

Make it so

Lead the change you want: connecting leaders globally

Mental Health and Addiction Leadership Programmes Across IIMHL countries

July 2017

*"Surround yourself with great people;
delegate authority; get out of the way¹"*

Introduction

There are serious workforce shortages across IIMHL countries in mental health and addiction services².

This *Make it so* is a quick snapshot (website scan) of leadership programmes specifically for leaders across the mental health and addiction sector in IIMHL and IIDL countries. This scan includes government or NGO programmes, but excludes degree programmes from Universities.

In Canada, the mental health strategy notes:

“While funding is important, it is emphasized that leaders need to focus on achieving parity between physical and mental health care, better integrating mental health and physical health, and fostering collaboration across the health, social, education, and justice sectors”³.

Training strongly linked to the government’s national mental health and addiction strategy is found in some countries – this linkage makes sense.

¹ Ronald Reagan

² <https://www.samhsa.gov/workforce>

³ http://www.mentalhealthcommission.ca/sites/default/files/2016-08/advancing_the_mental_health_strategy_for_canada_a_framework_for_action.pdf p.11

Some countries have leadership programmes that are for all health leaders, and a couple of these are included in this scan. In addition where a comprehensive leadership programme has been developed for another health discipline, this is put in for information only.

A quick search shows it appears there are many mental health workplace training/safety training programmes, several processes for building leadership within an organisation, a country or state, but little in terms of formal “mental health or addiction leadership training programmes”.

This ***Make it so*** also has a stronger emphasis on addiction. It appears that there are fewer addiction leadership programmes when compared to mental health. However there are many conferences on this topic (e.g. 32 in 2017 in the US alone⁴). Some authors often outline the fact that leadership stress can be a factor in addictions developing⁵.

As would be expected there are literally thousands of agencies offering corporate leadership development for a fee. These are not included in this quick scan.

Appendix 1 shows three examples of University based leadership training for interest.

Please note it is not a definitive literature search, but rather a very quick snapshot of some national or state reports and media activities across the eight IIMHL countries.

If there is a major policy document missing we are happy to include it.

We hope you find it helpful.

Janet Peters and Fran Silvestri

⁴ <http://centralrecovery.com/2017/01/24/drug-and-alcohol-conferences-in-2017/>

⁵ <https://www.forbes.com/sites/brianrashid/2017/05/24/what-to-do-when-leadership-stress-leads-to-addiction/#76771ecd3ca3>

International Agencies

WHO

Mental health action plan 2013-2020

WHO also emphasises the need for strong leadership:

“Objective 1: To strengthen effective leadership and governance for mental health

- Planning, organizing and financing health systems is a complex undertaking involving multiple stakeholders and different administrative levels. As the ultimate guardian of a population's mental health, governments have the lead responsibility to put in place appropriate institutional, legal, financing and service arrangements to ensure that needs are met and the mental health of the whole population is promoted.
- Governance is not just about government, but extends to its relationship with nongovernmental organizations and civil society. A strong civil society, particularly organizations of people with mental disorders and psychosocial disabilities and families and carers, can help to create more effective and accountable policies, laws and services for mental health in a manner consistent with international and regional human rights instruments.
- Among the key factors for developing effective policies and plans addressing mental health are strong leadership and commitment by governments, involvement of relevant stakeholders, clear elaboration of areas for action, formulation of financially-informed and evidence-based actions, explicit attention to equity, respect for the inherent dignity and human rights of people with mental disorders and psychosocial disabilities, and the protection of vulnerable and marginalized groups”.

http://www.who.int/mental_health/publications/action_plan/en/

WHO advertises many short and longer-term courses for health leadership and management across several countries. Most appear to be general health or public health (e.g. from Germany):

Department of Tropical Hygiene and Public Health

- Quality Management in International Health
- Improving the Quality of Healthcare Services
- Leadership and Change Management
- Financing Health Care – Principles of Insurance
- Evaluation of Health Projects and Programmes
- Health and Human Rights
- Using Research for Better Practice in International Health

<http://www.who.int/management/newitems/en/>

Setting up and operating a civil society organization in mental health and related areas - WHO QualityRights training to act, unite and empower for mental health (pilot version).

WHO also has a 2017 document aimed at providing guidance on how to set-up and strengthen civil society organizations working to protect and promote human rights in

mental health and related areas and in particular the rights of people with psychosocial, intellectual and cognitive disabilities.

This was prepared by Michelle Funk and colleagues from the Mental Health Policy and Service Development Department of Mental Health and Substance Abuse World Health Organization, Geneva.

<http://apps.who.int/iris/bitstream/10665/254814/1/WHO-MSD-MHP-17.14-eng.pdf?ua=1>

Centre for Global Mental Health

9th Annual Leadership in Mental Health

28th November - 9th December | Goa, India 2016

This course is jointly organised by the London School of Tropical medicine and Sangath.

The course equips participants with methods to develop and scale up interventions for people with mental disorders in low-resource settings. It also helps enhance leadership skills needed to scale up mental health care programmes, and promote human rights of people affected by mental disorders.

The course has been designed for people committed to improving care for those with mental disorders and promoting their human rights, particularly in settings where mental health resources are scarce. Prior expertise in a clinical specialty related to mental health is not essential.

<http://www.centreforglobalmentalhealth.org/news-events/events/9th-annual-leadership-mental-health>

International Substance Abuse & Addiction Coalition

This is “an international network of Christians, working in the tough field of addictions and recovery across the world. Our members work with people with drug and alcohol problems as well as people with other forms of addiction – like eating disorders, relationships and codependency. ISAAC International aims to connect, encourage and equip all its members. We do this through small regional groups, conferences, regular mailings, social media and personal contact. ISAAC stands for the International Substance Abuse and Addiction Coalition

While ISAAC International is registered as a charity, we do not follow a traditional organisational structure. When someone signs-up to be an ISAAC member, they are signing up to join an international family. Just as families members do, ISAAC members can expect to be helped and supported just as they are expected to help and support other members”.

<http://www.isaac-international.org/en/>

PeerZone

PeerZone can be seen as a process for building early leadership skills in peers.

PeerZone Workshops are a series of up to 20 three-hour peer-led workshops for people who experience mental distress and addiction. The workshops provide a fun,

interactive and safe structure for participants to share their experiences, learn self-management and expand their horizons.

Since 2013 PeerZone has certified over 200 facilitators in Australia, New Zealand, Canada and the USA. They have a vast store of resources and activities across the 20 workshops: 654 publicly available resources, 218 workshop activities, 47 workshop handouts.

<http://www.peerzone.info/workshops>

Australia

International

The Mental Health Leadership and Advocacy Programme (mhLAP)

This is a capacity building programme for mental health leaders and advocates in the five English speaking West Africa states (Nigeria, Ghana, Sierra Leone, Liberia and the Gambia). The project coordinating office is located at the Department of Psychiatry, University of Ibadan.

The programme is a partnership between the University of Ibadan and Australian Aid, through a grant managed by CBM Australia on behalf of the Australian Department of Foreign Affairs and Trade. Prof. Oye Gureje of the department of psychiatry, University of Ibadan is the initiator and project director.

<http://www.mhlap.org/>

National

Australia National Mental Health Commission National Future Leaders in Mental Health Project

The National Future Leaders in Mental Health Project is an initiative of the National Mental Health Commission in collaboration with Mental Health Australia, and with the support of National Mental Health Consumer and Carer Forum.

The project offered an individual mentoring and leadership development programme. In addition to an individual mentoring and leadership development program in 2014, participants also had the opportunity to contribute to the National Mental Health Commission's work and national forums.

There were 11 participants in the National Future Leaders in Mental Health Project and all 11 graduated in 2015.

<http://www.mentalhealthcommission.gov.au/our-work/national-future-leaders-in-mental-health-project.aspx>

Health Educations Training Institute (HETI)

HETI supports education and training for excellent health care across the NSW Health system. They work to ensure that world-class education and training resources are available to support the full range of roles across the public health system including patient care, administration and support services.

HETI's mission is to improve the health of NSW and the working lives of NSW Health staff through education and training.

<http://www.heti.nsw.gov.au/Programs/Leadership/>

The Framework HETI uses: The NSW Health Leadership Framework

This (see diagram below) is designed as a catalyst for developmental change in individuals and as a scaffold for the construction of new forms of leadership in healthcare organisations committed to patient and user-centred high performance. The framework will provide an underpinning for leadership development strategies and programs in NSW Health both in reviewing existing initiatives and setting up new ones. The framework will provide the basis for developmental 360-degree feedback and related tools. Importantly, the framework will provide a common language and set of concepts and definitions to inform discussions about leadership in the NSW Health system.



<http://www.heti.nsw.gov.au/Programs/Leadership/NSW-Health-leadership-framework/>

HETI was registered as a higher education provider by the national regulator for higher education, the Tertiary Education Quality Standards Agency (TEQSA), in October 2016.

HETI has been granted the maximum registration period of seven years, and the courses embedded in the two new frameworks have similarly been accredited for seven years. This is a tremendous achievement, strengthening the workforce capability across the NSW Health system and beyond. This came at the final stage of the NSW Institute of Psychiatry's (NSWIOP) transition to becoming the Mental Health Portfolio of HETI, which was finalised 1 January 2017.

NSWIOP has extensive experience and long standing history as a mental health higher education provider. The transition to HETI and registration of HETI as a Higher Education Provider has enabled the development of two exciting inaugural frameworks for Psychiatric Medicine and Applied Mental Health Studies.
<http://www.heti.edu.au/heti-higher-education>

HETI: The NSW Health Senior Executive Development Program

This is a ten month intensive programme.

This aims to reflect contemporary best practice in senior executive talent development and is positioned as the premier program for NSW Health.

Participants will explore and develop a wide range of key capabilities, strategic leadership skills and personal strengths required to operate in a broader range of senior roles within the complex and adaptive NSW Health system. This highly experiential program will enable participants to incorporate individualised learning pathways and dynamic development plans to achieve their individual and organisational goals and outcomes, and build strong networks with peers and other senior health leaders.

Brochure:

[http://www.heti.nsw.gov.au/Global/leadership/DOC16%2010788%20\(Revision%2023\)%20%20HEALTH%20EDUCATION%20%20GOVERNANCE%20-%20Curriculum%20-%20Development%20-%20NSW%20Health%20Senior%20Executive%20~%20Information%20Brochure%20July.pdf](http://www.heti.nsw.gov.au/Global/leadership/DOC16%2010788%20(Revision%2023)%20%20HEALTH%20EDUCATION%20%20GOVERNANCE%20-%20Curriculum%20-%20Development%20-%20NSW%20Health%20Senior%20Executive%20~%20Information%20Brochure%20July.pdf)

As noted in the introduction, there are many organisations who offer workplace mental health training but not senior leaders programmes. One example is:

Mental Health Training Australia (MHTA) is a training organisation striving to help create a community where people feel safe to talk about, and then get help for, any mental health issues they may be experiencing. We are passionate about creating workplaces where everyone can feel safe to talk about any mental health concerns they might have, provide information for all staff about what help is available and empower everyone to seek that help and encourage others to do the same.

- Mental Health First Aid (MHFA)
- Youth Mental Health First Aid (YMHFA)
- Applied Suicide Intervention Skills Training (ASIST)
- SafeTALK

- suicideTALK
- Mastering Challenging Interactions
- Death, Dying and Boundaries.

<http://www.mhta.com.au/?qclid=Cj0KEQjwmcTJBRCYirao6oWPyMsBEiQA9hQPblcjr qEIUkWaM3Hr8udN3zPmwpf5IEJRa7dTXyD-erEaAlm58P8HAQ>

Addiction

Australian and New Zealand Addiction Conference

Prevention – Treatment - Recovery

The 2017 Australian and New Zealand Addiction Conference was held on the Gold Coast from the 15th – 17th May. The program included 8 inspirational and innovative keynote presenters, 45 concurrent speakers and 4 workshops.

The 2017 Conference Program focused on practical solutions and knowledge that directly benefits those who suffer from addiction. Presenters focused not only upon what they had discovered, but also how delegates can apply this information when returning to their patients, clients and friends.

<https://addictionaustralia.org.au/>

Canada

Canada is the only country that has an umbrella health leadership agency: The Canadian College of Health Leaders. In addition this agency espouses a framework for all health leaders ‘Leads Canada’.

The Canadian College of Health Leaders (CCHL)

"Health leadership impacts the welfare of every Canadian"⁶

This agency was formerly known as the Canadian College of Health Service Executives (CCHSE), is a national, member-driven, non-profit association dedicated to ensuring that the country's health system benefits from capable, competent and effective leadership.

College members come from every health sector and region in Canada and are at varying stages of their careers. Members include students, and health leaders who work in a variety of environments including medical companies, health authorities, health consultants, multi-level care facilities, hospitals, public and private health agencies, health charities, the Canadian military and all levels of the Canadian government.

⁶ Pamela Winsor, CHE, Director Health Systems Strategies & Chief Marketing Officer, Medtronic of Canada - See more at: <http://www.cchl-ccls.ca/site/testimonials#sthash.CcX6HJli.dpuf>

With 21 chapters across the country, representing thousands of individual and corporate members, the College offers capabilities-based credentialing, professional development opportunities, and an extensive career network. Guided by a Code of Ethics and the LEADS in a Caring Environment Framework, the College helps individuals acquire the skills they need to change their own organizations and, ultimately, the health system.

<https://www.cchl-ccls.ca/site/about>

LEADS Canada

*Canadian College of Health Leaders launches 'LEADS Canada'
June 6th, 2016 - Ottawa, Ont.*

The LEADS in a Caring Environment leadership capabilities framework (LEADS) has quickly become the leadership framework of choice for health care organizations and health systems across Canada. 'LEADS' is becoming the common leadership language across all levels and roles within organizations and an enabler to support health system improvement and transformation.

The LEADS Collaborative, a partnership between the Canadian College of Health Leaders, Canadian Health Leadership Network (CHLNet), Royal Roads University and Dr. Graham Dickson, share the mission to develop, support and sustain LEADS-based leadership capacity for health system transformation. That shared effort has contributed significantly to advancing the use of LEADS for improving leadership practice.

The Canadian College of Health Leaders is proud to launch LEADS Canada, previously known as the LEADS Business Unit. LEADS Canada provides LEADS-based leadership development services and partners with organizations, authorities and regions to facilitate not only the adoption of the framework, but a cultural shift required to fully imbed LEADS throughout an organization.

LEADS Canada and its team of licensed LEADS Facilitators and LEADS Certified Coaches provide customized leadership development programs, services and tools to deliver a range of informative and practical leadership development opportunities for organizations and individuals.

A unique approach used by LEADS Canada, as it partners with organizations across Canada to support adoption of the framework, is the creation of the LEADS Community for Practice which provides opportunities, venues and platforms for those using LEADS in different roles to connect, share resources, tools, experiences and learn from each other.

For more information on LEADS Canada or the LEADS Collaborative partnership, please contact us at leads@cchl-ccls.ca

Other activities undertaken by CCHL include:

Certification

By earning the Certified Health Executive (CHE™*) or Fellow designation, members can enhance their knowledge and career prospects. Certification is recognized as a national standard of professionalism. The College's program is the only Canadian credential available to health leaders.

Conferences and Events

The College offers and supports a variety of international, national, regional and local conferences and events focused on the real issues and challenges that health leaders face every day.

