

Communication

Open Dialogue and the Impact of Therapist Mindfulness on the Health of Clients

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1. Mindfulness for Professionals

There is an increasing body of evidence to show that mindfulness can make a real difference to the relationships that health workers and therapists have with their clients and this, in turn, results in improved outcomes for them. In the field of mental health this is especially marked. A study in a large London mental health Trust in 2013 [1] showed how the degree of mindfulness a mental health practitioner demonstrate is directly correlated to the therapeutic relationship they possess with their clients. A further study, a couple of years later [2], exploring the benefits of a mindfulness retreat for psychiatrists, also showed how it led to a reduction in burn out and an increase in both self-compassion and compassion. Studies have also shown the extent to which teaching mindfulness to psychotherapists can directly improve the outcome of therapy.

2. Open Dialogue

For many years there has been a positive drive to bring mindfulness into mental healthcare, but this has mainly centred around interventions that clinical staff carry out on their clients. The focus tends to be on the explicit imparting of a set of skills around mindfulness, mainly via a series of



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groups. Relatively little emphasis occurred in relation to mindfulness for the clinical staff themselves as a way of improving practice and outcomes in and of itself. Given the benefits that this could provide, however, there has been a lot of discussion in recent years about how to develop a form of mental health service and practice that integrates clinician mindfulness into its fabric. In the late 1980s, an experiment in exactly this happened to be taking place in Western Finland, and the service was known as Open Dialogue.

Open Dialogue is a model of mental health care pioneered in Finland that has since been taken up in a number of countries around the world, including much of the rest of Scandinavia, Germany and some US states. It involves social network approach to care, where all staff receive training in family therapy and related psychological skills, and treatment is focused around whole system/network meetings. It is a quite different approach to much of UK service provision where care tends to be delivered 1:1, yet it is being discussed with interest by several Trusts around the country. Part of the reason is the striking data from nonrandomised trials so far eg. 84% of those with first episode psychosis treated via an Open Dialogue approach returned to work or study within 2 yrs [3], despite significantly lower rates of medication and hospitalisation compared to treatment as usual.

By its very nature, Open Dialogue is a profoundly mindful way of working [4]. The primary aim of the clinician, rather than sitting with a preconceived agenda or template, is to respond to the client in the moment and follow the dialogue in the network, being present with the experience and emotion in the room instead of attempting to lead or guide it [5]. This actually takes a great deal of skill and so, as a result, mindfulness has become a core part of the training in the UK. Clinicians find that it genuinely enhances their ability to work this way, stay connected to both the family/network in the room and the colleagues who join them [6]. In a sense, Open Dialogue is therefore the operationalisation of mindfulness into the mental health system and it is quite likely that this key element becomes a key mediating factor in the outcomes that it provides. There is currently a national multi-centre cluster randomised controlled study in the UK on Open Dialogue and it is being trialled in a several areas, providing crisis mental healthcare, across the country. The trial launched in 2017, with the first pilot evaluations due to complete in late 2018, and the full scale study will then launch across 5 further teams. The teams are spread across a varied geography – from rural Devon to Kent to inner city London - and the first stage was to train a local team in Open Dialogue. The teams are now sequentially coming online and starting recruitment into the trial. This will continue for a year and the follow up will be for a further 2-3 years. Primary outcome data will involve time to relapse, as well as hospitalisation and several other symptom, social and functional measures. Data is currently due to be released around 2022.

3. Summary

The value of mindfulness for clinical staff in the mental health field has been increasingly recognised over recent years. This is now culminating in the evaluation and, potential future role out, of whole system approaches like Open Dialogue that put clinician mindfulness at the heart of the model. It is anticipated that this will ultimately be for the benefit of both staff and clients of these services alike, creating improvements in the long run on many levels; personally, clinically and systemically.

Author Contributions

Russell Razzaque drafted and revised the manuscript.

Competing Interests

The authors have declared that no competing interests exist.

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