



From the IIMHL and IIDL Update List

Welcome to this bi-monthly edition of Update for 15 November 2016.

IIMHL and IIDL aim to improve client outcomes through leadership development in the mental health, addiction and disability sectors.

Update allows the rapid transfer of new knowledge through sharing information about upcoming Leadership Exchanges, as well as key national documents, training and webinars.

Please feel free to share this e-bulletin with others and we would be delighted if you would join us on Facebook.

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IIMHL / IIDL Leadership Exchange 2017

Theme: Contributing Lives, Thriving Communities

27th February to 3rd March 2017

- To register: <http://www.iimhl.com/iimhl-leadership-exchange-2017-sydney#Register>
- To select an IIMHL match: <http://www1.iimhl.com/Meetings/Themes.asp>
- To select an IIMHL or IIDL match: <http://www.iimhl.com/iimhl-leadership-exchange-2017-sydney#Theme>
- To view the **DRAFT AGENDA** for the Combined Meeting IIMHL and IIDL: http://www.iimhl.com/files/docs/2017_Draft_Agenda.pdf

Note: An electronic travel authority (ETA) is required for members living outside of Australia and New Zealand. The cost is A\$20.00 and you can apply on liine at <https://www.eta.immi.gov.au/ETAS3/etas>

Available for downloading and sharing with your networks, are two flyers that describe the IIMHL and IIDL Leadership Exchange - Leadership Matches and Combined Meeting. Please share widely!

[2017 IIMHL Leadership Exchange Announcement](#)
[2017 IIDL Leadership Exchange Announcement](#)

Each country has an allocation of places, so waiting lists may start if the allocation is reached early.

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IIMHL Feature - Canada

Implementation of the Quebec Mental Health Reform (2005–2015), 2016 BMC Central

This study evaluates implementation of the Quebec Mental Health (MH) Reform (2005–2015) which aimed to improve accessibility, quality and continuity of care by developing primary care and optimizing integrated service networks.

The study findings suggest six recommendations for more successful implementation of the MH Reform, with potential relevance for MH reforms elsewhere.

- First, MH reform needs to focus not only on service implementation, but also on the development of network integration strategies and the provision of best practice guidelines.
- Second, systematic training programs on the use of clinical evaluation tools and clinical approaches for MHD need to be developed at the provincial level.

- Third, performance indicators specifying the desired results, and a greater commitment to the implementation of evidence-best practices, should be established.
- Fourth, the consolidation of existing HSSC-MH primary care teams should be completed, as well as the implementation of shared-care initiatives (respondent-psychiatrists).
- Fifth, the integration of GPs and psychiatrists into all HSSC-MH primary care teams needs to be prioritized, along with improved strategies to interest GPs in MH.
- Sixth, the improvement of integrated networks and a better continuum of care for clients with MHD depend crucially on the implementation of more formalized integration strategies to insure a better continuum of care for clients with MHD.

<http://bmchealthservres.biomedcentral.com/articles/10.1186/s12913-016-1832-5>

Other IIMHL Articles of Interest - Canada

Better Together: A Change Package to Support the Adoption of Family Presence and Participation in Acute Care Hospitals and Accelerate Healthcare Improvement

Canadian Foundation for Healthcare Improvement and Institute for Family and Patient Centred Care, 2015

While this is focused on physical health services the strategies could be employed families involved in mental health services.

In 2014, the Canadian Foundation for Healthcare Improvement (CFHI) partnered with IPFCC to spearhead the Better Together campaign in Canada. Building on our work in patient and family engagement for improvement and recognizing that family presence policies are an innovation at the level of service improvement and organizational design, CFHI endorses the Better Together campaign to promote patient and family engagement in healthcare improvement.

While 90 percent of health sector professionals and the general public are supportive of family presence , less than a quarter of Canadian acute-care hospitals have accommodating visiting policies that foster family presence. There is a real opportunity for improvement to better meet the needs of patients and families and to deliver patient- and family-centered care.