<https://www.cchl-ccls.ca/site/about>

An example of their annual national conference is below:

National Health Leadership Conference

This conference is the largest national gathering of health system decision-makers in Canada including trustees, chief executive officers, directors, managers, department heads and other health leaders representing various sectors and professions in health regions, authorities and alliances, hospitals, long-term care organizations, public health agencies, community care, mental health and social services.

As well, the conference draws participants from government, education and research organizations, professional associations, consulting firms and industry.

“Value-based healthcare: Embracing a patient and family-centered approach”

June 12-13, 2017

Vancouver, British Columbia

<https://www.cchl-ccls.ca/site/nhlc>

Shepell

The information below sounds like a leadership programme but in fact it is an example of developing leadership skills in managing and preventing mental health issues in the workplace.

Workplace Mental Health Leadership™ certificate program

Workplace Mental Health Leadership™ certificate program is certified by Queen's University with input from [Dr. Heather Stuart](#), one of the world's foremost experts on mental health disorders and stigma. It is the first university-certified workplace mental health training to be aligned with the new [National Standard for Psychological Health and Safety in the Workplace](#), introduced in January 2013.

Grounded in adult learning principles, the three-phased training program takes a blended approach that consists of in-class and online learning and a knowledge assessment process, with participants receiving a certificate from Queen's University upon successful completion of the training and exams.

Workplace Mental Health Leadership™ certificate program is the first of its kind, developing leadership skills in managing and preventing mental health issues in the workplace.

<https://www.shepell.com/en-ca/totalhealthsolutions/workplacelearningsolutions/MentalHealth.asp>

An example of a private company leadership training:

ACHIEVE Centre for Leadership & Workplace Performance

This workshop will challenge you to think critically about your approach to leadership. Join other leaders in exploring new and different ways of working through challenges as well as opportunities, and develop new insights that will strengthen your leadership. Particular attention will be given to employee engagement and organizational health – two areas that our recent survey showed were of greatest importance to leaders and employees. This training is based on the book, *The Ordinary Leader: 10 Key Insights for Building and Leading a Thriving Organization*. Author and Speaker, Randy Grieser (CEO of the Crisi & Trauma Resource Institute) will share his own journey of leadership, and inspire you to think differently and grow as a leader.

Workshop Outline:

- Leadership Development - We Have Not Arrived
- Employee Engagement Matters the Most
- Assessing for Engagement
- 4 Key Components – Autonomy, Mastery, Purpose, Organizational Health
- The Cost of Unhealthy Workplaces
- 3 Big Culprits of Unhealthy Organizations – Conflict, Disrespect, Poor Leadership
- The Case for Organizational Health
- Where are We Going and How are We Getting There
- Being Honest About our Strengths and Weaknesses
- There is Strength in Vulnerability
- Talent – Getting and Keeping the Right People on Board
- The Talent Shortage Myth
- Eliminate Before You Delegate
- Work Smarter, Not Harder
- Innovation is for All Organizations
- Getting the Right Things Done with the Time we Have
- Finish What You Start
- Passionate Leaders Inspire

Method of Delivery

Lecture, self-reflection, video, small group discussions and case study review.

<https://ca.ctrinstitute.com/workshops/leadership-insights-for-thinking-differently-june13/>

As with other countries there is an important emphasis on mental health in the workplace but little on leadership training per se. However the Commission has large groups that inform its work thus leading efforts.

Mental Health Commission of Canada

MHCC Networks

Advisory Council

Created to provide the Mental Health Commission of Canada with strategic advice and expertise, this group of 16 individuals from across Canada helps focus efforts on specific initiatives, projects and key priority areas, while serving as external ambassadors at various events for the MHCC.

Network of Ambassadors

A resource created by the MHCC to promote mental health and help change attitudes and behaviours toward mental health problems and illnesses. Members come from a variety of backgrounds (health care professionals, caregivers, persons with lived experience of mental health problems and illnesses, etc.) to help address the increasing demand to disseminate mental health research and information.

MHCC Youth Council

Since its inception in 2008, our Youth Council has provided opportunities for young people with personal experiences of mental health problems and illnesses to inform our work. It is made up of youth between 18 and 30 who have lived experience with mental health problems or illnesses, either personally or through a family member or friend. <http://www.mentalhealthcommission.ca/English/about/mhcc-networks>

WHO ARE WE?

The MHCC's Youth Council (YC) represents young people with lived experience of mental health issues, whether personally or through family or friends. YC members are selected from across Canada with consideration given to the following: age and gender; province or territory of residence; cultural background; First Nations, Inuit, or Métis background; linguistic background; siblings or family members of persons with mental illness; experience with the child welfare system; sexual orientation and/or gender identities; or youth at risk with issues in housing, addictions, and/or the justice system.

WHAT DO WE DO WITH THE MHCC?

- Advocate for young people with mental health issues.
- Get involved with local, provincial, and national youth mental health networks.
- Bring a youth perspective to MHCC projects.
- Speak on behalf of youth at MHCC events
- Promote recovery and inspire other youth at public events.
- Make sure youth have a voice in the decisions being made about Canada's mental health services and policies

http://www.mentalhealthcommission.ca/sites/default/files/2016-07/Youth_Strategy_Eng_2016.pdf

Through its mandate from Health Canada, the Mental Health Commission of Canada (MHCC) brings together the best and most influential minds in the mental health community. With our hundreds of partners, we are working to build a mental health system that is inclusive, adaptable, and supports people in Canada who are living with mental health problems and illnesses in their journey of recovery.

The MHCC also provides connections to experts for speaking opportunities.

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

MHCC: The National Standard of Canada for Psychological Health and Safety in the Workplace (the Standard)

This is a set of voluntary guidelines, tools and resources intended to guide organizations in promoting mental health and preventing psychological harm at work. It was launched in January 2013.

The Standard provides a comprehensive framework to help organizations of all types guide their current and future efforts in a way that provide the best return on investment.

Adopting the Standard can help organizations with:

- Productivity
- Financial Performance
- Risk Management
- Organizational Recruitment
- Employee Retention

<http://www.mentalhealthcommission.ca/English/national-standard>

Centre for Addiction and Mental Health (CAMH)

CAMH is Canada's largest academic health science centre dedicated to transforming the lives of people with mental illness. Our purpose statement is "At CAMH, we Care, Discover, Learn, and Build to Transform Lives." In 2012 CAMH inaugurated Vision 2020, a transformational eight-year strategic plan intended to build on longstanding strengths and experience and to position us to meet the demands of steadily rising volumes and increasing acuity and complexity of those we serve. Vision 2020 has six strategic directions to improve all aspects of CAMH's core business:

- Enhance recovery by improving access to integrated care and social support;
- Earn a reputation for outstanding service, accountability and professional leadership;
- Build an environment that supports healing and recovery;
- Ignite discovery and innovation;
- Revolutionize education and knowledge exchange;
- Drive social change

Engagement of Clinicians & Leadership

CAMH continues to use a variety of ways to engage clinical staff and leadership in shared quality improvement goals for the organization. The renewed 'big dot' focus of our Balanced Scorecard aligned with Vision 2020 was widely disseminated to all CAMH staff and formed the basis of an extensive, ongoing engagement strategy.

We continue to use: Quality Improvement Leadership Walk-arounds led by the Executive Leadership Team (ELT); a CEO Blog on our internal website; E-leader communications; initiative-related articles and updates on our website; quarterly meetings of the Senior Management and Directors group; and a Managers' Forum. As part of the above-mentioned engagement strategy a number of spotlight fairs are used to highlight key areas of work and engage staff face-to-face, most notably a bi-annual organization wide "poster gallery" that coincides with both the CEO's Town Hall reports on strategic progress, and Leadership Rounds gatherings of all CAMH managers to workshops on quality and other areas of strategic interest.

Quality Councils work in each clinical program, providing the structure to identify, address, bridge and align local (unit and program) and corporate quality needs. There was extensive clinician engagement in the development of the CAMH Clinical Quality Framework that communicates the quality structure and priorities. In the

development of the QIP indicators, we engaged our clinical leaders in workshop(s) to identify priorities and strategies. (p.6)

http://www.camh.ca/en/hospital/about_camh/performance_and_accountability/Documents/QIP2016-17Narrative-and-WorkplanFINAL.pdf

A search of this national agency found a quality plan which relates to leadership:

Quality Improvement Plan (QIP) Narrative for Health Care Organizations in Ontario 2016-2017

http://www.camh.ca/en/hospital/about_camh/performance_and_accountability/Documents/QIP2016-17Narrative-and-WorkplanFINAL.pdf

The Canadian Alliance on Mental Illness and Mental Health (CAMIMH)

The CAMIMH is the national voice for mental health in Canada. Established in 1998, CAMIMH is an alliance of 16 mental health groups comprised of health care providers and organizations that represent people with mental illness, their families and caregivers. CAMIMH's fundamental objective is to engage Canadians in conversations about mental health and mental illness. CAMIMH and many of its partners have long talked to Canadians about reducing the stigma and discrimination associated with mental illness, now is time to advance the conversation. We need to talk about how to ensure that people get better access to the services and supports they need.

<http://www.camimh.ca/members/about-camimh/>

- Canadian Association of Occupational Therapists
- Canadian Association of Social Workers
- Canadian Association for Suicide Prevention
- Canadian Coalition for Seniors' Mental Health
- Canadian Counselling and Psychotherapy Association
- Canadian Federation of Mental Health Nurses
- Canadian Medical Association
- Canadian Mental Health Association
- Canadian Psychiatric Association
- Canadian Psychological Association
- College of Family Physicians of Canada
- HealthCareCAN
- Mood Disorders Society of Canada
- National Initiative for Eating Disorders
- Psychosocial Rehabilitation Canada
- Schizophrenia Society of Canada

<http://www.camimh.ca/members/>

This Agency has shown leadership by:

CAMIMH has been a leading advocate for a national action plan on mental health and mental illness since 1998. CAMIMH was instrumental in campaigning for a Mental Health Commission of Canada (MHCC) with a mandate to develop a national mental health strategy. In 2007 the Commission was established and in 2012 it released, Changing Directions, Changing Lives: The Mental Health Strategy for Canada.

More recently, CAMIMH advocated for the 10-year renewal of the MHCC's mandate which was subsequently announced in the 2015 federal budget. CAMIMH applauds successive federal governments for their leadership in understanding the importance of mental health and the Commission's role.

In the last year CAMIMH members contributed to the Commission's draft action plan to implement the national strategy's recommendations. CAMIMH reaches out to Members of Parliament and Senators on a regular basis, the public and the media through its Faces of Mental Illness campaign which features the stories of Canadians living in recovery from mental illness. (p.4)

http://www.camimh.ca/wp-content/uploads/2016/09/CAMIMH_MHN_EN_Final_small.pdf

While the report below was done some time ago (2010) it is a good example of communities working well together.

A Guide to Leadership Training in Community Mental Health For Strengthening Mental Health in Cultural-Linguistic Communities Project, Region of Waterloo (Ontario)

The Strengthening Mental Health in Cultural-Linguistic Communities Project was a two-year demonstration project started as part of the Community University Research Alliance (CURA) research study called "Taking Culture Seriously in Community Mental Health". The project was led by the Kitchener Downtown Community Health Centre in partnership with the Centre for Community Based Research, seven cultural-linguistic communities, and mental health and settlement organizations. The purpose of the project was to promote mental health education and leadership training for cultural linguistic minority communities in Waterloo Region. Seven different cultural-linguistic communities were involved in this project: Sikh-Punjabi, Polish, Afghani, Chinese Mandarin speaking, Somali, Sudanese and Latin American.

Project goals were to:

- Build relationships between communities and mental health organizations,
- Help communities understand the mental health system, and
- Create positive change by working with cultural-linguistic communities, and mental health organizations and service providers in the Waterloo Region.

<http://www.kdchc.org/wp-content/uploads/2010/09/Leadership-Training-in-Community-Mental-Health-Manual.pdf>

England

Structure of health services in England:

<https://www.hee.nhs.uk/sites/default/files/documents/NHS-Structure-June-2015.pdf>

Public Health England

Public Health England exists to protect and improve the nation's health and wellbeing, and reduce health inequalities. It does this through world-class science, knowledge and intelligence, advocacy, partnerships and the delivery of specialist public health services. PHE is an operationally autonomous executive agency of the Department of Health.

<https://www.gov.uk/government/organisations/public-health-england>

Documents relevant to leadership:

Public mental health leadership and workforce development framework: Executive summary - Confidence, competence, commitment

The purpose of this framework is to inform and influence the development of public health leadership and the workforce in relation to mental health. The aim is to build the capacity and capability of leaders and a workforce that is confident, competent, and committed to:

- promoting good mental health across the population
- preventing mental illness and suicide
- improving the quality and length of life of people living with mental illness

The No health without mental health implementation framework and Closing the gap documents set out Public Health England's commitment to the government's mental health strategy. This includes our priority to: Help build capacity and capability across the wider and specialist public health workforce in understanding and integrating mental health and wellbeing into public health.

The overall recommendation is a call to action for partners responsible for workforce development, including leaders, commissioners, providers, managers and professional bodies, to use the competencies and priorities to guide action within their work plans.

The six ambitions for achieving this, focussed on three key groups, are:

Leaders:

1. Our leaders advocate for the mental health of citizens as a valuable resource for thriving communities and economies.

Public health specialist, consultant and senior workforce:

2. A public health specialist workforce that has expertise to lead mental health as a public health priority.

Public health practitioners and the wider workforce:

3. A local workforce working with communities to build healthy and resilient places.

4. Frontline staff are confident and competent in communicating with people about mental health and supporting them to improve it.
5. Frontline staff are confident and competent in recognising signs of mental distress and supporting children, young people, parents and adults appropriately.
6. The health and social care workforce has the knowledge and skills to improve the health and wellbeing of people with a mental illness and reduce mental health inequalities.

Table 1. Core Principles for mental health across the workforce Know Believe Act

KNOW

1. Know the nature and dimensions of mental health and mental illness.
2. Know the determinants at a structural, community and individual level.
3. Know how mental health is a positive asset and resource to society.
4. Know what works to improve mental health and prevent mental illness within own area of work.

BELIEVE

5. Understand your own mental health, what influences it, its impact on others and how you improve it.
6. Appreciate that there is no health without mental health and the mind and body work as one system.
7. Commitment to a life course approach and investment in healthy early environments.
8. Recognise and act to reduce discrimination against people experiencing mental illness.

ACT

9. Communicate effectively with children, young people and adults about mental health.
10. Integrate mental health into your own area of work and address mental and physical health holistically.
11. Consider social inequalities in your work and act to reduce them and empower others to.
12. Support people who disclose lived experience of mental illness.

Table 2. Key competencies for leaders, public health specialists and frontline staff

This table outlines competencies for each staffing level.

Implementation

PHE will work with partners to provide leadership, support and direction. The framework has been endorsed by fourteen leading national organisations (see 'Call to action'). We will explore specific action to:

1. Work with the national Public Health Workforce Advisory Group to oversee implementation of this framework.
2. Integrate the priorities into our work to build the capacity and capability of the wider workforce.
3. Inform the review of the UK Public Health Skills and Knowledge Framework.
4. Apply and develop the principles and key competencies.

