



JANUARY 1 TO DECEMBER 31

2012 ANNUAL REPORT



INTERNATIONAL INITIATIVE FOR MENTAL HEALTH LEADERSHIP

MAKING SERVICES WORK FOR CONSUMERS

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PURPOSE OF THIS REPORT

The International Initiative for Mental Health Leadership (IIMHL) (www.iimhl.com) is a unique international collaborative that focuses on improving mental health and addictions services. IIMHL is a collaboration of seven countries: Australia, England, Canada, New Zealand, Republic of Ireland, Scotland and USA.

IIMHL organises systems for international networking, innovation sharing and problem solving across countries and agencies. The overall aim is to provide better outcomes for people who use mental health and addiction services and their families.

The Leadership Exchange is a week-long learning event which is held every 16 months.

Knowledge transfer through IIMHL includes not only the Leadership Exchange, but also promotion of workshops/training/education, support of learning collaboratives and information dissemination *between* Exchanges.

This report is designed to give an overview of IIMHL activities for the twelve months January to December 2012. This includes the activities of Disability leaders who have been organising the International Initiative for Disability Leadership (IIDL) within IIMHL.

CHAIRPERSON'S REPORT



Kathy Langlois
Outgoing Chair
IIMHL

Over the last number of years, we have seen a trend toward an increased consumer voice at mental health leadership tables. This is the way of the future. “Nothing about me, without me” is a statement that represents the significant paradigm shift that has taken place in the mental health and disability sectors in many countries around the world, and certainly among IIMHL member countries. My hope for the future is that this trend can continue and the voices of consumers can be stronger as partners in decision-making and system change.

The leadership of Indigenous peoples in mental health, through the Wharerātā Group, is also worth highlighting as a significant trend in mental health leadership worldwide. Following the 2011 North American Leadership Exchange’s combined meeting in San Francisco, where cultural diversity and inclusion were at the forefront of the agenda, and in the lead-up to the Leadership Exchange in early 2013, it has become increasingly important to reflect on what culturally competent mental health leadership and service delivery can do to promote recovery. The tremendous efforts of the Sponsoring

Countries Leadership Group are leading the way.

The year 2012 also marked the beginning of the International Knowledge Exchange Network for Mental Health (IKEN-MH) which, working in partnership with the Mental Health Commission of Canada, hosted its inaugural meeting in St. John’s, Newfoundland and Labrador, Canada. The purpose of the network is to reduce the time from innovation to implementation, in order to improve population mental health. Knowledge exchange is central to the mandate of IIMHL. Through sharing innovation, mental health leaders at all levels can improve practice and promote wellness. Indeed, we are privileged to have leaders involved in IIMHL who are at the forefront of e-therapies, which hold much promise for prevention, recovery and treatment worldwide.

Fran Silvestri and his team have given us another great year at IIMHL! Not only have they supported us, as members of this dynamic international network, they have also supported the development of the International Initiative for Disability Leadership (IIDL). I offer my heartfelt thanks to Fran, Janet Peters, David Robinson, Erin Geaney, Lorna Sullivan and Frank Collins for their tireless efforts.

I am honoured to be a part of an international network that holds the vision of a future where everyone with a mental illness / mental health problem and those who care for them have access to effective treatment and support from communities and providers who have the knowledge and competence to offer services that promote recovery. I look forward to seeing that vision include prevention and early intervention as IIMHL’s focus expands to embrace population health.

It has been a wonderful past few years as Chair of IIMHL. There is a growing interest in the IIMHL, in what IIMHL has to offer, and in more learning and sharing of promising practices in mental health worldwide.

PRESIDENT AND CEO'S REPORT



Fran Silvestri
President and CEO
IIMHL

I am delighted to have the opportunity to introduce our 2012 annual report by highlighting for you some of our exciting developments:

Webinars. In collaboration with the National Council for Community Behavioral Healthcare, IIMHL has assisted in initiating a series of webinars featuring experts from each of the seven IIMHL countries. These webinars focus on the best practice and innovations in clinical and community practices from practitioners and experts around the world.

