



INTERNATIONAL INITIATIVE FOR MENTAL HEALTH LEADERSHIP

MAKING SERVICES WORK FOR CONSUMERS



**Summary of Results of Survey of New Zealand Participants in
IIMHL Exchanges 2003 to 2007**



Summary of Results of a Survey of New Zealand Participants in IIMHL Exchanges 2003 to 2007

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Executive Summary

After five years of New Zealand's participation in IIMHL leadership exchanges the Ministry of Health thought it is timely to assess the impact and benefits of attendance at one or more exchanges.

Twenty seven people who had attended one or more exchanges responded to the survey.

The results showed that people were very positive about their experiences, had taken significant action to improve services as a result of their exchange, had changed their practice (or their service's practice) based on what they had learnt, and found that their own professional development as a leader had been greatly assisted.

The majority of people (72%) had developed an ongoing relationship with their exchange partners primarily by email. Frequency of communication ranged from weekly, to as needed, to once or twice a year.

The main actions taken as a result of participation were: sharing learning with their local services, gaining assisting with evaluation processes, participating in an ongoing network with their exchange partners, the ability to access international leaders and resources, participating in ongoing projects with their exchange partners (e.g. in joint publications and/or research), showcasing New Zealand in the international mental health arena and establishing stronger relationships with New Zealand colleagues.

The ten most frequently reported areas in which people reported as having changed their practice were in the areas of:

- service user issues and services
- elimination of seclusion and restraint
- indigenous services
- service evaluation
- child and youth services
- policy development
- service development
- networking and collaboration
- organisational strategy

In general these positive experiences were echoed by the sponsoring agent (e.g. the CEO or manager) however some people did not manage to get this person to complete this section of the survey.

Areas suggested for improvement included having smaller numbers of people attending from a higher level; and, changing the two-day conference format to include more networking opportunities and having stronger more inspiring leadership presentations.

Background

IIMHL is funded by the governments of eight governments to enable mental health leaders to obtain opportunities to learn and share knowledge thereby strengthening leadership practices across the sector.

The overall aim is to improve services for people who use them.

The IIMHL exchange and working conference has been in operation for five years from 2003 to 2007. The conferences have been based in Birmingham (UK), Washington (US), Wellington (NZ), Edinburgh (Scotland) and Ottawa (Canada) with the exchanges being across the US and Canada, Australia and New Zealand and Scotland and England.

After five years of participation in IIMHL leadership exchanges the Ministry of Health thought it timely to assess the impact of the exchanges on New Zealand mental health leaders, services and, ultimately, on service users.

Procedure

A two-page survey was designed using Survey Monkey as the method of data collection and analysis. The 107 New Zealanders who have taken part in one or more exchanges since 2003 were informed of the survey by email and sent two reminders.

Twenty nine (27%) completed the two-page survey online.



Results

The information sought was analyzed into both numerical data and comment.

As much feedback as possible has been reported in the results. Some comments are quoted and others paraphrased. The quotes are in italics and quotation marks.

SECTION A

1. CONTACT INFORMATION?

All respondents supplied their name, leadership role and organisation.

2. YEARS PARTICIPATED?

Year's people participated in the IIMHL Leadership Exchange and Conference

As can be seen most people who completed the survey had attended the 2006 and 2007 exchanges.

YEAR	RESPONSE %	RESPONSE TOTAL
2003	6.9	2
2004	17.2	5
2005	20.7	6
2006	48.3	14
2007	75.9	22

3. ONGOING RELATIONSHIPS?

Have you developed an ongoing relationship with your host(s) and other partners since the exchange visit(s)?

The majority of people had continued communications with their exchange group.

	RESPONSE %	RESPONSE TOTAL
Yes	72.4	21
No	27.6	8

4. ORGANISATION OF THE RELATIONSHIP?

Email is the most common mode of communication.

