

# SuperFriend “International Initiative for Mental Health Leadership (IIMHL) Match Report

## IIMHL Background and Overview

<p>IIMHL</p>	<p>The <i>International Initiative for Mental Health Leadership</i> (IIMHL) is a unique international collaborative that focuses on improving mental health and addictions services. IIMHL is a collaboration of eight countries: Australia, England, Canada, New Zealand, Republic of Ireland, Scotland, USA and Sweden. Australia’s link to the International Initiative for Mental Health Leadership is through the Federal Government’s Mental Health Drug and Alcohol Principal Committee (MHDAPC).</p> <p>The IIMHL organises systems for international innovation sharing, networking, and problem solving across countries and agencies. The Leadership Exchange is a week-long learning event which is held every 16 months. Knowledge transfer among IIMHL countries includes not only the Leadership Exchange, but also promotion of workshops/training/education, research, support of learning collaboratives, and ongoing information dissemination between Exchanges.</p> <p>The theme for the 2017 IIMHL Combined Meeting and the associated Matches was “Contributing Lives, Thriving Communities”.</p>
<p>Background to SuperFriend Match 2017</p>	<p>SuperFriend Strategic Collaborations Manager, Deborah Kennedy, attended the 2015 Match as part of the IIMHL Conference in Canada. The Match was the first that focused exclusively on workplace mental health with a theme of “Psychologically Safe Workplaces”. SuperFriend then undertook to continue this theme as the Conference moved to Australia, to provide continuity of focus and further opportunity to highlight the workplace as a setting for the prevention, identification, and management of mental health issues.</p> <p>The IIMHL Conference in Australia was hosted by the New South Wales Mental Health Commission, with various Matches hosted by government and non-government organisations across Australia and New Zealand. The SuperFriend Match, “Innovation in Prevention”, was held at University of Melbourne conference facilities in Melbourne, Australia on Monday and Tuesday 27<sup>th</sup> and 28<sup>th</sup> February 2017.</p>

## Key Match Themes

The agenda for the Match was developed to support sufficient time for discussion of issues and sharing of resources and experience. Throughout both days of the Match, participants identified common themes and issues which have been recorded to provide direction for activities, innovation and possible collaboration between IIMHL Matches.

The following were the key themes identified by conference participants.

### Management

- The importance/value of good management; not only in relation to mental health, but in relation to effective management of people and how that contributes to a mentally healthy workplace. This requires an approach that focuses on the drivers of management skills, including pre-service education (specific management skills related to managing a mentally healthy workforce), integration in training of relevant disciplines, policy change to support workplace implementation, as well as research and translation of knowledge for practical implementation by work providers (employers, businesses, organisations).

### Workplace Resourcing and support

- Many workplaces are enthusiastic about creating positive change, however need further information, tools, and support, to assist them to measure and validate outcomes in the business world. This needs to include a practical, focused business case, a data set that can be flexible to a range of organisations, and benchmarking for various sectors and sized organisation. There is also a need for ongoing advice and direction to support those involved in implementation.

### Move from “What” to “How”

- There is a general sense that there is enough available evidence and information to start the movement to support workplaces to implement change, however it was identified that there is a pressing need for the discussion to move from “what” needs to be done, to “how” to do it. This does not exclude the need for continued development and evolution of knowledge about the workplace as both a source of good and bad work. The “how” needs to be a mixture of easily available and applicable information, examples, workplace stories, and support.

### Participation & Ownership: Lived Experience and End User

- Stakeholders have a critical role to play in the development of appropriate and applicable resources, strategies, and engagement models, across the spectrum of workplaces, sectors and business profiles. Involvement of both of the ‘end user’, and of people who have experienced a mental health condition or have a lived experience of suicide are seen as strong success factors in promoting workplace mental health.

### Organisational Readiness

- The issue of organisational readiness – how do we determine the stage of maturity of an organisation (or “work provider”), in relation to their ability to implement workplace mental health within a strategic or practical framework. This needs to consider the various profiles of organisations and success factors for each, relating to size, funding, attitude, etc. There is a need to identify pre-existing success indicators, as well as stages of development and how to influence them.

### Engagement at an Industry Level

- The group identified a strong need to engage strategically at an industry level, not just an organisational level. This creates advantages of networks, commonality of purpose, sustainability and resource sharing. Industry level engagement is utilizing existing sources of

support and advice, and expands the networks of support that are currently available within health and social health into the business support environment.

