Open Dialogue Impact- Rapid Review Report

Appendix: Reviewed papers

Table 1: Paper details

Author/date	Title	Study design	Aim of study	Population/setting
Aaltonen et al., 2011	The Comprehensive Open-Dialogue Approach in Western Lapland: I. The incidence of non-affective psychosis and prodromal states	Cohort study	To explore the following hypothesis: "When open dialogue is emphasized from the very beginning of treatment in all cases (not only in psychotic or psychosis-related cases), and when all staff have received specialist level training in family therapy, the incidence of schizophrenia-related phenomena and/or their seriousness will decrease." p9	Patients aged 15–44 first presentation to psychiatric out-patient or in-patient services between 1985 and 1994. The catchment area was the two cities of Kemi and Tornio.
Anestis et al., 2024	Becoming an Open Dialogue practitioner: a qualitative study of practitioners' training experiences and transitioning to practice	Qualitative research	This study aimed to explore practitioners' experiences of receiving the training and transitioning to dialogic practice. p1	Participants were all OD practitioners recruited from the six different NHS trusts which took part in the ODDESSI trial. Practitioners were part of OD teams that were formed for the purpose of the trial.
Bergström et al., 2017	The long-term use of psychiatric services within the Open Dialogue treatment system after first-episode psychosis	Cohort study	To describe how psychiatric services were used in Western Lapland to analyze how baseline characteristics were related to re-admission rates and total duration of psychiatric treatment, in the area where Open Dialogue approaches were applied to all psychiatric treatments	People treated for first episode psychosis 1992-2005 and residing in the catchment up to 2015
Bergstrom et al., 2018	The family-oriented open dialogue approach in the treatment of first-episode psychosis: Nineteen-year outcomes	Cohort study	the aim was to evaluate the stability of OD outcomes in the treatment of first-episode non-affective psychosis (FEP), at an average of 19 years from onset.	People aged 16-50 with first episode psychosis
Bergström et al., 2019	How do people talk decades later about their crisis that we call psychosis? A qualitative study of the personal meaning-making process	Qualitative research	The primary aim was to explore (i) how people themselves give meanings to experiences which, in the clinical context, are often interpreted as psychosis, and (ii) how these experiences are included in life stories. P106	People who had been diagnosed with non-affective psychosis 10 to 23 years previously in one catchment area. P105.

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Bergstrom et al., 2022b	Retrospective Experiences of First-Episode Psychosis Treatment Under Open Dialogue-Based Services: A Qualitative Study	Qualitative research	This study aimed to address this lack of knowledge (regarding peoples experience of OpenD based services) by asking 20 participants from the Western Lapland research cohort about their experiences of FEP treatment, initiated under OD-based services 10–23 years previously. (p.888)	The participants for this qualitative research were recruited from Western Lapland research cohorts, which included all persons (N = 108) whose first treatment contact with non-affective psychosis occurred in the Western Lapland region during the time of the three OD research phases (1992–1993, 1994–1997, and 2003–2005).
Bergstrom et al., 2022a	The 10-year treatment outcome of open dialogue-based psychiatric services for adolescents: A nationwide longitudinal register-based study	Cohort study	The aim of this longitudinal register-based study was to evaluate the 10-year treatment outcomes and cost-effectiveness of the treatment that commenced in services based on the need-adapted and social network-oriented OD approach.	Finnish national social and healthcare registers covering all adolescents aged 13–20 who (for the first time) received psychiatric treatment in Finland during the period 1 January 2003–31 December 2008.
Bergstrom et al., 2023b	A 5-Year Suicide Rate of Adolescents Who Enrolled to an Open Dialogue-Based Services: A Nationwide Longitudinal Register-Based Comparison	Cohort study	The aim of this nationwide longitudinal register-based cohort study was to analyse the 5-year suicide rate and suicide risk factors among the cohort of all adolescents who enrolled to psychiatric services in Finland between 2003 and 2013. Specifically, to examine whether service type (OD-based services vs. standard mental health care) was associated with differences in 5-year suicide rate among this population of adolescents receiving mental health services.	All adolescents aged 13–20 who received psychiatric treatment in Finland during the period of January 1, 2003 to December 31, 2013.
Bergstrom et al., 2023a	Out-of-home interventions for adolescents who were treated according to the Open Dialogue model for mental health care	Cohort study	This study aimed to address this by analysing the usage ratio and elapsed time to out-of-home interventions among adolescents treated according to the Open Dialogue model of mental health care.	Adolescents aged 13–20 who received first-time psychiatric treatment in Finland during the period 1 January 2003 to 31 December 2008. The research group (OD) included all adolescents whose treatment commenced in the Western Lapland catchment area, this being the only region in Finland where OD covered the entire psychiatric service for adolescents at the time of the inclusion years. The comparison group consisted of all adolescents whose mental health treatment commenced outside Western Lapland

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Bergström et al., 2023	Need adapted use of medication in the open dialogue approach for psychosis: a descriptive longitudinal cohort study	Cohort study	This study aims to analyse long-term medication dispensing patterns among FEP cohort treated according to the OD. p1 Abstract	The OD cohort consisted of people who received treatment for FEP in the Finnish Western Lapland catchment area at a time of OD implementation (n=61). The comparison group included people whose FEP treatment commenced outside the catchment area during the mid-1990s (n=1378).
Buus et al., 2019	The association between Open Dialogue to young Danes in acute psychiatric crisis and their use of health care and social services: A retrospective register-based cohort study	Cohort study	The objective of this study was to examine whether a Danish Open Dialogue approach directed at young people who contacted Child and Adolescent Mental Health Services due to acute crisis reduced their utilisation of psychiatric and other health services, compared to peers receiving usual psychiatric treatment.	All young people aged 14–19 and resident in Haderslev, Aabenraa, Tønder or Sønderborg municipality in Region of Southern Denmark who contacted Child and Adolescent Mental Health Services due to acute crisis and received the Open Dialogue intervention between March 2000 and December 2014.
Buus et al., 2022	Client and Family Responses to an Open Dialogue Approach in Early Intervention in Psychosis: A Prospective Qualitative Case Study	Other: Case study of Open Dialogue network meetings	The aim of this prospective case study was to explore clients' and social network members' responses to participating in a newly implemented Open Dialogue approach in an Australian early intervention in psychosis treatment context.	Four young persons (mean age at referral: 19.0 years), in treatment for first episode psychosis, 14 members of their social networks, and 10 clinicians. Three types of data collected were: client's electronic medical records entries, recordings of sessions and semi structured interviews about clients and families' experiences of the intervention (p. 310)
Buus et al., 2023	Open dialogue trainees' perspectives on learning processes and psychotherapeutic practice: A prospective focus group study	Cohort study	Our aim was to follow up a group of Australian Open Dialogue trainees and explore their perspectives on learning processes and psychotherapeutic practice. p993	Participants of two overlapping Open Dialogue courses. Participants belonged to different health care and social care disciplines, and all worked in mental health.
Dawson et al 2021b	Should it fit? Yes. Does it fit? No': Exploring the organisational processes of introducing a recovery-oriented approach to mental health in Australian private health care	Case report	This study aimed to explore the introduction of this approach at a private, inpatient young-adult mental health unit in Australia.	Participants were staff members of the unit including allied health, nursing and medical staff

