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ADAPTING OPEN DIALOGUE FOR EARLY-ONSET PSYCHOSIS IN LATVIA: BARRIERS AND FACILITATORS

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Open Dialogue (OD) is the Finnish crisis intervention approach based on an open dialogue involving various professionals and a trusted person of the patient. This publication has demonstrated both clinical and economic benefits from the implementation of the principles of OD. The implementation of this approach was started in Latvia in cooperation with Dr. D. Ziedonis from the Department of Psychiatry, University of Massachusetts Medical School (today working at University of California San Diego), by translating into Latvian “The Key Elements of Dialogic Practice in Open Dialogue” and carrying out expert consensus panel discussions on the barriers and facilitators of the approach. The obstacles are linked with the lack of education in family therapy, lack of resources, possible problems of cooperation among professionals, and the existing standard practice where there are no active home visits in crisis situations. At the same time, positive elements that are close to Latvian psychiatry can be observed in the OD approach, for instance, the importance of a clinical conversation and listening to the points of views of family members encourage psychiatrists in Latvia to use this approach. The setting of OD could be community-based mental health centres as well as inpatient psychiatric departments dealing with acutely psychotic patients. OD can be a valuable addition and alternative in the case of new psychotic patients when treatment with medications is not efficient, and the patient is not favourably disposed to the use of medications, but nevertheless is seeking help.

Key words: *open dialogue, mental health, psychiatry.*

INTRODUCTION

The National Development Plan of Latvia for 2014–2020 is currently the central strategic policy-planning document in Latvia. It draws attention to the fact that due to external causes of death, including suicide, a large proportion of the population in Latvia dies while still in the working age. This document calls for the improvement of the quality and accessibility of healthcare services (Anonymous, 2012). The policy document in the field of psychiatry, “Policy on the improvement of mental health of the population in 2009–2014” (Anonymous, 2008), already sets a more specific goal to ensure that citizens are provided with qualitative mental health care that meets their needs. The implementation plan for this policy document (Anonymous, 2013a) calls for the development of community-based mental health and carrying out the treatment and care mainly in outpatient clinics. It also included an idea of developing the work of mobile teams providing support in the patient’s place of residence. The second goal of the “Comprehensive mental health action plan 2013–2020” (Anonymous, 2013b) adopted by the World Health Assembly stipulates the necessity to provide comprehensive, integrated, and responsive mental health and social care service in community-based settings.

Within the framework of implementing the mental health policy in Latvia, two outpatient clinics were established in Rīga. The activity of the clinics is based on ambulatory visits to a psychiatrist. In addition, the psychiatrist can offer treatment in the day stationary where the patient receives a psychiatrist’s consultation and such treatment and rehabilitation activities as ergo therapy, physiotherapy in groups or individually, visual and music (art) therapy, group psycho-

therapy as well as consultations with a psychodynamically oriented psychotherapist.

Despite individual positive initiatives, in Latvia psychiatric care has traditionally been based on psychiatric hospitals and ambulatory psychiatric visits to psychiatrists' practices or outpatient departments of psychiatric hospitals (Mitenbergs *et al.,* 2012). The number of psychiatric hospital beds in Latvia is decreasing, however, not as fast as one would wish. In 2014, there were 126.04 psychiatric hospital beds per 100 000 (Anonymous, 2016b). The number of beds is larger only in some EU countries.

The World Bank has carried out an assessment and prepared its recommendations also concerning the Latvian psychiatric help service. One of the recommendations advises full participation and integration of people with mental disorders within the community. According to the World Bank assessment, the number of psychiatric beds should be decreased until 2025 by approximately 1200 beds. This can be achieved by developing facilities and programmes such as integrated programmes with case management, outreach, or mobile health teams, self-help, and users, and caretaker groups (Anonymous, 2016a).

These plans are ambitious and the above-mentioned established community centres attract more first-line patients and justify their activity. Nevertheless, there is no significant shift away from the traditional inpatient treatment. This raises the question of whether the existing methods are sufficient? Are there any other types of innovative methods and approaches to the patient treatment necessary?

