

Goulburn Region Open Dialogue Connect

The opportunity for deep, transformative and sustainable change for young people in the Goulburn Region of Victoria

The Open Dialogue Centre (ODC) works alongside partners in community to enable the transformation of mental health care and wellbeing across services and systems.



ODC is a unique purpose-driven organisation established with the support of philanthropy to enable the widespread adoption of the Open Dialogue approach in Australia.

Goulburn Region Open Dialogue Connect supporting and community partners



Open Dialogue in Community: An Australian first

Service providers in Shepparton, Victoria approached ODC because while they recognised that targeted support for young people is crucial, they need a **whole-of-community response** to uplift mental health and wellbeing in their community.

They identified Open Dialogue as the approach to help them achieve that. They established Goulburn Region Open Dialogue Connect (GRODC) as the platform for implementation.

Open Dialogue enables local services and community organisations to transform their practices so they can work together in a strengths-based, dialogical, integrated way.

It does not add another service into the community. Instead the approach enables local services to be more effective, with a compassionate workforce.

It aims to reduce emergency department visits by activating community support including family, friends, peers and volunteers who collaborate with local services.

Put simply, Open Dialogue has transformative potential so that young people can thrive through:



Agency and voice so that young people can direct their own prevention and recovery pathways with responsive support wherever they may be.



Connections and dialogue with family, and social networks in their community to enable different perspectives and shared decisions.



Compassion and continuity in care that brings together all the supports that are available in a community.

The opportunity to support sustained change

We are now seeking to raise \$3M over four years to help the GRODC network transform their approach to mental health and wellbeing through Open Dialogue.

This catalytic funding will help the Goulburn Region sustain their whole-of-community response for the long-term.

The urgent need to address mental health and wellbeing



Mental ill-health impacts all of us. At home, school, work and in our communities.

And yet many young people don't receive the help they need. Community services and schools are struggling to provide effective, timely support.

We know that Australia's mental health system is not producing positive outcomes. The problems are well documented.

We know these problems are exacerbated in regional communities.

The Goulburn Region in Victoria context

The Goulburn Region is facing significant and urgent challenges in youth mental health, with high rates of disengagement from school, employment and community life on top of service gaps, fragmented experiences and limited access to timely, culturally-safe care.

Additionally:



Significant socioeconomic challenges make access to mental health services particularly hard for young people.



Young people report feeling re-traumatised and stigmatised by referral-based approaches.



There are long waiting lists and delays as services can't meet the demand.

The fact is:

We must move towards approaches that communities can shape and own so that we can prevent the escalation of mental health distress and support each person's healing and recovery journey.

Facilitating a whole-of-community response

'We are creating the conditions we need to bring our local mental health service into the community, so that our clinicians are working collaboratively with our community and with peer workers – outside of a clinical environment.'

Sally Thomas, Manager - Infant, Child & Youth Mental Health & Wellbeing Services, Goulburn Valley Health

'In regional areas there are limited practitioners and agencies that work with young people and are unable to meet the large demand for mental health and wellbeing support in the community... it becomes essential for all service providers to work in a more coordinated manner. The most efficient and productive way to do this is to have the young person's voice at the centre informing their network of what they need.'

Dr Vibhay Raykar, Infant, child and youth psychiatrist, Clinical Director, CAMHS

The goal of GRODC is to shift from a focus on crisis-driven care to a networked, youth-centred approach where the young person shapes their wellbeing and recovery journey with the support of their family, friends, and local services.



Open Dialogue network meetings - the key to unlock change

'A big part of what we are doing is the listening - and then acting on it. For young people who have experienced homelessness, Open Dialogue network meetings present a safe space for dialogue and connection.'

Anita McCurdy, Senior Manager, Shepparton Youth Foyer

'As workers, being able to leverage our own humanness and empathy in fostering relationships, deeply listening, and being guided by the individual as well as their network - gives us a better understanding of what is happening for this person, and utilise resources beyond our own service.'

Tone Jessup, Peer Worker (Shepparton)

'The more flexible and collaborative approach that Open Dialogue promotes I think will help for years to come in our communities.'

Brady Webster, Peer Worker (Shepparton)



The Open Dialogue Approach makes sure young people are connected to a network of support in their community. It provides young people with easy and immediate access to network meetings wherever they are and in response to their needs.