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Dawson et al., 2021a	Beyond polyphony: Open Dialogue in a Women's Shelter in Australia as a possibility for supporting violence-informed practice	Qualitative research	The aim of this study was to explore the experience of Open Dialogue network meetings at an Australian women's community-based shelter, from the perspective of service users and Open Dialogue practitioners and to explore the particular dialogical style and its aims to reduce feelings of powerlessness in healthcare settings (p. 138)	A sample of 13 program participants, six of whom were women who used the shelter, and seven Open Dialogue practitioners. The practitioners included three paid professional staff of the shelter (two case managers with counseling backgrounds and the general manager who had all completed a 50-hr introductory Open Dialogue training course and received ongoing supervision) and four nonstaff members comprising of two mental health nurse academics (Open Dialogue therapists completing 3-year Open Dialogue certification and supervision), a clinical psychologist and a registered nurse (who had both completed the introductory Open Dialogue training course and received ongoing supervision). (p. 139)
Einboden et al., 2024	Power, position and social relations: Is the espoused absence of hierarchy in Open Dialogue naive?	Qualitative research	The aim of this current study was to explore Open Dialogue practitioners' descriptions of challenges in implementing Open Dialogue at a women's health clinic in Australia p258	Practitioners at a women's health clinic/ across two sites
Elran et al., 2022	Opening a dialogue: lived experience meets Open Dialogue in Israeli mental health services	Qualitative research	The aim was to present the emerging field of peer-supported Open Dialogue and its implementation in Israeli mental health services. Review the literature on peer support and OD, and conceptualise shared core principles between the two practices. Then we report on the results of a preliminary research exploring the benefits and challenges of integrating lived experience in OD. Pg 1	Lived experience and mental health professionals as participants that graduated from the firstOD training.
Florence et al., 2020	Implanting Rhizomes in Vermont: a Qualitative Study of How the Open Dialogue Approach was Adapted and Implemented	Case report	To describe the case of OD adaptation and implementation in two agencies in Vermont	Staff within two participating agencies

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Florence et al., 2021	"It Makes us Realize that We Have Been Heard": Experiences with Open Dialogue in Vermont	Qualitative research	Our study aimed to investigate the experiences of families who received Collaborative Network Approach in two agencies in Vermont.	No distinction between the person at the center of concern or their network was made, unless participants made it themselves. The participant gender makeup was twelve women and five men. The reported length of CNA treatment ranged from 3 months to 6 years, with network meetings taking place in a variety of settings (i.e., home, hospital or clinic). Great flexibility in the frequency of meetings was reported both within a family's treatment and across participants ranging from three times per week to every six months. Eleven participants had experiences with hospitalizations, of which, six participants had been hospitalized themselves. One participant had a single hospitalization, one had two and the other four had multiple. Three participants had a long history with the mental health system (20 years or more).(p.1773)
Friesen et al., 2024	"A Light at the End of the Tunnel": Experiences With Peer Specialists in the Open Dialogue Model	Qualitative research	Examined participants' experiences with peer specialists in Parachute NYC, a community mental health program of support teams trained in Open Dialogue and intentional peer support - Pg01.	Enrollees of parachute NYC and network members (enrollees' family members.) Used interview data collected within a larger investigation of Parachute NYC. Study protocols were developed collaboratively with Parachute team members and program administrators.
Gerken et al., 2025	Patient-Centered Communication: Incorporating Principles of Dialogic Practice and Family Centered Rounds on an Inpatient Psychotic Disorders Unit	Cohort study	This study examined the impact of Patient-Centered Communication (PCC), Open Dialogue-inspired changes to rounding practices and culture, on patient perceptions of care on an inpatient psychotic disorders unit. (p.1 in abstract)	Adult inpatient unit divided between four inpatient teams. The study population consisted of adult patients of all genders. Although the unit focuses on individuals with psychotic disorders, other diagnoses are represented on the unit and all patient records were included regardless of diagnosis.

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Gidugu et al., 2021	Client, family, and clinician experiences of Open Dialogue-based services	Qualitative research	We conducted a qualitative study as part of the first pilot study of Open Dialogue in the United States to understand factors critical for implementation of the model. (p. 154) The aim of this study was to obtain stakeholder feedback related to implementation of the Open Dialogue model in the United States based on experiences in the Collaborative Pathway program (p.155)	We interviewed 6 clients, 10 family members, and 9 clinicians. The age range of the client participants was 17 to 30 years, average 22.66 (SD 4.5) years, all were White and resided in Massachusetts. Three of the clients were working part-time or full-time, one was in high school, and one was in college. All, except one young woman, were living with their families when they started experiencing psychotic symptoms (within 2 years prior to Collaborative Pathway enrollment) and continued to live with their families at the time of the interview. The clients had an average of 1.5 (SD 0.84) psychiatric hospitalizations before enrolling in the Collaborative Pathway. Each client chose to include between one to three family members in the interviews, for a total of 10 family members. The 10 family members who participated included one or both parents, a sibling, and one aunt. Psychiatrist (n1), social workers (n5); of whom 2 had training in family therapy), mental health counsellors (n2), and family therapists (n 1). They also varied in terms of the length of their experience as clinicians from approximately 2 years to decades. Most of the clinicians who were part of the Collaborative Pathway services team were simultaneously part of emergency services team or other outpatient services of the mental health centre where the study took place (p.156)
Gordon et al., 2016	Adapting Open Dialogue for Early-Onset Psychosis Into the U.S. Health Care Environment: A Feasibility Study	Mixed method eval	To examine preliminary outcomes of an adaptation and implementation of the OD approach in an established mobile crisis team in the US	Consumers, families and staff directly engaged in OpenD pilot via 'collaborative pathway' team

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Hendy 2020	Peer supported open dialogue in a UK NHS trust – a qualitative exploration of clients' and network members' experiences	Qualitative research	to explore the experiences of those who have received Open Dialogue for a qualitative evaluation of the service	All social network members who had received open dialogue within this particular National Health Service
Hendy et al., 2023	Conceptualizing the peer contribution in Open Dialogue practice	Other: Conceptual/theoretical	The conceptual underpinnings of the peer practitioner role have been drawn from the principles and relational approach of Intentional Peer Support. These have significant similarities with Open Dialogue, in terms of philosophical and theoretical orientations, with a particular focus on what happens in the "between" of a relational encounter. However, there are also significant differences in how practice principles are conceptualized, particularly around areas such as mutuality and self-disclosure. This article offers an analysis of this conceptual territory drawing on the relevant literature (p.1)	A group of seven peer practitioners from across the ODDESSI research sites came together regularly to participate in an Action Learning Set. This provided an ongoing forum in which peer practitioners and researchers could bring issues and questions for reflective discussion – and for peers to share examples of their practice as a basis for reflective learning (p.5).
Heumann et al., 2022	Implementation of open dialogue in Germany: Efforts, challenges, and obstacles	Mixed methods program evaluation	The aim of this study was to investigate the efforts, challenges and obstacles of OD implementation in various services in Germany	28 team member surveys and 16 semistructured interviews
Holmesland et al., 2010	Open Dialogues in social networks: professional identity and transdisciplinary collaboration	Qualitative research	The aim of this article is to explore the challenges connected to the transformation and emergence of professional identity in transdisciplinary multi-agency network meetings and the use of Open Dialogue. P1	Professionals involved in network meetings from the healthcare sector and social & educational sector.
Jacobsen et al., 2021	Open Dialogue Approach: Exploring and Describing Participants' Experiences in an Open Dialogue Training Program	Cohort study	The current article aims to explore and describe participants' experience in an OD training program. p39	40 professionals and two user representatives participating in an OD training program (Nurse, Social worker, psychologist, physician, Patient/ family representative, other)

