



INTERNATIONAL INITIATIVE FOR MENTAL HEALTH LEADERSHIP

MAKING SERVICES WORK FOR CONSUMERS



**ANNUAL REPORT 2007**

1 January 2007 to 30 December 2007

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# 1. Purpose of this report

This report is designed to give an overview of IIMHL activities for the year January to December 2007.

The report is for the Sponsoring Countries Leaders Group, IIMHL members and for the interested public.

## 2. Chairman's Report

What a year 2007 has been. Many of us in IIMHL have encountered personal and professional changes. All of us continue to benefit from the supportive and developmental framework our organisation provides. So many profit from the time spent with other colleagues who share similar values across the countries who participate. Through our partnerships, exchanges and friendships we learn and grow. Long may these relationships strengthen. They are the essence of what IIMHL is about. They are what make it unique.

I am particularly grateful to colleagues in Canada who did so much to support a wonderful conference. Their hospitality was terrific. I am aware just how much work goes into organising events on the scale of the Canada Exchange. To all those who worked long hours to make the whole thing a success, a very big thank you.

I have no doubt that 2008 will continue to provide more and more opportunities for IIMHL to contribute in the world stage. We are intent on delivering good services to the people who deserve and need them. Support to countries developing their mental health policy will be a key part of our future work programme. We will also strengthen our focus on creating a partnership for those who work in the field of developmental disabilities. These are exciting new challenges and they go to show that IIMHL does not intent to stand still.

We are still focussed on supporting consumers to live the lives they would want and we are committed to tackling stigma, discrimination and exclusion. Whether through the exchange programme, development work, research or other initiatives, IIMHL will continue to play its part on a global stage by making an impact locally.

Sadly this will be last year that I will chair IIMHL. I am deeply proud to have been part of things since its inception. Indeed, I was part of a handful of people who helped create the organisation. From those early days and our first Exchange in Birmingham England (with the now infamous malfunctioning elevators). We have really matured thanks to the efforts of so many people. I want to thank just two or three people in particular. Firstly my friends and co-birth parents for IIMHL Janice Wilson and Charlie Curie. They remain inspiring leaders.

My most significant thanks are reserved for our Director Fran Silvestri. Fran is also a good friend. He truly has driven IIMHL's establishment and growth. He deserves all our appreciation.

I personally look forward to many years of remaining in contact through participation as an IIMHL member. Until I see you again good luck, good health and best wishes for 2008 and far beyond.

**Prof. Anthony Sheehan**  
**Chairman**  
**IIMHL**

### 3. Vice Chairs Report

Another year on and another very successful international exchange and conference of mental health leaders from eight member countries took place in Canada and USA in August. I continue to be impressed with the ongoing strongly positive influence these exchanges, and the subsequent relationships that develop, have on leadership development and on the continued reform and development of mental health.

Evaluations of participation from New Zealanders and from those in other countries, as well as feedback for other people, provide rich and interesting stories of how experiences and learnings have been integrated into individuals' and organisations' work programmes.

Focused international exchanges are well recognised in leadership development, but we in IIMHL have the added benefit of focusing on transforming health and social systems that either impact on our mental health (that is the population as a whole) or significantly affect those who experience mental ill-health. Such wonderful and exciting challenges and IIMHL enables us to share our combined wealth of knowledge and experiences to help us tackle these.

As a "network" we have grown quite quickly over the past five years. In 2007 the leaders from all eight countries reviewed our vision, purpose and mandate and this has allowed us to be clear about what IIMHL can uniquely offer mental health leaders and what will make a difference to leadership development in this sector.

All our success would not be possible without the tremendous hard work and commitment from Fran Silvestri, and the support he receives from David Robinson and Janet Peters. My thanks to them all. And I look forward to another stimulating year.

**Dr Janice Wilson**  
**Deputy Chair**  
**IIMHL**

## 4. Director's Report

It has been a fast paced and successful year.

This report will provide you an update of our work in 2007 and show progress within various areas of activity.

I do want to highlight several areas that you will find within this report:

- The wonderful 2007 exchange and conference hosted by our Canadian colleagues
- The Sponsoring Countries Leaders Group meeting which met to review IIMHL's structure and processes
- While IIMHL does not fund activities, it plays a key role in "match-making" leaders who are undertaking similar work in various countries. Thus we have several IIMHL-facilitated activities underway across a range of areas and leaders (e.g. indigenous, consumers, clinical, disability and workforce leaders)
- The agreement of IIMHL to work with Pavilion Press in England to contribute to and support *The International Journal of Leadership in Public Services*. A Special IIMHL Edition of this Journal is being completed and it focuses on the 2007 Ottawa conference and exchange activities.

