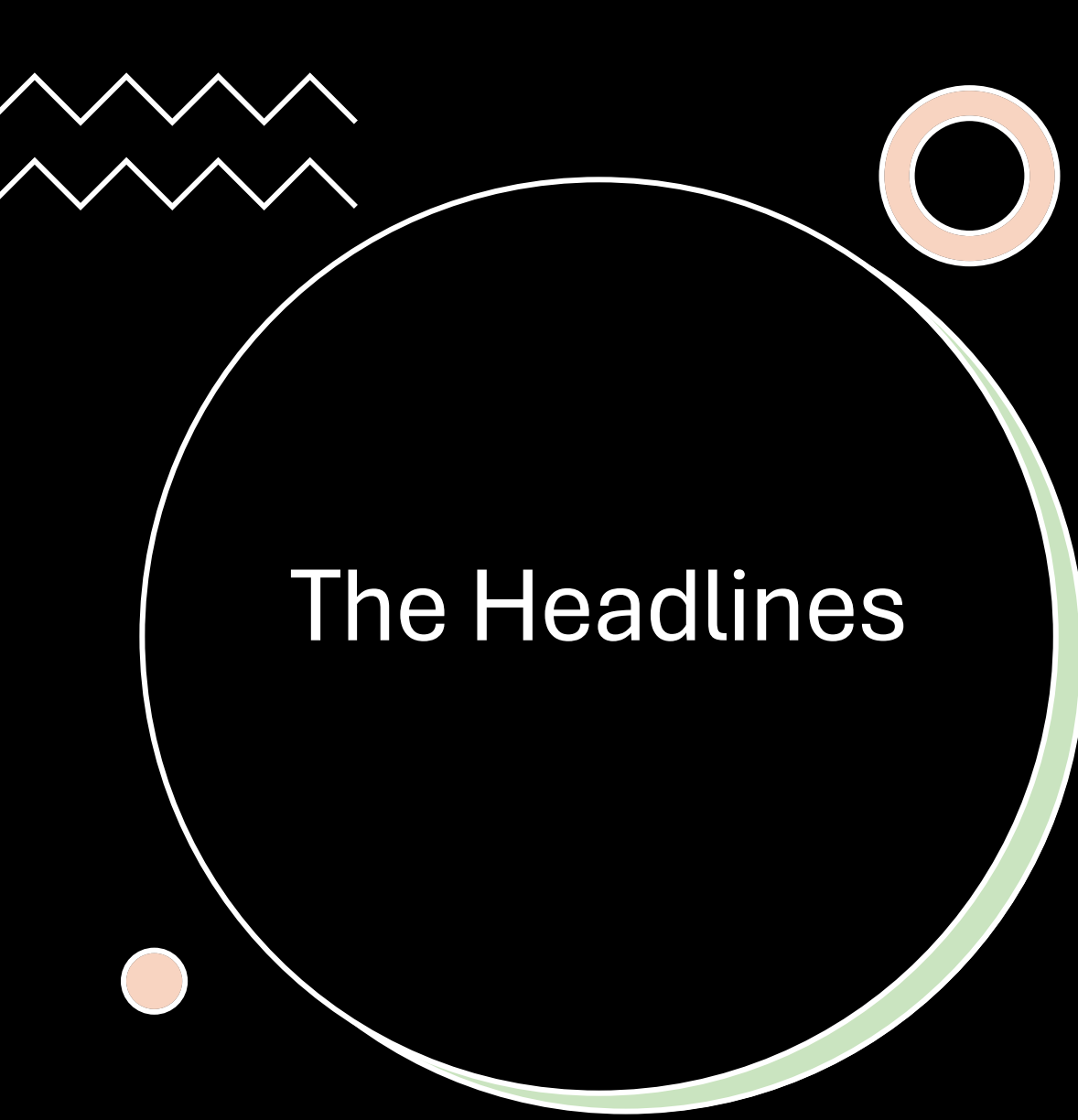




Holding recovery together: Keeping relationships and community at the centre of care using Open Dialogue

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Clinical Psychologists working in Acute Inpatient
Services and Open Dialogue Facilitators

