



From the IIMHL and IIDL Update List

Welcome to this bi-monthly edition of Update for 30 May 2017.

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 2018](#)

Please join us for the next Leadership Exchange in Stockholm Sweden, May 28 – June 1, 2018. Details to come in the near future!

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IIMHL Feature - Canada

Consensus Statement on the Mental Health of Emerging Adults

Mental Health Commission of Canada, 2017

Drawing on the recommendations outlined in [Taking the Next Step Forward: Building a Responsive Mental Health and Addictions System for Emerging Adults](#), the MHCC hosted the first Canadian [Consensus Conference on the Mental Health of Emerging Adults: Making Transitions a Priority in Canada](#) in 2015 to create an open dialogue and generate a broad consensus on their unique mental health needs. Facilitated by the MHCC's [Knowledge Exchange Centre](#), the conference brought together 200 emerging adults, their families and caregivers, service providers, and policy makers from across the country stakeholders from across the country to develop a [consensus statement with concrete recommendations to advance policy and services for EAs in Canada](#). The conference Jury and EA panel identified a number of foundational characteristics of a reformed system – one that is better able to meet the mental health and problematic substance use needs of emerging adults.

After deliberating for two and a half days, the Jury presented its draft consensus statement to delegates who then discussed it in groups and plenary. The statement included guiding principles and a set of recommendations for improving mental health outcomes for emerging adults. The conference delegates and EA panel urged amendments to the principles and recommendations to acknowledge current racial and other inequities experienced by emerging adults.

The feedback from conference delegates was considered by the Jury and EA panel in the months following the *Conference*. These deliberations resulted in 12 synthesized recommendations in the final [Consensus Statement on the Mental Health of Emerging Adults](#), organized under three broad categories:

- Foundational to change
- Addressing service gaps
- Generating action and sustaining momentum

<http://www.mentalhealthcommission.ca/English/mental-health-emerging-adults>

Other IIMHL Articles of Interest: Canada

Case Study Research Project Findings - The National Standard of Canada for Psychological Health and Safety in the Workplace

MHCC, March 2017

The findings herein represent the unique experiences of more than 40 Canadian organizations willing to share their journey implementing the Standard. Three years ago, these diverse trailblazers signed-on to bench-mark a new normal – a decision as compassionate as it was pragmatic.

The conclusion of the Case Study Research Project (CSRP), led by the Mental Health Commission of Canada, and funded by Lundbeck Canada Inc., the Great-West Life Centre for Mental Health in the Workplace and the Government of Canada's Social Development Partnership Program – Disability Component, demonstrates a promising paradigm shift.

For example, 90 per cent of organizations indicated their primary motivator for implementing the Standard was to “protect the psychological health of employees”.

http://www.mentalhealthcommission.ca/sites/default/files/2017-03/case_study_research_project_findings_2017_eng.pdf

The Unintended Consequences of the Presumptive Legislation for PTSD

By Lieutenant-Colonel (Retired) Stéphane Grenier, MSC, CD, LLD; Mental Health Innovations

Stéphane Grenier is a retired Lieutenant-Colonel with the Canadian Armed Forces and has been involved with IIMHL in the past. He introduced peer support to the Department of Defence as a result of his struggles with PTSD due to difficult deployments, which includes 9-months in Rwanda. He is founder of Mental Health Innovations, a social enterprise consultancy that develops non clinical mental health interventions as a complement to traditional clinical care including workplace peer support programs for organizations and municipal services. In 2015 he was awarded an honorary degree of Doctor of Laws honoris causa by the University of Guelph for his body of work over the last 16 years.

<http://www.iimhl.com/files/docs/20170328.pdf>

Canadian Collaborative Child and Youth Mental Health Toolkits

These toolkits were developed and compiled collaboratively by:

Helen Spenser, MD, CCFP, FRCPC - Children's Hospital of Eastern Ontario, Ottawa, Ontario, Blair Ritchie, MD, FRCPC - Alberta Health Services, University of Calgary, Peter Kondra, MSc, MD, FRCPC, and Brenda Mills, C&Y MHC
Hamilton Family Health Team Child & Youth Mental Health Initiative
2017

One in five children suffers from at least one mental health disorder, and comorbidity (more than one) is the rule rather than the exception. The rationale for developing the Child & Youth Mental Health toolkits came out of many discussions with healthcare providers who expressed a need for a practical, user-friendly resource for screening, assessment and treatment of child and youth mental health problems commonly presenting in primary care.