	RESPONSE %	RESPONSE TOTAL
Videoconferencing		
Yes	5.6	1
No	94.4	17
Comment	The one person who used this facility did it monthly. Another person used videoconferencing with others from the group but not the host.	
Email		
Yes	91.7	22
No	8.3	2
Comment	Many people use email. The frequency ranges from weekly, monthly, through to issues based, to once or twice a year.	
List server		
Yes	5.9	1
No	94.1	16
Comment	Nil	
Face-to-face meetings		
Yes	25	5
No	75	15
Comment	Three people stated they had annual meetings and two said at IIMHL gatherings.	



5. IMPACT OF OR ACTIONS THAT YOU TOOK AS A RESULT OF YOUR EXCHANGE?

As 28/29 people answered this question, the data suggests that nearly all leaders used the exchange experience to take action within their services.

The most common actions were: sharing learning with their local services, gaining assisting with evaluation processes, participating in an ongoing network with their exchange partners, the ability to access international leaders and resources, participating in ongoing projects with their exchange partners, showcasing New Zealand to international arena and establishing stronger relationships with New Zealand colleagues.

	RESPONSE %		RESPONSE TOTAL
	Yes	No	
Presentations to local service	80.8 (21)	19.2 (5)	26
Presentations to a national group/agency	45.5 (10)	54.5 (12)	22
Change of organisational policy	52.6 (10)	47.4 (9)	19
Helped to establish a new service	52.4 (11)	47.6 (10)	21
Helped to evaluate our services	65.2 (15)	34.8 (8)	23
Paper presented at a conference	30 (6)	70 (14)	20
Participation in an ongoing network of my exchange partners	65.2 (15)	34.8 (8)	23
Participation in ongoing exchange-related projects/ activities	50 (11)	50 (11)	22
Co-authorship of a paper related to our exchange	30 (6)	70 (14)	20
Ongoing access by email with other international leaders	84.6 (22)	15.4 (4)	26
Ability to access other international experts or resources via IIMHL staff	72.7 (16)	27.3 (6)	22
Obtain an international speaker for a NZ conference	20 (4)	80 (16)	20
Attended overseas meetings as a result of an exchange	28.6 (6)	71.4 (15)	21
Ability to show case NZ expertise in a specific area	75 (18)	25 (6)	24
Strengthened my relationships with other New Zealand colleagues	88 (22)	12 (3)	25

Additional comments.

The comments again suggest that leaders used (and are using) the experience in a positive way.

“I found the exchange a life changing experience.”

“The exchange was a fantastic opportunity to see how other services operate and has influenced our current model of care.”

“I was never able to access the IIMHL consumer leader website either before or after the Edinburgh conference. Although they were not part of my exchange group, I receive the Scottish Recovery Network’s newsletter and have responded to issues published in it. The service I helped to establish was the development of a local NGO managers peer supervision group.”

“Invaluable opportunity to share ideas in a field with few players internationally. Thank you.”

“The exchange provided valuable learning on how other international services have addressed dual diagnosis issues facing mental health services, the use of group programmes, and the development of effective positive teams and team culture to other services. It provided a good framework for how services can work to develop collaborative projects with other providers and how funding mechanisms can support this.”

“The experience of being part of indigenous, Asian and other ethnic minorities has been unique and we have put the model that has been developed at the Alaskan meeting on the world stage. This should be celebrated and the group intends to promote and push this model to encourage recognition of traditional mental health healing and wellbeing in the Eurocentric world. Our plan is to work harder to establish a work programme moving forward to build on what has been achieved so far and IIMHL support is crucial to this process. Technical assistance sites should be established with IIMHL encouragement wherever possible.”

“Families as a group are very new and we are working to raise the profile of this group”

We have two projects in the planning phase with our partners.

We have shared information with other colleagues who are working with children with high and complex needs.



6. PLEASE NOTE THE 3 MAIN WAYS IN WHICH YOU HAVE CHANGED YOUR PRACTICE/ YOUR SERVICE'S PRACTICE AS A RESULT OF PARTICIPATION IN IIMHL ACTIVITIES

Overall 26 people responded to this request for comment citing one way in which they had changed practice, with 23 people noting two ways and 18 noting three ways.