<http://www.cfhi-fcass.ca/sf-docs/default-source/patient-engagement/better-together-change-package.pdf?sfvrsn=4>

"More for the Mind and Its Legacy"

Steve Lurie Canadian, Mental Health Association Toronto & Branch David S. Goldbloom, Centre for Addiction and Mental Health
Canadian Journal of Community Mental Health, 2015

More For the Mind was published by the Canadian Mental Health Association in 1963. It reviewed the state of mental health services in Canada and called for transforming the delivery of mental health services from a neglected asylum-based system to a community-focused system where people could access services in general hospitals and the community. The article reviews the history of mental health services in Canada,

the legacy of More for the Mind and the prospects for the reforms outlined in Changing Directions, Changing Lives. The article reviews Canada's mental health system challenges from an NGO viewpoint.

<http://www.cjcmh.com/doi/pdfplus/10.7870/cjcmh-2015-007>

Learning from Kaiser Permanente: Integrated systems and healthcare improvement in Canada

Prepared on behalf of the Canadian Foundation for Healthcare Improvement
Matthew Townsend, London School of Economics, and research officer within LSE Health and Social Care.

This report draws on a growing body of literature on integrated care, and compares two distinctive approaches to health system provision in North America: a non-profit insurance and managed care system (i.e., Kaiser Permanente), and two provincial tax financed, single insurer, systems in Canada (i.e., Ontario's Ministry of Health and Long-Term Care and Saskatchewan's Ministry of Health). In offering such a comparison, this report does not suggest any one system has a monopoly on good ideas. The reality is that comparing Kaiser Permanente to other healthcare systems is complex, and subject to bias and error, as several differences are readily apparent between the populations served and the funding made available. Despite these differences, Kaiser Permanente has invested heavily in an integrated clinical system, and can provide many lessons to Canadian jurisdictions looking to strengthen healthcare leadership, financing, information and innovation.

<http://www.cfhi-fcass.ca/sf-docs/default-source/reports/learning-from-kaiser-permanente-townsend-e.pdf?sfvrsn=2>

Other IIMHL Articles of Interest - International

Social Entrepreneurial Pathways to a Culture of Wellbeing

Changemakers Learning Lab, 2016

Get insights into the work Ashoka Fellows are doing to create a culture of wellbeing... Ashoka is the world's largest network of social entrepreneurs with over 3,200 leading social innovators in 84 countries. Ashoka Changemakers convenes and connects high potential changemakers, their ideas, and their resources to exponentially accelerate social change so that it sweeps through systems, tipping the attitudes and behavior of individuals and institutions. Changemakers builds on Ashoka's three-decade history to advance an "everyone a changemaker" world where people gain the skills and resources they need to collaborate on solving complex social problems

https://issuu.com/ashokachangemakers/docs/ashoka-rwif-report-final?e=11988819/36140481&utm_campaign=RWJF+Wellbeing+Mapping&utm_source=hs_automation&utm_medium=email&utm_content=28671776&hsenc=p2ANqtz-954xKht3fL2i2-yH6Qwv_AuBsmO3ERPksFHiVljqBEkYk_9JfeZCMnsQcX3UDmK-YMM2uQuiT1VRPLadzpkMKgcTwOouRq2ohf4y4-ULX-zny_Xlo&hsmi=28671776

International Guidance on the Values, Principles, and Practice of Mental Health Peer Support

International Charter - Via Frances Skerritt Chair of Interrelate, 2016

Since its inception in the late 1980s, peer support has become the fastest growing component of mental health service systems around the globe. As the peer support workforce continues to expand rapidly, there is increasing need for clarity about what precisely peer support is, and is not, and how it relates to other interventions offered by mental health practitioners from other professions. This Guidance, developed by peer support leaders from across the globe, seeks to offer such clarification.

Representatives were drawn from Australia, Brazil, Canada, England, Hong Kong, Indonesia, Ireland, New Zealand, Scotland, Singapore, Tanzania, Thailand, Uganda, and the United States.