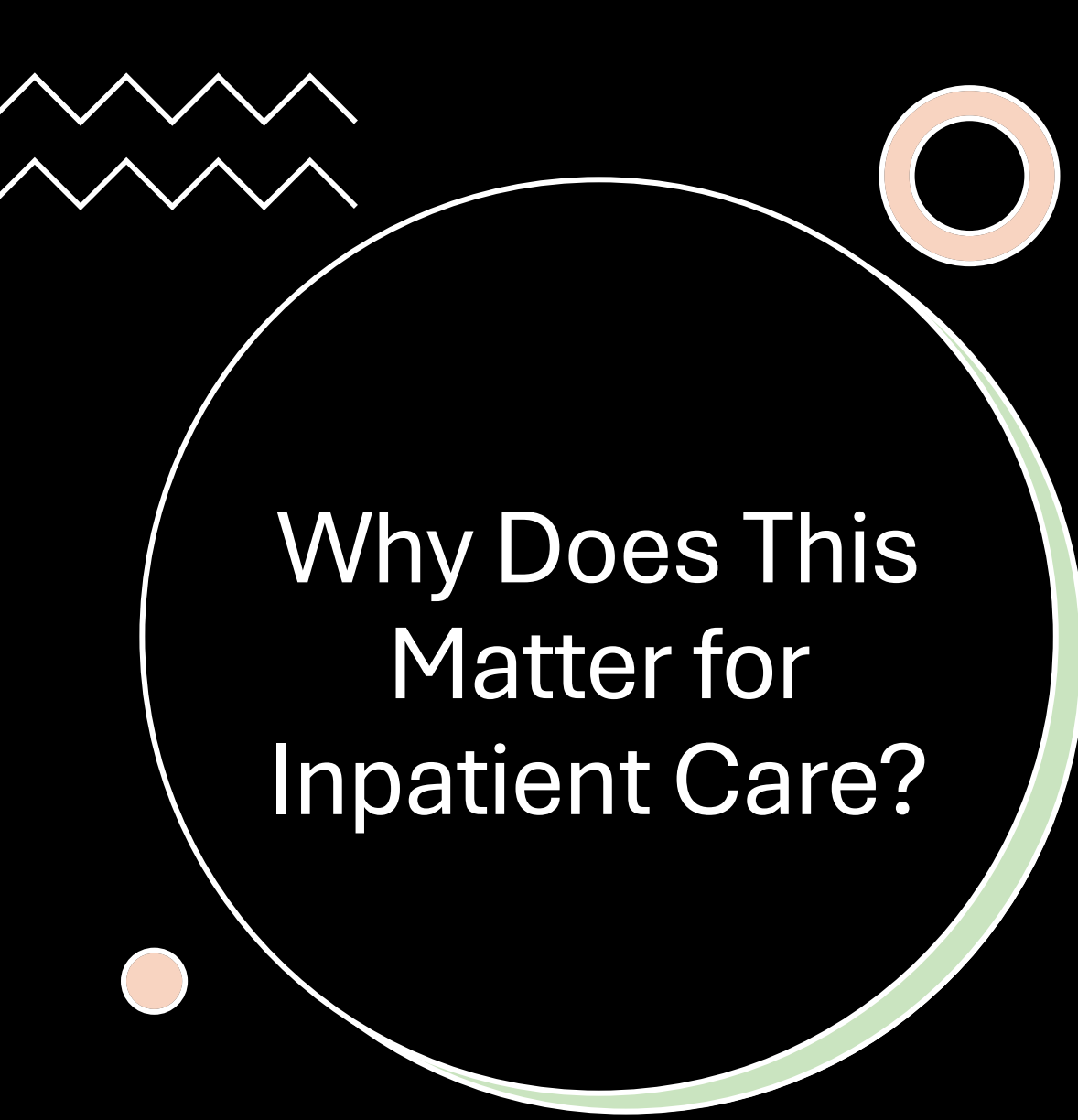


The Headlines

- Compared with treatment as usual, Open Dialogue was associated with:
 - 3.4 times reduction in psychiatric admissions
 - 50% fewer crisis service re-referrals
 - 54% less time spent in hospital
 - Better recovery, quality of life and autonomy
 - Higher service satisfaction
 - No significant safety concerns
- **If people do become unwell again, these relapses are far less intense, less destabilising for the person, and do not require crisis-level service input.**

ODDESSI Trial: Pilling et al., The Lancet Psychiatry (2026).





Why Does This Matter for Inpatient Care?

- We know that
 - Families and carers can feel excluded during admission.
 - Recovery and understanding of difficulties can become focused on the individual rather than their wider relationships and community.
 - Better continuity between inpatient and community services is needed.
 - Services must be responsive to diverse cultural and community perspectives.
 - Admissions can provide vital safety, stability and containment, particularly when psychological safety within networks has been limited.





What is Open Dialogue?



How Open Dialogue Helps

- Brings families, carers and wider networks into care planning; valuing the network's expertise and knowledge.
 - Understands distress within relationships, communities, culture and faith, not only within individuals.
 - Promotes shared decision-making and "nothing about me without me".
 - Values multiple perspectives and sources of expertise, including the voluntary and community sector.
 - Creates space for difficult conversations
 - Therapeutic gains most likely to continue
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- **Sustained recovery happens in relationships, not just services.**





What's Happening Now at LPT?

