

Becoming dialogical in Nottingham

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“... dialogue is not a method; it is a way of life.” (Seikkula, 2011, p. 185)

Open Dialogue Nottingham was formed in October 2011 as a network that values and utilises the shared expertise of all its members; individuals who have lived experience of mental and emotional distress, supporters from the social network, mental health professionals, self-help and voluntary groups. Many if not all of the members have a connection to mental health services in Nottinghamshire, provided by Nottinghamshire Healthcare Trust. It is one of four trusts volunteering for a national pilot as part of a project to implement an open-dialogue approach. The trust now employs over 44 peer support-workers as part of its commitment to recovery. Staff members, including a clinical director, psychologist and nurse, have become members of the network over the past two years.

This article provides a background of how the group was formed, the motivations driving us, our growth in understanding and efforts to embrace open-dialogue principles in our activities. First, we will recount the development of the group from the beginning.

The early days

The book, *Anatomy of an Epidemic* (Whitaker, 2010), influenced our founder member, Sue Mowbray, in particular the chapter on open dialogue. She felt strongly from her own personal experiences that people were greatly in need of such a hopeful approach. This way of working from Western Lapland offered a way forward to prevent individuals from being repeatedly sectioned or left on life-long and often life-shortening medication. A collaborative effort was needed to raise awareness of the success of this way of being with people and implement it in Nottingham.

Inspired by articles written by Jaakko Seikkula, we heard he was speaking at a Soteria meeting in November 2011 and several of us went to hear him. It was heartwarming to hear from Jaakko himself how open dialogue helps those with long-standing symptoms as well as those with first episode psychosis. It was also exciting to hear that the approach is being discussed all over the world.

Jaakko's book, *Dialogical Meetings in Social Networks* (2006), and Dan Mackler's 2012 film about open dialogue helped us spread the word to a number of people, including those leading the planning of Nottingham's Mental Health Awareness Week. The film screening proved to be a uniting moment. Many in the audience wanted to know more about open dialogue and expressed an interest in meeting together. Since this initial group was established, the mailing list has grown from 30 to over 160. Our first meeting was in a hired space with a whip-round to pay for the room, but we are now fortunate to have a free venue at the building of Making Waves, a local organisation.

In the beginning

From the beginning, the group aspired to work as dialogically as possible, guided by three main aims:

- To learn about open dialogue
- To practice open dialogue in our meetings
- To explore how open dialogue could be developed within Nottingham and the NHS.

There have been tensions from the beginning as some experienced this polyphonic approach as slow and inefficient. The group's structure developed gradually, using a network-meeting format.

Three principles of open dialogue were explored very early on in the formation of the group: tolerating uncertainty, dialogism and polyphony. It was soon recognised that not everyone felt comfortable speaking in front of such a large number of people. We split into smaller groups of three to four hoping, this way, every voice could be heard. This approach was beneficial, and ideas were fed back to the larger group, initiating further reflections as people heard and responded to what was being said.

There were challenges in having only one person in role as chair to reflect, keep discussions on track, and ensure everyone was heard. It was, therefore, suggested we have a co-chair to act as a reflective listener to what was being said in the group. The role of co-chair is a valued role within the meeting. The intention of adopting the format of network meetings for our group discussions has presented challenges, as there is a certain amount of 'business' to address in each meeting. However, we aim to keep the discussion as dialogical as possible whilst still needing to have an outcome or action.

In December 2012, Sue Mowbray and co-organiser Corrine Hendy, a peer-support worker, attended a two-day conference on open dialogue with Nick Putman, psychotherapist from Brighton and Robert Whitaker. Inspiring talks took place with Nick as we discussed how open dialogue could be developed in the NHS and we gained a deeper understanding of the core principles (Seikkula, 2011).

