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PROMOTING RECOVERY FOR PEOPLE WITH LONG-TERM MENTAL ILLNESS IN INSTITUTIONAL CARE: AN INTERNATIONAL DELPHI STUDY OF STAKEHOLDER VIEWS

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Aims: To identify the specific components of care that key stakeholders in ten European countries at different stages of de-institutionalization regard as most important in promoting recovery in this group; to measure consensus between and across stakeholder groups and countries; and to develop a conceptual framework of 'domains' of care.

Method: Each participating country completed a series of conventional three-round Delphi exercises with four separate panels of experts; service users, mental health professionals, carers and advocates. In Round 1 an initial open question asked respondents to identify up to 10 components of care they considered most important in promoting recovery. In Round 2 these ideas were fed back to the group and rated on a 5-point scale. In Round 3 the group re-rated the components in the light of information about the whole group's response. Components achieving high importance rankings and high consensus were grouped into domains.

Results: The 40 participating panels generated around 4,000 separate items of care. From these, eleven broad domains of recovery practice were identified. Results will be presented descriptively to show the domains and components of care considered to be most important to recovery, and to show consensus within and across countries, and between stakeholder groups. It will be seen that there was generally high consensus between groups and countries but some modest differences in priorities.

Conclusions: Delphi methodology is useful in eliciting and evaluating different perspectives on recovery-based practice. Strengths and weaknesses of the approach will be discussed.