



From the IIMHL and IIDL Update List

Welcome to this bi-monthly edition of Update 30 January 2018

IIMHL organises systems for leaders to share innovations, network and problem solve across countries and agencies. The overall aim is to promote mental health and well-being for everyone. This includes developing leaders who can create the best possible conditions for mental health in all sectors across the life-span. Equally, it includes developing leaders who can deliver the best possible outcomes for people who use mental health and addictions services and their families.

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.

**IIMHL & IIDL Leadership Exchange 2018
Stockholm, Sweden, May 28 - June 1**



**IIMHL & IIDL 2018
Building Bridges
Beyond Borders**

SAVE THE DATE – NETWORK MEETING
<http://www.iimhl.com/files/docs/20171221a.pdf>
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IIMHL Feature - USA

[Behavioral Health Workforce: Quality Assurance Practices in Substance Abuse Treatment Facilities](#); and [Behavioral Health Workforce: Quality Assurance Practices in Mental Health Treatment Facilities](#)

SAMHSA, 2017

The Substance Abuse and Mental Health Services Administration (SAMHSA) unveiled two new data reports on the state of quality assurance practices related to the workforce in substance abuse and mental health treatment facilities. The quality assurance practices include continuing education requirements for staff, regularly scheduled case review with a supervisor, and case review by an appointed quality review committee.

To read these documents in full, click on the links above.

Other IIMHL Articles of Interest: USA

The 2017 ISMICC Report to Congress

SAMHSA. December 2017

This SAMHSA report describes work across the five Interdepartmental Serious Mental Illness Coordinating Committee (ISMICC) Areas of Focus:

1. Strengthen federal coordination to improve care
2. Access and engagement: Make it easier to get good care
3. Treatment and recovery: Close the gap between what works and what is offered
4. Increase opportunities for diversion and improve care for people with SMI and SED involved in the criminal and juvenile justice systems
5. Develop finance strategies to increase availability and affordability of care

<https://store.samhsa.gov/shin/content//PEP17-ISMICC-RTC/PEP17-ISMICC-RTC.pdf>

The Vital Role of Specialized Approaches: Persons with Intellectual and Developmental Disabilities in the Mental Health System

National Association of State Mental Health Program Directors, August 2017

Individuals with intellectual and developmental disabilities (persons with intellectual and developmental disabilities referred to as PWIDD or IDD henceforth) are at high risk for co-occurring mental health conditions, with the incidence of psychiatric disorders—including illnesses such as major depressive disorder, bipolar disorder, anxiety disorders, impulse control disorders, major neurocognitive disorders, and stereotypic movement disorders—estimated to be more than three times higher in the IDD population compared to the general population. One of the challenges in providing mental health services for these individuals in all age groups is in addressing their broader spectrum of unique needs.

https://www.nasmhpd.org/sites/default/files/TAC.Paper_.7.IDD_.Final_.pdf

Translating Institutional Mental Health Intention into Program Action

Meissner, Truelove & McCloskey, Carlton University, 2017

This manual offers a clear model of student service that can be employed in starting up similar programs in other colleges, universities, and high schools. Our research indicates that the FITA program can make significant changes in the lives of students and the educational institutions that are central in building human capital. This program adds to the capacity to support highly vulnerable students and to improve mental health, achievement and over time, retention.

http://campusmentalhealth.ca/wp-content/uploads/2015/06/fitAmanual_print_dec8-1.pdf

Quantitative Benefits of Trauma-Informed Care

National Association of State Mental Health Programme Directors

Stephanie Hepburn, August, 2017

NASMHPD hopes this paper will help increase understanding of TIC and the effectiveness it has for the consumers in the health care system and the communities in which they live.

https://www.nasmhpd.org/sites/default/files/TAC.Paper_.5.Quantitative_Benefits_TraumaInformedCare_Final.pdf