In 2007 we have had our fifth IIMHL Leadership Exchange in North America with our working conference in Ottawa.

We were very excited to work with all of the leaders in our newest IIMHL member - Canada. This was a wonderful opportunity to continue to build our international IIMHL network in the wonderful city of Ottawa. IIMHL is keen to strengthen links with the Canadian government, provinces, mental health leaders and First Nations peoples.

We were honoured that the Canadian Prime Minister Mr Stephen Harper attended our meeting in Ottawa and used that occasion to announce members of the new Mental Health Commission of Canada (MHCC). We hope to expand our involvement with the MHCC in the coming years.

IIMHL is a very small organization but our reach is expanding as our more than 1500 leaders continue to build their partnerships, share their innovations and build a strong leadership in mental health and addiction services.

Thank you to all who have contributed to IIMHL's success.

**Fran Silvestri**  
Director  
IIMHL

## 5. IIMHL To December 2007 at a glance

### Key facts:

- 8 participating countries – USA, England, New Zealand, Scotland, Northern Ireland, Republic of Ireland, Canada, Australia
- 1500 people listed on our database representing:
  - 15 countries
  - 400 mental health agencies
- Growth:
  - 2003: 23 Leadership Exchanges involving 55 people
- Working Conference attendance: 84
  - 2004: 44 Leadership Exchanges involving 118 people
- Working Conference attendance: 180
  - 2005: 53 Leadership Exchanges involving 173 people
- Working Conference attendance: 212
  - 2006: 72 Leadership Exchanges involving 208 people
- Working Conference attendance: 250
  - 2007: 77 Leadership Exchanges involving 362 people
- Working Conference attendance 450

## 6. The gap

Traditionally, the field of mental health and substance abuse has focused on identifying evidence of best practices/services that enable and support consumers' recovery. Little investment had been made in assisting provider organizations to develop effective leaders who are skilled in locating, understanding and adapting best organizational practices and managerial skills. This lack of leadership support has been identified as one of the key issues hampering mental health services internationally.

## 7. The opportunity

In 2003 the leaders of four key national governmental and NGO agencies banded together to form the International Initiative For Mental Health Leadership (IIMHL) to actively address this issue, with the aim of enhancing and promoting service improvement through effective leadership.

The agencies were:

- The National Institute for Mental Health in England (NIMHE)
- The National Substance Abuse and Mental Health Services Administration (SAMHSA) of the United States
- The Mental Health Directorate of the New Zealand Ministry of Health (MOH)
- The Mental Health Corporations of America (MHCA).

Since 2003 five other countries have joined. These are Scotland, Australia, Canada, Northern Ireland and the Republic of Ireland.

## 8. First steps

Outcomes of this first meeting were:

- Draft terms of reference,
- Established vision and goals,
- Developed an action plan which initiated the annual 'Alliance for Excellence' (commonly called the 'Annual Exchange and Working Conference').
- Established a 'shoestring' structure upon which to operate.

## 9. IIMHL Vision, Mission and Goals

These have been refined over time since IIMHL's inception.

### Vision

We seek a future where everyone with a mental illness / mental health issue and those who care for them will have access to effective treatment and support from communities and providers who have the knowledge and competence to offer services that promote recovery.

### Mission

To achieve its vision IIMHL provides an international infrastructure to identify and exchange information about effective leadership, management and operational practices in the delivery of mental health services. It encourages the development of organisational and management best practice within mental health services through collaborative and innovative arrangements among mental health leaders

### Goals

- Provide a single international point of reference for key mental health leaders
- Strengthen workforce development and mentoring of mental health leaders
- Identify and disseminate best management and operational practices
- Foster innovation and creativity
- Expand the knowledge of:
  - Building community capacity
  - Implementing best practices for consumer recovery
  - Expanding methodologies for integration with other health and social systems
- Promote international collaboration and research
- Provide assistance to international organizations such as the World Health Organization (WHO) and sponsoring countries to build low and middle income countries to increase their ability to operate community based recovery systems.