Open Dialogue network meetings are facilitated by mental health and wellbeing professionals, youth and community leaders, people with lived experience and peer-support workers who are trained in the Open Dialogue Approach. They can be held in an environment where the young person feels safe.

Network meetings involve support from across the community, including family, friends, peers and service providers.

Network meetings enable a collective sense of support for the person experiencing distress. The idea of 'nothing about me without me' is core to the whole approach.

In network meetings, facilitators adopt a dialogical mindset which means responsive listening, building relationships, creating a story together, minimising the medicalisation of the person's experiences and adopting the use of every-day language rather than adhering to clinical language. They create safe spaces for difficult conversations that are directed by the young person amongst their chosen network.

They become an efficient resource where different perspectives emerge and new ways of thinking and communicating are facilitated.

Our story so far

In 2023, leaders from the Youth Foyer and the Child and Adolescent Mental Health Service (CAMHS)* invited the Open Dialogue Centre to explore how Open Dialogue could help them transform their community.

*Note that the CAMHS has recently changed its name to: Infant Child and Youth Mental Health and Wellbeing Service. For the purpose of this document we will use CAMHS.



Through a **community of practice**, we will facilitate ongoing collaboration between diverse stakeholders and coordinate implementation across the community

Mobilise interest

Since then there has been strong interest from community stakeholders:

- Youth Foyer
- CAMHS
- Lighthouse
- Bridge Youth Service
- Headspace
- Rumbalara
- Shepparton Secondary College

Discovery

An ever-growing number of community stakeholders are participating in discovery days, meetings, workshops and ODC's training events - including approximately 200 people so far.

Engage local stakeholders in a working group or alliance



In 2024 community stakeholders with ODC established a working group/consortium called **Goulburn Region Open Dialogue Connect (GRODC)** that is lead by the local CAMHS team and the Youth Foyer. They presented their collaboration at ODC's first national conference in Sydney.



The Greater Shepparton Lighthouse Project instigated and continues to implement deep listening in the community with their 1000 conversations initiative

Embed and sustain community capability to improve outcomes for young people and families



Engaging with young people



Facilitate ongoing community collaboration and connection to adapt and expand Open Dialogue



We are here!

Co-design and embedding Open Dialogue practice in services and the community



We have created **practice models** to embed Open Dialogue practice, and co-designed a **training program**. We are now taking the first steps in embedding Open Dialogue.