IIDL – Progress in disability activities. Our challenge now will be to maintain the momentum gained in past Exchanges and to go from strength to strength. The major challenge to face the ongoing development of this initiative continues to be securing sufficient financial membership from more countries to sustain its progress and this will need to be a focus for the upcoming twelve months. To date the only countries funding IIDL are New Zealand and Ireland.

New Zealand and Australia 4th to 8th March 2013. In 2012 we prepared for our 2013 Australasian Leadership Exchange to be held in New Zealand and Australia with the combined meeting in Auckland. The theme for the Leadership Exchange is *“Service innovation across the lifespan – what does it take to make an impact?”*

IIMHL remains a very small 'virtual' organization yet our reach continues to grow. Our success relies on the participation of the leaders and organizations that have become part of the fabric of IIMHL. IIMHL offers a conduit to find colleagues and ideas that we all need to continue to improve what we do. While there are some indicators that the economic situation is beginning to improve, it is critical that we learn about innovations by expanding our curiosity and determination to find out how we can work better and more effectively.

Thanks to all of you who have contributed to IIMHL's success in 2012 and we look forward to continuing to build more effective leadership together.

1. 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 organizational 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), the World Federation for Mental Health (WFMH) and sponsoring countries to build low and middle income countries to increase their ability to operate community based recovery systems.

2. BRIEF HISTORY

IIMHL was initiated in 2003 by three countries (England, the United States of America and New Zealand). Additional sponsoring countries now include Australia, Canada, the Republic of Ireland and Scotland.

At the outset, the sole focus for IIMHL was on mental health, however during the second Leadership Exchange in Washington, the three founding countries agreed that IIMHL should remain open to opportunities to work with other related sectors such as learning disabilities.

In 2006 several disability leaders attended the Leadership Exchange in Scotland, and they decided to set up a work programme to develop IIDL. The intent was to offer disability leaders the same opportunities as IIMHL affords mental health leaders. The disability leaders agreed to initially utilise the same infrastructure as IIMHL, but to seek separate funding for the IIDL work programme. The programme is currently sponsored by New Zealand and Ireland. Disability leaders continue to see value in shared learning between mental health leaders and disability leaders and in sharing infrastructure costs and so IIDL continues to operate as a work programme within IIMHL.

Leaders involved in IIMHL include government officials, CEOs and leaders of mental health, addiction and disability services (both governmental and NGO), key decision-makers, funders, service users, family members, clinical and community workers, educators and researchers, indigenous peoples and people of other cultures.

As at December 2012, more than 1,000 organizations had joined IIMHL and IIDL. There are over 2,500 subscribers registered on the database representing 25 countries and all receiving the IIMHL / IIDL Update.

Since its inception, a major mechanism through which IIMHL achieves its purpose has been its international Leadership Exchanges, currently held every 16 months. Leadership Exchanges are a week-long event. There is a two-day visit by leaders from sponsoring countries with hosts with shared interests who participate in a jointly developed programme to support knowledge exchange. Then there is a two-day meeting that both hosts and visitors attend. This meeting comprises presentations on topics of interest and further opportunities to exchange knowledge.

The first Leadership Exchange combined meeting was held in Birmingham, England in June 2003 and there have subsequently been seven further Leadership Exchanges. The three regions (North America, Australasia and the United Kingdom/Republic of Ireland) take turns hosting the Leadership Exchange. The ninth Leadership Exchange is being held in Australasia from 4 March to 8 March 2013, with the combined meeting hosted in Auckland, New Zealand.

The Leadership Exchange continues to provide opportunities for shared learning, including peer feedback regarding services, development of collaborative research and provision of information about effective innovations and their implementation.

Over recent years IIMHL has expanded the range of other low-cost mechanisms for transfer of knowledge. By 2012 these mechanisms included IIMHL-sponsored visits by subject experts to member countries and webinars. Work has commenced on establishing a new International Knowledge Exchange Network for Mental Health (IKEN-MH) to be co-hosted by the Mental Health Commission of Canada and IIMHL. These knowledge transfer mechanisms are all described in greater detail later in this annual report.

