

# Peer-supported Open Dialogue (POD)

Source NHS UK Devon Partnership

## Link to original article

[https://www.dpt.nhs.uk/resources/peer-supported-open-dialogue/peer-supported-open-dialogue-pod#:~:text=Peer%2Dsupported%20Open%20Dialogue%20\(POD\)%20is%20a%20new%20way,concerned%20and%20their%20support%20network.](https://www.dpt.nhs.uk/resources/peer-supported-open-dialogue/peer-supported-open-dialogue-pod#:~:text=Peer%2Dsupported%20Open%20Dialogue%20(POD)%20is%20a%20new%20way,concerned%20and%20their%20support%20network.)

Peer-supported Open Dialogue (POD) is a new way of supporting people in distress. It takes a different approach which is entirely centred on the person concerned and their support network.

The social network (family, friends, involved ‘professionals’) is absolutely key to the approach. All members of the network are invited to network meetings. These meetings can be held as often as they are needed – every day, if required – at a place chosen by the patient. The patient also largely decides who is in their social network, and who should be invited. The network meetings are often held in the patient’s home.

Staff from the mental health team aim to respond quickly, usually within 24hrs. Team members involved at the start stay involved throughout the care – whether that is in-patient, out-patient or both. The patient is always present at network meetings, even if they are in acute distress.

The network meeting is the main decision making body and a place of ‘treatment’. All decisions are made in those meetings – no decisions are made behind closed doors out of the meeting. The meetings are a safe space for everyone to express themselves and, importantly, to listen to everyone else. They are democratic and work differently to traditional meetings.

For instance, not only can people share their view, but no attempt is made to change someone’s view. The aim is not for everyone to agree on a shared point of view. The aim is for people have an open conversation and be listened to. This acceptance and respect for every voice can lead to fresh understandings and everyone playing a role in bringing about change.

With POD, clinicians have a different role to usual. Their stance is to ‘be with’ the patient, to stay in the moment and to connect to what is being felt in the meeting. There is not an attempt to create and impose a ‘story’ about what people are feeling or what is happening – that is not the aim of the meetings and the clinician’s view is no more or less valuable than anyone else’s.

This different approach tends to produce a different dynamic among the social network. People have far more control over what is happening. The patient is not a passive recipient of care delivered by ‘services’. Instead, they are actively involved in their own care and supported in that by their network – who are also actively involved in the care.

The POD approach builds on work developed in Finland. Research found that patients who were involved in an open dialogue approach were far less likely to need in-patient support in the future and were less likely to need medication. Devon Partnership NHS Trust is one of a handful of mental health trusts in England who are part of a trial to assess whether POD can lead to similar benefits here.