One of the possibilities could be the use of the OD approach, which is based on OD network meetings described as dialogical practice (Olson *et al.,* 2014). Twelve key elements are included: two or more clinicians in the meeting; participation of family and network; clinicians use open-ended questions; responding to clients' utterances; emphasising the present moment; eliciting multiple viewpoints; use of a relational focus in the dialogue, responding to problem discourse or behaviour in a matter-of-fact style and attentive to meanings; emphasising the clients own words and stories, not symptoms; conversation amongst professionals (reflections) in the treatment meeting; being transparent; tolerating uncertainty.

OD five-year outcomes of the Finnish cohort study showed excellent results revealing that 86% of patients included in the OD programme worked or studied (Seikkula *et al.,* 2006).

Thus, it should be noted that today in Latvia, there is a lack of resources to fully develop community-based care infrastructure, maintain facilities, and ensure increasing resources for the payment of medications. This means that a method like OD might be the solution, because it involves reducing labour costs, the volume of drugs used and contributes to the actual inclusion of patients in the labour market.

IMPLEMENTING AND ADAPTING OD IN LATVIA

The introduction of an open dialogue approach in Latvia is possible based on international experience. Thus, the results of a 12-month implementation of the OD approach in a mental health agency in the United States were published in 2016. The article provided a feasibility study for the execution of an outpatient programme based on OD principles for 16 young people aged 14 to 35 with psychosis. The positive clinical results obtained were correlated with the high implementation costs. However, the article demonstrates the potential for long-term economies of scale (Gordon *et al*., 2016).

Years of experience using the principles of open dialogue in psychiatry in the health district of Western Lapland, Finland, have shown a significant decrease in the overall number of mental health services visits in the long term. This means, firstly, the effectiveness of the technique, as well as its economic feasibility (Bergström *et al*., 2017).

These findings are supported by another study based on statistics on the use of mental health services, general practice services, and social markers in Denmark. The research includes an analysis of patients aged 14–19 years (n = 503) recruited from the same region between 2000 and 2015. According to results, the use of OD practice reduced both the number of emergency psychiatric treatment and of general practitioner services.

Thus, the feasibility of introducing open dialogue practice in Latvia is based not only on its proven effectiveness of the methods but also on the potential long-term economic benefit.

Dr. D. Ziedonis from the Department of Psychiatry, University of Massachusetts Medical School (today working at University of California San Diego), who had started the approbation of the OD approach together with his colleagues in outpatient services (Gordon *et al.,* 2016) and inpatient facilities (Rosen *et al.,* 2016) in the USA, introduced the approach to his Latvian colleagues and stakeholders.

As a research method to evaluate the possibility of developing OD in Latvia, an expert consensus panel was chosen. The material "The Key Elements of Dialogic Practice in Open Dialogue" (Olson *et al.,* 2014), translated into Latvian and publicly available on the website of the University of Massachusetts Medical School, was used as the basis for discussion.

During the first research phase in Latvia, a panel discussion took place involving the leading psychiatry stakeholders — the President of the Latvian Association of Psychiatrists, Head of Rīga Stradiņš University Psychiatry and Narcology Department, heads of community-based clinics as well as

representatives from the NGO Resource Centre for people with mental disability "Zelda".

During the second research phase, supported by the Baltic–American Freedom Foundation grant for the project "Open Dialogue approach in psychiatric services", a workshop and a wider panel discussion on barriers and facilitators for the use of the OD approach in Latvia took place in Strenči Mental Hospital. Psychiatrists, NGO representatives, psychologists, nurses, and other specialists in the field of psychiatry from different psychiatric hospitals in Latvia participated in this workshop and discussion.

BARRIERS AND FACILITATORS FOR IMPLEMENTATION

During expert consensus panel discussions, a number of barriers and facilitators were highlighted. Current practice in the Latvian community-based mental health clinic was analysed, comparing it with the seven guiding principles of the OD approach. The comparison is shown in Table 1. A number of OD principles today are detached from reality; however, some of them should be implemented and conceptually are in line with current working principles of Latvian psychiatry.