We hope the toolkits will increase healthcare providers' awareness and understanding of the epidemiology, symptoms and identification of some common mental health conditions as well as provide examples of some recommended treatments. Please note that the toolkit does not provide a comprehensive list nor an endorsement of the resources listed.

The “**FLOWER**” is an illustration of the varied and complex areas included in child and youth mental health. The **centre** of the flower contains a Child & Youth Mental Health General Screening Questionnaire to help identify symptoms consistent with common mental health issues found in children and youth. Additional screening tools for specific

problem areas can be found by clicking on each **petal** of the flower (e.g., ADHD, anxiety).

Video explanation: <http://www.shared-care.ca/video.aspx>
<http://www.shared-care.ca/toolkits-intro>

Other IIMHL Articles of Interest: WHO

WHO QualityRights Guidance and Training Tools 2017

As part of the QualityRights Initiative, WHO has developed a comprehensive package of training and guidance modules. The modules can be used to build capacity among mental health practitioners, people with psychosocial, intellectual and cognitive disabilities, people using mental health services, families, care partners and other supporters, NGOs, DPOs and others on how to implement a human rights and recovery approach in the area of mental health in line with the UN Convention on the Rights of Persons with Disabilities and other international human rights standards.

Fifteen modules are available.

http://who.int/mental_health/policy/quality_rights/guidance_training_tools/en/

The Helsinki Statement on Health in All Policies WHO, 2014

This is a reminder of the WHO work in this area - it is a 28-page document and contains the collective views of an international group of experts, participants of the 8th Global Conference on Health Promotion, Helsinki, Finland.

"We call on governments to fulfil their obligations to their peoples' health and well-being by taking the following actions: -

- Commit to health and health equity as a political priority by adopting the principles of Health in All Policies and taking action on the social determinants of health.
- Ensure effective structures, processes and resources that enable implementation of the Health in All Policies approach across governments at all levels and between governments.
- Strengthen the capacity of Ministries of Health to engage other sectors of government through leadership, partnership, advocacy and mediation to achieve improved health outcomes.
- Build institutional capacity and skills that enable the implementation of Health in All Policies and provide evidence on the determinants of health and inequity and on effective responses.
- Adopt transparent audit and accountability mechanisms for health and equity impacts that build trust across government and between governments and their people.
- Establish conflict of interest measures that include effective safeguards to protect policies from distortion by commercial and vested interests and influence.
- Include communities, social movements and civil society in the development, implementation and monitoring of Health in All Policies, building health literacy in the population."

http://apps.who.int/iris/bitstream/10665/112636/1/9789241506908_eng.pdf?ua=1

Policy Brief 19: Investing in Health Literacy

What do we know about the co-benefits to the education sector of actions targeted at children and young people?

David McDaid, 2016

A continuing challenge in public health and health promotion policy is to encourage the implementation of proven effective actions outside of the health sector. One such action is fostering good health literacy across the life course. This is about having the knowledge, confidence and skills to seek out, as well as process, information from a variety of sources to improve and protect health. Poor health literacy is detrimental to health; up to 47% of the European population have poor or inadequate levels of health literacy. Actions to improve health literacy may imply significant costs outside of the health sector, so it is helpful to demonstrate that there are substantial specific benefits for these other sectors (so-called co-benefits) to be gained.

http://www.euro.who.int/_data/assets/pdf_file/0006/315852/Policy-Brief-19-Investing-health-literacy.pdf?ua=1

IIDL Features - Australia

Community Participation in Action: A Resource Guide for Disability Service Providers

National Disability Insurance Agency Australia

This resource has been created to assist disability service providers to think about the way they support community participation for people with disability. It provides information, questions and reflections from service providers to help start the conversation with people with disability and staff. It is accompanied by "Telling Your Story" an evaluation of the implementation of the Guide.

https://www.nds.org.au/images/resources/resource-files/CII_Community_Participation_in_Action_Guide_2016.pdf

Telling Your Story – An Evaluation of the Community Inclusion Initiative

The Community Inclusion Initiative involved the selection of 11 disability day service organisations across Australia. Each were working with up to five participants with disability and their families to co-design new supports which increase their sense of community inclusion. In total 46 people with a wide range of support needs and their families were involved. This evaluation examines the impact of the initiative and the challenges within organisations and the wider service context that limits the effectiveness of community Inclusion efforts. The report also includes an easy read Summary.

https://www.nds.org.au/images/resources/resource-files/CII_Telling_Your_Story_Evaluation_Report.pdf

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