3. IIMHL STRUCTURE

As of January 2010, IIMHL has operated as a 501(c) (3) US non-profit corporation. It has a small Board of Directors currently comprising five former SCLG members who collectively have a long history with IIMHL. The Board has fiduciary responsibility for the fiscal and corporate functions and reviews the performance of IIMHL.

Each of the seven member countries identifies representatives to participate in the SCLG and pays a fee into a small fund to cover the administration and operations of IIMHL. The SCLG also includes the President/CEO of IIMHL.

The By-Laws for IIMHL specify the composition of the IIMHL SCLG and authorise the SCLG to choose the subject or theme for the Leadership Exchanges, and to provide suggestions and advice to the Board and President/CEO regarding the activities and expenditures of IIMHL.

Although a small SCLG has been established for IIDL, this is not currently recognised in the IIMHL By-Laws. The leadership of IIDL has recently seen a change, and the new leader intends to expand sponsorship and clarify the IIDL direction over the coming two years. At that end of that time, the Board and SCLG will be updated on the plans for IIDL, and if necessary any implications for IIMHL and its By-Laws can be considered.

A small “virtual” international IIMHL office is led by the President/CEO. A team of four part-time contractors provide administrative and operational support for IIMHL and IIDL, including support for the website and database. From IIMHL’s inception, Mental Health Corporations of America donated support for IIMHL book-keeping and auditing, however since 1 July 2012 IIMHL has entered an arrangement with an accounting firm to fulfill these functions.

Each sponsoring country nominates key people to liaise with IIMHL, and these people also contribute to the operation of IIMHL in various ways.

4. BENEFITS TO MEMBER COUNTRIES

According to the Institute of Medicine report, *Crossing the Quality Chasm: A New Health System for the 21st Century*,¹ the lag between discovering effective forms of treatment and incorporating them into routine patient care within the United States is unnecessarily long, lasting about 15 to 20 years. It is reasonable to assume that the delay is even longer for adoption internationally.

The IIMHL collaboration affords a low-cost way to exchange knowledge rapidly between sponsoring countries and to thereby decrease this delay between identifying new and effective services and implementing them on a wider scale.

This has been particularly critical during 2012. In the face of economic constraint across all jurisdictions and countries, IIMHL and IIDL have provided an opportunity for participating countries to learn from each other about how to improve system performance including service quality and safety. Information has also been shared about ways in which countries are re-focusing expenditure on mental health, alcohol and other drug and disability services in order to ensure service effectiveness and value for money while at the same time living within their means.

Sponsoring countries shape the focus of knowledge exchange to ensure its value and relevance to them. The list below describes some areas of focus in 2012:

- The physical health of service users
- The use of e-technology
- Clinical Indicators/KPI’s and outcome measurement
- Talking therapies
- Wraparound services for youth
- Trauma-informed care
- Elimination of seclusion and restraint
- Workforce development

These areas of knowledge exchange focus during 2012 have built on previous areas of emphasis, such as:

- Peer support
- Primary mental health care
- Mental Health First Aid
- Early intervention
- Disaster Planning

Such focused knowledge exchange facilitated by IIMHL commonly results in service changes within participating countries. The table below shows six of many examples that illustrate the way in which member countries adapt and locally apply what they learn.

1. Institute of Medicine Committee on Quality of Health Care in America (2001). *Crossing the Quality Chasm: A New Health System for the 21st Century*. Washington, DC: National Academies Press.

