Implementation of Open Dialogue Approach in Polish mental health structures

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Abstract

Introduction: In Poland since 2013 first one-year Open Dialogue Approach (ODA) courses have been carried out for mental health professionals (MDs, nurses, psychologists, psychotherapists, educators, social workers) ran by Polish Institute of Open Dialogue. Until now more than 50 people working in different professional backgrounds (stationary wards, ambulatory wards, daily clinics, mobile-crisis team, supportive housing facilities) have been trained and started to apply dialogical practices in their daily routine. First ODA practitioners report a significant change in communication patterns that occurs among professionals when dialogical practices are applied.

Objectives: The aim of this poster is to depict current state of ODA application in Polish psychiatric services and to discuss hardships as well as benefits that experience ODA practitioners.

Discussion: ODA has been developed in Western Lapland [Finland] since early '90s. At the outset it was conceived as psychotherapeutically oriented, need-adapted treatment of schizophreniform psychosis. Willing to achieve "wide-range impact" it further evolved into comprehensive model of psychiatric service organization with challenging treatment outcomes (especially regarding sharp decrease in schizophrenia incidence in the catchment area). Meanwhile psychiatry in Poland, for years financially underestimated, leads a transformation, following the guidelines issued in Polish Mental Health Program, where considerable importance is attached to de-institutionalization of mental health structures and to foundation of community based facilities. Bottom-up patients' family movement put effort into arranging first ODA workshops that where held in Wrocław in 2012 with its architect Jaakko Seikkula and method's practitioners. Meeting emphasized the need of further trainings led by experienced tutors. ODA due to its network- and need-adapted orientation may become an eligible standard for community psychiatry training, where shared decision making lies at the core of professionals' everyday work, stressing the need for other than pharmacological interventions. Furthermore, being an attractive organizational solution it might satisfy demands drawn up by the mental health policy-makers. Well–design surveys that could undoubtedly support method's replicable outcomes in different settings are required.

Conclusions: To summarize ODA provides a new perspective on mental health care, however multicenter, comparable (at best randomized clinical trials) studies are necessary to assess ODA impact on the long-term outcomes.

Supplementary material: Complete presentation available at http://ijcnmh.arc-publishing.org

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