5. Demonstrate and build leadership in the competencies within our organisation.
6. Build system leadership for wellbeing and mental health through a support programme.
7. Shape the narrative on public mental health, engage partners in conversation and strengthen our role in advocating, championing and influencing.
8. Work with the relevant colleges, faculties and boards overseeing professional training to include mental health within public health curricula, training and CPD.
9. Develop networking, communication and collaboration between localities and our 15 centres and national programme.
10. Build mental health intelligence capability through the National Mental Health Intelligence Network.
11. Support the development of best practice in mental health brief intervention and 'making every contact count'.
12. Support increased access to a range of mental health promotion training for frontline public health practitioners and the wider workforce.
13. Disseminate evidence and support best practice in working with communities and asset-based approaches.
14. Build public health competence among the mental health workforce, through curricula, CPD and practice guidance.
15. Build the capability of our own organisation to improve employee mental health and support to staff with mental health problems.
16. Support other organisations and businesses to take action to improve employee mental health and support staff with mental health problems.

https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/410351/Public_mental_health_leadership_and_workforce_development_framework_executive_summary.pdf

Three other documents complete this work:

[Public mental health leadership and workforce development framework: call to action](#)

[Public mental health leadership and workforce development framework](#)

[Public mental health leadership and workforce development framework: appendices](#)

<https://www.gov.uk/government/publications/public-mental-health-leadership-and-workforce-development-framework>

Health Education England

Health Education England (HEE) exists for one reason only: to support the delivery of excellent healthcare and health improvement to the patients and public of England by ensuring that the workforce of today and tomorrow has the right numbers, skills, values and behaviours, at the right time and in the right place.

<https://www.hee.nhs.uk/about-us>

NHS Leadership Academy

"Developing better leaders, delivering better care".

This is conducted by HEE.

Great leadership development improves leadership behaviours and skills. Better leadership leads to better patient care, experience and outcomes.

The purpose of the NHS Leadership Academy, which comes under the Health Education England structure, is to work with its partners to deliver excellent leadership across the NHS to have a direct impact on patient care. They offer a range of [tools, models, programmes and expertise](#) to support individuals, organisations and local academies to develop leaders, celebrating and sharing where outstanding leadership makes a real difference.

Programme Guide

***“Leadership is a series of behaviours rather than a role for heroes”
Margaret Wheatley***

The NHS Leadership Academy has developed a series of world-leading development programmes for leaders, wherever they are in health and care. This 46-page guide outlines them and the benefits they bring to leaders and the people around them.

<https://hee.nhs.uk/our-work/developing-our-workforce/nhs-leadership-academy>

Healthcare Leadership Model: The Nine dimensions of Leadership Behaviour

This 16-page booklet describes the nine factors involved.

<http://www.leadershipacademy.nhs.uk/wp-content/uploads/2014/10/NHSLeadership-LeadershipModel-colour.pdf>

Programmes offered:

- [The Edward Jenner programme](#)
- [The Mary Seacole programme](#)
- [The Elizabeth Garrett Anderson programme](#)
- [The Nye Bevan programme](#)
- [Aspiring Chief Executive programme](#)
- [Newly-appointed chief executive programme](#)
- [The Director programme](#)
- [The Stepping Up programme for aspiring BAME leaders](#)
- [The Ready Now programme for senior BAME leaders](#)
- [Intersect systems leadership programme](#)
- [Return to Work Mentoring](#)
- [NHS Graduate Management Training Scheme](#)
- [HOPE European exchange programme](#)

<http://www.leadershipacademy.nhs.uk/programmes/programme-guide-2016/>

Local Leadership Academies

Our regional partners connect with your local community through their board, steering or reference group membership made up of:

- chief executives
- chief accountable officers from CCGs
- directors from the community acute, mental health and learning disability providers and commissioning organisations

<http://www.leadershipacademy.nhs.uk/about/local-delivery-partners-ldps/>

Systems Leadership Steering Group members include:

- Association of Directors of Adult Social Services
- Association of Directors of Public Health

- Department of Health
 - Leadership Centre
 - Local Government Association
 - NHS Central Southern Commissioning
 - Support Unit
 - NHS Confederation
 - NHS England
 - NHS Improving Quality
 - NHS Leadership Academy
 - Public Health England
 - Social Care Institute for Excellence
 - The National Skills Academy for Social Care
 - Think Local Act Personal
 - Virtual Staff College
- <http://www.leadershipacademy.nhs.uk/about/systems-leadership/>

Ireland

The course below does not appear to be operating in 2017.

Leadership Course - Mental Health Trialogue Network, Ireland

Cooperative Learning: Service Improvement Leadership for Mental Health Service Users, Carers and Service Providers

Excerpt from DCU Web Site

'...This project is an example of innovation and partnership between DCU and the HSE in respect of mental health. The programme involves cooperative learning and uses the 'expertise in the room' to bring about change in the way mental health services are used by service-users, carers and service-providers. All perceptions are heard and listened to in order to bring about a new approach to mental health care.'

There are presently 9 sites within Ireland that have already taken part in a project known as Cooperative Learning: Service Improvement Leadership for Mental Health Service Users, Carers & Service Providers. This project has been going on in Dublin City University for the last five years.

This project involves a process of bringing groups of three from local mental health services together to study and work on bringing about service change in local mental health services. The groups are made up of a service user, carer/family member and a service provider.

The groups work on their projects for up to one year, attending DCU for the academic work and spending the rest of the time in their locality. The teams receive 10 ECT's credits at level 8 (degree level) upon successful completion of the course. This type of approach is unique in that the team of three come from the main stakeholders involved in mental health services provision. Initial evaluations of the

programme indicate that both participants and services greatly benefit from engaging in this service improvement leadership programme.

27 new leaders return to their communities around Ireland with projects to improve mental health services in their local areas.

<http://www.trialogue.co/leadership-course/4549663793>

Institute of Leadership: Royal College of Surgeons

This is an interesting organisation as in 2017 it delivers leadership training for all health disciplines and positions (not just surgeons) across several countries. It is noted here as it could include mental health leaders of all descriptions.

The RCSI has been developing leaders in medicine and healthcare since its foundation in 1784.

In 2005, we established the Institute of Leadership, Ireland's only third level institution dedicated exclusively to developing the leadership, management and educational capacity of health professionals. While the Institute is a fully academic institution, we maintain close connections with the world of healthcare delivery and higher education and our programmes are characterised by flexibility, speed of response, customer service and a blended learning approach that allows our students to learn while continuing to work.

Approximately 450 health professionals are registered annually on our MSc programmes in leadership, management, education, quality, patient safety and organisational development, with an equal number taking our professional development programmes.

In February 2017, the Institute of Leadership launched its inaugural Integrated Leadership Development Programme for a HSE Hospital Group (RCSI HG) and an associated Community Healthcare Organisation (CHO 9).

The 9 day programme provides protected time for participants to explore and develop their signature leadership strengths and preferred styles in a safe and stimulating environment.

By working with colleagues across service boundaries, participants will have an opportunity to build sustainable networks with peers that they otherwise may not usually come into contact with. Working relationships and integration of service delivery will be further strengthened by all participants engaging in strategic group projects that tackle real-world Hospital Group and CHO issues that have been identified by the executive sponsors.

<http://www.rcsileadership.org/index.jsp?p=289&n=961&a=6031>

Mental Health Reform

Our vision is for an Ireland where people experiencing mental health difficulties can recover their well-being and live a full life in the community. Our work is rooted in 6 key values:

- We follow best international human rights practices and standards.

- We believe that everyone must have equitable access to high quality mental health services.
- We support empowerment of people and communities to shape the best mental health services.
- We strive to be independent and to have integrity across all our actions.
- We expect full accountability of Government and state bodies, and of ourselves.
- Our work is based on evidence of what works, adding value to mental health progress with principled pragmatism.

Of interest is the training below. This is novel in that it helps people advocate more effectively for change.

Mental Health Reform now provides **group training sessions**. Does your organisation/group need training on how to **influence the policies of Government and service providers**? Would you like to know more about **mental health policy**? Would your group like to learn **how to involve service users and/or family members/carers** in your work?

Mental Health Reform offers **half day** or **full day** training sessions on the following topics:

- The policy context: A Vision for Change and the Mental Health Commission's Quality Framework
- The organisational structure of the HSE and the mental health services
- Potential opportunities for influencing mental health and related services in Ireland, e.g. consumer panels and other advisory committees, NGO advocacy groups
- Committee roles and procedures
- Policy analysis: how to read and analyse reports and how to gather evidence to support a position
- Avenues for redress
- Influencing decision-makers through collective action and campaigning
- Strategy development and negotiation skills for influencing policy
- Minding yourself: protection against burn-out

<https://www.mentalhealthreform.ie/mental-health-reform-training/>

Addiction

HSE Addiction Services support the provision of an integrated range of preventative, therapeutic and rehabilitation services to meet the diverse health and social care needs of our service users in an accountable, accessible and equitable manner. Addiction Services are provided through the HSE's network of 32 Local Health Offices, and you can contact addiction services where you live by looking in our [Local Health Office section](#) under Social Inclusion Services.

<http://www.hse.ie/eng/services/list/5/addiction/>

The National Addiction Training Programme (NATP)

This was established in 2007 to meet the training needs of staff within drug and alcohol services. Its specific aims include the provision of training based on current evidence-based practice, prioritising training programmes to meet current and

emerging service needs and ensuring adequate and appropriate validation for training.

Training Provided 2014 - 2015:

- Community Reinforcement Approach - Training of Trainers
- Cognitive Behavioural Therapy for Depression and Suicide
- Cognitive Behavioural Therapy for Suicide and Self Harm Prevention
- Training of Trainers programme in SAOR
- Seeking Safety Therapy Training facilitated by Keltoi (sponsorship provided by the NATP).

<http://www.hse.ie/eng/about/Who/primarycare/socialinclusionoffice/National%20Addiction%20Training%20Programme.html>

Directory of courses and training programmes on drug misuse in Ireland 2017 (Health Research Board)

185 courses are described in this document. None are focused on leadership per se.

Courses are aimed at diverse target groups. Some courses are open to anyone in the community who is interested in the issue; others are aimed at those whose work brings them into contact with drug-related issues; and some are aimed at specific groups. The majority of courses listed here do not stipulate formal educational attainments as entry requirements, although a number of more advanced courses do require participants to have some previous knowledge and understanding of relevant issues.

The Directory does not assess or provide information about the quality or relevance of any of the courses listed. Neither the inclusion nor the omission of any course, or the details of any course, should be taken as indicative of any view or opinion of that course held by the staff of the HRB National Drugs Library, the Health Research Board or any other agency.

Information for this publication was taken from our online Directory, and therefore provides a 'snap-shot' of courses available at one particular time. Inevitably, some agencies providing courses and training in drug misuse were overlooked, and new courses are continually being developed. Please consult our website, www.drugsandalcohol.ie/courses, for the most up-to-date information. <http://www.drugsandalcohol.ie/php/uploads/courses.pdf>

An example of a nursing degree course in leadership.

Diploma in Leadership (nursing only)

Institute of Technology Tralee

Course Description

Are you interested in leadership within health and social care services?

Sharing your vision for what is possible and motivating people to generate and realise far reaching practical change are hallmarks of success in any organisation. The aim of this Diploma in Leadership programme is to equip you with skills and

knowledge in interpersonal communication, innovation, critical evaluation, informed risk taking and problem solving grounded on ethical principles and evidence based practice. This programme is designed for learners from all disciplines who are emerging leaders within health and social care.

This programme will prepare you to:

- Develop your personal effectiveness and leadership capacity in the context of current structural and professional change in the Irish health and social care services;
- Promote your critical reflective skills on leadership, change and partnership;
- Develop and advance your knowledge and skills in examining evidence underpinning practice;
- Lead informed risk management initiatives in advancing your professional practice.

Entry Requirements

Prospective participants must be registered as a nurse or health and social care professional and hold a BSc (Honours) in health or social care or equivalent NFQ level 8 qualification.

Duration

1 year part-time from September 2017 to May 2018.

<http://www.ittralee.ie/en/InformationAbout/Courses/ParttimeStudy/DiplomainLeadership/>

An example of a Pharmacy leadership programme in Ireland.

Irish Institute of Pharmacy

The Clinical Leadership in Pharmacy Programme

This is a comprehensive leadership series aiming to unlock the potential of Ireland's future pharmacy leaders. By embedding collective leadership behaviours within the pharmacy sector, this programme hopes to support our future leaders in maximising the opportunities created by health and social care integration and novel models of care.

The modern NHS, and associated health and social care landscape, continues to undergo change at an exceptional rate and scale. Pharmacy leaders, both now and in the future, are likely to encounter increasing challenges to the profession amidst an evolving leadership culture and climate. Pharmacy Management understands the high priority challenge that this presents, and has, therefore, worked closely with senior pharmacists across Ireland to design and deliver our unique approach to leadership development.

“We need to develop leaders rather than finding them by accident”.

Tim Delaney, Head of Pharmacy, Tallaght Hospital, Dublin.

The content of the Clinical Leadership in Pharmacy programme has been reviewed and shaped for both countries by members of an across Ireland Steering Group. In this way, the leaders of today will work with the leaders of tomorrow as an engaged and involved workforce, realising collective responsibility for leadership in pharmacy.

Content of this 12 day course:

- Leading with Colleagues
- Leading with Flexibility
- Leading with My Team
- Leading with Focus
- Leading with Impact
- Leading without Conflict
- Leading with Negotiations
- Leading within Health Systems
- Leading with Me
- Leaving as Leaders

https://iioip.ie/sites/default/files/Brochure%20Clinical%20Leadership%20Ireland%20Final%20version_0.pdf

New Zealand

Ministry of Health

Workforce development is a priority for the Ministry. Health Workforce New Zealand funds a national infrastructure to develop the skills and knowledge of those working in the mental health and addictions sector. This involves supporting district health boards, non-government organisations and other service providers to develop a capable workforce to deliver excellent services.