Knowledge Exchange Focus	Example of application of shared knowledge
Mental Health First Aid (MHFA)	Although in 2008 MHFA was being picked up by a few States, it was not widely known. IIMHL facilitated a connection between the US National Council of Community Behavioral Health Organizations and the University of Melbourne (originators of MHFA). As a result MHFA is now in at least 43 States, and over 70,000 Americans have received MHFA training. There is currently a bill in the US Congress to make it a national programme.
Elimination and Reduction of Seclusion and Restraint	In 2005, IIMHL worked with the National Association of State Mental Health Program Directors to arrange visits to various cities in Australia and New Zealand in order to provide information about techniques to reduce seclusion and restraint. A national programme was rapidly established in New Zealand and as a result over 400 staff have been trained in sensory modulation to date. Australia is now looking at initiating a national programme.
Milwaukee Wraparound	Since 2010, IIMHL have facilitated presentations on Milwaukee Wrap-around in Australia, England, the Republic of Ireland and New Zealand and this has generated interest in all of these countries. Currently a first demonstration site is under way in Sydney.
E-technology	Over the last three years, linkages between Canada and New Zealand focusing on the use of e-technologies have enhanced both countries' development of those technologies.
Veterans and their Families	As a result of connections formed through IIMHL during 2011 and 2012, joint work is currently under way between the US, England, Australia and New Zealand to enhance services to military veterans and their families.
Peer Support	An IIMHL-facilitated visit to Scotland in 2005 by Peer Support experts from the US has assisted in the development of the Scottish Recovery Network.

5. MEMBERSHIP OF IIMHL

When leaders join IIMHL, they have access to a global network through:

- The Leadership Exchange
- Participation in research or other collaborative activities
- Learning about innovations
- Linking with international colleagues
- Twice-monthly email bulletins (called IIMHL Update) which includes information on the latest Mental Health issues:
 - News
 - Research
 - Webinars on best practice

It is up to each leader to make the most of their learning experience by continuing connections with like leaders.

6. IIMHL LEADERSHIP EXCHANGE

The philosophy behind the IIMHL Leadership Exchange is that once key leaders are linked together, they have the opportunity to begin collaborating and building an international partnership. The aim is to build relationships and networks that are mutually helpful for leaders, organizations and countries. The benefits of such a collaborative effort will cascade down to all staff and consumers. These benefits could include:

- Joint programme and service development
- Staff exchanges and sabbaticals
- Sharing of managerial, operational and clinical expertise (e.g. in service evaluation)
- Research
- Peer consultation

The exchange process involves IIMHL with the regional countries (e.g. in 2011 the US and Canada) matching leaders. Leaders may be Government officials, provider organizations, planning and/or funding, researchers, leaders from indigenous or specific ethnic groups, family leaders or consumer leaders. The exchange starts with a two-day site visit and is followed with a two-day meeting. Each exchange occurs in a different region: Australia/New Zealand; North America; or the UK and Republic of Ireland, with one of the countries hosting the two-day combined meeting.

Our ninth Leadership Exchange in 2013 will be held across New Zealand and Australia with site visits on March 4th - 5th followed by the combined meeting held in Auckland, New Zealand. IIDL will also be an integral part of this Exchange.

The next Leadership Exchanges will be:

- 9 - 13 June 2014: Republic of Ireland and Scotland with the combined meeting in England
- 21 - 25 September 2015: Canada and the US with combined meeting in Canada

7. IIMHL ACTIVITIES TO SUPPORT KNOWLEDGE TRANSFER

Through all its activities, IIMHL aims to find best and promising practice and facilitate the rapid transfer of this knowledge between countries so that it can be applied in practice, through changing both policy and service delivery. IIMHL's activities during 2012 are described below.

Preparation for the 9th Leadership Exchange (2013). The 2013 Leadership Exchange will involve Australia and New Zealand hosting 48 site visits, followed by a meeting in Auckland, New Zealand in March 2013. IIDL will be an integral part of the 2013 Exchange.

In 2012, the IIMHL operations team worked with a New Zealand project team to prepare for the 2013 Leadership Exchange. This work included:

- Identifying hosts and their chosen topics for the sites and providing information to potential visitors
- Supporting visitors to identify a site with a topic in which they have an interest
- Supporting hosts and visitors involved in each site to develop a programme that ensures that their collective learning needs are met
- Working with the Host Country Project Team to prepare the Agenda for the two-day meeting (with a theme of Service Innovation across the lifespan – what does it take to make an impact?)
- Organising the meeting venue, and arranging potential accommodation for meeting attendees
- Organising for some of the visiting experts to deliver workshops within Australia and New Zealand regarding topics of local interest

2012 has seen further development of a trend over recent years away from small site visits involving leaders from similar organizations/roles to larger visits that are focused on a particular theme (e.g. children's services, workforce issues, indigenous people's issues, clinical leadership, service user developments, addiction, disability or outcomes). These theme-based exchanges enable the SCLG to target knowledge exchange in relation to key areas of current importance within their countries. Feedback from participants in these larger exchanges has been very positive. The SCLG will consider whether to more formally adopt this theme-based approach when it meets in March of 2013.