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Jacobsen et al., 2023	Clinicians and supervisors' experiences with developing practices of open dialogue in network meetings in public mental health services	Qualitative research	Explores what promotes and hinders the development of Open Dialogue in network meetings (ODNM), from perspectives of practitioners and supervisors.	Clinicians and supervisors who are engaged in OpenD network meeting implementation over 18 months
Kinane et al., 2022	Peer supported Open Dialogue in the National Health Service: implementing and evaluating a new approach to Mental Health Care	Mixed methods program evaluation	Peer supported open dialogue The overall aim of this study was to implement a Peer supported open dialogue service in a mainstream NHS setting and examine the changes in a range of outcomes implementation, clinical outcomes and value to service users and their familiesover a period of six months.	Service users treated by the POD Team and participants from their family and wider social network. and Clinicians service users, family and/or social network members, and POD practitioners. Pg4
Klatt 2025	Dissonance as a productive force in the emergence of alternative crisis support and impetus for social change-principles and organizational form of the association Open Dialogue Leipzig e.V	Qualitative research	The study's purpose is to provide insights into the adaptation of Open Dialogue in a local context, Leipzig, Germany and examines the challenges of introducing Open Dialogue to the German health care system. "The research provides detailed insights into the development of the association and the adaptation of the OD approach to local circumstances." Page 01	Service users in Leipzig and health care worker participating in Open Dialogue interviews
Lennon et al., 2023	Organizational Change in Complex Systems: Organizational and Leadership Factors in the Introduction of Open Dialogue to Mental Health Care Services	Qualitative research	The aim of the study was to identify and explore the organizational, management, leadership and cultural factors that contributed to sustained implementation in complex systems. p95	Leaders and managers of two services/sites where Open Dialogue is implemented/sustained for a period of approx 5 years

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Lorenz-Artz et al., 2023	Unraveling complexity in changing mental health care towards person-centered care	Qualitative research	Our aim is to identify and reflect on the challenges faced by MHC professionals in adopting person-centered care, and shedding light on the underlying complexity of these challenges. Pg 1	MHC professionals who were either trained in OD, OD trainees, or MHC professionals without OD training. Pg1 OD trainees and FACT (Flexible Assertive Community Treatment) professionals Recruited through purposive sampling with maximum variation in experience with OD practice, professional background, attitudes towards and experience with the OD approach. Pg 4 Professionals of the three pilot teams, including professionals with a positive, negative, or neutral attitude towards the OD approach were eligible. Pg 4
Olson et al., 2015	An Auto-Ethnographic Study of "Open Dialogue": The Illumination of Snow	Qualitative research	Method: Autoethnography of engaging with OpenD; distilled reflections	This is an auto-ethnographic study, the author is a family therapist.
Omvik et al., 2025	Framing openness: Exploring Similarities and Differences in Patients' and Their Social Networks' Experiences with Participating in Dialogical Network Meetings Through the Lens of Mattering	Qualitative research	The aim was to explore the experiences of patients and their network during dialogical network meetings and discuss any similarities and differences between the two participant groups. (p.337 abstract). In the current study, we specifically aimed to compare the experiences of participants in separate roles in these meetings, focusing on patients and network members in a public mental health setting in Norway (p.338).	The program entailed four weeks of treatment three days a week, encompassing multiple components, including psychoeducation, body awareness, physical activity, group therapy, and shared meals. An interdisciplinary team comprising psychiatric nurses, a psychologist, a physiotherapist, an occupational therapist, a peer support worker, a social worker, and a psychiatrist managed the program, accommodating eight patients at a time (p.399).Meeting leaders' adherence to dialogical principles were assessed using a self-developed Likert scale (p.399).
Pocobello et al., 2023	Open Dialogue services around the world: a scoping survey exploring organizational characteristics in the implementation of the Open Dialogue approach in mental health services	Cross sectional study	To investigate the characteristics and practices of mental health care services implementing Open Dialogue globally. Exploring characteristics and practices which represent facilitating and hindering factors in implementation. p01	Teams providing OpenD services in mental health care, as identified through the HOPEnDialogue network, lead by investigators

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Pocobello et al., 2024	Evaluating Open Dialogue in Italian mental health services: evidence from a multisite prospective cohort study	Cohort study	This longitudinal study aimed to quantitatively document and evaluate the implementation and outcomes of the Open Dialogue (OD) approach within Italian Mental Health Departments (MHDs), focusing on the ratings of OD-network meetings by patients and their families and assessing the clinical outcomes over a span of 12 months.	Individuals age 18 - 64 years who were seeking help for the first time in the designated area. No distinctions were made based on diagnosis, and all types of initial crises and requests for help were addressed using OD.
Razzaque et al., 2015	Open Dialogue and its Relevance to the NHS: Opinions of NHS Staff and Service Users	Mixed methods survey	This study aimed to: 1. Examine the views of NHS staff and service users on the key principles of the Open Dialogue approach for their importance and availability in current NHS services. 2. Examine the view of NHS staff and services users about the possible challenges to applying Open Dialogue to the NHS	Opportunistic sample of audience at an Open Dialogue conference in London UK (N=119)
Schubert et al., 2021	Transformation of professional identity: an exploration of psychologists and psychiatrists implementing Open Dialogue	Qualitative research	This study aimed to explore the different constructions of professional identity by examining participants' accounts of clinical work, their experience and perspective of being exposed to and learning about Open Dialogue, and their experience of implementing Open Dialogue.	Psychologists and psychiatrists who had participated in a 5-day experiential training in OD
Seikkula 2003	Open Dialogue approach: Treatment principles and preliminary results of a two-year follow-up on first episode schizophrenia	Cohort study	(not stated) To compare outcomes across an OpenD in Acute Psychosis (ODAP) cohort, an Integrated Treatment Approach (API) cohort and a comparison group at another Finnish centre.	All first-episode cases of non-affective psychosis (DSM-III-R) in three cohorts across 2 services
Seikkula 2011	The Comprehensive Open-Dialogue Approach in Western Lapland: II. Long-term stability of acute psychosis outcomes in advanced community care	Cohort study	To determine the effectiveness of the Open Dialogue approach in the treatment of first-episode psychotic patients. p1	First-episode patients between 16 and 50 years of age with non-affective psychosis in western Lapland