## 10. Growth

The yearly increase in participants in the annual Leadership Exchange and Working Conference has been significant. Such growth indicates that the value of collaborative relationships between national leaders is being recognised internationally.

We are also strengthening our links to national agencies who work in the disability sector.

## 11. IIMHL operations

The IIMHL operates under the umbrella of MHCA (Mental Health Corporations of America, Inc.) as its fiduciary agent. We are grateful for the assistance of the MHCA's webmaster Frank Collins who assists us in the website from his base in Florida.

### IIMHL Director and staff

Currently a small 'virtual' international office is led by the Director Fran Silvestri. He is assisted on a part-time basis by David Robinson. David is the Operations Manager responsible for IIMHL logistics including matches, organisational issues, IIMHL Update, membership lists and information. Janet Peters is funded through the NZ Ministry of Health on a part-time basis to assist with reporting and evaluation. All three are based in Auckland (NZ).

## 12. IIMHL structure

A new structure for IIMHL was agreed in Edinburgh in June 2006 and is as follows:

First, a Sponsoring Country Leadership Group (SCLG) sets direction for and oversees the activities of IIMHL. It includes representatives from each country as well as the Director of IIMHL and President / CEO and Board Chair of MHCA to review IIMHL goals and activities.

Second, each participating country (either on its own or with a collaborating region) organizes forums to:

- Identify and communicate key issues for that country/area to SCLG (and vice versa)
- Host the Exchange and Conference
- Collaborate in IIMHL projects and activities

A two-day planning process was undertaken in Ottawa in 2007 which revisited the current IIMHL vision, mission and aims. Proposals and outcomes were:

- Agreement on the existing foundational work (vision etc.)
- A change in the conference process: from the Working Conference moving to a 'Network Meeting' to allow more continuity from the exchanges
- A review of governance procedures and an agreement to meet in 2008 to further examine procedures
- An examination of the 'knowledge exchange' function that IIMHL may offer
- Agreement to include further secretarial and IT support.

## 13. Membership of IIMHL

At the end of 2006 there are over 1500 individuals registered on the database who have joined through their organisation.

## 14. Benefits of membership

When leaders join IIMHL, they have access to:

- Semi-monthly email bulletins (called *IIMHL Update*) which includes information on the latest Mental Health issues:
  - News
  - Research
  - Announcements
- The Leadership Exchange and Network Meeting (formerly the Working Conference)
- Participation in activities with exchange colleagues (e.g. networking, joint-evaluation, peer review, research and/or collaboration on existing or new work)
- Email contact with a network of leaders from each participating country

## 15. Leaders involved

The following are categories of leaders who are involved in IIMHL:

- Chief Executives of Provider Organisations
- Directors of National MH Departments
- Consumer leaders
- Family Leaders
- Leaders of indigenous and ethnic systems
- Clinical leaders
- Funders: states, provincial, regional, local health authorities
- Educational, training, research leaders
- Disability leaders

## 16. Groups of leaders working on key topics

- Indigenous, ethnic and cultural diversity
- Consumer leadership
- Children and adolescents
- Integration of MH and primary health care sector
- Disability leadership
- National clinical leads
- Leadership research, workforce development and training

## 17. Sample of IIMHL activities to December 2007

As the result of past IIMHL Exchanges and Working Conferences, activities, training programmes, research and collaborations are undertaken by members that are consistent with IIMHL's vision, mission and goals. These are undertaken by enthusiastic members and are facilitated (but not funded) by IIMHL.

### Ongoing activities

In addition to the IIMHL Leadership Exchanges, IIMHL facilitates the sharing of innovative and processes between and within sponsoring countries. For example:

- **The International Journal of Leadership in Public Services**

Pavilion is the leading publisher and event organiser in the UK for professionals delivering public services, whether they work in the public, private or voluntary sectors. This Journal is published by Pavilion.

Janet Peters coordinates IIMHL members' contributions. The expectation is that IIMHL members will offer 8 articles per year on either IIMHL projects or key leadership activities occurring outside the UK. An objective is for a 'Special Edition' of the journal to be published after each IIMHL Leadership Exchange. This year's Special Edition is currently 'in press' and will be published in March 2008. It will highlight many of the Ottawa presentations plus other IIMHL activities underway following exchange. We appreciate the work of Tammy Williams from Canada who has coordinated the translation of the articles into French.