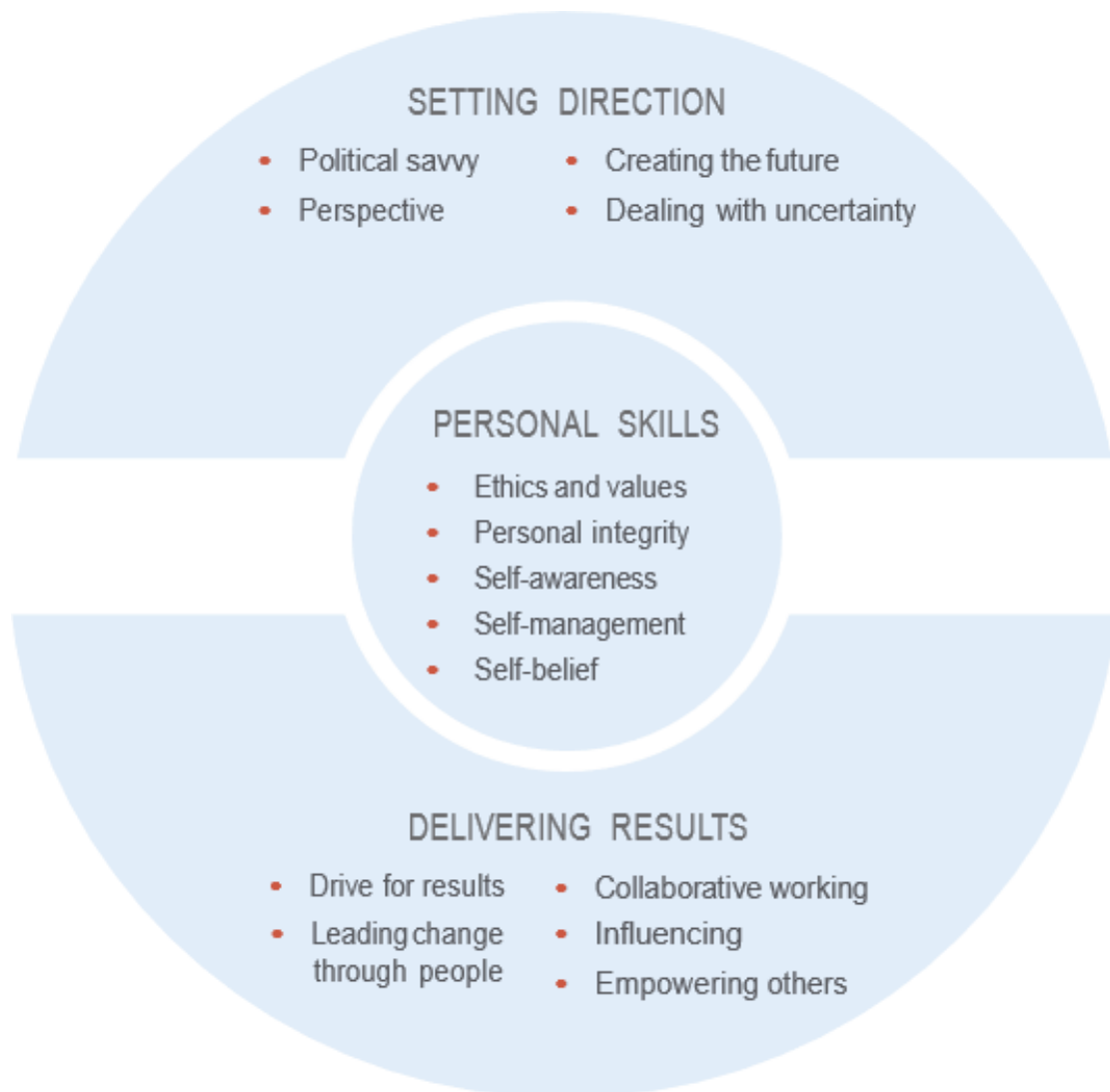
The only example of a formal leadership programme funded by the Ministry of Health in New Zealand is for the Public Health workforce (this is described below as it appears to be a great model). However the Ministry of Health through Health Workforce New Zealand, funds workforce development centers for Maori, Pasifika, Infant, Child and Adolescent staff; and, disability, addiction and mental health staff.

The Public Health Leadership Programme (PHLP)

The Public Health Leadership Programme (PHLP) is for leaders wanting to inspire, refresh and create a powerful foundation for their leadership development. The PHLP is not designed to teach public health.

Participants are expected to have a good knowledge of public health principles including an understanding of social determinants of health, inequalities in health, how culture influences health, and the significance of the Treaty of Waitangi in health.

The PHLP develops the following leadership competencies, which were identified following extensive consultation with the sector.



Content:

<http://www.health.govt.nz/our-work/public-health-workforce-development/public-health-education-and-training/public-health-leadership-programme/session-outlines>

By the end of the PHLP you will:

- understand what leadership is, and what is expected of leaders
- have identified what is at the source of effective and powerful leadership
- have greater self-awareness, self-confidence and leadership wisdom
- understand your primary leadership style and how to adapt your style to be more effective
- have clarified your personal values and created an inspiring leadership vision
- have explored public health values and ethical issues
- know how to create shared purpose
- have developed your strategic thinking abilities
- have developed your political savvy
- know how to lead change and align people
- know how to inspire and motivate others
- understand how to work collaboratively with others
- have enhance influencing skills
- understand how to approach challenging conversations
- know what is required to create a high-performing team
- understand and have practiced the fundamentals of coaching

- formed peer learning groups to support you in implementing learning
- have undertaken a range of action learning projects to implement learning back at work
- have a leadership development plan.

<http://www.health.govt.nz/our-work/public-health-workforce-development/public-health-education-and-training/public-health-leadership-programme/about-programme>

Health Workforce New Zealand (HWNZ)

This was established in 2009, and it provides national leadership as it works with stakeholders involved in the development of the health workforce. It has overall responsibility for planning and development of the health workforce, ensuring that staffing issues are aligned with planning on delivery of services and that our healthcare workforce is fit for purpose.

<http://www.health.govt.nz/our-work/health-workforce/about-health-workforce>

HWNZ funds Te Pou to purchase specified training programmes for the mental health and addiction workforce, and funds the following organisations to undertake workforce development activities:

- Te Rau Matatini aims to better meet the needs of Māori by growing the Māori workforce
- The Werry Centre aims to address the needs of children and young people who require help to recover from an episode of mental illness or addiction
- Te Pou addresses the needs of these groups plus Asian, service user, family and adult mental health and addictions
- partner organisation Le Va works with Pacific peoples
- Matua Raki focusses on those working with people with alcohol, drug and/or gambling addictions
- and Careerforce distributes training grants for mental health support workers.

<http://www.health.govt.nz/our-work/mental-health-and-addictions/mental-health/mental-health-workforce>

HWNZ's investment relationships and purchasing team also provides funding for post-entry clinical training in psychiatry and health psychology.

[Rising to the Challenge](#), the mental health and addiction service development plan 2012–17, calls for the creation of a new workforce development plan to support new needs and directions. This work is underway.

Te Pou

Leadership is everywhere in our sector, whether in formal roles or not, and there are ways everyone can develop their leadership skills. Te Pou is a source of resources, tools and support to develop leadership in the mental health, addiction and disability sectors. Te Pou works alongside workforce centres Matua Raki, Te Rau Matatini, Le Va and the Werry Centre, to look at how we can best support the sector to develop leaders.

<https://www.tepou.co.nz/initiatives/leadership/12>

Angela Gruar⁷ (Manager Practice and Leadership) reports:

Compassionate leadership: In 2016, Te Pou funded a workshop facilitated by Dr Robin Youngson and Meredith Youngson from Hearts in Healthcare on compassionate health care. Senior leaders from DHBs and key NGOs were invited to attend, and we had about 20 leaders attend. The workshop provided evidence on the difference compassionate healthcare can make. The notion too being leaders need to look after themselves in order to be compassionate to their teams, who in turn are able to take care of their wellbeing to show compassion to people using services. There is a follow up workshop at the end of May where people will report back on initiatives they have taken to focus on their own wellbeing, and what has been happening in their service. We are exploring having two workshops with a broader audience later in the year.

Leadership days: In 2016 Te Pou hosted two leadership days- one for those working in early intervention in psychosis services, and one for allied health professionals working in mental health and addictions services. In November this year, Te Pou is partnering with NZ Early Intervention in Psychosis Society to host a training forum, which will be for all working in early intervention in psychosis services, but will be mainly attended by leaders.

Blueprint Leadership Series: This is a series that has been run over 2016, and a series is currently running in Hamilton. These are a series of three workshops around the concept of Pause, Play and Practice. More information can be found on their website. These are aimed at clinical nurse specialists, team leaders, service managers etc.

<https://www.blueprint.co.nz/learning/leadership>

Skills Matter: We fund 39 places on a Clinical Leadership in Nursing Practice programme under the Skills Matter programme. This is for nurses who are or have been identified as future clinical leaders. Study is at post graduate level. Part of the funding also provides for backfill, supervision, as well as fees.

Early intervention in psychosis services are set up to provide intensive support, as early as possible, for people who may be experiencing psychosis for the first time. Te Pou will provide information and resources for clinicians and leaders to support workforce development in this specialist area. This will include access for identified clinicians to e-learning modules later in 2016. Te Pou is also working to provide networking opportunities through the early intervention in psychosis leadership day, and New Zealand directory of early intervention services across New Zealand. Te Pou works with two strategic partners for this initiative, The Werry Centre and the New Zealand Early Intervention in Psychosis Society.

Le Va

Le Va's purpose is to support Pasifika families and communities to unleash their full potential. We support and encourage this by carefully designing and developing evidence-based resources, tools, information, knowledge and support services for the best possible health and wellbeing outcomes.

⁷ Email communication, 12th May 2107

And, we do this all while recalling our traditional values, and applying them safely, in a contemporary way.

Le Va - the space that relates

“Traditionally, for Pasifika people, sacred relationships exist between people, as well as between people and the environment, ancestors and the heavens. To nurture the va is to respect and maintain the sacred space, harmony and balance within relationships.

In spirit, we work with those delivering mental health, disability, addictions, public health, suicide prevention, violence prevention, primary prevention and general health and wellbeing services to develop flourishing Pasifika communities who are reaching their full potential.

We believe that the solutions lie within our own communities, so that’s where you’ll find us. We walk alongside churches, sports clubs, education centres and relevant groups with large Pasifika populations to ensure the right knowledge, skills and information is reaching the right people at the right time”.

Training and education

Pacific mental health and addiction scholarships

With higher rates of mental illness and substance abuse than the general population, and an extremely under-represented mental health and addiction workforce, our Futures that work programme focuses on growing and upskilling the Pacific workforce, aiming to meet demand.

We are honoured to deliver the Pacific mental health and addiction scholarships and support programme on behalf of Health Workforce New Zealand, Ministry of Health. Growing the size and skills of the Pacific workforce takes more than just financial support, it’s also about providing appropriate mentoring, coaching, cultural and pastoral care, as well as identifying employment and career pathways. [This is evidenced in our 2017 results](#), which show the largest number of recipients awarded in its eight-year history, and our [update on 2017 recipients](#).

Our Futures that work programme supports our scholarship recipients to choose a future that works for them and for our Pacific communities. Le Va also makes sure that it’s a future that aligns with workforce priorities, so that we’re developing a fit-for-purpose workforce that works for all.

<https://www.leva.co.nz/training-education>

Engaging Pasifika Cultural Competency Programme

Engaging Pasifika is an evidence-informed programme that equips the workforce to connect culture and care. Participants learn the foundational attitudes, knowledge and skills to safely engage with, and effectively deliver quality services for Pasifika people and their families.

<https://www.leva.co.nz/training-education/engaging-pasifika>

Te Rau Matatini

“Te Rau Matatini provides a strategic focus that is underpinned by Māori workforce development, education, clinical and cultural capability and capacity for the advancement of indigenous health and wellbeing for our people and their communities to achieve whānau ora. Mauri Ora!”

<http://teraumatatini.com/m%C4%81oriora>

“We are leaders and change agents promoting an integrated Māori approach to workforce development. We are clear in our vision to contribute as a world leading organisation with a strategic focus on becoming the centre of excellence for Māori workforce training, education and capability-building solutions for the advancement of indigenous wellness”.

<http://teraumatatini.com/>

Te Rau Matatini has been designing and developing Māori Health Workforce training programmes for the past fifteen years. These programmes focus on improving the cultural competency of the health workforce, and responding to the needs of Māori and their communities.

Fostering the strength of Māori health leadership through the promotion and implementation of Leadership Programmes and Workforce Scholarships.

Effective Māori health leadership is critical to setting the foundation for addressing health disparities and to achieve improved Māori health outcomes. Supporting this leadership involves empowering individuals, whānau and local Māori iwi leaders, as well as leaders at each level of the health and disability sector. Te Rau Matatini does this by offering Leadership Programmes. We also believe investment in building the capacity of the Māori health workforce is vital to foster effective Māori leadership and that's why we have Workforce Scholarships.

Our leadership programmes encompass:

- The management and delivery of Te Rau Matatini national programme with increased alignment to the goals health service development plans
- Providing input into key sector initiatives and developments
- Building and maintaining relationships with key stakeholders
- Delivering Māori leadership activities
- The administration of a number of Ministry of Health funded [scholarships](#) programmes to build the capacity, capability and leadership of Māori working in the mental health & addiction sectors
- Sector and community communications planning and dissemination
- Joint workforce centre programmes where Te Rau Matatini is the key health Māori specialist
- Advisory group contribution
- [Research and evaluation](#)
- Lead agent for engagement with Māori in the health and social service sector
- A strategic voice for the National Māori recruitment and retention programme
- Rangatahi youth leadership.

<http://teraumatatini.com/leadership>

Building leadership of Māori. Te Rau Matatini supports many whānau through scholarships. Our focus is on those who are interested in or currently working in:

- Māori health, Māori mental health, alcohol and other drug sectors
- Supporting whānau with addiction related harm
- Working in health and social service related fields
- Extending academic qualifications and achievement
- Studying in either undergraduate or postgraduate level study.

Over 500 people have been provided with support through these scholarships, which has led to these leadership scholars encouraging others to apply and also support them in their endeavours.

Henry Rongomau Bennett Foundations Scholarship The Henry Rongomau Bennett Foundation Scholarships are a tribute to the life and work of Henry Rongomau Bennett as the first Māori Psychiatrist in Aotearoa.

Hoe Tahi Scholarship The Hoe Tahi scholarships aim to strengthen the addiction treatment workforce by growing the capability of those working to minimise addiction-related harm.

Hoe Rua Workbased Placements The aim of the Hoe Rua programme is to grow the number of people working in the addiction treatment system by providing an opportunity for work-based learning and exposure to work in the addiction treatment system. The Hoe Rua programme is designed to increase capacity within the addiction treatment system. The work-based placements are for people who are seeking experience, training and employment within the addiction workforce.

For information on our scholarships programmes please contact our Te Rau Matatini Scholarships: scholarships@teraumatatini.com
<http://teraumatatini.com/pages/our-mahi/workforce-development>

Werry Workforce Wharaurau

Werry Workforce Whāraurau is funded by the Ministry of Health to deliver a number of workforce development initiatives for the Infant, Child & Adolescent Mental Health and/or Alcohol and Other Drugs (ICAMH/AOD) sector.

It aims to improve mental health and wellbeing for infants, children and young people through service improvement, workforce development and advocacy.

Projects led by Werry Workforce Whāraurau in collaboration with the other workforce centres ([Te Pou](#), [Matua Raki](#) and [Te Rau Matatini](#)) are:

Supporting Parents Healthy Children (formerly COPMIA)

Whilst many children of parents who have mental health and/or addiction problems fare well, a proportion are vulnerable to a range of poor outcomes, including increased risk of developing mental health issues. This project aims to increase the capability of health professionals to identify and attend to the needs of these children and their family/whānau. This may include the development of resources for the sector(s), identification of the pathways for support, and a strategic plan regarding the implementation of best-practice COPMIA initiatives. It builds on Ministry of Health scoping (Williment, MOH 2012).

Projects led by Werry Workforce Whāraurau are:

Online platform

The Werry Workforce Whāraurau website hosts a large array of training and research information for mental health and primary health professionals, and has been updated to include information for young people and their families/whānau. Online learning modules such as an introduction to child and adolescent mental health and undertaking HEEADSSS assessments are also available. [Check out our eLearning courses.](#)

Real Skills Plus ICAMH/AOD

This project builds on the specialist infant, child and youth mental health and AOD sector competencies known as Real Skills Plus CAMHS, developed in alignment with the government's Let's get real framework of essential skills and attitudes for effective mental health and addiction services. The new revised version (Real Skills Plus ICAMHS/AOD, 2014) includes a primary level relevant to the primary level workforce. The E-Skill Plus tool, which is currently under development, will identify areas for workforce development both for individuals and teams and plan service delivery.

