Conference Abstract

Consensus building and outcome mapping techniques can achieve an integrated roadmap for action to improve the physical health of people with severe mental illness

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Abstract

Introduction: The poor physical health of people with severe mental illness (SMI) is often attributed to lifestyle, disease-related medication side effects and disparate healthcare provision. The complex and inexact nature of this interaction between physical and mental health leads to uncertainty and imprecision about the most appropriate action required to address the problem. One proposed solution is to integrate care by using collaborative processes across multiple organisations.

Theory / Methods: Consensus building was combined with an outcome mapping process, which has previously been used to facilitate health system integration. Eighteen participants from a service catchment area in Australia were involved in a consensus-building workshop. Data from the consensus-building workshop were thematically analysed and used to create an outcome map.

Results: Participants identified that accessible, continuous, holistic, consumer-driven, recovery-oriented care was required if the physical health of people with SMI were to be achieved. However, this all-encompassing care was dependent on a wide-ranging philosophical shift in two areas, namely societal stigma and the dominance of pharmacological approaches to care.

Discussion: No single organisation, team, disciplinary group or individual practitioner had the entire suite of knowledge and skills to deliver all components of the identified strategies. Therefore, networks and networking were essential, and integrated solutions that facilitated program and service coordination needed to be developed. In response, we created an outcome map to capture both the higher-level outcomes that participants were striving to achieve and the processes and actions that had been agreed by participant stakeholders. The outcome map visually represented both the socially defined meaning of the problem of the poor physical health of people with a severe mental illness and the multiple action pathways required.

Conclusions: We used a consensus building approach to generate solutions, actions and goal statements, which were then used to create a visual map that provided a purpose and signposts for action, thereby maximizing the potential for cohesive action across sectors.

Lessons learned: Consensus-building workshops are practical and useful ways of developing pathways for action that include multiple sectors in integrated approaches to improving the physical health of people with SMI.

Limitations: Although participants identified the need to work across sectors, important sectors such as law enforcement, housing and employment were not included in the consensus development process. However, including these sectors was beyond the scope of this project. A further limitation to this research is that the research was conducted in a defined geographical area and might therefore, not be transferable to other contexts.

Future research: Including a broader range of stakeholders, including consumers and carers, should be considered in future research that is seeking to address complex issues. Further research is also required using identified implementation theories to facilitate the adoption of the action strategies identified in the outcome map into routine practice.

Keywords

Severe mental illness; consensus building; integrated outcome map; implementation; multiple sectors

PowerPoint presentation

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