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Sidis et al., 2020	Not 'Just a Talking Head': Experiences of Australian Public Mental Health Clinicians Implementing a Dialogical Family Therapy Approach for Young People with Severe Mental Health Concerns	Qualitative research	This study describes the experiences and perspectives of clinicians, service users and families, following training in Open Dialogue, within a child and adolescent mental health service, and an adolescent inpatient unit in public mental health services	11 (of the 28 trained) clinicians and 5 service users/family members in a specialist CA&Youth MH service
Stockmann et al., 2019	Peer-supported Open Dialogue: a thematic analysis of trainee perspectives on the approach and training	Qualitative research	This study aimed to explore the perspectives of the POD trainees on the training and the POD approach. p1	POD foundation diploma students. (Four peer workers, one carer, six community psychiatric nurses, two support workers, one chaplain, four psychologists, three occupational therapists, one manager and four consultant psychiatrists.)
Suntharajah et al., 2022	Exploring patients' experience of peer-supported open dialogue and standard care following a mental health crisis: qualitative 3-month follow-up study	Qualitative research	To explore the experience of care in standard care and 'open dialogue' (a peer-supported community service focused on open dialogue and involving social networks for adults with a recent mental health crisis) 3 months after a crisis. Pg 1	Participants receiving care under OD teams and others receiving - treatment as usual
Tavares et al., 2023	The first Portuguese Open Dialogue pilot project intervention	Case report	Aims to demonstrate the preliminary results of the first year of the first Open Dialogue program implemented in the northern interior region of Alentejo, Portugal (p01)	Consumers (person at the centre of concern), across 160 network meetings
Taylor et al., 2023	Practitioners of open dialogue report their personal transformations as a result of conducting network meetings	Qualitative research	In this autoethnographic account, an experiencer/occupational therapist, a marriage & family therapist, and a psychiatrist each describe enduring transformations that they attribute to working together as Open Dialogue network meeting facilitators at one stand-alone clinic over 2 years. p1, abstract	Staff participating in network meetings (an experiencer/occupational therapist, a marriage & family therapist, and a psychiatrist)

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Tribe et al., 2019	Open dialogue in the UK: qualitative study	Qualitative research	This qualitative study sought to explore service users' and clinicians' experiences of network meetings during the implementation of open dialogue in a modified version, for a UK-based mental health service (p.1)	The mean age of **clinicians** who participated was 44.80 years (s.d. = 8.66), and their ethnic backgrounds included: White British (n = 8), Black British (n = 2) and White other (n = 1). (p.2). Eight **service users** including three family members were interviewed; their mean age was 39.75 years (s.d. = 16.73). Their ethnic backgrounds included: White British (n = 4), Asian British (n = 2) and White other (n = 2). The results from service users and family members were combined during analysis because of the size of the sample, and both groups are referred to as service users(procedure, p.2).
Twamley et al., 2021	An Open Dialogue-informed approach to mental health service delivery: experiences of service users and support networks	Qualitative research	The aim of this study was to explore the lived experience of being part of an OD-informed mental health service in Ireland (abstract, p.494)	In total, 22 participants from 10 networks participated. Twelve were service users (nine females and three males).Two services users were from the same network and were interviewed together. "Network" was defined as the service user, and their invitees, e.g. partners, parents, friends. Networks varied in size from two to four people. The 10 networks accounted for 45% of the total available sample. Not all members of the networks chose to participate in the study. (p.495)
Uehling et al., 2024	Integrating Open Dialogue with coordinated specialty care in a Southeastern U.S. public hospital: A qualitative study of clinicians' perspectives	Qualitative research	"this study demonstrates the potential significance of, and challenges within, a combined approach" p1 and he goals of the present study were to 1) identify barriers and facilitators experienced by individual practitioners as they learned to work with a combined OD and CSC model, with a particular emphasis on the experiences with the addition of OD, given the more widespread existing adoption of the CSC model and 2) explore clinician's experience working with the model in an urban, public sector health system in the southeastern United States	Team members (including 3 authors), in roles of clinician (psychiatrists, psychologists, social workers, mental health techs, nurses, program managers) and peer specialists; diverse ethnicity

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Ulland et al., 2014	Generating dialogical practices in mental health: experiences from southern norway, 1998-2008	Case series	The aim is to explore the implementation of three dialogical practice programs in Southern Norway from 1998 to 2008 and to critically analyze and discuss the authors' experiences during the implementation process	Consumer, family and staff participants in 3 implementation programs (called Dialogue in Context w adults in MH care, Joint Development in CAMHS/schools, and Education Clinic).
vonPeter et al., 2022	Open Dialogue as a cultural practice - critical perspectives on power obstacles when teaching and enabling this approach in current psychiatry	Case report	This perspective paper aims to reflect on power relations as potential disruptive factors in enabling the OD approach in mental health care. p01 abstract	Hospital & community MH staff who left an Open Dialogue training program
Wates et al., 2022	"I've Lived that Thing that We do with Families": Understanding the Experiences of Practitioners' Undertaking a Three-Year Open Dialogue UK Training Programme	Qualitative research	The aim of this study was to explore the subjective experiences of participants, mental health practitioners drawn from a broad range of roles, undertaking a three-year Open Dialogue training. (P795)	Trainees from a three-year Open Dialogue training in the UK
Wusinich et al., 2020	Experiences of Parachute NYC: An Integration of Open Dialogue and Intentional Peer Support	Qualitative research	This study sought to explore the perspectives of individuals enrolled in Parachute and their networks through in-depth qualitative interviews. Our primary research objective was to describe the impact of Parachute on both enrollees and network members and was directed by the following topics: (1) how features of Parachute were received (e.g. home visits, the Open Dialogue-based approach, access to a team of providers that included a peer specialist), (2) how Parachute was received in the context of previous mental health care experiences, and (3) how Parachute did or did not facilitate change in perceptions of self and network relationships. (p. 1035)	The majority of network members were parents of Parachute enrollees, and others were spouses, children, siblings,and in-laws. Approximately half of the research participants identified as female and half as male. While we did not collect demographic data at the time of the interview, a concurrent sub-study that surveyed this same sample found that 30% of participants identified as Black/African American, 20% as Hispanic/Latinx, 40% as White/Caucasian, and 10% as both Hispanic/Latinx and White/Caucasian. This data also indicated that these Parachute enrollees had been using Parachute services for about 1.5 years on average (range 2–36 months), had first had contact with the mental health system between ages 9 and 50 (mean age=23), and had experienced 1 to 35 psychiatric hospitalizations in their life-times (mean=8) (data collection, p. 1036)

Table 2. Key paper findings

Author	Inclusion criteria	Exclusion criteria	Number of studies/participants	Findings summary
Aaltonen 2011	Patients diagnosed with functional non-affective psychosis, according to DSM-III-R, (American Psychiatric Association, 1987) or showing prodromal symptoms for schizophrenia	The exclusion criteria were an organic cerebral illness and severe mental retardation.	250	The main hypothesis was: when open dialogue is emphasized from the very beginning of treatment in all cases (not only in psychotic or psychosis-related cases), and when all staff have received specialist level training in family therapy, the incidence of schizophrenia-related phenomena and/or their seriousness will decrease. We called this the “impact of wide-spectrum intervention” hypothesis. Our aim was to begin the treatment process with the patient, plus his/her family and social network, in all psychiatric crises regardless of the problem or diagnosis. So far, the results give support to the hypothesis.
Anestis et al., 2024	Practitioners who had received OD training and practised OD at the time of the interview were eligible for inclusion.	nil	32	The one-year Open Dialogue foundation training was a transformative experience for participants due to its emphasis on self-work and its impact on a personal level. Practitioners felt adequately prepared by their training for dialogic practice, yet becoming an OD practitioner was seen as a continual process extending beyond formal training, necessitating ongoing engagement with the approach and organisational support. However, the commitment of participants to deliver optimal dialogic care was occasionally impeded by organisational constraints, resource limitations, and often having to concurrently deliver conventional care alongside Open Dialogue. p1
Bergström et al., 2017	People residing in catchment area from time of first episode treatment til 2015	people who moved away from the area, people who died	65	Treatment episodes were characterised and compared across demographic and clinical features. Overall, external aggression at onset emerges as a factor that may challenge the application of the OD treatment principles, being associated with a greater need for hospitalization and longer treatment duration.