Monitor and capture community outcomes, and systemic change



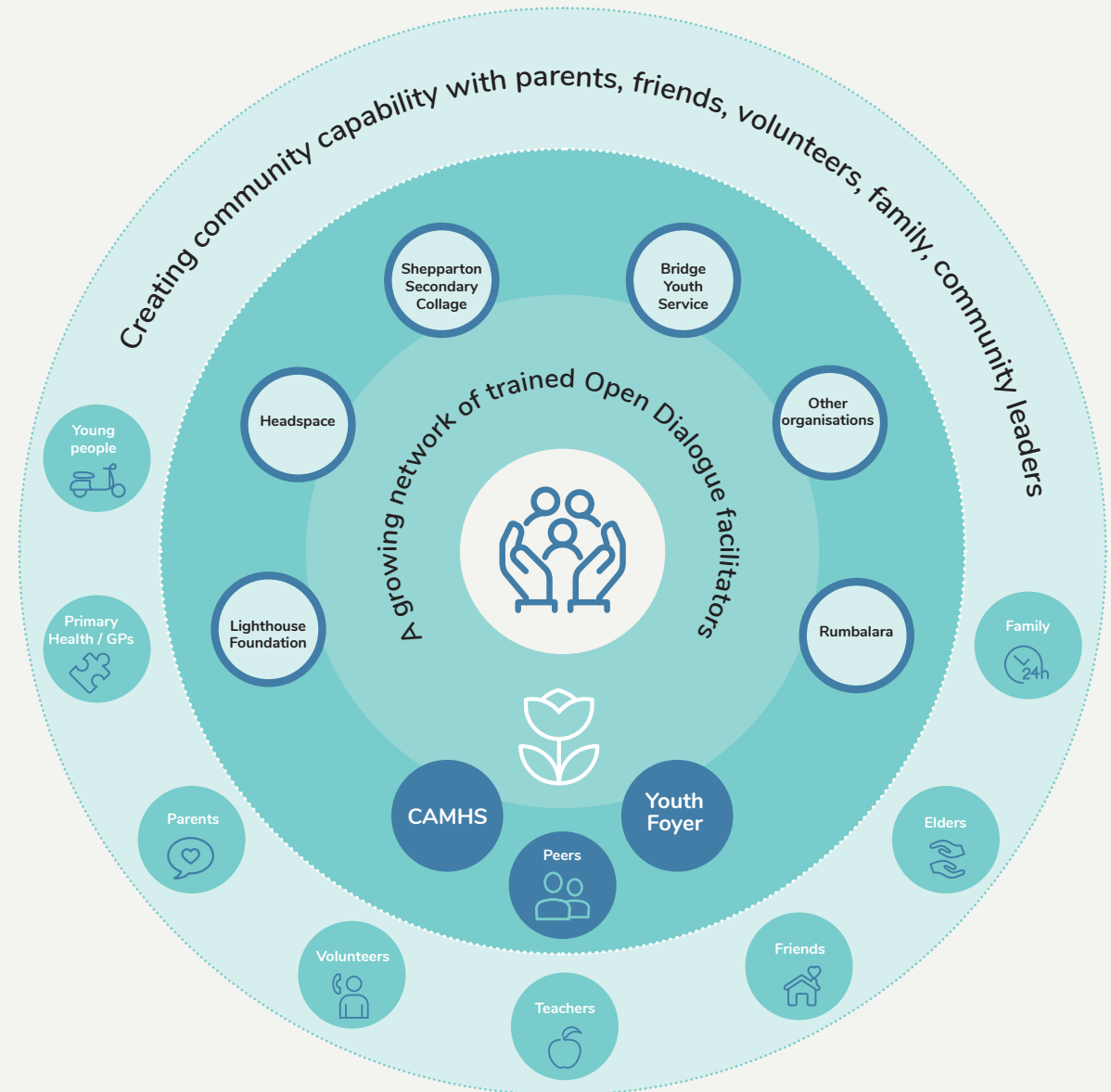
We have developed a **Theory of Change** and we are developing an **outcome measurement framework**

The journey ahead

In just two years we have made great progress due to support from philanthropy and the community is ready to take the next steps towards implementing Open Dialogue.

- **The Youth Foyer and CAMHS** are ready to implement Open Dialogue and provide network meetings in the community. They have trained network facilitators and developed their practice models.
- **Additional service providers** and organisations have engaged in Open Dialogue discovery days. They want to take their next step with the Open Dialogue Approach and adapt their practices. This includes training to facilitate network meetings.
- **Parents, friends, supporters, volunteers and community leaders** will also learn about the Open Dialogue Approach and may support network meetings – strengthening community capability.

We will foster and sustain whole-of-community collaboration and alignment across services and sectors through a local **community of practice** led by a locally based coordinator and supported by shared governance (GRODC).



Inviting support for sustained change in the Goulburn Region and beyond

Local service providers in the Goulburn Region, led by the local Youth Foyer and the CAMHS have identified Open Dialogue as the vehicle they need to create a whole-of-community response to mental health and wellbeing.

This partnership is committed to building a resilient and inclusive future for young people. There is a strong imperative to develop an integrated and coordinated mental health response that brings together mental health services and community supports.



Community partners at an Open Dialogue discovery day in Shepparton

The GRODC partnership has created momentum in the Shepparton community to achieve deep, lasting change.

We are seeking investment to help service providers make the transition so they can successfully implement and sustain the Open Dialogue Approach in their community for the long-term.

In the next four years, we aim to:

- Transform clinical practice within the CAMHS.
- Build broader community capability to implement Open Dialogue through training and a local 'train the trainers' role.
- Establish a strong collaborative network.
- Build the evidence base for the approach.

ODC will coordinate collective advocacy and policy influence so that this approach can be adapted by communities across Australia.

We have had strong support from philanthropic funders to date.

We are now seeking to raise \$3M over four years to continue this important initiative so the Goulburn Region can transform their approach to mental health and wellbeing with their community.

We thank you for your interest in this exciting step-change.

