This is the written form of an oral presentation, which in a positive way is more respectful of the reader's own interpretations. The Opening quote respects the historical importance of the meaning of language to life itself; which has influenced our own understandings.

"Knowledge emerges only through invention and re-invention, through the restless, impatient, continuing, hopeful inquiry human beings pursue in the World, with the World, and with one another."
– Paulo Freire

The Presentation: **Sowing Seeds and Joining Threads**

Introduction

Perth, Western Australia. 2014: A coincidence of cooperation lead to an evaluation of the experience. The cooperation was between a support facilitator and a psychoanalytic therapist who connected through their work at a crisis accommodation centre. The engagement was to assist a young adult who had rejected the increasing of his medication; he was referred to a needs-based agency support worker; and then requested psychotherapy. Working together, though separately, created a dialogical inter-connection that expanded the possibilities of understanding in all three;. Aspects of Open Dialogue, which we had discovered, were present in this. We explored our connections in "Co-creating a Path to Recovery in Mental Health Processes". Jaakko Seikkula and Markku Sutela from Finland had introduced Open Dialogue around Australia; 'Blueprints for Reform', a chapter in Robert Whitaker's 'Anatomy of an Epidemic', showed Open Dialogue to be an unique solution in Mental Health considerations.

- 2016. In Perth a group was formed. Support work, peer-work, family therapy, and psychodynamic therapy were represented, and Open Dialogue was studied, compared and experienced through role-play ideas.
- 2017. Started forming teams, and practicing with referrals from support workers.
- Spreading the word: deciding who we should endeavour to meet to discuss OD.
- 2018. Met with WA politicians, WA Mental Health, Mental Health Commission,
- 2019: Connections with Queensland PSOD project through a new local member.

Things shifted during Covid. The WA Association of Mental Health President introduced the CEO to us. She requested a meeting around Open Dialogue, as there was concern around a sudden drop of people accessing services and before Covid there were large numbers of people overloading the hospital Emergency Departments.

This led to co-creation meetings with information shared and discussed concerning dialogical processes and Open Dialogue. We could say our research project was "What do other people think?" There was a common interest developing. It entailed, meeting, listening, sowing seeds and joining threads. Working in his way was a new experience in developing our own knowledge of Open Dialogue.

"I find myself suddenly in the world and I recognize I have one right alone:
that of demanding human behaviour from the other.
One duty alone: that of not renouncing my freedom through my choices."
– Frantz Fanon

Thinking that Open Dialogue came about through the re-organisation of a psychiatric system, but not by psychiatric systemic means, was quite heartening to reflect upon. Markku Sutela

explained that the needed changes were discovered through the use of trial and error and feelings of comfort and discomfort; not by systemic organisational strategies. The changes came from within, over many years, as developments were experienced and considered. This is a natural human process.

Realistically it is going to take a few years before enough information and experiences of dialogical processes, can allow people, and then systems, to take the small steps of courage that can replace the faulty mechanisms that they have been holding onto. There is a growing interest in and practice of Open Dialogue in various forms, more on the East Coast than the West; enough to feel the connection and occasionally to make connections. Threads coming together.

But like all alternative ideas there are resistances. Well established hospital and psychiatry systems have their critics, but with the support of the political system can shrug off any necessity to look into what the real source of the problem is. Dialogue is not generally favoured over promises to have an investigation to look into 'the matter' and make some corrections through the promises of 'funding increases'.

There is nothing unique about this situation, it is culturally acceptable. What is also culturally acceptable is that the government has been playing havock with some of the more needs-based agencies in order to structure its National Disability Service Scheme, which has been struggling to live up to any of its promises. There does seem to be some stability now but for a few years a state of uncertainty existed. This was experienced in the group as people moving to other work and into different positions. This caused a drop in referrals for Open Dialogue and a loss of clinicians to engage in practice – the movements at this time did increase the spread of people who knew about Open Dialogue. Around the same time as this the Emergency Departments of hospitals were flooded with people in need of psychological care.

So in a sense the event of the Covid-19 pandemic, has changed the status quo, to the extent that the old normal doesn't exist in the same form. The prohibitions that are the result of the government restrictions have become spaces that need to be filled in another way.

"Nor yet can dialogue exist without hope. Hope is rooted in men's incompletion, from which they move out in constant search – a search which can be carried out only in communion with others."
– Paulo Freire

The WA OD working group, after our four years of 6 weekly meetings at 55 Central Crisis accommodation centre – learning, discussing, utilising experiential work based on the Finnish approach to Open Dialogue, now had different considerations to make. Having 'time out' to reflect on the future path was intervened by the WA Mental Health Association who wanted to engage in discussions on Open Dialogue as a possible solution to the new ED problems.

The Norwegian experience with overload in emergency departments as explained by Niels Buus from St Vincent's Hospital in Sydney, showed that the introduction of OD meetings over a ten year period resulted in a 75% reduction in cases needing psycho-social care. This programme has now become a continuing part of their system. Considering this as an approach in Perth has become a point to move forward to. There is still work to be done to

make this a viable reality.

The WA Association of Mental Health, WAAMH, has for the first time in its history started campaigning politically for more resources in the community, as a way of minimising hospitalisation, and creating more access. It has been encouraged by the recent WHO recommendations for change which include Open Dialogue. This will be emphasised as an important discussion point in approaching local politicians. Along with this campaign WAAMH have recently started an online CAREhub as a focal point for discussion and planning toward community care. It was suggested that we should use this forum to promote dialogical matters and Open Dialogue in particular. This has started with engagement in the process and video chats, to be soon followed by a Zoom forum. These events have shown some shift in appreciation of the dialogical process.

Training in Open Dialogue has started its preparation through the PSOD group in Queensland. We are connected into that, and have arrangements with WAAMH as to its eventual promotion and support of these online teachings. The possibility of training programs interstate and from interstate, will allow options when becoming dialogical.

There is a lot of resistance to new ways of improving a rather cognitively based health system in Australia; there are however doubts among its population, at many levels, that seem to indicate potential for introduction and discussion of the possibilities for change. Open Dialogue is starting to be valued as having a recognised history of creating more agency and connection within the community.

We have a 'still-to-do' list of connections to carry the sharing of information at a new, more politically connected and influential level. As well as the WAAMH campaign and the CAREhub, the training in planning will be an essential part of facilitating the practice in agencies and the private sector. The recent WA Recovery College has the potential to be a source of Open Dialogue learning toward personal recovery. Change can come from community involvement that has the energy to shift perception within government structures.

It takes time; we have time. Meanwhile, the Systemic Family Therapy two-year course in Perth has included the study of Open Dialogue into both years of the post-graduate course. And the more we learn about Open Dialogue, the more we feel the need to be persistent and consistent, and appreciate how new realisations answer the questions that haven't been answered yet.

"And although nothing much can be seen through the mist, there is somehow the blissful feeling that one is looking in the right direction."
– Vladimir Nabokov

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