Author	Inclusion criteria	Exclusion criteria	Number of studies/participants	Findings summary
Bergstrom et al., 2018	**Open D Group** (i) The first treatment contact in the area with non-affective psychosis diagnosis, occurred during the three inclusion periods (1992–1993, 1994–1997, 2003–2005), within which OD principles were applied in the treatment, as part of the original intervention studies. (ii) The individuals had not received any mental health treatment prior to the inclusion period in question.(iii) The individuals were aged 16–50 at onset. **Control Group** (i)The first treatment contact in the Finnish public specialized healthcare system with non-affective psychosis diagnosis, occurred between January 1, 1995 and December 31, 1996. (ii) The individuals had not received any psychiatric specialized healthcare and medical treatment or disability allowances for a mental health disorder prior to 1995. (iii) The treatment was initiated and conducted outside the Western Lapland healthcare district area. (iv) The individuals were aged 16–50 at onset.	received psychiatric treatment before the inclusion period	1871	Over the entire follow-up, the figures for durations of hospital treatment, disability allowances, and the need for neuroleptics remained significantly lower with OD group. No difference between groups in mortality rates, over the entire sample 55% of deaths occured within 10-years of onset and 31%of those died by suicide.
Bergström et al., 2019			20	On the basis of narrative analysis, two types of stories appeared to encompass how mental health crises and/or related experiences were presented as part of the life story: (i) crisis as a disruptor of the normative course of life (N= 9), and (ii) crisis as an expected reaction to life adversities (N= 7). In the majority of the stories, the mental health crisis was associated with cumulative life adversities in a central life area. Correspondingly, most of the factors that brought relief were narrated as inseparable from social and other real-life environments. We discuss the need for more person-centred and collaborative models of research and treatment.

Author	Inclusion criteria	Exclusion criteria	Number of studies/participants	Findings summary
Bergstrom et al., 2022b	The chance to participate was offered via letters to all cohort members who were living within a reasonable distance (500 km) from the catchment area (Finnish Western Lapland) (N=77). (p.888)		20	(1) the importance of the relationships in the context of mental health care, (2) ambivalence related to the immediate response and teamwork, (3) ambivalence related to the hospitalization and medication. Note that none of the themes was presented in an exclusive manner. After a period of years from their initial crisis, most participants indicated that the important element in their mental healthcare for first-episode psychosis was the possibility to discuss difficult experiences openly, together with the fact that someone was showing an interest in an open-minded and non-judgemental manner. However, some participants were remembering that there had sometimes been too many people participating in the treatment meetings, and that the immediate home visits and inclusion of family members had not worked well in their situation.(p. 892). Overall, it appeared that dialogical responses to the crisis do have the potential to promote therapeutic relationships, and this may contribute to the improved mental health treatment outcomes reported in earlier studies (p.893)
Bergstrom et al., 2022a			44,868	At the end of the follow-up, more people from CG than from OD were still receiving psychiatric treatment and disability allowances due to mental health disorders. No difference was found in mortality and suicide rates. The administration of treatment outside OD predicted ongoing treatment and disability allowances at the end of the follow-up. E-values indicated that it would require moderate-to-substantial confounding to render the findings non-significant. In CG, the average costs of psychiatric treatment and mental health disability allowances were significantly higher than in OD. In OD, the total and average basic social assistance expenses and other disability expenses were higher, but not at a statistically significant level. The cumulative 10-year cost of all new adolescent patients who came to the treatment during one calendar year was 439 euros per capita in OD and 539 euros per capita in CG . When all the outpatient visits under OD were calculated at a higher price the figure was 485 euros per capita.
Bergstrom et al., 2023b			123,765	The association between service type (OD vs. standard care) and 5-year suicide hazard ratio was not statistically significant. After adding potential confounders (age, substance abuse, psychosis, mood disorder) into the model, the effect of service type remained statistically non-significant.
Bergstrom et al., 2023a			Open D group n = 780. Comparison Group n = 44,088	OD was associated with increased time to the first (adjusted hazard ratio [aHR]: 0.61, 95%CI: 0.52–0.72) and second (aHR: 0.75, 95%CI: 0.58–0.96) out-of-home interventions. In both service types, there was a subgroup of adolescents with repeated out-of-home interventions, who also demonstrated poorer long-term outcomes.

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Bergström et al., 2023				Under OD, a smaller proportion had been dispensed benzodiazepines, antidepressants, and neuroleptics. Persons who had received these medications did not differ in cumulative exposure. In both groups, most of those who received neuroleptics in the first follow-up years continued using medication throughout follow-up. p1
Buus et al., 2019	Open D group Audit trail of the patients medical records and identified the participants in the intervention group who were defined as patients receiving at least one Open Dialogue network meeting within 14 days of the first contact with the psychiatric system Comparison Group patients in the same age range as the intervention group, who, in the same period, received standard acute psychiatric treatment from the Child and Adolescent Mental Health Services, in two other Danish Regions, Central Denmark Region and North Denmark Region, where Open Dialogue was not offered. The comparison group was identified using register data		19,743	At one year follow-up those who had received OpenD intervention had received more outpatient treatments than the comparison group, but not at subsequent follow ups. OpenD recipients had fewer emergency psychiatric treatments and less General practitioner treatments.
Buus et al., 2022	Clinical team members invited clients who were expected to have their family involved and who were expected to receive Open Dialogue treatment.		28	1. Network meetings were hard practical and emotional work for participants, 2. Participants created different opportunities for collaborative work, and 3. Therapists' slow and reflective stances created interpretative work for participants (p.311)
Buus et al., 2023			across the 5 focus groups (in order): n=6, n=5, n=5, n=5, n=3	This study highlights some of the unexpected outcomes of an Open Dialogue training program that eschews traditional teaching approaches and focuses on experiential processes that mirror the processes and practices in Open Dialogue clinical practice. Participants gained direct experience of what it was to be a client in a dialogical approach. This sort of training produced some unexpected outcomes such as "extending possibilities by holding ideas lightly" where participants developed their own understandings of dialogical principles with a greater emphasis on flexibility in their clinical approach. p1003