We are grateful for IIMHL members' time in undertaking this task.

IIMHL has developed a relationship with this Journal in the hope that members will subscribe to it as the leadership theme is obviously of key interest to members.

- **International Trailblazer Programme**

This work adapts from the Trailblazer Programme in England that jointly trains mental health and primary care practitioners in "pairs" to deliver more effective mental health services within the primary care setting. Each pair chooses a project to work on in their local community. The International Trailblazer Programme has completed two cohorts of pairs. The first training was a success with three pairs from NZ, two from the US and two from England. The second course began in February 2007 and was completed in June 2007. The third and final training session will be held in New Zealand and US in 2008 with Te Pou taking over the functions of Trailblazers previously undertaken by IIMHL (Te Pou is the National Centre of Mental Health Research, Information and Workforce Development in New Zealand).

New Zealand through Te Pou plans to promote the use of this learning process widely in 2007/8 and offer the first New Zealand based training in 2008/2009. A webpage has been launched <http://www.tepou.co.nz/>.

- **Mental Health International Collaborative (MHIC)**

The MHIC work links IIMHL with developing countries who are interested in developing community mental health services but need ongoing assistance. The aim is to develop a partnership with one community in a country and over a three to five year period organize a set of volunteers to provide support to the development of a community model. The two countries involved in this work to date are US and England. We aim to provide hands-on, community-level technical assistance to mental health organizations in countries that are moving toward a community based and recovery approach. To date Ken Jue is leading this work and members from the US and England have begun work in Ecuador.

- **IIMHL group on leadership development and training**

IIMHL held a meeting in 2004 at Dartmouth College in the US with a second meeting held at SAMHSA in Washington in April 2006. Participating leaders are from New Zealand, Canada, US, England and Scotland. The group (now informally called the 'Cincinnati Group') is working on linking efforts to encourage workforce development and research in leadership within the mental health sector.

Some work currently being undertaken is:

- Examining how countries can share leadership training content and processes
- A special edition of a mental health journal looking at mental health issues globally.
- A group is looking at developing a resource of mental health case studies for use in training in IIMHL countries.

- **Seclusion and restraint**

In February 2006, Bob Glover National Association for State Mental Health Program Directors (NASMHPD) and three staff (Kevin Huckshorn, Janice Lebel and Nan Stromberg) were invited to present the evidence and techniques to eliminate and reduce seclusion and restraint. They travelled to Australia and New Zealand. They met key leaders in both countries and held very successful workshops in 2007. This work is continuing in 2008 in both countries with a further series of workshops for mental health services (mainly inpatient units) who wish to eliminate or reduce seclusion and restraint.

- **Council of clinical leaders**

The council is comprised of individuals who are clinical leads to the national departments of IIMHL's sponsoring countries. Its goal is to directly benefit clinical service delivery within organized systems of mental health care. The council's functions are to facilitate international exchange in best clinical knowledge and practices that are consistent with the vision of IIMHL, provide additional support for leadership development for clinical leaders and to provide consultation to the governing body of IIMHL as requested



- **Indigenous, Ethnic and Cultural Diversity**

After the NZ IIMHL Leadership Exchange, we began to focus on three areas to expand leader's involvement. The hope was that within two years we would dramatically increase the number and opportunities for leaders to use the Leadership Exchange and IIMHL to add to their leadership development. The first meeting was on Indigenous, Ethnic and Cultural Diversity in the Eastern NIMHE Region in England in 2006 for indigenous, ethnic and cultural leaders. This meeting was very successful and followed the work in NZ in 2005. In 2007 further meetings were held in Anchorage, Alaska and during the IIMHL leadership exchange.

The aim is to establish an international group that could provide technical assistance, strategic planning and systems evaluation for agencies who wish to enhance their services for indigenous, ethnically diverse and minority groups. An excellent document came from these meetings (*Indigenous Evidence Based Effective Practice Model*, Valerie Naquin and colleagues) which reflects indigenous perspectives in evaluation processes. The result was a very significant increase in indigenous, ethnic and cultural leaders' involvement in the 2007 IIMHL Leadership Exchange which we hope will further increase in the future.

- **Children and Youth**

In Edinburgh in 2006 we organized a meeting with key children's leaders who similar to the group above formed a close working relationship and assisted IIMHL to expand the involvement of leaders working with children and youth. In 2007 there were five key matches in Ottawa that will have the group from Edinburgh with expanded leaders, young people who have used services and family members.