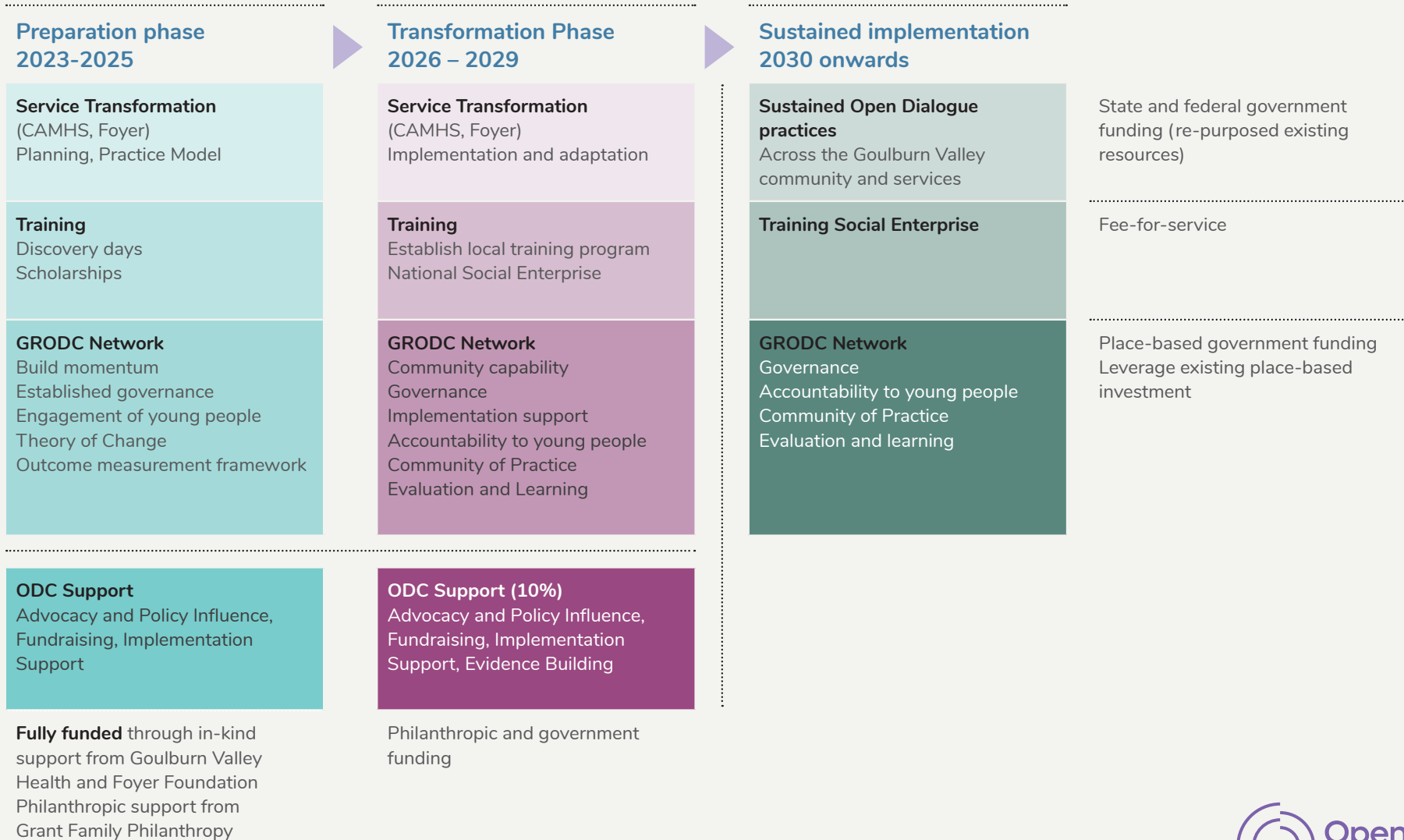
For more information please contact

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The opportunity to back the Goulburn Region

We are looking to raise \$3M over the next 4 years to support GRODC through their transformation phase.



Appendices

An evidence-informed approach

The Open Dialogue Centre is committed to an evidence-informed approach to embed, learn and grow Open Dialogue in the Goulburn Region and in community-based settings around Australia.

The results of the **ODDESSI trial** are expected to be released mid 2025. ODDESSI is a large randomised control trial currently underway in the UK, researching the effectiveness of Open Dialogue in crisis and continuing mental health care within the National Health Service in the UK.

Additionally, ODC is working with researchers from **the University of Melbourne** to review the evidence of Open Dialogue around the world.

We have also engaged **Clear Horizon** to develop an **outcomes measurement framework** that will enable a consistent approach to demonstrating outcomes of Open Dialogue across the settings we are working in.