During this time, Corrine and Sue also met Bert Park, clinical director of adult mental health services to discuss the open-dialogue approach. Intrigued by the outcomes of the approach and the 'natural' way of working with families, he invited Corrine to give a presentation to a mental health team. Following this success, a series of presentations were delivered to all community mental health teams. This inspired a clinical psychologist to co-author a paper on the approach with three others (Coles *et al.*, 2013). Although well received, there was some concern over how the approach might be implemented in the trust. It was agreed that the purpose of the document was to generate dialogue about the possibility, and the question of implementation would remain open. One positive outcome was open dialogue being incorporated into the clinical strategy for adult mental health services.

A meeting with Mike Cooke, chief executive of Nottinghamshire Healthcare Trust, was arranged. Modelling the

approach's values, everyone had an opportunity to speak and be responded to. The closeness of relationships and synergy in the room were tangible. It was also seen to be in close alignment with the trust's recovery principles. Following this, a 'bitesize' article, outlining the theory and concepts (Coles, Fox & Willcocks, 2013) was circulated in the trust.

During this time, in partnership with the trust, we invited Mia Kurtti, family therapist and nurse from Finland, and Nick Putman to run a one-day conference for staff and people in the community. The day modelled the network approach throughout, using small reflective groups. Several staff said the training was the best they had ever received and would take back what they had learned to their place of work.

At the beginning of 2014, Corrine Hendy was contacted by the associate medical director of North East London Foundation Trust, Russell Razzaque. He had a vision of developing open dialogue within the NHS by running a year's training course followed by a two-year trial of the method. The trust agreed funding for staff from two teams, Community Rehabilitation and Assertive Outreach, to take part in the pilot with plans for Open Dialogue Nottingham to form part of the team as volunteer peers.

Early 2014, members of Open Dialogue Nottingham, Phillippa White, Dominic Willcocks, Linda Sunderland, Diane Wright and Corrine Hendy ran a series of awareness-training days. The aim was, again, to model open dialogue during these events, with a presentation of the seven core principles, group work on dialogism, polyphony, tolerating uncertainty, a listening exercise on the experience of young service-users and a sculpt based on a case study. In October, Mia Kurtti returned to facilitate another one-day conference. All witnessed the depth of connection as one human being related to another, not trying to generate solutions but tolerating uncertainty and allowing the flow of dialogue to generate its own answers. Many people commented on how they would leave the room changed. One person said, "Open dialogue is transformative". It was clear there may be no immediate answers for the person in distress, but responding to and hearing a person's voice was paramount.

The future for open dialogue in Nottingham

The progress of Open Dialogue Nottingham has been inspirational. During the past three years, the relationship between Open Dialogue Nottingham, Nottinghamshire Healthcare NHS Trust and local charities has been one of respect, mutuality and openness. In partnership, we have been able to host several free training-events.

The challenges for our culture are for professionals to relinquish 'expertise' and power, to use their knowledge and experience for creating joint understanding and promoting collaborative solutions. This empowers everyone involved and brings about a lasting and healing change.

This collaborative project in Nottingham continues to raise awareness of the success of the approach as a way of life, and endeavours to promote it within UK mental health services. This ambitious goal has led us to begin to apply for Charitable Association status. How we do this in a dialogical way continues to be explored. Despite the huge task ahead of us, we are encouraged by our progress so far.

Our hopes for the future include further training to widen awareness of open dialogue and improve collaborative working



Diane and Corrine

within mental health services. In a decade of austerity, as inpatient and care in the community face increasing demand, innovative approaches such as open dialogue will need to be readily available.

References

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Corrine Hendy is a peer-support worker at Nottinghamshire Healthcare Trust. She is involved in developing the peer service within adult mental health and in promoting recovery-values and collaborative working. She is co-organiser of Open Dialogue, Nottingham.

Diane Wright is an artist, and has tertiary qualifications in health and social care and in mechanical engineering. Her interest in mental health was born out of personal experience both as a service user, and as the daughter of a service user.

Linda Sunderland began with the Nottingham service in 2013, having heard Jaakko Seikkula in Derby in 2011. Along with her growing experience in the approach, of particular significance to her is the power of witness and the emergence of meaning, through recounting her own story.

James Shutt has spent most of his working life in the charity sector as a caseworker, advocate and service manager. His professional interests are the social, legal and ethical concerns relating to mental health and mental trauma.