Open Dialogue Centre

ODDESSI findings summary and the approach in Australia

In August 2026, ODDESSI, the world's first large-scale randomised controlled trial (RCT) of **Open Dialogue** conducted within a mainstream public mental health system, was published in ***The Lancet Psychiatry.***

The ODDESSI trial was funded by the National Institute for Health Research (NIHR) and delivered across five NHS mental health trusts in London and the South of England. Led by Professor Stephen Pilling and a team of UK researchers, the trial followed 494 adults presenting in mental health crisis across those five trusts over two years. ODDESSI was implemented in general practices grouped into 32 clusters, which were randomly assigned to deliver either Open Dialogue or treatment as usual.

Randomised control trials provide 'gold standard' evidence, rigorously tested through a peer review process. The ODDESSI RCT was published in one of the world's most reputable psychiatry journals, *The Lancet*.

The findings: On ODDESSI's primary measure — the time to relapse after initial recovery — outcomes were similar between the two groups, and the difference was not statistically significant. Further evidence is needed.

Alongside this primary finding, ODDESSI recorded a number of secondary outcomes that were more favourable for people who received Open Dialogue:

- The odds of being admitted to hospital for severe mental illness were **three times less** for those who had Open Dialogue compared to standard care
- **Patient defined recovery** (people's rating of their relationships, work, study and other self rated markers) improved for those who had Open Dialogue compared to standard care.
- The proportion of people who spent any days in hospital, across the whole 2 year follow up, **reduced by 52%** for those who had Open Dialogue compared to standard care.
- Quality of life, relating to overall health, was **improved for those who had Open Dialogue** compared to standard care
- The odds of being re-referred to a crisis or secondary care service were **halved for those who had Open Dialogue** compared to standard care
- Patient satisfaction with the care they received was **higher for those who had Open Dialogue** compared to standard care

More about the RCT and what it means for mental health care in Australia and around the world

Until now, the strongest evidence for Open Dialogue came from Western Lapland, Finland, where the approach was developed — a small, tightly integrated health system very different from Australia's.

ODDESSI tested Open Dialogue inside a large, complex, mainstream public system instead, one that shares pressures familiar to Australia's own services: high demand, stretched workforces, and a crisis-driven pathway into care.

About the Open Dialogue Approach

Open Dialogue is an approach to mental health that centres people in their own care — connected to family, friends, peers and local services in a grounded community network.

Open Dialogue has transformative potential through:

- **Agency and voice** — enabling young people to 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, enabling different perspectives and shared decisions.
- **Compassion and continuity** — in care that brings together all the supports available in a community.

Network meetings are central to the approach — spaces where Open Dialogue trained facilitators engage in responsive listening, building relationships, creating a story together, and minimising the biomedical framing of the problem. Everyday language replaces clinical language. The person, not the diagnosis, is at the centre.

The ODDESSI trial tested Peer-supported Open Dialogue (PSOD) which is a variant of Open Dialogue that adds trained peer workers to clinical teams, deepening the network-based, collaborative model of care.

About the Open Dialogue Centre

The Open Dialogue Centre (ODC) is building the field for community-based mental health transformation in Australia — supporting services and communities to shift from a crisis-driven, medicalised response toward one built on relationships, agency and connection in community.