All of this is underpinned by **learning and evaluation with partners** and collaborators that allow us to reflect and adapt in real time to insights and evidence that is being generated on the ground.

Our approach to learning will also include engagement with young people as part of the co-design and adaptation of the approach.

Open Dialogue History

Open Dialogue was first developed and trialled in Finland in the 1980s. The original cohort showed significant improvement in symptoms of psychosis after five years and many participants were able to return to work or study.

Seikkula, J., Alakare, B., & Aaltonen, J. (2011). The Comprehensive Open-Dialogue Approach in Western Lapland: II. Long-term stability of acute psychosis outcomes in advanced community care. *Psychosis: Psychological, Social and Integrative Approaches*, 3(3), 192–204.

Frequently asked questions and more information

How is Open Dialogue different in Australia?

Interest in the approach has been sustained and continues to grow but Open Dialogue has not become a mainstream service and this is what ODC is committed to enabling.

It is why we are taking a systemic approach which means we focus on creating the conditions in communities, organisations and service settings for Open Dialogue to thrive. No other country has an organisation like the Open Dialogue Centre.

How is risk managed in a community-based approach to mental health?

The local CAMHS continues to carry out clinical governance to manage acute risk and provide access to the Open Dialogue Approach. Rather than being disconnected from other services, the approach is more integrated, with the Emergency Department still available and using Open Dialogue rather than being the first point of contact.

How does Open Dialogue help with workforce burnout and retention?

ODC commissioned a month-long study tour in 2022 to eight countries in Europe and North America, to learn more about the implementation of Open Dialogue across the globe. All the services visited were unanimous in their experience of Open Dialogue having a positive impact on the workforce.

An improvement in workforce satisfaction and morale was universally cited as a major advantage of working with and training in Open Dialogue. It was also noted that Open Dialogue has a profound impact on the organisation's culture and can improve productivity due to the satisfaction of focusing on client needs.

Is implementing Open Dialogue resource intensive?

Network meetings are not resource intensive. Open Dialogue network meetings enable people to come together so that everyone is on the same page at the same time, reducing the need for multiple meetings and conversations with different people at different points in time.

Open Dialogue can avoid downstream costs in recovery.

Who can attend a network meeting and what if it's not safe for family members to be involved?

Network meetings include people who are invited by the individual and can include friends and family, volunteers and supporters, mental health professionals and those who are connected to their service or school such as people with lived experience, teachers or community leaders.

The principle of 'nothing about me without me' means the person is able to drive their own care plan and pathway, and lead the decision making about who is involved in the network meetings.

How is Open Dialogue working in a school setting?

Korowal School in the Blue Mountains of NSW has trialled Open Dialogue for the past six years.

The beneficiaries look to be the child or young person, their families and carers, as well as the school itself.

The school is reporting they are seeing improvements in:

- Agency and self-advocacy of students
- Engagement and learning
- Mental-health and wellbeing
- Relationships with parents and families
- Support for the school workforce and staff engagement.

Is Open Dialogue anti-medication and anti-diagnosis?

Clinicians who facilitate network meetings may prescribe medication when it is needed to address symptoms as necessary.

What is the evidence base for Open Dialogue?

The original cohort who experienced Open Dialogue in Finland showed significant improvement in symptoms of psychosis after five years and:

- 81% of participants had no remaining psychotic symptoms.
- 84% were able to return to work or study.
- Additionally, only 33% had continued to use anti-psychotic medication.*

ODC is committed to an evidence informed approach and has initiated work to evaluate Open Dialogue in our priority settings.

We are awaiting the results of the ODDessi trial which is a large scale program of research into Open Dialogue at the NHS in the UK.

*Seikkula, J., Alakare, B., & Aaltonen, J. (2011). The Comprehensive Open-Dialogue Approach in Western Lapland: II. Long-term stability of acute psychosis outcomes in advanced community care. *Psychosis: Psychological, Social and Integrative Approaches*, 3(3), 192–204.



The World Health Organisation references Open Dialogue as a way to address the issues that are inherent in the bio-medical model.



The Open Dialogue approach aligns with the intentions of Australia's National Mental Health and Suicide Prevention Plan.



It is also featured and encouraged in the Victorian Royal Commission into Mental Health recommendations, which have national relevance.