Crisis Services' Role in Reducing Avoidable Hospitalization

National Association of State Mental Health Program Directors

Stephanie Hepburn, August 2017

Crisis services need to go far beyond the health care system and into the community, including virtual, mobile access to support, hope, help, and self-care. To adequately reduce avoidable hospitalizations crisis services need to collaborate with other agencies and service providers—including social services. They must also address consumer vulnerabilities such as homelessness, severe mental disability, and substance abuse.

https://www.nasmhpd.org/sites/default/files/TAC.Paper_.3.Crisis_Services%E2%80%99_Role_in_Reducing_Avoidable_Hospitalization_Final.pdf

A Roadmap for Promoting Health Equity and Eliminating Disparities: The Four I's for Health Equity

National Quality Forum, Funded by the Department of Health and Human Services, September 14, 2017

This final report presents a roadmap for reducing health and healthcare disparities through performance measurement and associated policy levers. The roadmap primarily focuses on ways in which the U.S. healthcare system (i.e., providers and payers) can use more traditional pathways to eliminate disparities; however, it also identifies areas where collaboration and community partnerships can be used to expand the healthcare system's role to better address disparities. To review the four action plans laid out in this report and to read the document in full:

https://essentialhospitals.org/wp-content/uploads/2017/10/disparities1_final_report.pdf

Website and Mass Media Campaign - 2017: Massachusetts Launches Suicide Prevention Resource for Working-Age Men

To combat the state's rising suicide rate among working-age men, the Massachusetts Department of Public Health launched a new suicide prevention campaign, MassMen.org. According to the Centers for Disease Control and Prevention (CDC), 57 percent of the suicides in Massachusetts were of men between 25 and 64—a rate higher than the national average. Nationally, men in the middle years (35 to 64) account for 40 percent of the nation's suicides.

The Massachusetts Department of Public Health partnered with the Massachusetts-based organization Screening for Mental Health to develop a statewide education and suicide prevention campaign for working-age men.

Our Vision and Direction

Addiction Policy Forum, October 2017

This 8-point plan outlines our priorities for addressing addiction in the U.S. It was developed by experts in the field of addiction in close collaboration with families who have lost loved ones. It outlines eight strategic priorities that include practical tools, sound policies, and new collaborations that will empower and equip communities to better treat and prevent addiction and ultimately, save lives.

http://docs.wixstatic.com/ugd/bfe1ed_de93cc94dc1a4ff4a32bfe755aac80d3.pdf

IIDL Features – New Zealand

Disability Support Services - Presentation (New Zealand)

Toni Atkinson, Group Manager Disability Support Services, Ministry of Health
Prepared for the Japanese Young Core Leaders, Oct 2017

Toni outlines the work done through Disability Support Services in New Zealand: the client group, activities, cost and outcomes.

<https://www.odi.govt.nz/assets/Uploads/Disability-Support-Services-Overview-Oct-2017-Japan.pdf>

Disability-based Discrimination and Health: Findings from an Australian-based population study (Australia)

Krnjacki et al, Universities of Melbourne and Newcastle, November 2017

In this first study of disability-based discrimination, the authors used data from the 2015 Australian Bureau of Statistics Survey of Disability, Ageing and Carers and estimated the proportion of working-age women and men (15–64 years) with disability who report disability-based discrimination by socio-demographic characteristics and assessed the association between disability-based discrimination and self-reported health and psychological distress.

14% of Australians with disability reported disability-based discrimination in the previous year. Disability-based discrimination was more common among people living in more disadvantaged circumstances (unemployed, low income, lower-status occupations), younger people and people born in English-speaking countries. Disability-based discrimination was associated with higher levels of psychological distress and poorer self-reported health.

Disability-based discrimination is an under-recognised public health problem that is likely to contribute to disability-based health inequities. Public health policy, research and practice needs to concentrate efforts on developing policy and programs that reduce discrimination experienced by Australians with disability.

<http://onlinelibrary.wiley.com/doi/10.1111/1753-6405.12735/full>

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