HEEADSSS training in primary health

The HEEADSSS assessment tool is a key instrument for primary health care workers to identify mental health and AOD concerns early. Expanded use of the HEEADSSS assessment is one of 22 initiatives recommended by a cross-agency project, led by the Department of Prime Minister and Cabinet, on improving services for young people with, or at risk of, mild to moderate mental health disorders.

Choice & Partnership Approach (CAPA)

The Choice and Partnership Approach is a service improvement model that aims to support Infant, Child and Adolescent Mental Health Services to effectively manage and meet the needs of our young people. This project focuses on training, implementation support, and helping services to monitor the impact of the Choice & Partnership Approach through data collection.

Evidence-based parenting programmes – Incredible Years® and Triple P Primary Care

Werry Workforce Whāraurau actively advocates for high quality parenting programmes which have strong evidence of effectiveness in improving outcomes for families/whānau.

We provide training and ongoing professional development opportunities for those delivering **The Incredible Years®** parent programme, including support to maintain programme fidelity and become an accredited group leader. A suite of Incredible Years® resources has been developed for Māori and Pacific group leaders to enable both cultural and programme fidelity.

We coordinate and support the **Triple P Primary Care** programme in four pilot regions in the North Island – Waitemata and Counties Manukau in Auckland, Mid Central, Bay of Plenty.

The Stocktake for Infant Child & Adolescent Mental Health & AOD Services

Werry Workforce Whāraurau has been producing a biennial Stocktake since 2004 which includes workforce data from all DHB and DHB-funded NGOs services for infants, children and adolescents with mental health and alcohol and drug problems.

This information can be used for workforce forecasting and service planning.

The map of [stocktake quickfacts](#) provides a summary of the current Stocktake information nationally and by region.

Full [Stocktake reports](#) can be found under [Publications and Resources](#) section

Sector leader days

Regular “sector days” provide opportunities for clinical leaders and service managers in the child and adolescent mental health and addictions sector to share innovative practice and service development ideas and foster networking and leadership support. They are also an opportunity for the Ministry of Health and other key agencies to disseminate information and elicit feedback.

Youth consumer and family/whānau participation

This project aims to support people who have lived experience of the mental health system, either in themselves (called youth consumer advisors) or through their family (family/whānau advisors). To do this guidelines and workshops are created as needed. Werry Workforce Whāraurau also supports a network of youth consumer advisors around the country who aim to improve various DHBs, NGOs as well as Werry Workforce itself.

A place with youth and family advisors co-designing projects and providing input will have happier families who experience a better path of recovery and improved outcomes. Find out more about [youth consumer participation here](#).

Co-Existing Problems (CEP)

Whilst part of the shared project with the other workforce development organisations, Werry Workforce Whāraurau has identified specific resources required to enhance the delivery of services to children and youth who experience CEP. This includes a resource for the mental health and AOD sectors aimed at increasing workforce capability, and the delivery of the SACS-BI workshop aimed at supporting the workforce to develop skills in recognition and brief intervention when working with young people with suspected AOD issues.

<http://www.werryworkforce.org/professionals/current-workforce-projects>

Substances and Choices Scale (SACS) ABC

The SACS ABC is a brief intervention designed for young people aged 13-20. It has been adapted specifically for General Practitioners for brevity and to align with the well-known ABC approach for smoking cessation and alcohol. It is based on the Substances and Choices Scale (SACS) Brief Intervention (BI).

(see www.sacsinfo.com), a resource for youth mental health and addiction workers, designed and promoted by the Werry Workforce Whāraurau (Christie 2010).

The ABC approach supports practitioners through 3 steps to helping people recognise and change their smoking and/or drinking behaviours. The steps include the use of a screening instrument, the offer of brief advice and the offer of a referral for counselling (The Royal new Zealand College of General Practitioners, 2012).

The SACS ABC incorporates similar principles to the ABC approach and the current activity involves the development and dissemination of the following resources:

- A guideline describing for GP's/Primary care practitioners what they need to do
- Youth appropriate resources that GP's could provide for young people whom they provide brief advice to.

<http://optforwellbeing.org/professionals/publications-and-resources/substances-and-choices-scale-sacs>

Matua Raki

National Addiction Treatment Workforce Development Programme (NATWDP)

Vanessa Caldwell⁸ (National Manager) reports:

Addiction sector leadership days – these one day events occur three times a year on a regular cycle and are hosted in Wellington, Auckland and Christchurch. The events are organised by Matua Raki and members of the National Committee for Addiction Treatment (NCAT) which is a representative network including consumer leaders, provider managers (both NGO & DHB), researchers, workforce development, Harm reduction, public health, Dapaanz, Maori & Pasifika. The aims of these days are to keep the sector leaders informed of current policy developments and practice issues, showcase innovations and network with other leaders. A mix of presentations, panels and workshop styles are utilised to engage people in discussions, providing feedback, and shared problem solving.

The **Matua Raki consumer leadership group**, who have a standing session at the leadership day forums, meet the day prior to engage key decision makers and addiction stakeholders including the Ministry of Health, Director of Mental Health, and Mental Health Commissioner. They have a key role in using their networks to provide input into key developments within the sector. They also provide ongoing monitoring and review of Matua Raki work plans and resources.

The **Māori Addiction Leadership Roopu, hosted by Matua Raki** meet two – three times per year with an annual hui occurring the day before the National Addiction Conference, Cutting Edge. This group comprises Māori sector leaders and managers and is an opportunity to discuss issues specifically relating to Māori, provide feedback into key developments, share and network. As a result of these hui, attention has been given to developing practice resources from a Te Ao Maori perspective (eg: Value Sort cards, Whiti Ra assessment tool) and identifying key areas of need for leadership development (eg: fees grants for Dip in Health Science (Maori) which includes papers on Māori supervision and models of care). Ensuring that Māori are well represented in key forums and are informed of policy changes and how this impacts kaupapa service delivery is critical.

Developing **peer worker leadership** through regular peer worker days, organised by peer workers in partnership with Matua Raki allows for people to showcase successes and discuss learnings and issues in a safe and equal environment. Matua Raki developed and sponsored people to upskill with the Certificate in Peer worker supervision (Wintec) which has allowed for a pathway of growth for peer workers and a supportive infrastructure for this workforce.

In a similar way forums including the annual **addiction research** symposium (co-hosted by Auckland Uni, Victoria Uni, AUT and Otago Uni with Matua Raki) and the **Addiction Nurses** Symposium (in partnership with DANA) provide platforms for leaders in their respective domains and disciplines to showcase and share work and developments.

We award our **Annual Workforce Innovation Award** at the Cutting Edge conference. This award showcases innovations in work practices that contribute to improving workplace wellbeing and staff engagement. This award focuses national

⁸ Email communication, 18th May 2107

attention on addiction treatment organisations and services engaged in best workforce practices. The aim to promote better jobs for our workforce resulting in better services and outcomes for tāngata whai ora and encourages leadership at all levels of organisations to improve practice and their working environment.

Newsletter

This resource looks at some of the activities happening within the four New Zealand workforce development centres during March and June 2017.

<https://www.leva.co.nz/resources/how-the-workforce-centres-are-supporting-you-mar---jun-2017>

Blueprint for Learning

Blueprint for Learning is an NGO that develops and delivers professional **training** programmes for leaders, managers and support workers in the mental health and social service sectors. <https://www.wisegroup.co.nz/what-we-do>.

Blueprint is best known for our comprehensive range of mental health training. Our programmes cater for both government and non-government providers from one day workshops to comprehensive mental health leadership training. We are NZQA registered. This demonstrates our commitment to quality, productivity and customer satisfaction.

With regard to leadership, two Blueprint courses stand out:

1 Blueprint Leadership Series

The Blueprint Leadership Series is a programme of three workshops designed to teach you how to successfully pause, reflect and innovate. With over 50 attendees to date, this series has been shown to have a significant impact on the ability of those who attend, to refocus their time and passion for the work that they do.

Attendance at all three workshops will allow your leadership learnings and outcomes to progressively build with each workshop attendance.

Workshop details - Hamilton 2017

Pause - Thursday, 23 February

The ability and skill to purposefully pause and consider is not always easy, but it makes for great leaders. Taking the time to understand your role both personally and professionally, and the services you provide, can be both discouraging and enlightening, but is vital. This workshop will teach you how to pause using currently renowned best practice, and allow you to directly focus on a contribution to the wider sector that will both inspire and challenge.

Play - Tuesday, 4 April

Remember how excited you were as a child when your imagination meant that nothing was impossible? When rules were made up as you went along and you confidently tackled the greatest of battles without blinking an eyelid? This workshop will focus on regaining confidence in risk, innovation and trying new ways of working. You will learn methods to excite your team, introduce innovation and encourage thinking outside the square, and provide solutions to major sector issues along the way.

Practice - Thursday, 25 May

The sector is filled with best practice models and constantly changing focus based on national and international trends. Knowing how to navigate your way through these, and choose what is most relevant for you, is an issue all services face. Clinical governance, distributive leadership, collaborative practice, service integration... how do you attend to them all? This workshop will help you to learn how to distinguish the needs of your workplace with the best practice on offer, and help you to choose wisely in how your time as a service is spent.

<https://www.blueprint.co.nz/learning/leadership>

Flyer: <https://www.blueprint.co.nz/uploads/files/BP-Leadership-Workshop-Flyer-Dec16.pdf>

2 MH101

MH101 is New Zealand's tailor-made answer to Mental health First Aid. It takes confidence to respond effectively to mental illness in family, friends and people you work with. It can be challenging - and it is an area where most of us benefit from some practical assistance and useful skills.

MH101 has been developed to give you greater confidence to:

- recognise mental distress
- relate better to those experiencing mental illness
- respond in an appropriate way by providing you with practical tools and ideas.

MH101 has been designed for those working on the frontline of government and social sector agencies, but is ideal for anyone who may work alongside people with experience of mental illness and/or addictions. If your day-to-day work puts you in contact with people from a wide spectrum of backgrounds, MH101 could be for you. For more information about MH101 visit www.mh101.co.nz.

MH101 has been developed for the Ministry of Health by Blueprint for Learning, in association with other leading health and learning organisations including ProCare, The Royal Australian and New Zealand College of Psychiatrists, Case Consulting and the Mental Health Foundation. <https://www.blueprint.co.nz/learning/mh101>

Emerge Aotearoa

Emerge Aotearoa provides a wide range of community-based mental health, addiction, disability support and social housing services nationwide. We believe that everyone is capable of living full and rich lives in their communities of choice. In every aspect of our work we are committed to helping our service users be the best they can be. <https://emergeaotearoa.org.nz/>

Nicola Goom, General manager People & Development, states:

“Within Emerge Aotearoa we have 100+ people managing and/or leading others. These people had varying levels of experience and capability. A training needs analysis indicated that the majority had no formal training or development, meaning that their management and /or leadership style(s) have evolved on the job. In the absence of any management or leadership development the style that is usually adopted comes from a mixture of styles observed and/or seen rewarded (either

publicly or through promotion). As a result, we found that we had a melting pot of management and leadership styles existing within Emerge Aotearoa. Some of these styles aligned with our kaupapa, others did not.

Solution

The Emerge Aotearoa Leadership Team spent time discussing and agreeing the desired leadership competencies for the organisation. They were agreed as being:

1. engage and inspire others
2. align teams to vision and values
3. lead change
4. be innovative
5. achieve results through others

The leadership philosophy that we identified as being most likely to help us achieve a lift in these competencies was Agile Leadership (with a strengths based lens). We then met with potential partners to identify an organisation who best understood the journey we are on, the outcomes we want to achieve and how best to do this with our kaupapa front of mind. We decided to partner with Blacksmiths to co-create our programme and launched 'Kahikatea' in February 2017.

Kahikatea is attended by all people managers and some key influencers. It is cascading throughout the organisation and consists of a mix of pre work, group work, peer learning groups and 1:1 coaching.

Kahikatea was chosen as the name of this programme because of the characteristics of the Kahikatea tree - strong, stable, grounded and supportive. The Kahikatea trees grow in groups and you rarely see one on its own. They need one another so they support each other to stand strong and they grow close together so their roots can intertwine for a stronger foundation. The energy of the Kahikatea tree is also thought to bring a sense of stability to your wairua by way of feeling grounded and supported. If you break the kupu down **Kahika** means leader and **tea** means transparent. We felt this to be a fitting name for what we are trying to achieve.

The development of our leaders is a key priority and one that we are committed to investing in. We review the programme at every stage and are making 'tweaks' to it as we go. We have collected baseline data and will re test midway through the programme and again at the end of it to assess the impact that it is having on building the leadership capability within our organisation".

Disability

Manase Lua⁹ (Disability and Pacific Workforce Manager) notes:

The New Zealand Government announced major disability sector "transformation" and a \$2 billion pay equity boost for the care workforce.

Sound and effective leadership to implement positive but disruptive changes such as this will be critical. Changes of this scale and magnitude not only require careful planning and implementation, but the courage to see things are done right, and to ensure the sector and workforce are ready and capable to respond.

⁹ Email communication, 9th June 2017

Te Pou o Te Whakaaro Nui (Te Pou) supports the development of leadership through a number of programmes. We do this through our grants programme i.e. the consumer leadership development grant and workforce development grant. We also do this through other initiatives such as Let's get real: Disability, that aligns well with the disability sector transformation agenda. Our focus on the workforce allows us to provide real and tangible support to the people who will ultimately drive the transformation from the ground up. Each person is a leader in their own right.

An exciting area that we are taking a leadership role in delivering this year, is our **disability career promotion and planning programme**. Attracting new people especially young, Māori, Pacific and Asian workers, into the disability sector has been a challenge for years. Te Pou has developed a campaign around "Diversity" and "Inclusion" that includes partnerships with CareersNZ and Joy Business Academy (JBA) to attract, promote and facilitate the recruitment of new entrants into the sector. This is particularly timely, given the changes to the sector that are looming and the pay equity developments. We are well positioned to also leverage our current grant programme, *Let's get real: Disability*, Kia noho rangatira ai tatou education programme on the UNCRPD and other resources. Leadership is about working together with like-minded partners for the benefit of the sector.

Te Pou is also fortunate to have **Jade Farrar as our strategic disability advisor to lead** and ensure co-design and co-production with disabled people. Jade is also a member of the Government's strategic disability sector transformation working group. This group has a crucial role in the reconfiguration and redesign of the disability system with direct accountability to the Minister. We are proud to be able to support his leadership journey, not just as a person with a lived experience of disability, but as a leader in his own right.

Te Pou is contributing to the sector transformation agenda in very real and tangible ways. However, we are in a "people" industry and ultimately, it is people who will drive change. Our role is to enhance, equip and connect the people (workforce) who work with people (consumers) to enable them to live good lives.

At the end of day, it all boils down to what is most important, and that is: "*he tāngata, tāngata, tāngata...*" "*it is people, people, people*" (Maori saying).

Scotland

Scotland is one of the few countries that appear to take leadership development seriously as it has several Government funded leadership activities.

In addition there are leadership resources, networks for national leaders, and a myriad of resources to support development – all are linked to the National Strategy.

