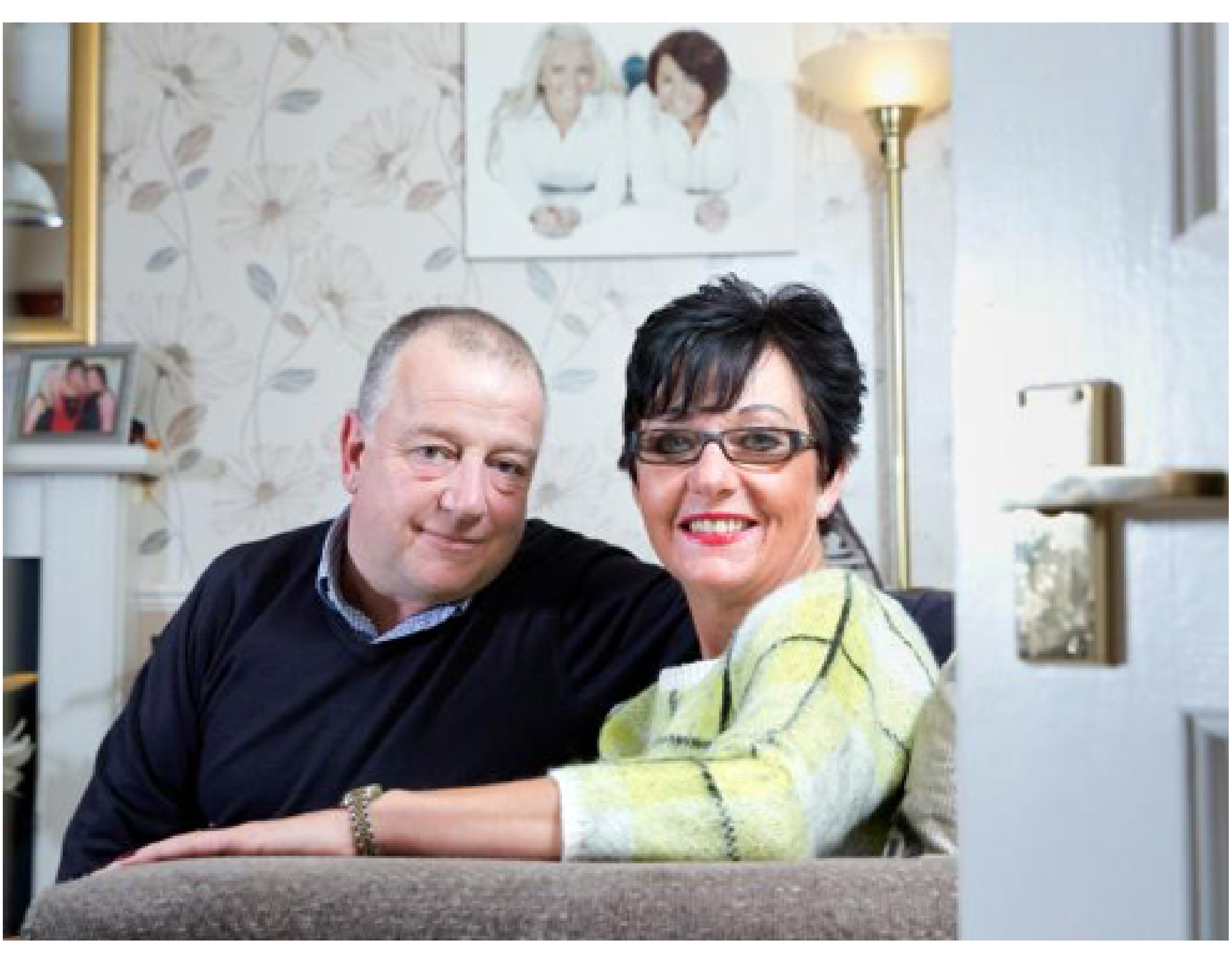
The pioneering approach enables patients like Suzanne Chapman and their families to develop their own route to recovery

CELIA DODD | Sunday 6 December 2015 |

"If it wasn't for Open Dialogue I wouldn't be here now. This time last year, I was suicidal. I had totally lost faith in the mental-health services; I felt I'd been put in the 'too difficult' box."

Suzanne Chapman has been in and out of the mental-health system since attempting suicide twice in her early twenties. Now 49, she's had every treatment for depression and bipolar disorder: medication, therapy, ECT. For long periods of her life, the drugs worked.

But three years ago, she hit her worst crisis: a bout of depression that made her unable to function. "On Christmas Day, my daughter gave me a potato to peel and I just stared at it. I had no idea what to do with it. I had no strength; I would just lie on the settee or shuffle about the house. I wasn't coherent, I wasn't sleeping, I'd lost three stone. I felt so dark, so alone, so worthless." None of the drugs that had helped in the past made much difference. Suzanne had to give up her job as an administrator and her husband, Simon, a police officer, took three months off to look after her. The couple have two daughters, aged 27 and 25, and a two-year-old granddaughter.