There is a trend towards larger site visits. While the total number of participants in the two-day combined meeting

has continued to be over 350, the number of host sites has declined over the last three Exchanges. In 2013 some very small sites remain, and if the SCLG were to formalise the move to larger theme-based sites, their number would decrease even further.

Continued knowledge exchange between Leadership Exchanges. Over the years since its inception, IIMHL has encouraged each leader involved in the Leadership Exchange to make the most of their learning experience by continuing connections with like leaders in the months between the Exchanges. The intent is that the benefits of such a collaborative effort will cascade down to all staff and service users. Potential avenues for collaboration include joint programmes and service development, staff exchanges and sabbaticals, collaborative service evaluation, managerial, operational and clinical knowledge sharing, research and peer consultation.

During 2012, some of the matched leaders from previous theme-based Leadership Exchanges have continued to work together to share knowledge. Specifically, learning activities have continued in relation to: the Clinical Leaders Group (who are doing some joint research through Columbia University), the Workforce Collaborative that has continued to share information between countries, the Child and Adolescent Mental Health Services collaborative, the Wharerātā Group of indigenous leaders, Interrelate – the service user coalition from the seven countries, and the Disability Leadership.

The International Knowledge Exchange Network for Mental Health. This is a joint venture between the Mental Health Commission of Canada and IIMHL that was launched in July 2012 and aims to provide technological support for collaborative theme-based learning in between Exchanges. This will increase the opportunity for leaders to participate in shared learning irrespective of their attendance at the Leadership Exchanges.

The IIMHL Update. The IIMHL Update is a twice-monthly email that includes information on the latest Mental Health and Disability:

- News
- Research
- Policy Documents
- Webinars on best practice

Examples of key best practice documents shared via the Update in 2012 are:

- Framework for Recovery-Oriented Practice (Australia)
- Changing Directions, Changing Lives: The Mental Health Strategy for Canada (Canada)
- No Health Without Mental Health (England)
- Preventing Suicide in England – A Cross-Government Outcomes Strategy to Save Lives (England)
- Health Beginnings: Developing Perinatal and Infant Mental Health Services in New Zealand (New Zealand)
- Whānau Ora: Transforming our futures (New Zealand)
- Mental Health Strategy for Scotland 2012 – 2015 (Scotland)
- Engaging Women in Trauma-Informed Peer Support: A Guidebook (USA)
- National Suicide Strategy (USA)
- Rising to the Challenge: The Mental Health and Addiction Service Development Plan 2012-2017 (New Zealand)

Webinars. Since 2011, IIMHL has collaborated with the US National Council for Community Behavioral Healthcare to offer a series of Webinars. In 2012 these Webinars included:

- Let's get real: An Integrated Approach to Workforce Development (New Zealand)
- Scotland's Approach to Increase Rates of Diagnosis, Services and Outcomes for People with Dementia (Scotland)
- There is More to Life than Services (England)
- Key Learning from the "Implementing Recovery through Organisational Change" (ImROC) Project (England)
- Early Intervention: Hope for Youth with Serious Mental Illness (Australia)
- Wraparound Milwaukee: The Family Connection (USA)
- Successful Transitions: from Youth to Adult (Canada)
- Mental Health Services Italy (Italy)

"Make it so" newsletter for key leaders. Occasionally, IIMHL prepares a newsletter for key leaders at high levels within each country to rapidly share the current state of international knowledge about a specific topic of interest.

In 2012, one such newsletter was circulated. Its topic was trauma-informed care.