NHS Education for Scotland

NHS Education for Scotland (NES) is an education and training body and a special health board within NHS Scotland, with responsibility of developing and delivering education and training for the healthcare workforce in Scotland. NES has a Scotland

wide role in undergraduate, postgraduate and continuing professional development and maintains a local perspective through centres in Edinburgh, Glasgow, Dundee, Aberdeen and Inverness.

Leadership and Management

Developing leadership and management capabilities and capacity across NHS Scotland is a key priority in the [2020 Workforce Vision](#). It is an integral part of improving quality to enhance patient safety and people's experience of services, as reflected in the [NES Strategic Framework for 2014-19](#).

NHS Education for Scotland provides a wide range of leadership and management programmes and activities across NHS Scotland. This role is carried out in collaboration with the Health Boards and with partners in other public sector organisations.

NES brings a leadership and management perspective to the development and implementation of national policy and strategy. We also contribute to the research and evaluation of leadership and management development interventions.

<http://www.nes.scot.nhs.uk/education-and-training/by-theme-initiative/leadership-and-management.aspx>

Designing, developing and delivering a range of national leadership and management programmes:

- Working with partners to support policy implementation
- Enabling and supporting collaborative cross sector working
- Providing national networks and resources to support partners
- Supporting the sharing of best practice between individuals, organisations, across public services and beyond
- Offering consultancy support to individual leaders, teams, organisations and across systems

To find out more about what's on offer click on one of the categories below:

1. [Emerging leaders or managers](#)
2. [Developing leaders or managers](#)
3. [Senior/Executive Leaders](#)
4. [Chief Executive/Non Executive/Board Level](#)

[http://www.nes.scot.nhs.uk/education-and-training/by-theme-initiative/leadership-and-management/nas-directorate-programmes/organisational-and-leadership-development-\(old\).aspx](http://www.nes.scot.nhs.uk/education-and-training/by-theme-initiative/leadership-and-management/nas-directorate-programmes/organisational-and-leadership-development-(old).aspx)

The Leadership & Management portal

The purpose of the Leadership & Management portal is to provide all Health and Social Care staff across Scotland with an easy point of access to a range of development resources about leadership and management.

You might currently be in a leadership role wanting to develop your capabilities, or you might be aspiring to develop as a leader, or you might be wanting to support others' learning.

What will you find here?

- **Toolkits:** Access to resources hosted on GoodPractice.net which can support your learning
- **Current Leadership & Management Topics:** Current thinking around key topics relating to health and social care in Scotland.
- **Programme-specific resources:** Participants of particular national leadership development programmes can access their programme-specific resources here. See [Leading for the Future](#), [Delivering the Future](#) and [LaMP](#)
- **Links:** Connect to other useful leadership and management resources including Community Websites hosted on The Knowledge Network.

<http://www.knowledge.scot.nhs.uk/home/portals-and-topics/leadership--management.aspx>

Workforce Scotland

Workforce Scotland is a collaborative initiative that supports and enables the public service workforce to work together to deliver the services that matter to the people of Scotland. Our vision is to see Scottish public services delivered by a highly skilled and engaged workforce. We want to ensure that everyone working together to improve Scottish public services has access to high quality, multi-disciplinary development opportunities which:

- Engage and motivate staff to deliver shared outcomes and policy priorities
- Build skills and experience, making the most of our shared resources
- Build confidence and capacity to work collaboratively across organisational boundaries.

All Workforce Scotland support and development opportunities are delivered collaboratively and are available to all levels of staff in public, private and third sector organisations, as well as community groups and volunteers, who are delivering 'public services'.

<https://workforcescotland.com/2017/03/17/what-is-workforce-scotland/#more-1777>

The Leadership Exchange Programme

This programme pairs up leaders across sectors to provide insight into different cultures, constraints and opportunities within the public service, offering you a different perspective on your leadership role...and the opportunity to make new connections. A Leadership Exchange will offer you a different perspective on your leadership role and the opportunity to make essential connections in another sector, and can provide:

- space to reflect on your leadership style
- an opportunity to enhance awareness and understanding of other organisations, their challenges and governance
- a confidential 'sounding board' to challenge ideas and explore innovative ways of working
- a greater understanding between organisations and individuals

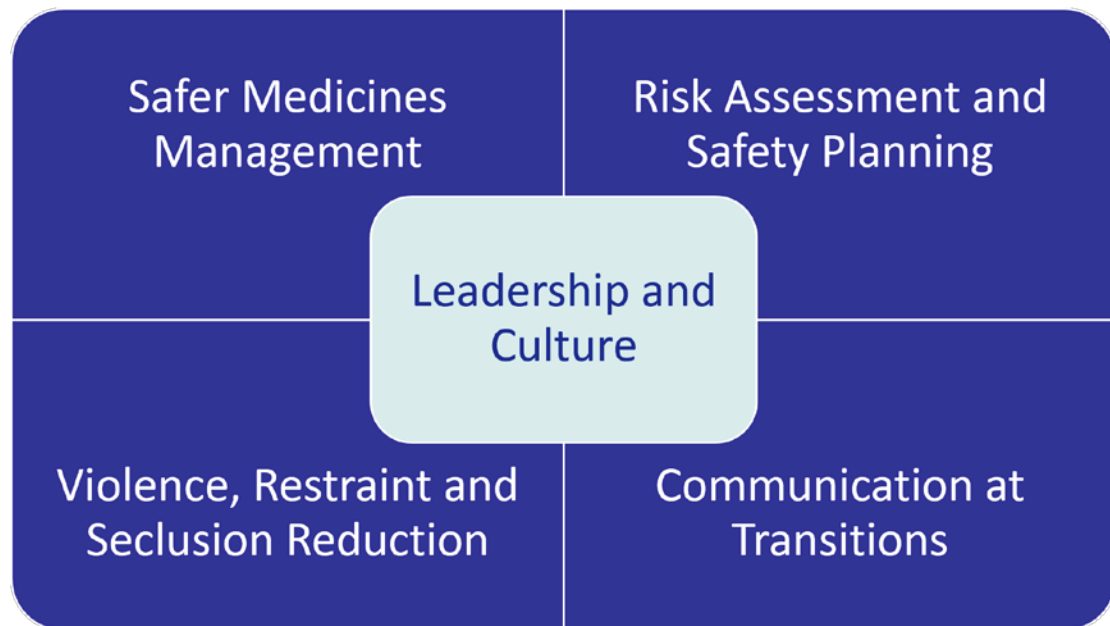
<https://workforcescotland.com/workstream/leadership-exchange/>

The Scottish Patient Safety Programme

This was launched in 2008 and is a unique national initiative aimed to drive improvement across the whole of NHS Scotland.

The fundamental aim of the programme is to reduce avoidable harm to patients by improving the safety of patient care at all points of care delivery. At its outset, SPSP focused on acute (hospital based) care but, in subsequent years, its remit extended and now includes mental health among other areas.

The work programme is centered around five streams:



<http://www.scottishpatientsafetyprogramme.scot.nhs.uk/programmes/mental-health>

Provide the leadership system that supports the improvement of safety and quality in mental health services.

The Scottish Patient Safety Programme (SPSP) is now part of Healthcare Improvement Scotland's Improvement Hub supporting improvement across health and social care. This is a unique national programme that aims to improve the safety of healthcare and reduce the level of harm experienced by people using healthcare services. SPSP aims to support National Health and Wellbeing Outcome 7: *People using health and social care services are safe from harm.*

The aim of the Scottish Patient Safety Programme for Mental Health is *People are and feel safe.*

Cultivating learning amongst those delivering and in receipt of care, and using that knowledge to improve safety are core values of the Scottish Patient Safety Programme for Mental Health (SPSP-MH). Through collaboration and innovation from staff, service users and carers and the use of quality improvement and improvement science over the last 4 years, we are now starting to see significant reductions in self harm, seclusion, violence and aggression, and restraint across a number of areas in Scotland.

<http://www.scottishpatientsafetyprogramme.scot.nhs.uk/programmes/mental-health>

Disability Leadership

NDTi: Leadership Development

The [National Development Team for Inclusion \(NDTi\)](https://www.ndti.org.uk/) is a not for profit organisation working to enable people at risk of exclusion, due to age or disability, to live the life they choose. We inspire and support policymakers, services and communities to make change happen - change that leads to better lives.

<https://www.ndti.org.uk/>

A large amount of NDTi's work is about helping organisations to develop and improve their overall leadership approach to plan and deliver services. This covers four main areas, one of which is leadership development.

1. Service Review and Evaluation

2. National Policy and Advice

3. Commissioning Support

4. Organisational Leadership Development

Often organisations ask us to help them develop their future vision and how they organise themselves to achieve that. For example we:

- Work with organisations to help them undertake cultural and organisational change;
- We deliver leadership development programmes.

<https://www.ndti.org.uk/our-work/our-projects/leadership/>

The SEND Reform Leadership Programme

This programme is delivered by the National Development Team for Inclusion (NDTi) as part of the over-arching Delivering Better Outcomes Together (DBOT) support programme. The Leadership Programme was delivered with a second cohort of 40 participants in 2016-17 as a series of five two-day modules between July 2016 and March 2017.

This evaluation report considers the impact of the programme on those leading the implementation of the SEND reforms. It reflects on the effectiveness and advantages of the programme from participant's perspectives. Examples of impacts on the delivery of services and broader organisational change are highlighted.

https://www.ndti.org.uk/uploads/files/NDTi_SEND_Reform_Leadership_Programme_Evaluation_30.03.2017.pdf

Sweden

While there appears to be little information in English there are helpful articles as shown below.

A key issue for Sweden is that of migrant (newly arrived) children and adults and their integration, health needs and inclusion.

2013 Sweden Study Tour

Sweden is well known for its excellent health care system. In May 2013, thirteen health care leaders across Canada participated in the Sweden Study Tour. This 15-page report by Goldie Luong shares her experiences of this primary care based system.

The experience was amazing. We learned about Sweden's local, regional and national publicly funded health care system, which is run like business. We learned about the differences between the Canadian and Swedish health care systems, the financial structure that drives that system, quality and safety and their focus on elder care – all have which have been topics of past emerging health leaders' reports.

I would like this report to look at Sweden from a different perspective. How does Sweden provide the right service, at the right place, at the right time? How do the social determinants of health influence and sustain the system? What are the cultural values that transpire into a healthier population? I was extremely impressed by the Swedish health care system and hope this report will shed some light on how Sweden as a nation achieves high access to services, provides high-quality care and is highly efficient, all at the same time.

https://cchl.in1touch.org/document/752/2013SwedenStudyTourReport_GoldieLuong.pdf

Co-Leadership – A Management Solution for Integrated Health and Social Care

Journal of Integrated Care, May 2016

Authors: Charlotte Klinga, Johan Hansson, Henna Hasson, Magna Andreen Sachs

Abstract

Introduction: Co-leadership has been identified as one approach to meet the managerial challenges of integrated services, but research on the topic is limited. In the present study, co-leadership, practised by pairs of managers – each manager representing one of the two principal organizations in integrated health and social care services – was explored.

Aim: To investigate co-leadership in integrated health and social care, identify essential preconditions in fulfilling the management assignment, its operationalization and impact on provision of sustainable integration of health and social care.

Method: Interviews with eight managers exercising co-leadership were analysed using directed content analysis. Respondent validation was conducted through additional interviews with the same managers.

Results: Key contextual preconditions were an organization-wide model supporting co-leadership and co-location of services. Perception of the management role as a collective activity, continuous communication and lack of prestige were essential personal and interpersonal preconditions. In daily practice, office sharing, being able to give and take and support each other contributed to provision of sustainable integration of health and social care.

Conclusion and discussion:

Co-leadership promoted robust management by providing broader competence, continuous learning and joint responsibility for services. Integrated health and social care services should consider employing co-leadership as a managerial solution to achieve sustainability.

<http://www.ijic.org/articles/10.5334/ijic.2236/>

The report below is inserted as it is interesting (despite being about rheumatology) and a similar process could be used in mental health?

Robert Wood Johnson Foundation Report

Co-production of care

Sweden created a disease registry for rheumatology that is much more than a data storage house. The [Swedish Rheumatology Quality Registry \(SRQ\)](#) is an interactive tool that helps patients and doctors prepare for and make better use of their office visits. It helps them to work like a team—to “co-produce” care together. A patient can log on to the registry on her laptop, tablet or mobile device. While sitting at her kitchen table, she can review her doctor’s notes, check her test results and enter information of her own on her symptoms, progress and challenges. These data are synthesized and graphically displayed to provide a real-time snapshot of her health and a longitudinal image that shows her health and treatment trends over time. The result is a clinical decision support tool—a dashboard—that helps patient and doctor work together to create health that goes beyond lab values and disease symptoms, to focus on the patient and what’s important to her. The data from each visit also contribute to better public health. Structured data stripped of patient identifiers are immediately exported to the national SRQ directory for improving population health, helping physicians benchmark the quality of their care. From a quality perspective, the implications are exciting. Engaging patients to track their symptoms and quality of life outside the doctor’s office and participating more actively in their care led to substantially better health outcomes.

Over 10 years, the Swedish Rheumatology Quality Registry has helped improve the use of expensive rheumatology medications in Sweden. Along with the introduction of these drugs, the SRQ helped to reduce inflammations and cut the number of total hip replacements by 90 percent in patients with rheumatoid arthritis. Practices participating in the registry documented a 50 percent decrease in inflammation among patients with rheumatoid arthritis.

http://www.rwjf.org/en/culture-of-health/2016/09/how_a_swedish_model.html

US

SAMHSA

Leading Change 2.0: Advancing the Behavioral Health of the Nation 2015–2018

This document outlines how SAMHSA will focus its work efficiently to increase awareness and understanding of mental and substance use disorders, promote emotional health and wellness, address the prevention of substance use disorders and mental illness, increase access to effective treatment, and support recovery.

FISCAL YEAR 2015–2018 STRATEGIC INITIATIVES:

1. Prevention of Substance Abuse and Mental Illness
2. Health Care and Health Systems Integration
3. Trauma and Justice
4. Recovery Support
5. Health Information Technology
6. Workforce Development

<https://store.samhsa.gov/shin/content/PEP14-LEADCHANGE2/PEP14-LEADCHANGE2.pdf>

SAMHSA works with federal and other partners to increase the supply of trained and culturally aware professionals to address the nation's behavioral health needs.

Serious workforce shortages exist for health professionals and paraprofessionals across the United States. For example, consider

- In 2011, there were only 2.1 child and adolescent psychiatrists per 100,000 people and 62 clinical social workers per 100,000 people across the United States.
- 62 million people (20-23%) of the U.S. population live in rural or frontier counties; 75% of these counties have no advanced behavioral health practitioners.
- In 2012, the turnover rates in the addiction services workforce ranged from 18.5% to more than 50%.

To support an ongoing focus and discussion on addressing these challenges, SAMHSA is planning the development of regionally based workforce workgroups to allow states and stakeholders to share strategies for enhancing, developing, and financing the behavioral health workforce. These workgroups will allow for the dissemination of information, state-to-state sharing, and linkages to resources among federal, state, tribal and local partners.

To address the challenges in recruiting, training, and retaining a diverse behavioral health workforce, SAMHSA has funded a number of programs, initiatives, and technical assistance centers. For detailed information on the challenges and how SAMHSA works with federal and other partners to address them, visit the SAMHSA Administrator's [Report to Congress – 2013](#).