By the time Suzanne was offered the experimental treatment she was desperate (Teri Pengilley)

By the time Suzanne was offered an experimental treatment called Open Dialogue last October, she was desperate. It's a pioneering approach that enables patients and their families to develop their own route to recovery. After just three sessions, Suzanne's husband noticed a "miraculous" improvement; he now says, "I've got my wife back." Suzanne accepts that she will never be free of depression, but says it's now firmly under control.

Open Dialogue is currently being piloted in four NHS trusts. It could revolutionise mental-health care in the UK, according to its champions, who include Suzanne's psychiatrist, Russell Razzaque. The North East London Foundation Trust, where he works, has just given the go-ahead for an Open Dialogue-based service for patients referred from anywhere in the country, starting next May.

Open Dialogue is primarily for people who are suffering a mental-health crisis such as suicide or psychosis – 1.8 million of them in the UK last year. They badly need help: a damning report from the Care Quality Commission in June found that the current system is struggling to cope with mental-health crises, with 42 per cent of patients not getting the help they need. A campaign launched last month calls for an increase in funding for mental-health services and parity with physical health.

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The Open Dialogue approach was first developed in Finland in the 1980s, which at the time had one of the worst incidences of schizophrenia in Europe. There are now well-established services in Berlin and New York, where state investment in four respite centres that practise Open Dialogue has been doubled to $100m (£66m). Services are also springing up in Italy, Poland and Scandinavia.

What's most impressive about Open Dialogue is its success with even the most intractable mental illnesses, where current systems of care too often fail, or offer only short-term respite. Results over the past 30 years from Finland sound impressive: 74 per cent of patients experiencing psychosis are back at work within two years, compared with just 9 per cent in the UK. Crucially, relapse rates are far lower than here: after an average of two years' treatment, most patients don't need to come back – ever. Here, a mental-health diagnosis can feel like a life sentence.

Open Dialogue's key principles are: people are seen within 24 hours of becoming unwell; and all meetings with the psychiatric team are held at home, or wherever the patient finds most helpful. Significant others in the patient's life – family members, or trained peer-support workers – are engaged in meetings from the word go.

What service users appreciate most is that they always see the same people. Annie Jeffrey, whose son took his own life last year after suffering from psychosis for five years, and relapsing several times, explains why this is so important: "Many service users say they feel like a parcel passed from one team to another: community services, in-patient services, crisis teams, psychiatric liaison… The number of times I went to meetings with my son to see a team of people we'd never seen before and we would never see again. How are you supposed to start talking to someone you don't know? My son just felt that he wasn't listened to."

What also sets Open Dialogue apart from standard treatment is that discussion about patients takes place in front of them, in what are called "reflections" between members of the team; this adds to the sense of control.