IIMHL-facilitated visits by subject experts. This is a mechanism through which leaders who have in-depth

knowledge of a particular innovation or cost-effective service can present their expertise at low- or no-cost to the sponsoring region that is mid-way between hosting exchanges.

There were such two visits to Ireland, England and Scotland in 2012: one involving Ken Jue presenting information about the "InSHAPE" Program (an innovative and evidence-based approach to improving the physical health of service users) and one involving Denny Morrison from Netsmart Technologies presenting information about e-technologies.

Work to facilitate visits by subject experts to North America during 2013 also commenced during 2012.

Planning for the 2014 Leadership Exchange. Work commenced with Ireland, Scotland and England to identify a 2014 Leadership Exchange theme, a venue for the combined meeting, potential match sites and logistics.

Initial work with Organisation for Economic Cooperation and Development (OECD). During 2012 initial meetings were held with the OECD to share information about the two organizations and to consider how they might cooperate in the future. A particular focus for these discussions has been the work of Dr Harold Pincus and the IIMHL Clinical Leaders Group on outcome measures for mental health.

8. AN EXAMPLE OF KNOWLEDGE EXCHANGE ACTIVITIES IN 2012

In addition to the IIMHL Leadership Exchanges, IIMHL facilitates the sharing of knowledge and innovations between and within sponsoring countries. The work below shows one example.

Clinical Leads Group Project. The project, "Measuring Quality of Mental Health Care: An International Comparison", was initiated by a group of clinical experts under the auspices of the International Initiative for Mental Health Leadership (IIMHL) Clinical Leaders Group.

Led by Columbia University in New York, the project aims to raise awareness amongst clinicians and policy-makers regarding the quality of care of the mental health systems they are working in across a number of countries and, ultimately, to be able to compare system performance across countries to inform initiatives for transformation of mental health services.

Prof. Harold Pincus provided an update on the activities undertaken in 2012 and possible events for 2013:

1. **Recent publications:** The paper by S. Parameswaran et al published in *Psychiatric Services* (October 2012 Vol. 63 No. 10, 982-988) summarises the results of the survey on measurement initiatives in participating countries that were not captured by the literature review of Phase I of the project; a second paper by C. Fisher et al that describes and discusses the scope of measures collected through the literature review of Phase I of the project is currently in press and will be published in the *International Journal for Quality in Health Care*.
2. **Update on Phase II of the MH indicator project:** The project report is being finalised and will include a detailed description of the methodology and results of the Delphi process. The report will be presented and discussed at the 2013 IIMHL Leadership Exchange in New Zealand (March 4-8, 2013).
3. **Plans for meeting at the IIMHL Leadership Exchange in spring of 2013:** We would like to start thinking about plans for how we can meet as a group during the IIMHL Leadership Exchange. It would be great if we could get an overview of who is planning to travel to New Zealand and Australia so we can start planning.
4. **Next steps:** Next steps and strategies will be discussed at the IIMHL Leadership Exchange in March 2013 as well as in separate phone calls with country experts:
 - Discuss results and implications of Phase II report
 - Consider how to move ahead with the implementation of a core set of indicators across countries
 - Examine possibility of developing a set of consensus measures that focus on recovery

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9. INTERNATIONAL INITIATIVE FOR DISABILITY LEADERSHIP (IIDL)

Lorna Sullivan from New Zealand has written the following update for this area.

Development of the Initiative. The aim of the International Initiative for Disability Leadership (IIDL) is to help support current leadership and mentor future leaders through technical assistance, peer to peer discussions and provision of lessons learned and evidence-informed/best practices. This becomes of critical importance as we collectively begin to recognise that many of the current approaches to service provision for disabled people are not only unsustainable over the longer term, time has shown that they do little to advance the life opportunities and well being of the people they are designed to support.