Implementation

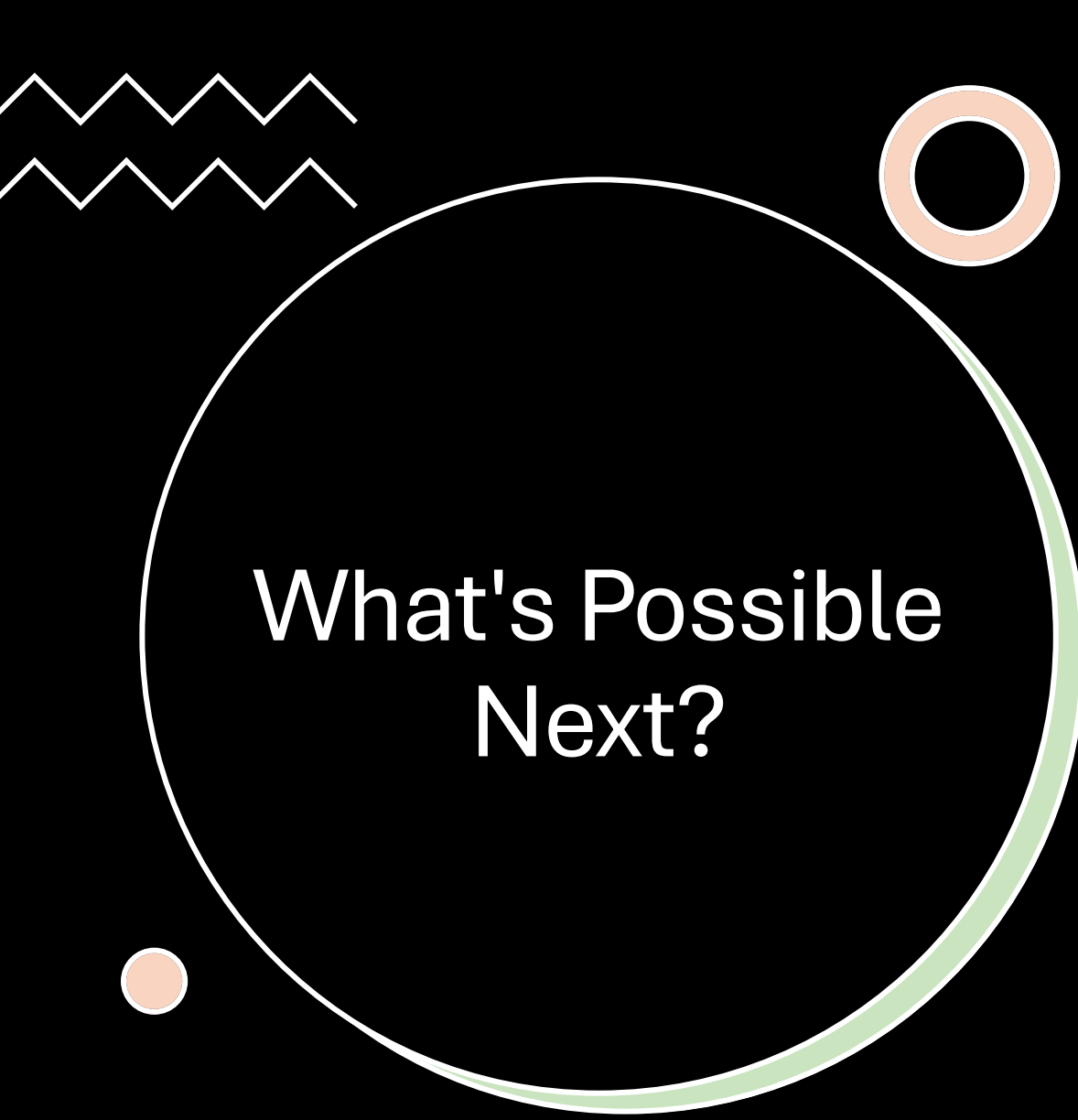
- Staff training & supervision
- Weekly implementation meetings
- Network meeting referrals

Impact

- Better continuity
- Fewer fragmented transitions
- More person-centred recovery planning

Feedback

- Personal networks more involved
 - Improved collaboration
 - Positive transition experiences
- 



What's Possible Next?

- Further embed Open Dialogue across inpatient pathways.
 - Strengthen links with community and neighbourhood-based facilitators.
 - Values aligned between OD and Neighbourhood MH Services and the voluntary sector organisations .
 - Explore neighbourhood venues as community-based alternatives for network meetings.
 - Evaluate impact on:
 - Readmissions
 - Crisis presentations
 - Post-discharge recovery
 - Staff wellbeing, retention and team cohesion
- 