- **Disability Leaders**

In 2006 one match in England was organized for a disability leader who left with a commitment to expand and develop more matches and include more leaders. The leaders who attended were motivated to promote this leadership exchange. The New Zealand Ministry of Health has agreed to provide core funding. Lorna Sullivan has been hired to guide this new group. In 2007 there were five matches with disability leaders from Australia, New Zealand, Canada, US, Republic of Ireland and England who are taking part, matched with the key leaders meeting in Virginia hosted by Jim Gaynor. The intent is to increase participation in 2009 and 2010. They are calling their effort the International Initiative for Disability Leaders (IIDL).

## 18. IIMHL publications

### 2008

The International Journal of Leadership in Public Services: IIMHL Special Edition. Pavilion Publishers, in press.

*Note: We encourage members to subscribe to this excellent leadership journal. online at [www.pavpub.com](http://www.pavpub.com)*

### Ottawa

We are grateful to the 2007 IIMHL project team which was co-chaired by Peggy Taillon and Fran Silvestri. A very successful exchange and conference programme was held and we would like to thank the people who worked tirelessly on these.

The 2007 Canadian Conference Project Team was chaired by:

#### Chairs:

Peggy Taillon, Senior Vice-President, The Ottawa Hospital and member of the IIMHL Sponsoring Countries Leaders Group

Fran Silvestri, Director, International Initiatives for Mental Health Leadership (IIMHL)

Kathy Langlois, Director General, First Nations and Inuit Health Branch and member of the IIMHL Sponsoring Countries Leaders Group

#### Committee:

Gail Czukar, Executive Vice-President, Centre for Addiction and Mental Health

Steve Lurie, Canadian Mental Health Association Toronto Branch

Bill Mussel Chairman, Native Mental Health Association of Canada

Brenda Restoule, Psychologist/Clinical Consultant/Vice Chair, Native Mental Health Association of Canada

Kwasi Kafele, Director, Centre for Addiction and Mental Health

Constance McKnight, National Executive Director, National Network for Mental Health

Ellen Cohen, North East Regional Consumer/Survivor Coordinator, North East Ontario Consumer/Survivor Network (NEON)

David Robinson, Operations Manager, (IIMHL)

Janet Peters, IIMHL & Te Pou, NZ

Don Hevey, MHCA, US

Winnie Mitchell, SAMHSA, US

We would also like to make a special mention of the outstanding work done by Tammy Williams – thank you Tammy!

## 19. Evaluation

Every year the exchange and conference is evaluated via a brief survey.

### 2007 exchange and conference

In 2007 participants were given the options of completing this online or on paper. The results of this survey are available on the website [www.iimhl.com](http://www.iimhl.com) and showed that overall the exchanges process was rated highly with the Working Conference being given lower ratings. As a result the Working Conference (as noted earlier) is now being changed to a Network Meeting to enhance networking. People have asked for more inspirational” speakers and content and this will be a focus in future Network Meetings.

### New Zealand

In 2007 New Zealand decided to undertake two evaluation processes. First all attendees of IIMHL since its inception in 2003 were sent a brief survey to assess the benefits of attendance on people and services. Seventy percent of respondents were still in contact with their exchange group and as a result of what they had learnt were taking action in areas such as eliminating seclusion and restraint, child and youth services, indigenous issues and evaluation.

Secondly a series of in-depth interviews were undertaken with ten participants to gain a greater understanding of the impact and benefits of attendance at IIMHL exchanges. The comments made by those interviewed showed that the ten had each made significant changes in their practice or service as a result of participation. Such changes included implementing evaluation processes, strengthening consumer input and staff development.

Both reports are available on [www.iimhl.com](http://www.iimhl.com).

## 20. The future

### Leadership Exchanges and Working Conferences

2009

In 2009 the leadership exchanges will take place in Australia and New Zealand with Australia hosting the Network Meeting in Brisbane. The dates are 2nd to 6th March 2009. The early planning for this is underway with our Australian colleagues.

2010

In 2010 the leadership exchanges will take place on May 17th to 21st in the United Kingdom and the Republic of Ireland (ROI) with the ROI hosting the Network Meeting.

2011

The Network Meeting will be held in San Francisco with exchanges across the US and Canada.

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