The two co -chairs Were Larry Davidson, and Anthony Stratford. The other co - authors are, (the charter has been endorsed), Matthew Halpin, Keely Phillips, Frances Skerritt, Anne Beales, Vincent Cheng, Magdel Hammond, Mary OHagan, Catherine Loreto, Kim Tiengtom, Benon Kobe, Steve Harrington, Daniel Fisher, Larry Davidson, and Anthony Stratford.

A few of the members of the individuals are founders of Interrelate as well. If you need further information please feel free to contact: franceskerritt7@gmail.com

<http://www.iimhl.com/files/docs/20160902.pdf>

National Mental Health Policy Framework and Strategic Plan 2013-2020

Department of Health, Republic of South Africa, 2016

This 62-page National Mental Health Policy Framework and Strategic Plan 2013-2020 marks an important milestone in our ongoing efforts to transform health in this country. In line with the values and principles of the Alma Ata Declaration we reassert here the principle that mental health is an integral element of health and that improved mental health is fundamental to achieving government's goal of a "Long and Healthy life for all South Africans".

The Policy Framework and Strategic Plan 2013-2020 identifies key activities that are considered catalytic to further transforming mental health services and ensuring that quality mental health services are accessible, equitable, comprehensive and are integrated at all levels of the health system, in line with World Health Organization (WHO) recommendations. The contents are consistent with key activities that form part of the broader health sector transformation process that are currently being implemented in South Africa including the re-engineering of primary health care, implementation of national health insurance, human resource development and infrastructure revitalization. In addition it is recognized that in order to achieve mental well being of the nation, sectors in the socioeconomic, political and health spheres must work together to implement multidimensional interventions. Civic organizations, non-governmental organizations, labour, employers, faith based organizations and traditional healers are all identified as partners to achieve this ambitious plan.

<http://www.iimhl.com/files/docs/20160916.pdf>

[TheMHS Summer Forum: Thursday 23 - Friday 24 February, 2017](#)

The Mercure, Sydney, Australia

Choice, Control and Citizenship in a Changing Mental Health System

IIDL Feature - New Zealand

Draft New Zealand Disability Strategy 2016 – 2026

Office for Disability Issues, July 2016

The New Zealand Disability Strategy (the Strategy) will guide the work of government agencies on disability issues from 2016 to 2026. It is a tool that can be used by any individual or organisation who wants to learn more about, and make the right decisions on, things that impact on disabled people. Achieving the vision and outcomes of the Strategy will support implementation of the United Nations Convention on the Rights of Persons with Disabilities (the Convention) in New Zealand. The Strategy is the vehicle for the realisation of the rights of disabled people. Written from the disabled person's perspective

This Strategy is based on what disabled people said was most important during consultation in 2016. In order to remain true to the vision and priorities of the people at the centre of this Strategy, it has been written from a disabled person's perspective

<http://jointheconversation.nz/wp-content/uploads/2016/07/Draft-NZ-Disability-Strategy-standard-version.pdf>

Other IIDL Articles of Interest - Australia

How the Justice System Fails People with Disability—and how to fix it

Eileen Baldry, April 2016

People with disabilities are over represented worldwide within the criminal justice system. This small articles looks at the extent of the issue in Australia and its disproportionate impact on indigenous people with disabilities, and suggests some key strategies for beginning to address the issues.

<http://www.abc.net.au/radionational/programs/ockhamsrazor/australian-justice-system-disability-indigenous/7326240>

Fran Silvestri

President & CEO, IIMHL & IIDL

fran@iimhl.com

General enquiries about this Update or for other IIMHL information please contact Erin Geaney at erin@iimhl.com.

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Please note: We try to find articles, new policies, research that has been released or opinion pieces we think are interesting to reflect on. Sometimes those who receive these may feel is not accurate either for its use of data or not aligned with their views. IIMHL does not endorse any article it sends out as we try to rapidly share information.