The most solemn barriers are linked to insufficient education of Latvian psychiatry professionals in family therapy. The method of psychodynamic psychotherapy is still the main one in the training of psychiatrists.

The lack of available resources limits the possibilities to develop an OD approach. Participants of discussions pointed to difficulties in the current treatment and care model where the visit to a psychiatrist lies at the basis of the treatment; moreover, this visit is short and sufficient time cannot be devoted to OD. There are also difficulties in initiating the therapy immediately when the patient is seeking help (within 24 hours), and the patient may have to wait longer. Home visits are being practiced at a minimum level; patients with acute conditions are usually hospitalised in the departments of psychiatric hospitals. Currently, the divided levels of psychiatric care can create problems in implementing the OD approach — treatment takes place in inpatient psychiatric departments, outpatient facilities, and community-based centres, however, there is insufficient cooperation among these structures in finding the most appropriate treatment for the patient. In addition, the workload of specialists and the high demand for psychiatric care is a problem since a situation of lack of time arises. The current solution is to limit the length of the visit and the number of visits per patient. This approach provides at least minimal assistance for the patient in a high-demand environment. Cooperation among the professions in order to ensure joint participation in OD meetings could be an issue as in Latvia a psychiatrist is a direct access specialist, which means that a referral from the family doctor is not necessary. As a result, patients, on the one hand, have easier access to specialists; on the other hand, cooperation between the psychiatrist and family doctor or any other specialist is often insufficient. At times, even the family doctor is not aware of the fact that the patient simultaneously visits also a psychiatrist. The inaccessibility of other professionals, as well as the problems with quickly organising and attending an OD meeting, also create problem situations.

Table 1. Guiding principles of the open dialogue approach and the current clinical practice in Latvia

	Guiding Principles of the Open Dialogue Approach	Current practice in the community-based mental health centre in Rīga, Latvia
1.	Immediate help. The meeting takes place immediately within 24-hours of the initial contact with the specialist (a call from family members, family doctor) in the facility or better in the patients' homes	At the moment, immediate home visits are not possible; wait time for the appointment with a psychiatrist can take a month, a short visit, on average once a month or even less frequently
2.	Family/Social network perspective. Development of network, support (family members, other professionals)	Engagement of family members is respected but is dependent upon the situation (parents' awareness, health condition), psychiatrist's tactics and opinions
3.	Flexibility and mobility (meetings in the patient's home, responding to phone calls, deferral of meetings if this is the wish of the family)	Depends on the psychiatrist, there is certain elasticity, the patient usually cooperates with one psychiatrist in the long term
4.	Responsibility (therapeutic team assumes responsibility for the organisation of the meetings)	Ambulatory psychiatrists ensure the continuity of care
5.	Psychological continuity (therapeutic team assumes responsibility for the patient in the long term in the inpatient facility and outside it)	There is but not enough cooperation between outpatient services, day stationary and inpatient units
6.	Tolerance of uncertainty (formation of relationship, preferably 10–12 visits, initially every day)	Short visits, on average once a month
7.	Dialogue & polyphony (possibility for family members to express their points of view, discuss the problem). Reflection in the presence of the patient on the tactics, open conversation	More psychoeducation, explanation of symptoms, recommendations, support, listening to the patient individually

Despite the abovementioned barriers, there are also a range of facilitators. Direct contact with the patient and conversation as a diagnostic and treatment tool are the values, which have always been at the core of Latvian psychiatry school. It is possible that in the age of standards, guidelines, clinical pathways and diagnostic scales they have slightly lost their meaning. Clinical conversations have been traditionally used in Latvian psychiatry for precise evaluation of symptoms, diagnostics, as well as in forming doctor-patient relationships in the treatment process. Listening to the patient, characterisation of clinical condition without the use of medical terminology are classical values of Latvian psychiatry, which go hand in hand with the open dialogue used in the OD approach. An important element of such clinical psychiatric approach is a conversation with the patients'

