

POSTER ABSTRACT

A Collective Impact approach to improving the physical health of people living with mental illness.

23rd International Conference on Integrated Care, Antwerp, Flanders, 22-24 May 2023

Russell Roberts¹², Andy Bell³, Helen Lockett⁴, Nabil Hallouche⁵

- 1: Charles Sturt University, NSW, Australia
- 2: Equally Well Australia, New South Wales, Australia
- 3: Centre for Mental Health, London, England
- 4: Equally Well New Zealand, Auckland, New Zealand
- 5: Praticien Hospitalier MSU Université Paris Cité, Paris, France

Introduction: Eighty percent of people living with mental illness have a co-existing physical health condition. Yet due to 'diagnostic overshadowing' (where the presenting problem overshadows all other concerns and risks), stigma and systemic discrimination, the rate of screening and treatment for mortality-related chronic health conditions in this part of our community is low. Consequently, as a group, people living with mental illness have poor health and have a 13 - 23 year reduced life expectancy. This pattern of poor health and reduced life-expectancy has been consistently reported in research studies across the world for more than 20 years.

Aims, Objectives, Theory or Methods: The aim of this paper is to show how the countries of Australia, France, New Zealand and England have applied the collective impact approach to address the issue of the poor health and reduced life-expectancy of people living with mental illness. A collective approach seeks to coordinate organisations to reduce duplication and amplify impact. Co-chaired by consumers and with an emphasis on consumer-led initiatives, a collective impact approach seeks to coalesce multiple agencies/stakeholders through a common goal to address complex personal and system challenges.

Highlights or Results or Key Findings: Although each country has adopted a collective impact approach, the way this has been implemented in different contexts has been quite different. The paper compares and contrasts approaches to 'developing a shared agenda', 'mutually reinforcing activities', and facilitating coordination. Common to each of these collective impact core elements is the need for a strategic approach to communication. This presentation will challenge the collective impact theory of 'continuous communication' using examples of the communication strategies from each country.

Further, this paper will present how each country measures progress and seeks to demonstrate public value. This is a particularly important issue for intermediary organisations who do not provide direct health care services.

Finally, it will highlight how by networking and working together internationally, these countries have successfully initiated reform in policy, and practice changes in areas such as cardiovascular disease management and vaccination for people living with mental illness.

Conclusions: Collective impact appears to be an effective way to mobilise diverse organisations and amplify actions converting policy to practice. There is scope to apply a collective impact approach flexibly to different service system contects. Consistent across systems is the need for a backbone team to drive change and maintain momentum.

Implications for applicability/transferability, sustainability, and limitations: The processes and methods of a collective impact approach can be applied to a range of health scenarios to facilitate enhanced integration and collaboration. However, sustainability requires a backbone team and providing ongoing evidence of impact and success.