<https://www.samhsa.gov/workforce>

SAMHSA publications and related resources on the Workforce.
<https://www.samhsa.gov/workforce/publications-resources>

In 2014

Congress has called it the “workforce crisis.” The need for an educated and seasoned workforce stems not only from demand, but high turnover rates, a shortage of professionals, aging workers, and low compensation. And with the advent of the [Mental Health Parity and Addiction Equity Act](#) and the [Affordable Care Act](#), policies that provide inclusion and insurance coverage for mental and/or substance use disorders, behavioral health services and supports must be covered just as other medical care is.

SAMHSA is responding to this need with a Workforce Development Strategic Initiative to build the behavioral healthcare workforce so that those who need services and support can obtain them.

In its [2013 Report to Congress on the Nation's Substance Abuse and Mental Health Workforce Issues](#), SAMHSA outlines how these laws are reshaping the workforce and delivery of services by moving the field toward improved coordination and integration of behavioral health care with other health care in primary, specialty emergency, and rehabilitative care settings, and, with that, the need to apply team approaches to address an individual’s health concerns.
https://www.samhsa.gov/samhsaNewsLetter/Volume_22_Number_4/building_the_behavioral_health_workforce/

Development of Competencies and Capacities to Address Behavioral Health

SAMHSA funds and supports efforts that promote the recruitment, training, and retention of a diverse qualified workforce to meet the nation’s behavioral health needs.

As indicated in SAMHSA’s [Leading Change 2.0: Advancing the Behavioral Health of the Nation 2015-2018](#), SAMHSA will work to ensure that the behavioral health workforce has access to the information needed to provide successful prevention, treatment, and recovery services. SAMHSA also will support the workforce to engage people with mental and/or substance use disorders and empower them on the path to recovery. As identified in the Workforce Development Strategic Initiative, SAMHSA is committed to:

- The development and dissemination of training and competencies
- Supporting the deployment of peer providers in all public health and health care delivery settings
- Increasing the capacity to address behavioral health in all prevention, treatment, and recovery settings
- Supporting adequate funding and payment structures

Some examples of leadership initiatives are:

Emerging leaders

To increase the knowledge and skills of emerging leaders who serve in communities in greatest need of behavioral health services, SAMHSA introduced [Project](#)

[Leadership Initiatives for Tomorrow \(LIFT\)](#)(link is external), a training and technical assistance initiative.

Peers in the Behavioral Health Workforce

People in recovery from behavioral health disorders and their family members are being trained as specialists and are contributing to the field in a variety of roles: as health educators, patient navigators, outreach and engagement workers, and crisis support among others. These evidence-based recovery supports have expanded the workforce and access to effective services. The real-world experiences of peer professionals bolster workforce expertise and guarantee inclusion at all levels of the delivery system.

As reported in the SAMHSA Budget Fiscal Year 2015, SAMHSA proposes to focus on the Peer/Para-Professional Workforce Development Program. It is designed to augment SAMHSA's and HRSA's professional development programs and to strengthen the behavioral health workforce by increasing the number of trained peers, especially those working with youth ages 16-25.

Continuing Education and Credentialing for Addictions Workforce

Credentialing and education requirements to work in the substance use disorders field, as in the mental health field, differ from state to state. Individuals seeking a career in this field need to check with the appropriate agency in the state in which they plan to practice.

Find information on credentialing organizations and certifying the workforce on the Practitioner Competencies for Treating Co-occurring Disorders page.

Recovery coaches

Furthermore, certified recovery coaches are an emerging addition to the peer workforce in the addiction treatment field. Recovery centers offer a host of supportive services and wellness activities, and serve as resources in their communities fostering recovery and sobriety.

<https://www.samhsa.gov/workforce/development-competencies-capacities>

Philadelphia

Philadelphia Department of Behavioral Health and Intellectual disAbility Services

Training Unit

The Department of Behavioral Health & Intellectual disAbility Services is committed to informing, inspiring and empowering our communities. To that end we offer training and technical assistance to behavioral health service providers, individuals in recovery, family members and the community at large. Please follow the links below to explore the training opportunities that are available.

- [Behavioral Health Training & Education Network](#) is committed to supporting DBHIDS and other human service systems by planning, coordinating and providing quality learning experiences in Behavioral Health and related topics. Our training audiences include providers and administrators of services, individuals engaged in services, family members and other interested community members

- [CBH Network Development](#) offers all CBH contracted providers a training series on effective tools for Assessment, Treatment Planning and Clinical Documentation. Network Development also offers Technical Assistance to DBHIDS behavioral health service providers.
- [Mental Health First Aid](#) is an in-person training that teaches you how to help people developing a mental illness or in a crisis.
- [Networks for Training and Development, Inc.](#) is a non-profit organization dedicated to promoting inclusive communities through quality training, technical assistance, and demonstration for individuals with disabilities, families, organizations, and neighborhoods. We have worked together to have our website reflect these values.
- Practice Guidelines Trainings are offered monthly at [BHTEN](#) or can be requested for provider organizations and tailored to the specific audience by contacting mariadelmar.cabiya@phila.gov.
- Training Director's Collaborative is a group of Training Director's, Managers and Coordinators from Behavioral Health Organizations in Philadelphia who develop curriculum coordinate training and professional development opportunities for behavioral health service staff. We gather to network, share expertise and explore possibilities for collaboration. If you would like to join this group please contact mariadelmar.cabiya@phila.gov.
<http://dbhids.org/about/organization/strategic-planning-division/training-unit/>

The information below may be of interest to agencies wishing to shift to a population-based approach.

As the health and human services industry shifts to a population health approach, organizations are looking for new, innovative ways to provide care and ease the transition.

Technologies and programs such as online cognitive behavioral therapy have become increasingly popular for organizations looking for innovative ways to provide treatment to the populations that they serve. Whether it's new tools or innovative uses for technologies in the current market, digital technologies are changing the way organizations provide care and manage the shift to population health.

Hear Samantha Matlin, Ph.D., former Special Advisor to the Commissioner and Senior Director for Health Promotion, and Dana Careless, Manager for Health Promotion at the Philadelphia Department of Behavioral Health and Intellectual disAbility Services (DBHIDS), discuss how the City of Philadelphia is using digital technologies like Beating the Blues US, an online cognitive behavioral therapy program, to support their shift to a population health management approach. During this exclusive 90-minute session, Dr. Matlin and Ms. Careless shared examples of technologies currently being used and the innovative ways these tools are being offered to individuals needing care.

This highly anticipated case study presentation showcased:

- the conceptual model of how Philadelphia DBHIDS has been moving to a population health management approach;

- real world examples of key technologies being offered to individuals needing care and the innovative ways these technologies are being used;
- an exclusive look at how Philadelphia DBHIDS has been using online cognitive behavioral therapy and the lessons learned while implementing the use of this technology.

<http://dbhids.org/revolutionizing-population-health-management-with-online-cognitive-behavioral-therapy/>

Performance Plus International

Dana Careless from DBHIBS states that they also contract with an organization called Performance Plus International, Inc. (PPI) to provide leadership training across several levels of staff.

"Our clients provide services that affect the health, social, physical, and economic well-being of the public. Our services allow them to build capacity to carry out their mission and satisfy the public's needs". This agency provides leadership development, training and coaching and facilitation.

<http://www.ppiinc.net/clients>

We develop leaders, we transform organizations!

PPI provides organizations, teams, and individuals with workforce and organizational development solutions that enhance their ability to lead, serve the public, and engage with some of the most vulnerable populations.

PPI is a professional services consulting firm with over 20 years' experience helping organizations better serve the customers and communities. Our employees and consulting partners bring an array of skills and experiences that allow our clients to envision possibilities, develop the right strategies, and achieve business outcomes. Your customers are our concern.

Our Approach

- Engage
- Listen
- Relate
- Determine the best time
- Propose the best solution
- Deliver the best value

<http://www.ppiinc.net/about-ppi>

LEADERSHIP Philadelphia

Founded in 1959, this is a non-profit organization that mobilizes and connects the talent of the private sector to serve the community. It is the original and flagship model for 400 such organizations across the country. Through its Core Program, LEADERSHIP Philadelphia enhances participants' civic knowledge and awareness, and enriches their leadership skills. LEADERSHIP Philadelphia serves as the hub of a diverse professional network. It is a deeply trusted convener and thought leader in the region. **Our mission is to mobilize and connect the talent of the private sector to serve the community.**

The Core Program consists of eleven day-long seminar sessions from September through June. Meetings generally consist of half-day immersion in a civic topic,

followed by an afternoon of leadership development or trustee skills development training. Participants receive individual skills development feedback.

Each meeting and speaker is evaluated to ensure that LEADERSHIP is meeting the group's needs. Assessment tools, feedback, and experiential training enrich the experience.

Civic Issues

Arts and Culture
Economic Development
Education
Law Enforcement
Sustainability

Leadership Development

Connecting
Emotional Intelligence
Group Process
Legacy
Self-Awareness

Trusteeship Training

Fundraising
Governance
Non-Profit Financials
Philanthropy
Public/Private Partnerships

Benefits to Sponsor Organizations

- Broadens your employee's network of professional contacts
- Affords fast-track employees additional recognition
- Raises employee's profile among professional peers
- Introduces employee to community leaders
- Provides valued employees with leadership training

Benefits to Participants

- Broadens scope and diversity of professional network with access to over 2500 alumni
- Provides a unique Individual Development Plan
- Enhances knowledge of civic issues and leaders
- Provides insider access to some of the city's iconic institutions and leaders
- Places participant on a non-profit board or committee
- Heightens self awareness, self confidence, and more connections

Benefits to Community

- Creates and nurtures a network of informed leaders
- Strengthens public/private partnership
- Weaves new leaders into the region's civic fabric
- Links corporate resources with community organizations
- Reduces "six degrees of separation" in order to get work done.

<http://www.leadershipphiladelphia.org/programs/core-program/>

National Council for Behavioral Health

The Middle Management Academy

The Middle Management Academy is the only program of its kind for future health care leaders. It has graduated more than 2,000 managers to the leadership fast track and has earned the appreciation of participants, as well as their CEOs. Steeped in proven business strategy, the Middle Management Academy is an intensive, practical, and highly interactive training that helps participants understand what great managers do differently.

Why is the Middle Management Academy Important to Your Organization?

The Middle Management Academy gives managers the skills they need to manage work and people, but it also connects them to the bigger vision of their organizations. They become stronger links in the management chain and are able to help improve productivity by motivating staff, communicating effectively, and fulfilling their role as influential front line leaders.

Organizations that have sent their managers to the Middle Management Academy have realized the return in terms of results-driven management —reflected in improved workforce competency and productivity, effective decision-making, and focus on the bottom line.

Middle Management Academy Curriculum

The Middle Management Academy is an in-person, 3.5-day group training program that offers management training customized for health care safety-net staff. It helps new and experienced managers improve performance and results.

Graduates give the program high marks for its focus on three core competencies — managing budgets and financial information, motivating and managing employees, and applying appropriate leadership styles to everyday situations. Participants gain insight into their own management strengths and challenges through in-depth assessments, including the Myers-Briggs Type Indicator. The hands-on curriculum focuses on applying identified skills to key management tasks and responsibilities. Participants address real-world questions relevant to behavioral health. Small groups of participating managers are formed into organizational teams where they work on day-to-day management challenges and situations.

<https://www.thenationalcouncil.org/training-courses/middle-management-academy/>

Executive Leadership Program

Designed for CEOs, COOs, CFOs, Medical Directors and other C-suite executives, this program is designed for leaders that have a deep commitment to adding public value while understanding that innovation, strategy, leadership and management skills are critical to the delivery of healthcare in the 21st century.

The National Council's Executive Leadership Program is targeted to people across the behavioral health industry (e.g. health systems, ambulatory health, mental health and addiction organizations, associations, health plans, state agencies, etc.).

Program Overview

Through a combination of in-person meetings, executive coaching, self-reflection, and peer support, participants examine health care trends; learn about developing mental health and addictions finance and service delivery models; and explore the

increasing interplay between private and public sectors. Individual skills building includes confidence and public presence, messaging and presenting, team building and coaching, planning and execution, and the arts of partnerships and negotiating. Participants have access to a unique line-up of thought leaders in the field of behavioral health policy, leadership development, quality improvement, and executive presence including David Lloyd from MTM Services, Jeanne Supin from Watauga Consulting, and others.

Participants engage in the following activities from April 2017 – February 2018:

- Attend NatCon Conference: 3-day conference April 3-5 in Seattle, WA (Complimentary registration, suggested sessions, and VIP networking opportunities will be available for accepted participants)
- Kick-Off Meeting: 3-day in-person meeting the week of June 12 in Washington, DC
- Myers-Briggs Type Indicator® Online Assessment
- Team/Group Coaching Calls: Facilitated discussion for program participant and members of her or his team to improve the work environment and promote team development
- Monthly Coaching Calls: 1 hour per month 1:1 coaching
- Implementation of a Leadership Stretch Project
- Leadership Stretch Project Implementation Coaching: 5 hours of 1:1 project coaching
- Mid-Year Meeting: 3 day in-person meeting the week of October 16 in Scottsdale, AZ (specific dates TBD prior to program launch)
- Wrap-up Meeting: 3 day in-person meeting in January/February 2018 (specific dates and location TBD prior to program launch)

<https://www.thenationalcouncil.org/training-courses/executive-leadership-program/>

Institute for Healthcare Improvement

This is a general health leadership programme that takes people from all countries and disciplines including mental health. The head office is in Cambridge Massachusetts

The IHI Fellowship Program is a year-long immersion program for mid-career health professionals. The program has two overarching goals, to:

- Develop health care leaders with the drive, skills, and experience to spread improvement in the United States and globally; and
- Build capability within health care organizations to reach dramatically higher levels of performance.

Fellows spend one year at IHI's office in Cambridge, Massachusetts, and return to their home organization to lead transformative change.

Elements of the Fellowship

Although a mere description of the fellowship's curriculum and training opportunities cannot capture the true impact of the program on fellows and their organizations, fellows can expect to acquire the following competencies.

Competencies Acquired During the Fellowship Program

- Leadership
- Model for Improvement and improvement science
- Measurement
- Reliability science
- Communication and teamwork
- Project management
- Critical analysis tools
- Person- and family-centered care
- Business case for quality;
- Regional solutions to optimizing population health, patient experience and outcomes of care, and cost of care
- Public speaking and advocacy; and
- Preparing proposals, policy briefs, and manuscripts

<http://www.ihf.org/Engage/Fellowships/Pages/default.aspx>

“Every July, a group of mid-career professionals from the US and the UK arrive at IHI to spend a year immersing themselves in learning about health care improvement. With funding from the family of George W. Merck, the Health Foundation (UK), and Kaiser Permanente, the fellows plunge into projects, gain technical improvement skills, meet the world’s foremost improvement leaders, and tour innovative health care systems. When they return home, they often take on new leadership roles at work. IHI Fellowship Director Joelle Baehrend reports that many of the 57 people who have passed through the program since 1998 discovered their own leadership potential. “They have more head space here because they aren’t doing their day-to-day jobs,” she contends. “They can think about the impact they really want to make, and they start to see things more globally.” Malcolm Daniel, a consultant in anaesthesia and intensive care at Glasgow Royal Infirmary in Scotland, says that, since he finished his fellowship, his colleagues have begun to see him as a resource for improving health care on a national scale. “I think much more about the bigger picture now,” he says. “Previously, I worked on improvement projects in my ICU. Now I think more about what I can do in my region and my country.”

http://www.ihf.org/Engage/Fellowships/Documents/IHIFellowships_2012ProgressReport.pdf

Addiction

SAMHSA

What does the recent SAMHSA Barometer tell us? For starters, it shows the national annual prevalence of prescription opioid misuse and heroin use. In 2015, about 12.5 million persons aged 12 and over reported misusing prescription pain relievers, and about 828,000 reported using heroin. The Barometer also shows an increase in receipt of medication-assisted treatments for opioid use. From 2011 to 2015, the number of individuals who received methadone as part of their substance use treatment increased by about 16 percent from 306,440 to 356,843, and the number

who received buprenorphine at outpatient treatment facilities more than doubled from 32,676 to 75,72410.”

