

Transformation in Mental Healthcare: An Anthropological Study of Open Dialogue (APOD)

Mental health care services worldwide are under enormous pressure, even more so in present Covid-19 affected times. In trying to respond to rising demand, mental healthcare faces intractable problems, including low rates of functional recovery from serious mental illness, long-term dependence on psychoactive drugs, over-representation of ethnic minorities in services, long waiting times, atrophy of care functions in fragmented over-stretched community crisis services, and user dissatisfaction.

Are there alternatives to existing approaches when responding to crisis and treating serious distress? Is it possible to build on the best aspects of current mental health care centred on people's experience and need, to respond to several decades of critical psychiatry, to build on the innovations of service-user movements, and push the whole system in a new direction? Is there an approach that is open to culturally-diverse experiences of mental distress and understands that this distress is often rooted socially in injustice, inequality and disadvantage, but also recognises social connection in recovery?

To answer these questions, anthropologists led from SOAS are joining an inner-London mental health NHS trust to train and work in community mental health teams which serve areas of urban disadvantage and enormous cultural diversity. Joined by mental health clinicians and those with personal experience as service users and carers, the focus of the research team's embedded ethnographic study is an alternative approach to mental health care called **Open Dialogue**. This is being implemented in the area as part of what is the first large-scale national trial of a system-wide alternative to the dominant individual-focussed, biomedical diagnosis-treatment model.

Open Dialogue is arguably the most significant innovation in Western psychiatry in recent years. Developed in Finland, it is now being expanded in culturally adapted form in Europe, north America and in Asia. It is a non-diagnostic approach that shifts the focus of care from treating individual psychopathology to empowering social networks for recovery from crisis and serious mental illness. Instead of an expert-led diagnosis-treatment model, Open Dialogue places clients and members of their social network at the centre of a dialogical process aimed at discovering ways out of crisis. At the organisational level, OD ensures rapid response, continuity of care and avoids clinical discussion about clients in their absence.

The ethnographic research is taking place alongside a UCL-led randomised controlled trial (ODDESSI) to establish whether on average people in crisis receiving Open Dialogue do better than treatment as usual. This study aims to go further to discover how, why and for whom the Open Dialogue approach works (or fails to), what are the relevant contextual and cultural factors.

The ethnographic project will explore in-depth the process and meaning of the dialogical approach for practitioners and clients by becoming part of the process. Reaching into the community and the everyday lives of those recovering from crisis and distress, it will investigate the intersections of professional care networks and community social networks to learn what allows connection and recovery. Reaching back into the history of community mental healthcare in the UK, it will take a long-view of institutional reorganisation required or instigated by Open Dialogue.

The project's findings will enhance the policy-relevance of a clinical trial and inform the translation of OD into new settings. It will contribute to a global movement and critical debate around psychiatric alternatives founding the international Open Dialogue and Anthropology Network (ODAN) as a gateway for ethnographic insights to shape the development of this alternative approach to mental health crisis and recovery globally.