Benefits for Governments. As Governments and Government agencies seek to find sustainable alternatives to the current, traditional and prevalent approaches of collective, custodial care for disabled people, membership of the IIDL enables policy-makers and commissioners to connect with their peers in other countries struggling for common solutions. Active participation in this initiative provides a unique opportunity for leaders to learn from the experiences and challenges, to meet with international leaders from a wide array of stakeholders and to work co-operatively to adapt learning to their own situations. Sponsoring Governments would strategically strengthen leadership skills in their own domestic sectors through the encouragement of leaders, families, disabled people, and senior executives, to join and play an active role in IIDL.

2012. The 2011 exchange in San Francisco was a watershed in the development of the IIDL leadership network. As a result we have seen a significant increase in membership, with there now being 181 members from six countries.

IIDL is a key part of IIMHL. IIDL continues to operate with very limited financial membership however, with the New Zealand and Irish Governments continuing to be our only sponsoring countries. This does have the impact of limiting the amount of work we can undertake. We are very fortunate to be so well supported by IIMHL and to have access to their resources to ensure the disability initiative is able to continue to flourish.

This year has seen considerable interest being expressed in the development of Sister Agency Networks, where agencies can formally or informally work together around issues of mutual concern and interest between exchanges. We now have forty seven members who have joined five differently focused networks covering areas such as agency transformation, change agency, provider quality, and family and disabled persons' leadership.

This approach increases the potential for international partnerships to develop through the aligning of leaders and innovators together to build a base from which evidence-informed practice can be showcased within the member countries.

The introduction of webinars has been a further very valuable addition to the ability of IIDL to continue to engage with our members. The ability to revisit these webinars on the IIMHL website further enhances their value.

The international relevance of networks such as IIDL and IIMHL are becoming increasingly important as Governments across the world need to grapple not only with tightening fiscal conditions, but also with the increasing aspirations of disabled people and their families for full, meaningful and inclusive lives.

The ability of IIDL to promote thought leadership, practical application and learning, around the issues of service transformation and change, makes the network a very valuable asset for Government policy-makers and provider agencies alike.

We are also now seeing the emergence of very strong leadership arising from disabled people themselves and their families. As a leadership network IIDL needs to expand its capacity to respond to the leadership agendas that are arising from the United Nations Convention on the Rights of People with Disabilities, the world wide movement towards individualised funding and self-directed services; all of which find their principal leadership from amongst disabled people and families.

The ability to meaningfully engage this rapidly emerging leadership is one of the challenges now for IIDL. Failure to successfully engage this group and the leadership agendas they bring will severely undermine our capacity to remain relevant into the future.

IIDL is well placed to take a lead now in bringing together the leadership issues for disabled people, families, agencies and governments in a way that recognises the respective strengths and contributions of all parties and provides a forum where joint action for change can be formulated.

We are now working with IIMHL to finalise the 2013 Leadership Exchange.

IIDL 2012 webinars and articles

Country	Topic
Canada	<p>Webinar Rattling Assumptions and Sparking Creative Thinking - Ben Weinlick interviews Michael Kendrick www.thinkjarcollective.com/2012/03/interview-with-world-renowned-human-services-consultant-michael-kendrick/</p>
England	<p>Article IFSF In Action – Personalising Block Contracts: A Research Report - Sian Hoolahan, March 2012 www.iimhl.com/iimhlupdates/20120715a.pdf</p> <p>Article Making it Personal: A Provider’s Journey from Tradition to Transformation www.hsapress.co.uk/media/14501/makingitpersonalweb.pdf</p>
New Zealand	<p>From Their Perspective - Highlighting the strengths and resilience of parents who have a disability - (2012, 16 May). Wellington: Families Commission www.familiescommission.org.nz/publications/research-reports/from-our-perspective</p>
Scotland	<p>Personalisation and Human Rights. A Discussion Paper by Kavita Cheety; John Dalrymple, Henry Simmons. May 2012 www.iimhl.com/iimhlupdates/20120730a.pdf</p>
US	<p>Empowerment and Self Direction Relative to the Design and Governance of Personalized Service Arrangement www.iimhl.com/iimhlupdates/20120615a.pdf</p>

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INTERNATIONAL INITIATIVE FOR MENTAL HEALTH LEADERSHIP

MAKING SERVICES WORK FOR CONSUMERS