The Substance Use and Mental Health Leadership Council of RI

The behavioral health workforce is one of the fastest growing workforces in the country. Employment projections for 2020 based on the U.S. Bureau of Labor Statistics forecast a 27% rise in employment opportunities for substance abuse and mental health counselors from 2016 to 2020.

As stated by the U.S. Substance Abuse and Mental Health Services Administration (SAMHSA) the current and worsening opioid crisis, the impending addiction crisis with marijuana, and the thousands of lives lost or suffering from alcohol and other substance use and mental health disorders is coinciding with a national shortfall of trained professionals in this specialized field¹¹.

Of interest are the recent proposed changes to health law in the US.

The repeal of the American Health Care Act

The House passed the American Health Care Act (AHCA), repealing key provisions of the ACA on May 3rd 2017.

Many organizations in the treatment field, including the American Association for the Treatment of Opioid Dependence (AATOD), Acadia Healthcare, and 433 others, sent a letter immediately to House Speaker Paul Ryan and Senate Leader Nancy Pelosi objecting to the AHCA.

“We are very concerned that the AHCA’s proposed changes to our health care system will result in reductions in health care coverage, particularly for vulnerable populations including those suffering from substance use disorders and mental illness,” they wrote¹².

The letter noted that more than 20 million Americans have obtained coverage through the ACA. Many of these individuals couldn’t access treatment for substance use disorders until the ACA expanded Medicaid to low-income adults (in many states, only pregnant women and children had been eligible).

The letter cited the opioid overdose epidemic and the need for insurance reimbursement for medications to treat substance use disorders. The letter also noted that the Mental Health Parity and Addiction Equity Act of 2008 (MHPAEA) provides parity of coverage for substance use disorders and mental illness, on the same level as other medications. It was the ACA that extended MHPAEA to the small and individual-group market, as well as to Medicaid expansion plans.

¹⁰ <https://blog.samhsa.gov/2017/06/13/an-overview-of-the-nations-behavioral-health/#.WVh2OROGN7O>

¹¹ <https://www.sumhlc.org/workforce-development/default.aspx>

¹² <http://atforum.com/2017/06/aatod-acadia-433-others-protest-health-care-bill-destructive-opioid-treatment/>

Center for Substance Abuse Treatment

The mission of the Center for Substance Abuse Treatment is to promote community-based substance abuse treatment and recovery services for individuals and families in every community. CSAT provides national leadership to improve access, reduce barriers, and promote high quality, effective treatment and recovery services.

The Center for Substance Abuse Treatment (CSAT):

- Works to close the gap between available treatment capacity and demand
- Supports the adaptation and adoption of evidence-based and best practices by community-based treatment programs and services
- Improves and strengthens substance abuse treatment organizations and systems

CSAT's work supports:

- States and community-based groups to improve and expand existing substance abuse treatment services under the Substance Abuse Prevention and Treatment Block Grant Program
- SAMHSA's free treatment referral service that connects people with substance abuse services in their community

<https://www.samhsa.gov/about-us/who-we-are/offices-centers/csat>

PFR Leadership Institutes Prepare Future Leaders in the Addiction Treatment Field

Note: this was written in 2015

In collaboration with the national network of [Addiction Technology Transfer Centers](#) (link is external) (ATTCs), PFR is sponsoring regional Leadership Institutes across the country. The Leadership Institutes are part of the overall strategy of PFR to develop leadership within the addiction treatment field.

As many of the current leaders in the addiction field near retirement, there is a need to transition leadership to the "next generation" while also developing leadership at all levels within organizations. PFR's support of the Leadership Institutes came out of the documented need for such training.

The [Southern Coast ATTC](#) (link is external) piloted the first Leadership Institute in October 2003. The Graduate School, USDA (GS/USDA) is responsible for the pre-assessment of participants (called "protégés") and a five-day immersion training. Based on the tremendous success of the pilot, the five-day training is currently being hosted by regional ATTCs across the country with rave reviews from participants.

In-Depth Training Course

The full Leadership Institute involves several [components](#) (link is external), including:

- Independent pre-course assignments
- A 360-degree assessment of each participant's job strengths
- Five intense days of training
- A six-month follow-up program during which time protégés work with mentors and complete a specific project based on their leadership goals

At the end of the course, participants reconvene, present their projects, and formally graduate from the Leadership Institute.

Training Objectives

The overall goals of the Leadership Institute are to develop a cadre of leaders able to:

- Enhance cultural appropriateness
- Develop and disseminate tools
- Build a better workforce
- Advance knowledge adoption
- Provide ongoing assessment and improvement
- Forge partnerships (SCATTC Strategic Plan, 2004)

The Leadership Institute achieves this by motivating participants to:

- Explore and enhance interpersonal skills through personal assessments and dialogue and through personal and professional partnerships and coalitions
- Explore and enhance team skills
- Explore and enhance organization development skills

With up to 20 individuals participating in each of the Leadership Institutes, the field is beginning to create an identified pool of emerging leaders whose talents and influence will help shape the addiction treatment field in the coming years.

The [Resources and Links](#) page lists documents on leadership and the need for workforce training.

<https://www.samhsa.gov/partners-for-recovery/about>

National Association of Addiction Treatment Providers

The mission of NAATP is to provide leadership, advocacy, training, and member support services to ensure the availability and highest quality of addiction treatment.

- Addiction, or Substance Use Disorder (SUD) is a serious social, economic, and public health crisis that is not adequately addressed in public policy or treatment delivery.
- Addiction has been historically mistreated as an acute and entirely behaviorally centered condition. It is a primary and chronic disease, centered in the brain, with psychological and social components.
- Addiction has been wrongly stigmatized, misjudged as a character failing, and largely addressed as a criminal matter.
- Renowned scholar and author of [NAATP's history](#), William White, said that the U.S. has tried to arrest and incarcerate our way out of the addiction crisis.
- **The Way Out** is in fact through [education](#), the delivery of quality addiction services, and [strong policy advocacy](#). NAATP is committed to each of these responses.

<https://www.naatp.org/about-us/mission>

NAATP National Addiction Leadership Conference has been the annual “go to” event for our industry since 1978. *NAATP National* remains unique and critically important as the leading educational and networking event within the addiction treatment field. <https://www.naatp.org/training/national-addiction-leadership-conference>

Women's Addiction Services Leadership Institute (WASLI)

The Substance Abuse and Mental Health Services Administration’s (SAMHSA’s) Center for Substance Abuse Treatment (CSAT) has several initiatives that strengthen the capacity to serve women with substance use and co-occurring disorders. As a result, many effective, evidence based practices, programs, and policies are available that address the specific needs of women and their families and reduce health disparities. However, these approaches have yet to be brought to scale and are unavailable to most women.

There is an urgent need to cultivate emerging leaders in women's services to ensure that gender-responsive approaches continue and are implemented in our changing behavioral health environment. To respond to this need, SAMHSA/CSAT has created the Women's Addiction Services Leadership Institute (WASLI). WASLI has its roots in the Partners for Recovery-Addiction Technology Transfer Center Leadership Institute and is customized to meet the needs of professionals who are specifically working in women’s services.

Thus far, three classes of WASLI Associates have graduated, and they have formed a loosely knit alumni network. WASLI provides women’s addiction and mental health-specific leadership content and networking opportunities that are unavailable elsewhere. The goals of WASLI are to strengthen the capacity to meet the prevention, treatment, and recovery needs of women with substance use and mental health problems by:

- Developing and improving the leadership skills of participants;
- Creating a network of the next generation of leaders in women's services; and
- Establishing a model of women's leadership training.

This year, the program is designed to give emerging leaders in women’s behavioral health (treatment and prevention) the resources, tools, and inspiration needed to continue the growth and development of quality services for women across the United States.

WASLI Alumni Network

This offers vital ongoing learning and mutual leadership support.

<https://www.samhsa.gov/sites/default/files/wasli-background-overview.pdf>

Community Anti-Drug Coalitions of America

Preventing alcohol, tobacco and other drug abuse Our National Youth Leadership Initiative (NYLI)

This empowers over 1,200 youth yearly across the U.S. and abroad to fight drug use and other problems plaguing their communities. We inspire groups of passionate 13-18 year olds, who are eager to analyze and influence their communities in a positive way, and develop them how to create social change! These “social scientists” are affecting change today!

The NYLI is committed to strengthen the skills and capacity of young people to influence positive change in the communities where they live, learn and grow. Knowing that young people are the best resource for creating this change, our motto is ***“Youth-Led; Adult-Guided”***

The National Youth Leadership Initiative (NYLI) is built on the framework of evidenced-based community problem-solving processes researched and documented by the World Health Organization Collaborating Centre Workgroup for Community Health and Development at University of Kansas. This work has been calibrated for substance abuse by CADCA and institutionalized over 10 years through the National Coalition Institute (NCI), Coalition Academy and CADCA's Youth Programs delivery system. The NYLI is embraced by White House Office of National Drug Control Policy (ONDCP), states and local communities. It helps coalitions build capacity to foster youth leadership in design, implementation, and evaluation of action strategies addressing community problems through “Youth In Action” Projects which employ seven evidence-based behavioral change strategies with an emphasis on environmental change to effectively address the problem behavior identified.

This experiential educational model is designed to create community change by improving individual core competencies and essential group processes of youth and adult advisors to create change at population-levels. The distinction between this youth leadership initiative and others is the intentionality for the development of youth, ages 13 to 18, to become good community problem solvers, communicators, and advocates who participate in the creation of a civil society. There is also a central focus on workforce development as we integrate youth into the fabric of local communities.

NYLI is adaptable and has been evaluated by Michigan State University. The MSU independent evaluation shows the NYLI as making an impact in youth's leadership skills, civic and political engagement, social justice orientation and their self-efficacy with facilitating community change. <http://www.cadca.org/about-nyli>

Appendix 1

John Hopkins University

**The Leadership in Strategic Communication Workshop
A Unique and Transformational Learning Experience
for Communication Professionals
Baltimore, MD
July 8 – 29, 2017**

Inspiring leadership, transforming lives

The Johns Hopkins Center for Communication Programs (CCP) invites you to apply for the 2017 Leadership in Strategic Communication Workshop (LSCW). This 3-week course, led by a distinguished faculty of public health, policy and development experts, has been described as a transformative experience, designed for versatile, dynamic individuals who seek to lead within and beyond their organizations.

Who is this course for?

- **Project leaders** interested in staying current with the latest social and behavior change communication program design approaches and new models for evaluation
- **Global health and development program managers** seeking to increase their knowledge of communication in the context of program design
- **Senior and mid-level officials** in ministries of health, finance, and other departments related to health and global development
- **USAID mission staff** who manage complex health and development projects in their region and/or who oversee implementing organizations
- **Development professionals** working in social and behavior change communication, knowledge management and other areas of communication seeking to understand CCP's approach to program design, implementation and evaluation

What will you do?

Working in a team, participants will develop a scalable health communication campaign based on a pre-determined global health or development challenge. In the course of developing the campaign participants will learn how to:

1. Write a strategic communication plan
2. Design and implement evidence-based, culturally-relevant messages
3. Explore digital media as a mechanism for dissemination and measurement
4. Develop a crisis response plan
5. Measure and evaluate program results.

<https://ccp.jhu.edu/capacity-strengthening/leadership-strategic-communication-workshop/>

York University, Toronto Canada

The Advanced Certificate in Health Care Management and Clinical Leadership

This is designed for emerging and current leaders to gain formal leadership training. Formerly known as The Advanced Certificate in Clinical Leadership.

Now in its 8th year, the certificate program teaches healthcare professionals how to become an inclusive, responsive, and inspirational leader within collaborative care and inter-professional teams. The certificate program uses The Complexity Framework™ - an applied evidence-based framework for best practices in health care leadership. The course is developed by an internationally recognized faculty, including industry experts and professors currently teaching at the Faculty of Health and the MBA program at the Schulich School of Business at York University, and School of Nursing at Queens University.

For human resources and professional development units: Consider offering this course as an organizational development strategy to produce individuals with “T-shaped skills” – Broad, cross-disciplinary skills that intersect with specialized depth of expertise.

Learning Outcomes

- Managing day-to-day clinical operations for continuous quality improvement
- Enhancing collaborative care and working relationships within an inter-professional team environment
- Effective communication skills to manage diverse, multidisciplinary teams, and external stakeholders
- Conflict resolution and change management
- Coaching and mentoring skills

The program aims to equip participants with key career development skills to help them expand their current role or assume a new leadership role. This course will focus on building your personal leadership style to open up the possibility of assuming a variety of leadership roles.

The optional 1-day Project Management workshop aims to teach healthcare professionals critical skills in managing workplace projects through practical case studies and group work.

Who Should Attend

Participants are formal and informal, emerging or experienced leaders at all levels in acute care, front-line hospital service organizations, long term care, social services, non-profits, family health teams and more. This includes:

- New and aspiring health professionals who are looking to take the next step in their career. This includes directors, managers, administrators, front-line clinicians, and other healthcare professionals across the health care, social services, and the non-profit sector
- Experienced healthcare leaders who would like to refresh their approach and update formal knowledge

- Individual providing collaborative care within diverse, inter-professional or multi-disciplinary teams

This is a 5-day Leadership Course plus an Optional 1-day Project Management for current and emerging health care leaders. Register for all 6 days and save on the registration fee.

The Advanced Certificate in Health Care Management and Clinical Leadership is a model for custom leadership programs designed for health-focused organizations across Canada.

<http://hlln.info.yorku.ca/open-programs/clinical-leadership/>

Kings College London

The International Programme in Addiction Studies MSc

This course offers students cross- cultural exposure to critical prevention and treatment practices, as well as research and policy issues in the field of addiction. This programme provides unique opportunities to study addiction in its broadest sense and examine key issues from an international perspective.

Key benefits

- A unique programme that focuses on the similar international trends in policy, global epidemiology of substance-related morbidity and mortality, and evidence-based treatment and prevention practices.
- Exclusive online access to lectures produced exclusively for the course by International experts in the addictions field.
- Course members are considered students of all three universities concurrently with access to all online resources available from each of the partners.
- You will receive personalised support from our dedicated module leaders throughout the course.
- Course graduates will receive a triple-badge diploma jointly conferred by the three teaching institutions.

<https://www.kcl.ac.uk/study/postgraduate/taught-courses/international-programme-in-addiction-studies-msc.aspx>