The most common areas in which people had changed practice were within ten key areas.

THEME	EXAMPLE QUOTATIONS
Indigenous issues	<i>"I take knowledge of the various indigenous mental health and wellbeing practices that I have seen and visited at various fora into discussions I have in my everyday work at the MOH"</i>
Service user issues	<i>"Realised that within the consumer movement frustrations around power exist at the micro/macro and international levels and that thoughtful strategy and respectful negotiation are needed". "More convinced than ever that recovery oriented services must be driven by people using services, their families and community leaders"</i>
Evaluation	<i>"Developed a service evaluation questionnaire based on the priorities of service users". "As one who also practices as an auditor of mental health services, exposure to international leadership models and practices has improved my ability to evaluate services in general but especially in relations to Mental Health Standard 12". "Helped in a review of assertive outreach model of practice"</i>
Issues for youth	<i>"Reconsidered the ways in which young people are involved in and participate in services. In the future there will be opportunities for young people who have not had youth mental health services experience to be involved"</i>
Policy development	<i>"Influenced policy and practice". "Informed the development of the new 6 year plan for Like Minds Like Mine"</i>
Service development	<i>"Improved awareness regarding home treatment options". "Modified planned information system design based on IT presentation in Washington". "Able to give advice regarding service development locally"</i>
Elimination of seclusion and restraint	<i>"Due to a positive experience of seeing the elimination of seclusion I am able to actively promote work towards that locally"</i>
Networking/collaboration	<i>Several people mentioned their increased networks both within New Zealand as well as internationally</i>
Organisational strategy	<i>"Reinforced our business strategy". "Strengthened governance document for the organisation". "Clarifying with Board its objectives"</i>
Broadening perspectives	<i>"Increased awareness that there is a world outside New Zealand" "I now have a big picture view"</i>

Other areas commented on were:

“Bring people’s attention to more effective ways of supporting parents while they and their children are engaging with our complex social systems”

“Improved focus on education/training and development”

7. HOW DID ATTENDANCE HELP YOUR OWN PROFESSIONAL DEVELOPMENT AS A LEADER?

Nearly half of the 26 replies to this noted that the exchange had affirmed their role as a leader and given them more confidence to act like one. One example quotation:

“I have developed more confidence in my leadership abilities and am clear that I want to further this aspect of my work in mental health”

Several people suggested that the opportunity to build and strengthen networks both locally and internationally (e.g. indigenous, service user, clinical and managerial) was a key factor in their ongoing professional development.

Other comments were:

“Made me understand that input in maintaining my intellectual and educational health is vital to the wellbeing of the organisation. Tendency in the past to concern myself with other’s development and ignore my own”

“... Improved my public speaking ability.... Increased my knowledge of different models of practice.... I came back with the energy to move our agency forward and develop our resources and assist our staff in their own professional development”

“Was so reinforcing of what I already do to see it done by experts. I feel isolated in my specialty in New Zealand. Gave me the confidence that we are on the right track”

“Helped me decide how I do NOT want to lead”

“...Provided a greater focus on strategic objectives and strategic planning as a structure for supporting service projects and developments. Focus on the best ways to develop the future leaders in our services and tools they need to be effective..... Information on how to develop high performing teams”



8. HAVE YOU PARTICIPATED IN ANY OTHER IIMHL-RELATED ACTIVITIES?

As displayed below some people had taken part in other IIMHL supported activities in New Zealand.

	RESPONSE %		RESPONSE TOTAL
	Yes	No	
Reduction of seclusion and restraint training	18.5 (5)	81.5 (22)	27
ABC training	4.2 (1)	95.8 (23)	24
Trailblazers training	12 (3)	88 (22)	25

Three other comments were made:

“The service did send a person to Trailblazers training however funding problems prevented further participation.”