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Dawson et al 2021b			33 staff observed (190 hours) , 18 interviewed	Three themes were: a difficult beginning, ideological tensions between Open dialogue and the organisation of the unit and consequences and impact of implementing Open Dialogue." p382 "Despite staff members being inspired by and supportive of Open Dialogue, the existing ideology and organisational structures of the unit conflicted with the integration of Open Dialogue principles. Dialogical ways of working were challenged by medical dominance and emphasis on economic efficiencies. p376
Dawson et al., 2021a	All women who attended the shelter and had participated in at least one Open Dialogue net-work meeting and all the Open Dialogue practitioners who either worked or volunteered at the shelter were invited to participate in the study.		13	The findings suggested that dialogical processes created safety by attending to multiple voices in nonviolent ways that reduced perceived hierarchies. Notions of expertise were renegotiated, which allowed the women to feel heard in significant ways that were different from their previous experiences with other social and healthcare services. Open Dialogue is an approach that can meaningfully attend to some of the power relations within which women live and within which social and health care services are provided (p. 136)
Einboden et al., 2024	Training and experience applying Open Dialogue		7/9 eligible practitioners	Findings revealed how attempts to rhetorically flatten hierarchies among [Open Dialogue] practitioners created challenges and a lack of clarity regarding roles and responsibilities" (p258). Findings are presented as relational shifts occurring in three stages: "Stage one, 'Alliances, sharing values and vulnerability'. Participants described forming alliances within the context of shared values, vulnerability and excitement about learning together. Stage two, 'Who is in charge? Confusion of roles and leadership', They described a lack of clarity around roles and responsibilities, where relations of power operated, in the absence of dialogue or transparency around decision-making. Stage three, 'Re-establishing control and clarity regarding accountability and responsibilities', dominant relations of power were re-established and played out in the development of rules and expectations, gender of practitioners became a contested space, and partnerships were tested". p263). Discussion raised whether such an equity-oriented ways of working "may allow power structures and their effects to be minimised or ignored, rather than actively acknowledged and addressed" (p259).
Elran et al., 2022			19 (7 Israeli group +11 International Group)	The three main and interconnected themes were: Hierarchy; Polyphony; Use of lived experience. Pg 7

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Florence et al., 2020	MH professional staff who are trained in the approach and employed in one of 2 agencies; MH implementors/developers		22 clinical staff in 4 focus groups (2 at each site); 3 developers interviewed	Three main findings. 1) participants experienced the Collaborative Network Approach as positively impacting their clinical work, relationship with clients and families, and with colleagues; 2) buy-in across levels – colleagues, management and department of mental health - was crucial to the development and implementation of the approach; 3) the main challenges to full implementation were: inadequate billing structures, costly and lengthy training, and resistance to shift organizational culture in agencies
Florence et al., 2021	18 years of age or older and received mental health services at one of the research sites in the past or were currently receiving services from a CNA trained team.		17	The findings suggest that elements of Open Dialogue are highly consistent with the vision for recovery-oriented care, in that they are flexible, person-centered, encourage processes of negotiation, and highlight the importance of family and social supports in care (p. 1771)
Friesen et al., 2024	Parachute enrollees and network members were eligible if they were older than 18 years and spoke English. Pg2	None mentioned	18 individuals in 12 in-person interviews, eight one-on-one interviews and four interviews with more than one participant (e.g. two family members or an enrollee and a family member).	Mostly positive experiences. Themes divided into benefits, concerns and team based peer support. Participants especially valued peers' relatability and tendency to instill hope and engender empathy among enrollees and network members; peers' ability to foster community connections was also highly regarded. Pg 1 Multi-disciplinary teams valued on teams for range of expertise. Skepticism reported by carers/ families about professionalism among other things. Themed under 'concerns'.
Gerken et al., 2025	Adult inpatient all diagnoses	not provided	381 patient experiences of care surveys, including perceptions of respect and dignity available for analysis	This intervention was associated with statistically higher scores for these questions: Did staff explain things in a way you could understand? (OR 2.08; p0.08) Were you involved as much as you wanted in decisions about your treatment? (OR 2.13; p0.07) Did the staff give you reassurance and support? (OR 2.41; 0.04)

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Gidugu et al., 2021	We approached clients about participating in the qualitative interviews after they had received at least 6 months of Collaborative Pathway services. In keeping with the structure and philosophy of the Collaborative Pathway meetings, we planned the interviews to include both the clients and family members who participated in the Collaborative Pathway meetings, and whom the client wanted to include. We conducted interviews only if the client was willing to participate; whether to include family members was their choice.(procedure, p. 156) For the second part of this study, we invited all clinicians involved in the Collaborative Pathway pilot study to participate in individual interviews (procedure, p. 156).		6 clients, 10 family members, 9 clinicians	The 6 clients, 10 family members, and 9 clinicians identified several unique and beneficial features of the approach, focusing particularly on the value of family involvement, transparency, respectfulness, and the collaborative nature of Open Dialogue. Contextual factors, particularly regarding funding for this model in the current United States health care environment, are key determinants to address for future implementation of Open Dialogue in in the United States (Abstract, p.154)
Gordon et al., 2016	Patients: Included when experiencing psychotic symptoms (or had experienced them within one month of intake), presenting for emergency services voluntarily or involuntarily, able to provide informed consent, and willing to have family participateStaff providing OpenD	Patients: Exclusion criteria were severe sub-stance abuse, active suicidal or homicidal ideation or similar risks requiring inpatient care, and neurological disability or significant developmental disabilityStaff	14 completing patients (from 16 enrolled) 6 consumers and their family members participated in interviewsAll 7 clinicians involved	OD network meetings were successfully implemented and integrated into the clinical program. Clinical outcomes were generally positive. Staff satisfaction was high. Per-person costs varied with service intensity; insurance covered only 23% costs.

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Hendy 2020			7 people: 4 clients and 3 network members	Three major themes were: relational mutuality, dichotomy with other mental health services and dialogical freedom. p96
Hendy et al., 2023	N/A	N/A	7	The discussion coalesced around certain key ideas which started to delineate the "additional" that peers could bring to network meetings. These suggested a conceptualization of the peer contribution based on the possibilities for attunement; validation; mutuality and connection; and self-disclosure. (p. 5)
Heumann et al., 2022	Members/leaders of teams currently implementing OpenD		38 team members across 35 services (via completed quant surveys) 16 experts (via semi-structured interviews)	OpenD is not implemented to its full extent in each of the institutions surveyed. Structural issue is the lack of continuity between acute/inpatient and community based support and lack of responsive/intensive community offerings. OpenD has been mainly implemented from outpatient service providers and stand-alone services, in this fragmented system. Expert interviews reveal various challenges to achieving OpenDs structural changes. Implementation of its therapeutic practice & benefits more positive. Great commitment by single teams show certain level of implementation of OpenD-related concepts. Upcoming evaluation of OpenD effectiveness in Germany needs to take into account the fragmented nature of the country's health care system.
Holmesland et al., 2010	Unclear	unclear	11 - purposive sampling of 12 from a group of 25 that met the inclusion criteria. 1 declined.	The results indicate different levels of motivation and understanding regarding role transformation processes. The realization of transdisciplinary collaboration is dependent upon the professionals' mutual reliance. The professionals' participation is affected by stereotypes and differences in their sense of belonging to a certain network, and thus their identity transformation seems to be strongly affected. To encourage the use of integrated solutions in mental health care, the professionals' preference for teamwork, the importance of familiarity with each other and knowledge of cultural barriers should be addressed. P1
Jacobsen et al., 2021	Not mentioned	not mentioned	42	Findings show that participants' learning outcomes and confidence with using OD with patients, social networks, and professionals increased significantly throughout the training program. Reflection and role play were essential learning methods. Participants defined themselves as in-progress and considered the training program educational, engaging, and varied. Three main themes arose from the data: Developing an OD Training Program, Competence Development "From Novice to Expert," and Participation and Commitments. p38