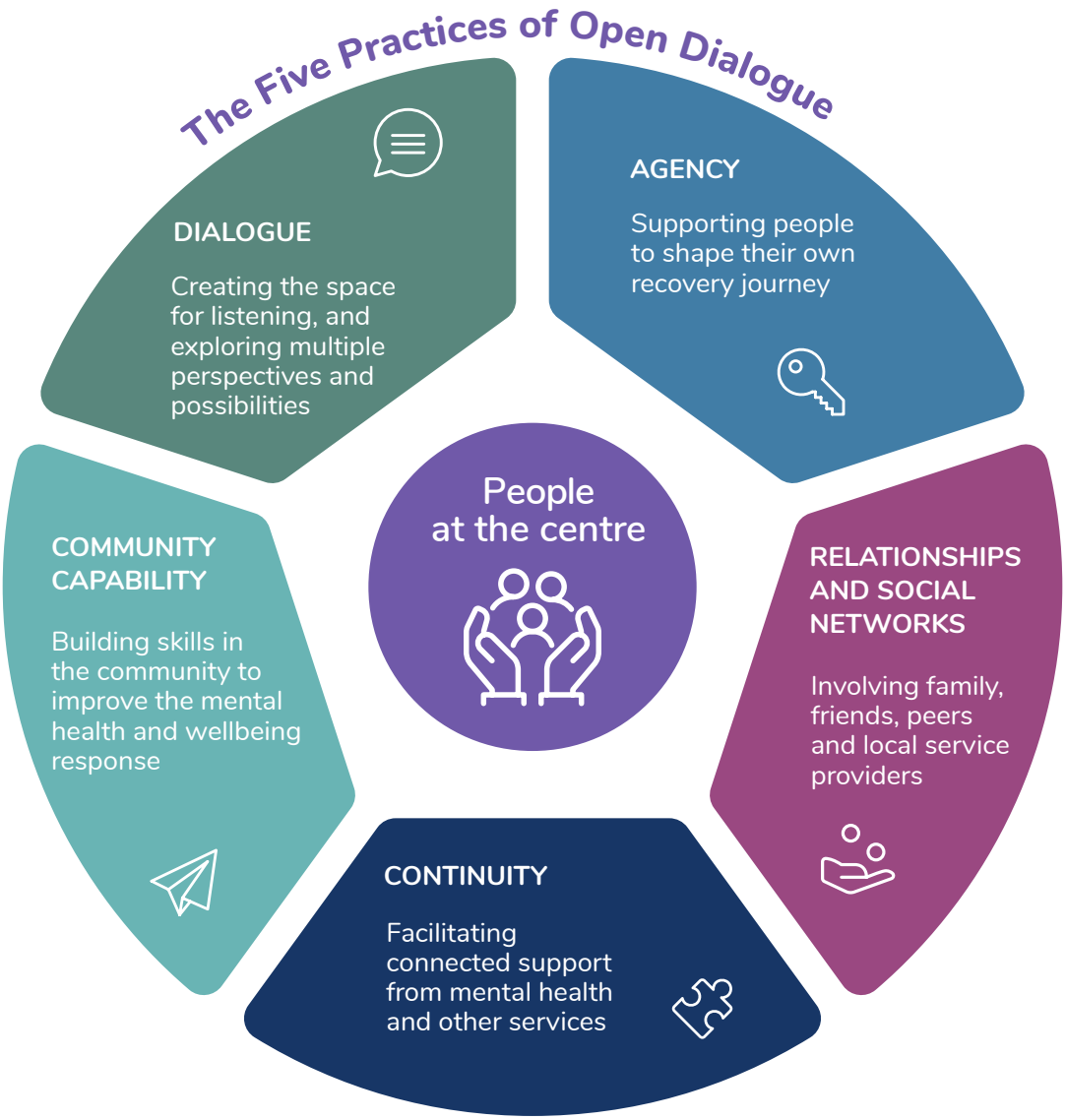
ODC across Australia

ODC is collaborating with service and community partners in Victoria, New South Wales and Queensland and has developed a practice framework to support how we collectively embed, adapt and scale the Open Dialogue approach to meet the needs of different communities.

ODC initiatives are on-the-ground proof points where Open Dialogue is being embedded and scaled. Together, these initiatives build the evidence base and enable community-based, preventative practices in mental health care to be sustained.

Through our work ODC responds to the findings of The Productivity Commission Inquiry into Mental Health, the Royal Commission into Victoria's Mental Health System, and the WHO World Mental Health Report. Each have called for a shift away from crisis-driven, medicalised care toward integrated, place-based and relational responses.

ODC's Practice Framework combines the key elements of Open Dialogue



More about ODC's work with community partners

ODDESSI tested Open Dialogue within mental health services — where a clinical team works with a person and their social network.

In Australia, ODC is collaborating with community partners to embed Open Dialogue not only within a single service, but across several services working together within a community.

ODC is committed to contributing to the global evidence-base for Open Dialogue through evaluation and learning.

With community partners and young people, ODC has developed a national Impact Framework that will enable the Open Dialogue network in Australia to collectively track activity, reach and outcomes and facilitate learning and reflection about how the approach is adapted to support the needs of different communities around Australia.

An example of our collaboration with community partners Goulburn Region Open Dialogue Connect (GRODC)

Goulburn Valley Health and Berry Street Youth Foyer approached ODC because they recognised they need a whole-of-community response to uplift youth mental health and wellbeing in their community.

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.

Greater Shepparton Lighthouse Project is now the backbone support with seven community partners: Goulburn Valley Health, Berry Street Youth Foyer, Bridge Youth Services, headspace and Rumbalara. Over 300 people have participated in Open Dialogue training with ODC enabling the initiative to be implementation and investment ready.

"Mental health services are under enormous pressure, with many people stuck in a revolving door of crisis care and hospital admissions.

Too often care is disjointed, families are left out and not enough time is spent on forging a deep and lasting therapeutic relationship in our services. The ODDESSI trial shows that when care is built around relationships, mutuality, continuity and shared decision-making, people report better recovery, better quality of life and better experiences of care, while at the same time making far less use of inpatient or crisis services."

ODDESSI Co-author Professor Russell Razzaque, Consultant Psychiatrist at NELFT and Professor of Relational Psychiatry at SOAS

Sign up for ODC's newsletter to stay in touch about:

Open Dialogue training offerings

Support for services to adapt and implement the approach

Collaboration with community partners in Queensland, Victoria and NSW

opendialoguecentre.org.au/contact/#newsletter

ODC Founding Partner: GrantFamily Philanthropy.