“Attended IIMHL Forum in Wellington in April 2007

“Attended national meeting in 2006 to develop Trailblazers.”

9. OTHER COMMENTS

Comments are grouped into both positive and negative feedback.

Positive feedback

“... being grouped with peers is something I don't experience in New Zealand so it was a fantastic opportunity to learn.”

“I am publishing a journal of my trip next year.”

“The exchange was invaluable”

“Being able to participate in the international programme has been one of the key factors in maintaining my enthusiasm, motivation and energy levels...”

“The exchange process was very worthwhile with open and frank exchange of information, high quality profiles of services, and enough detail to be able to visualize the ways the exchange can impact on service users.”

“My observation of other participants in both my match group and others with whom I spoke is that everyone benefits from the exchanges and I have not encountered one leader who has said otherwise.”

Less than positive feedback

Three people criticized the conference: *“The working conference was extremely disappointing”* and *“The conference was a little light on leadership presentations”* plus some thought the size of the conference was too big with one person noting that they *“preferred that the attendees were at the CEO level”*.

A lack of response from their exchange group was commented on by one person: “I have been disillusioned and disappointed by the lack of response from my hosts and fellow participants to a number of email communications in tended to consolidate the good relations that I thought I had established in Edinburgh and Glasgow”.

“I traveled a long way to meet people from New Zealand who I could have met up with in New Zealand”.

A suggestion

“I believe there is more potential to have more New Zealand based networks across all parts of the sector involved in IIMHL”.

SECTION B

10. HOW HAS YOUR STAFF MEMBER’S ATTENDANCE AT AN IIMHL EXCHANGE BENEFITED YOUR ORGANISATION?

This section was answered by only 15 people with three people noting that they had self-funded their trip and work as consultants. The 15 CEOs or managers that replied noted that participation in the exchange had in their opinion led to the following benefits:

- increased staff members’ knowledge of models of service delivery including services for other cultures (indigenous and ethnic minority peoples)
- given them the opportunity to learn from experts who are leading the way on service innovations (e.g. service users-led services, child and youth, indigenous, family and disability services)
- greater confidence in identifying service development opportunities
- greater networking abilities and opportunities
- increased knowledge about strategic engagement with key groups (e.g. service users, families, PHOs and NGOs)

As one person noted: *“Such learning is very important for New Zealand’s ongoing development of both policy and service development”.*

Discussion

We appreciate those who took the time to complete this survey. Although the response rate was not high the feedback has been very positive about the exchange process and benefits received from it. Those who responded were predominantly people who had attended the last two years possibly suggesting a 'recency effect' (i.e. those attending earlier exchanges not seeing the need to respond).

The majority of people (72%) had developed an ongoing relationship with their exchange partners primarily by email. Frequency of communication ranged from weekly, to as needed, to once or twice a year.

The main actions taken as a result of participation were: sharing learning with their local services, gaining assistance with evaluation processes, participating in an ongoing network with their exchange partners, the ability to access international leaders and resources, participating in ongoing projects with their exchange partners, showcasing New Zealand to international arena and establishing stronger relationships with New Zealand colleagues.

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In terms of attendees own professional development nearly half reported attendance as helping with their own confidence as a mental health leader.

Several people suggested that the opportunity to build and strengthen networks both locally and internationally (e.g. indigenous, service user, clinical and managerial) was a key factor in their ongoing professional development.

Perhaps the best summary of benefits from attendance is shown in the following quote:

“One gets from the experience what one is prepared to learn and put into it”

Only nine people had participated in other local IIMHL training (i.e. Trailblazers training in primary mental health care, ABC training and Reduction of Seclusion and Restraint training).

Other comments were generally very positive with a few people reporting disappointment with the conference content. As a result of such feedback the content and format will be changed for the next exchange to be held in Brisbane in March 2009.

This report will be sent to the Ministry of Health and circulated to all New Zealanders who have attended since 2003.