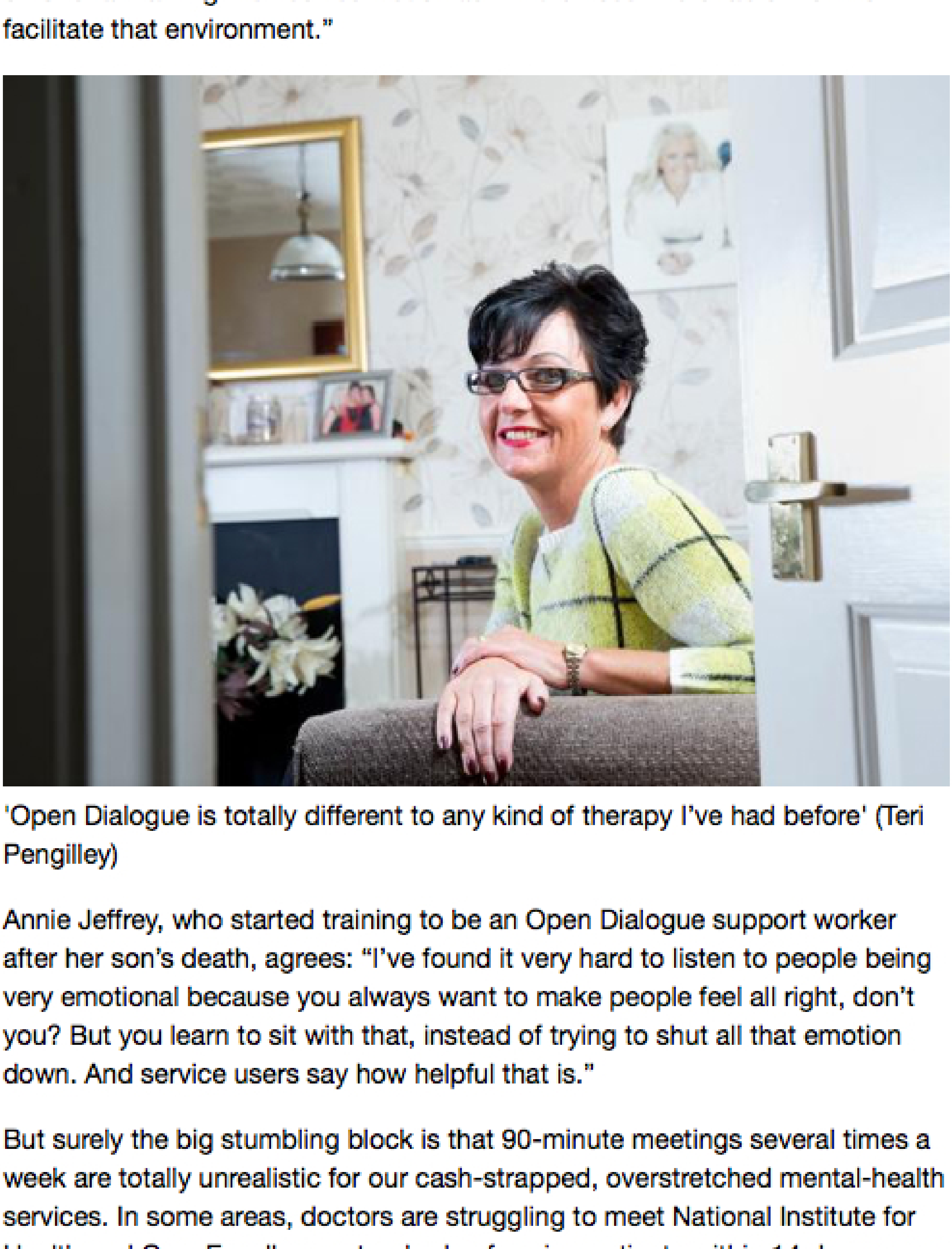
For Suzanne, this was a turning point. After just a couple of sessions, she found herself talking about traumatic events and emotions she'd kept bottled up for 30 years. She explains: "The 'reflection' gives you a different perspective and makes you see how other people view your situation. In the past, I was always frightened that what I said would be judged. I was so afraid of talking about my past, and how dark I actually felt, for fear they'd call an ambulance to take me away. So I went into denial.

"Open Dialogue is totally different to any kind of therapy I've had before. At first, I didn't know what to expect, but it helped that the psychiatrist and nurse were on my territory. I could always ask them to leave."

Open Dialogue is not anti-medication. Treatment, from drugs to different kinds of therapy, is agreed by everyone at the meeting. Suzanne currently takes a mood stabiliser plus diazepam if her anxiety gets overwhelming. But whereas the mainstay of standard treatment is usually medication, the mainstay of Open Dialogue is talking. Dr Razzaque explains: "In normal treatment you explore what has led to the crisis, but then the response is usually to prescribe medication. Whereas with Open Dialogue the service user takes the driving seat in understanding what are the factors that have led them to be the way they are. That's a very healing thing."

It's not immediately obvious what it is about Open Dialogue that makes people open up. Clearly, seeing the same team builds trust. Longer sessions help, too. In the early days, Suzanne met Dr Razzaque three times a week, and meetings lasted as long as three hours, whereas in the old system, appointments with her psychiatrist were 15 minutes to an hour. Therapy sessions were limited to six or eight – not enough to establish trust, she says.

But there's something else which encourages patients to open up: mindfulness. Every member of the team, from psychiatrists to support workers, practises it. Dr Razzaque explains: "This is not about teaching service users mindfulness. This is about clinicians practising mindfulness themselves. It's very stressful to be in meetings where we really give patients the space to explore their emotional difficulties. So clinicians need some emotional training themselves – such as mindfulness – to enable them to facilitate that environment."



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Annie Jeffrey, who started training to be an Open Dialogue support worker after her son's death, agrees: "I've found it very hard to listen to people being very emotional because you always want to make people feel all right, don't you? But you learn to sit with that, instead of trying to shut all that emotion down. And service users say how helpful that is."

But surely the big stumbling block is that 90-minute meetings several times a week are totally unrealistic for our cash-strapped, overstretched mental-health services. In some areas, doctors are struggling to meet National Institute for Health and Care Excellence standards of seeing patients within 14 days, never mind 24 hours.

Critics also stress the need for more robust evidence before ploughing precious NHS funds into expanding an experimental service. Evaluation will inevitably take time. A multi-centre research trial conducted by University College London will publish its results in 2020.

Dr Razzaque insists that Open Dialogue doesn't have to place an extra burden on staff. He also argues that in the long term, it won't cost more than previous initiatives to improve mental-health services, such as training swathes of cognitive behavioural therapists. This is partly because of the low relapse rates: once patients have been discharged, the majority don't need to use services again. Dr Razzaque adds: "The frequency of meetings is the same as it would be normally in the initial period: over two years, meetings average out at just one a month; over five years, it's once every two months. Putting intensive, highly focused support in that early time of crisis enables people long term to graduate from services altogether." µ

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