family members to obtain maximum objective information and assess the resources for patient's rehabilitation. Why could such a dialogue not take place within the framework of OD in an open way? During discussions, it became clear that the OD approach varies in its application in different countries, it can be adapted to the national clinical practice, it is possible to use its elements, and it does not require long standardised training that could be expensive and unattainable. The Latvian society of psychiatrists seems to be open to new ideas, and availability of modern medications has significantly improved the patient life quality; however, the medications do not solve all the problems and force to look for other, additional or alternative solutions. The OD approach could be one of them. Over the last years, Latvia has initiated the development of community-based care, which includes outpatient visits to psychiatrists, operation of the day centre, and integration with an open psychiatric department. Such a modern treatment and care model could be a setting for OD. In addition, the inpatient department, which initially seemed to contradict the OD approach, could be a safe platform for launching OD when the patient faces a situation of crisis and is hospitalised. It seems that during the discussion, the attitudes of psychiatry professionals changed and the scepticism with regard to the use of a new and unknown method was replaced by the awareness of the possibility of a feasible application of its separate elements, for instance, the engagement of the family. Involvement of NGOs can be both a challenge to psychiatrists and good support in work as well as additional security for the patient.

CONCLUSIONS

In conclusion, it has to be noted that there is a great interest among the professionals of Latvian psychiatry in the OD approach, which could support those patients for whom the treatment with medications is not always sufficiently effective and who are not willing to use the medications. The initial scepticism among the professionals was gradually replaced by the interest taking into account that the use of separate elements of the approach is feasible, for example, open dialogue with the patient and the family members and crisis intervention involving trusted persons of the patient. Among the professionals, especially those of the younger generation who are more familiar with the principles of psychotherapy and family therapy, there is a great interest to try out OD and develop the idea. The OD approach or its elements can be used in community-based clinics in Rīga and elsewhere in Latvia, in outpatient or day stationary form. A stationary could be a good basis for launching OD prior to the patient's discharge from the hospital. Further steps should be made in the field of training as well as in initiating the work with the patients. It is significant to start research to evaluate the advantages of the approach, comparing it with the existing alternatives.

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ADAPTĒJOT ATVĒRTĀ DIALOGA AGRĪNAS INTERVENCES METODI PSIHOŽU ĀRSTĒŠANAI LATVIJĀ — ŠĶĒRŠĻI UN IESPĒJAS

Neinfekciju slimību ierobežošana, psihisko traucējumo agrīna atpazīšana un mūsdienīga ārstēšana ir vieni no uzdevumiem Latvijas iedzīvotāju veselības uzlabošanas un priekšlaicīgas mirstības mazināšanai. Mūsdienu psihiatriskās palīdzības sniegšanas principi paredz piedāvāt pacientiem plašu ambulatorās ārstēšanās klāstu. Latvijā turpina attīstīt sabiedrībā balstītu psihiatrisko pakalpojumu tīklu, pilnveidot ambulatorā psihiatriskā darba metodes. Somijā radītā psihiatriskā darba metode *Open Dialog* ir sevi pierādījusi kā klīniski un ekonomiski efektīva intervence psihiatrisko krīžu gadījumos. Saskaņā ar raksta autoru 2016. un 2017. gadā veikto pētījumu, galvenie šķēršļi *Open Dialog* pieejas principu ieviešanai citās valstīs, tostarp Latvijā, ir ārstniecības personu kompetenču trūkums psihoterapijā, nespēja operatīvi sniegt psihiatrisko palīdzību, kā arī iespējamās problēmas ārstu sadarbībā. No otras puses, *Open Dialog* filozofija ir tuva tradicionālajai psihiatriskā darba pieejai Latvijā, un šīs metodes elementi varētu būt izmantojami gan stacionārā, gan ambulatorā psihiatriskā praksē Latvijā. Raksta nobeigumā tiek analizēti *Open Dialog* metodes ieviešanai nepieciešamie pasākumi.