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Jacobsen et al., 2023			7 supervisors, 36 clinicians in 21 focus groups interviews (at 3 timepoints over 18 months)	Two themes of 1) togetherness and isolation and (2) challenging and evolving. Findings show ODNM can be developed in public mental healthcare, but this leads to both challenges and opportunities at the organisational level, such as: conflicting perspectives, the difficulty of maintaining interest in ODNM, the need for committed and involved leaders, and the growing change in the traditional view of treatment, which has made clinicians collaborate more with patients and their relatives. p198
Kinane et al., 2022	Service users were eligible if they were aged between 18 and 70, were experiencing a mental health crisis and would have normally been seen by a traditional mental health service; in this case the Crisis Resolution Home Treatment team (CRHT). Pg 14	People with a learning difficulty or dementia or first episode psychosis were seen by other services and excluded from the study.	50 service users (total approached 113 with 63 could not/ did not participate). In addition 21 carers.	Service users reported significant improvements in wellbeing and functioning. There was a marked increase in perceived support by carers. Over half the meetings were attended by carers. The Community Mental Health Survey showed high satisfaction rates for service users including carer involvement. Pg1 and The study indicated it was possible to transform to deliver a clinically effective POD service in the NHS. This innovative approach provided continuity of care within the social network, with improved carer support and significant improvements in clinical outcomes and their experience Pg 1
Klatt 2025	Service users and who were accessing the service and who were willing to be being part of the study, health care workers who were willing to take part in the study	Service users in acute crisis Page 05	22 service users and 13 health care team members	The findings considered themes that 1) illustrate participants experiences with conventional mental healthcare treatment (psychiatric/ psychosocial care systems) and 2) the fidelity of Open Dialogue in the Leipzig program. On the first theme, the following sub themes emerged:Unwelcoming care, Lack of support, Lack of network-perspective, Painful treatment histories, Illness-causing condition, On the second theme, the successes of the Open Dialogue program were linked to the following sub themes: Culture of welcome, Alternative culture, Mutual learning, Perceptions of the service users, Network culture & Peer involvement
Lennon et al., 2023	'Leaders' not defined in the paper; snowballing recruitment		9/10	Leaders facilitated a gradual development of clinical and organizational legitimacy for the non-standardized Open Dialogue approach by holding the anxiety and frustration of practitioners and parts of the administration, cultivating cultural change and adaptation and by continually removing organizational obstacles

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Lorenz-Artz et al., 2023	Participants with variation in experience with OD practice, professional background, attitudes towards and experience with the OD approach. Different OD professionals, OD trainees and FACT professionals were recruited. OD training - postgraduate training program called "Peer-supported Open Dialogue, Social Network and Relationship Skills" at the Academy of Peer-supported Open Dialogue (APOD) in the UK.		14	Embedding a person-centred approach like OD brings about systemic change, leading to an unfamiliar situation X. The research findings indicated that understanding and conveying the concept of person-centred care in practical settings poses significant challenges. Pg 1 Included four distinctive challenges: (1) understanding and knowledge transfer, (2) (inter)personal process, (3) emotional discomfort, and (4) the need for multi-stakeholder participation and support. Pg 1
Olson et al., 2015				The study portrays and underscores how family and network practices are essential to responding to psychiatric crises and should not be abandoned in favor of a reductionist, biomedical model. p1 Abstract
Omvik et al., 2025	The study was conducted within a group unit at the hospital, where network meetings were introduced as an additional option for patients participating in a group-based day treatment program (p. 399). (all who participated in this program were offered the opportunity to participate in completing a questionnaire after each meeting).	having a diagnosis of a psychotic disorder (p, 339)	A total of 40 out of 93 patients (43%) who participated in the treatment study agreed to arrange network meetings	The aim was to explore the experiences of patients and their network during dialogical network meetings and discuss any similarities and differences between the two participant groups. Reflexive thematic analysis was performed on data obtained from fifty-three meetings, resulting in the development of five themes. For patients, there were two themes: "Enhanced trust within our relationships" and "Providing us a safe space to talk openly," and for network members there were three: "Empowered through participation," Being welcomed and taken seriously," and "Provide more clarity to enhance our ability to contribute." (p. 337) Participating in one or two dialogical network meetings at a mental health outpatient clinic was considered highly valuable by both patients and network members. By comparing their experiences, similarities were found in their emphasis on getting the opportunity to express themselves freely and on the meeting leaders' role in facilitating discussions on important and difficult matters. Differences included the network members' need for more predictability and the patients' emphasis on the importance of feeling understood and enhancing trust within the relationships. (p. 348)

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Pocobello et al., 2023	Not clear - any services/service leaders self-identifying as implementing Open Dialogue in ?2021 as accessed through snowballing	nil	142 service respondents, complete surveys for N=118 in tabled results, p06	Descriptive data for 118 services re sector (public/private), mode (Inpatient & outpatient), integration (Vs 'standalone'; the meaning of integration in this paper is not clear?) Descriptive data for 72 services re provision model: caseloads, workforces, training, research/ peer-involvement, all characteristics analysed as indicators of quality, used as predictors of implementation quality in model OD self-assessment scale for 72 services reported and analysed against quality prediction
Pocobello et al., 2024		21 were deemed ineligible for the study for the following reasons: 9 due to their sole request of medical certifications, 7 because they were not first-time patients, 3 fell outside the age criteria of the study, and 2 due to their sole requested of a physician.	58	The OD approach within Italian MHDs was successfully implemented and well-received by patients and their social networks, yielding significant clinical improvements. p1
Razzaque et al., 2015	People interest in OpenD as demonstrated by attendance at this conference	nil	61 conference participants (47% psychologists, 19% service users, 13% psychiatrists, 8% other clinicians, 6% carers.	Quantitative findings were: support for OpenD principles and relative absence in NHS at present. Qualitative findings reported themes of participant priorities and challenges. Priorities were: person centred and including social systems; challenges were professional change and culture shift.

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Schubert et al., 2021			9	Two general pre-existing discursive professional identity positions were constructed: (i) psychiatrists rhetorically distancing themselves from the medical model as 'fixers' of mental illness; and (ii) psychologists and psychiatrists rhetorically embracing their personal identity. Second, participants' responses about implementing Open Dialogue revealed opportunities and discomforts, including: (i) dialogical approaches offering psychiatrists an alternative identity to 'fixers'; and (ii) dialogical approaches generating discomfort at the risk of exposing participants' own vulnerability. p143. All participants embraced the model of Open Dialogue and incorporation of dialogical approaches into their clinical work but ultimately became constrained by systemic and individual barriers. Despite intention and commitment to this model of working, psychiatrists were constrained by the external legal and systemic processes around managing risk and administration. Psychologists were constrained by their own internal doubts about the utility and helpfulness of admitting to 'not knowing' or admitting to the limitations of their professional expertise in creating change. P161-162
Seikkula 2003	People completed first episode of care, Dx schizophrenia in Western Lapland upto 1993(=API cohort), 1994-1997 (=ODAP cohort), Comparison(upto 1993).		22/34 API, 23/44 ODAP, 14/21 comparison	At least one relapse occurred in 31% of the API, in 24% of the ODAP and in 71 % of the Comparison group. The ODAP patients had fewer residual psychotic symptoms than the patients in the Comparison group ($p<.05$). The employment status of the ODAP patients was better than in the Comparison group ($p<.001$). In the Comparison group, 6 out of 14 (30%) patients were studying, working or job-seeking, as against in 19 (83%) cases in the ODAP group. As developed in Western Lapland OD is not an expensive approach; rather it is a cost-effective one for the community. It has meant moving hospital personnel to crisis intervention work in the outpatient setting.
Seikkula 2011		Treatment started in a unit outside OD; Refused to participate; Not reached at two-year follow-up; Deceased	95	In a two-year follow-up of two consecutive periods during the 1990s (1992–3 and 1994–7) it was found that 81% of patients did not have any residual psychotic symptoms, and that 84% had returned to full-time employment or studies. Only 33% had used neuroleptic medication. A third inclusion period, covering 2003–2005, was organized to determine whether the outcomes were consistent 10 years after the preliminary period. Fewer schizophrenia psychotic patients emerged, and their mean age was significantly lower. Duration of untreated psychosis had shortened to three weeks and the outcomes remained as good as for the first two periods. It is therefore suggested that the new practice can be related to profound changes in the incidence of severe mental health problems. p1

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Sidis et al., 2020	People with experience of Open Dialogue practice, ie A)clinicians who completed training and engaged with families using Open D principles (after implementation including pre-training meetings, 5 day training workshop and 12 month clinical supervision program) B) family/network members who had participated in >2 Open D network meetings.		16 interviewees in 13 interviews, ie, individual staff interviews up to 60 mins, family members were interviewed as family/network group up to 90 mins	Seven themes were identified in total; four themes from interviews with clinicians: 1)valuing responses from families, 2)learning from families and privileging their expertise, 3)hesitation about doing family therapy, and 4)engaging with authenticity and flexibility. Three themes from family interviews: 1)hesitation about doing family therapy, 2)valuing collaboration and openness, and 3)opening space for more talk.
Stockmann et al., 2019			26	Four superordinate themes emerged: personal experience, practice development, principles of POD, and pedagogical issues, each with a variety of subordinate themes. The course was widely reported as a positive experience, with substantial changes in attitudes and approaches to clinical work arising thus. Across the four superordinate themes, participant responses described a highly experiential course, experienced as an emotional journey which enabled them to embody the principles of POD, as well as use them at work. p312
Suntharajah et al., 2022			60 originally but 11 ended up participating	Four themes emerged: (a) feeling able to rely on and access mental health services; (b) supportive and understanding family and friends; (c) having a choice and a voice; and (d) confusion and making sense of experiences. Pg 1. Open dialogue participants often felt able to rely on and access services and involve their family and friends in their care. TAU participants described a need to rely on services and difficulty when it was not met, needing family and friends for support and wanting them to be more involved in their care. Some participants across both care models experienced confusion after a crisis and described benefits of sense-making. Pg 1
Tavares et al., 2023	14 and 65 years, with experience of psychotic symptoms or other diagnoses of severe mental disorders, presenting for emergency services voluntarily, able to provide informed consent, and willing to have family and other social networks participate in the meetings.		7 consumers	Preliminary results indicate an improvement in global functioning and the enlargement of social network size/support, a decrease in symptoms, and a negative correlation between the number of sessions and the LSNS6. Medication use remained largely unchanged at the end of the project (p01)

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Taylor et al., 2023	nil	nil	3	Our report illustrates the potential of Open Dialogue network meetings, particularly the depth and breadth of transformation that can occur in all who attend them. p1.
Tribe et al., 2019	Inclusion criteria stipulated that the participant was a network member and had participated in at least one network meeting in the past six months (p.2).	Service users were excluded if they were unable to consent to take part in the audit. (p.2).	19 participants: In total 5 service users, 3 network members and 11 clinicians participated. (p.2)	Four dominant themes were identified: (1) open dialogue delivery, (2) the impact of open dialogue principles; (3) intense interactions and enhanced communication, and (4) organisational challenges. Clinicians considered open dialogue as a preferred, but challenging way of working, while being therapeutic. The data indicated that service users' experiences of network meetings were mixed. There was a wide variety of service user views as to what the purpose of a network meeting was and for some witnessing reflective conversations felt strange. However, the majority described feeling listened to and understood, excluding one service user who described their experience as distressing. Clinicians expressed an authentic self in their interactions with service users and both service users and clinicians described network meetings as emotionally expressive, although this was described as overwhelming at times (p.1)
Twamley et al., 2021	Participants were recruited through convenience sampling of service users who had completed OD-informed meetings (p.495)		22 participants from 10 networks participated.	Three primary themes were identified across the data set namely: diversity across practice; unpacking the taken-for-granted and mental health as shared experiences. Participants experienced enhanced communication, improved relationships with mental health staff and developed shared understandings of mental health.
Uehling et al., 2024	Currently on team (three timepoints)	left the team	15 team members (28 interviews)	Two themes "taking a therapeutic stance" and "noticing organizational positionality", across three coded topics of Values, What is Open dialogue and Career
Ulland et al., 2014	Not specified	not specified	not specifiied	Sustainable changes succeeded individually and organizationally, when all participants engage as partners during the implementation of new mental health practices. Open Dialogue Approach challenged traditional medical therapy and encountered obstacles to collaboration. p410.
vonPeter et al., 2022	(#) people who left University based OpenD training program		12 problem-centred interviews p02	Foucauldian power analysis of interview data about reasons for not continuing in OpenD training: Power games in teams between trainees in OpenD and others; threat to [existing] power relations, OD practitioners know it all; mistrust of OpenD practitioners' motivations. These can be considered as barriers to adopting/using Open Dialogue.

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Wates et al., 2022	Participants had undertaken the current UK three-year Open Dialogue training and were over 18 years old.	nil	13	This study used interpretative phenomenological analysis of focus group data to explore the experiences of thirteen individuals undertaking a three-year UK open dialogue training. Four themes emerged: (1) a powerful experiential process; (2) personal therapeutic change; (3) deeper and more open relationships and (4) altered relationships to power in working practice. The findings suggest that open dialogue trainees experience greater depth in relationships with both clients and colleagues as a result of training, even participants who already had therapeutic training backgrounds. P788
Wusinich et al., 2020	Individuals were eligible if they were 18 years of age or older, spoke English, and had engaged as an enrollee or network member with a Parachute mobile team. (p. 1035/1036).		During the recruitment period, there were 74 individuals enrolled in the Parachute program. In total, 8 Parachute enrollees and 10 network members took part in interviews. = 18. There were 12 interviews in total; eight interviews were one-on-one with an enrollee or network member, and four involved a combination of an enrollee and network members. (p. 1036).	Participants reported that they valued the accessibility and flexibility of Parachute as well as their relationships with, and the lack of hierarchy within, the Parachute team. Responses to the structure of network meetings and Parachute's approach to medication were mixed, with a few participants struggling with what they felt was a lack of urgency and others experiencing the approach as holistic. Many enrollees and network members reported that Parachute improved their self-understanding and relationships with each other. (p. 1033)