### **Small Business**

- Small business was identified as a very specific target group who need to feel that any support or information has been developed specifically with small business in mind. This is an area that needs exploration, to ensure that there is an appropriate balance between personalization (individual support for business) and scope of reach. Additionally, there needs to be support for micro business, and business owners (particularly sole operators).

### **Supporting a Peer Workforce**

- A strong theme of discussion was that of the growing need for, and support of, a peer workforce. With a need to include lived experience peer workers, it will be essential that this workforce is appropriately engaged and supported, and the particular stress (and compassion fatigue) of sharing experience is taken into account. It was also identified that there are many lessons from the supporting the peer workforce that can be adapted and applied to the general workforce, e.g. Workplace Wellness and Response Plans as an opt in strategy.

### **A “Strengths Based” Approach in Business**

- The importance of positive psychology and strengths based management were discussed at length, not only as an evidence-based strategy, but as an approach that can be a “door opener” for business as it engages them in practical, future focused development. Building individual and team resilience, focus on shared and individual values, and an

### **Beyond Compliance**

- The need to move beyond compliance, and for work to provide positive engagement, thriving & flourishing employees and workplaces. This was particularly discussed as an approach that is attractive to organisations as it does not have a focus on blame or risk, but can provide a strong business positive.

### **Reducing Duplication, Increasing Collaboration**

- The Match identified that there are numerous organisations that have common needs and many who are developing excellent resources to address these, both internally (as a business) and externally (as resources for others). There was a sense that many of the resources are freely available (i.e. SuperFriend, HeadsUp, Mental Health Commission of Canada, Guarding Minds at Work, Great West Life Centre for Mental Health), and of a very high standard. The group discussed a concern that there may be duplication of effort and a desire to continue to communicate and share.

The SuperFriend Match attracted 22 participants from four IIMHL countries: Australia, Canada, New Zealand, and Sweden. Attendees represented a range of services, sectors and roles. There was also a diversity of experience and desired outcomes, which added greatly to the discussion, learning, and networking.

Professional backgrounds included service management and delivery, program development, policy makers, research and research translation, as well as government and non-government organisations.

## Participant List

	Name	Role	Organisation	Country
1	Deborah Kennedy	Strategic Collaborations Manager	SuperFriend	Australia
2	Nerida Joss	Insights & Impacts Manager	SuperFriend	Australia
3	Kristina Basile	Head of Programs & Initiatives	SuperFriend	Australia
4	Mary Ann Baynton	Program Director	Mary Ann Baynton Associates Consulting	Canada
5	Lucinda Brogden	Mental Health Commissioner	National Mental Health Commission – Chair, Mentally Healthy Workplace Alliance	Australia
6	Tony LaMontagne	Director, Centre for Population Health Research	Deakin University	Australia
7	Patrice O'Brien	General Manager, Workplace	<i>beyondblue</i>	Australia
8	Natika Riwari	Manager, Research, Evaluation & Knowledge Translation	Mental Health Commission of Canada	Canada
9	Peter Ruzyla	CEO	EACH Social & Community Health Ltd	Australia
10	Helena Orrevad	Desk officer/Senior Adviser	Swedish Association of Local Authorities and Regions (SALAR)	Sweden
11	Camille Quenneville	CEO	Canadian Mental Health Association, Ontario Division	Canada
12	Nathan Dart	Nursing Director	Metro North Mental Health RBWH	Australia
13	Sasha Eden	General Manager Corporate Services	Neami National	Australia
14	Rob Gill	Business Development & Support Manager	Te Pou o Te Whakaaro Nui	New Zealand

15	Danielle McKeown	Administrator, Membership & Operations	Suicide Prevention Australia	Australia
16	Sharon Leadbetter	WayAhead Workplaces Co-ordinator	WayAhead Mental Health Association	Australia
17	Carrie Ashley	Mental Health Community Intake and Allied Health Allocations Coordinator	EACH Social & Community Health	Australia
18	Sarah Cortier	Acting Relationships Manager Improvement Programs & Specialist Services	WorkSafe Victoria	Australia
19	Kate Memish	PhD Student	Menzies Institute for Medical Research, University of Tasmania	Australia
20	Marie Piu	CEO	Tandem Inc	Australia
21	Clare Shann	Principal	Shann Advisory	Australia

## Social Media

The SuperFriend Match was monitored by Claire Dellora, SuperFriend Communications Coordinator, who supported communicated the discussion on social media. The following is a short account of social media engagement.

### Twitter Engagement

The purpose of engaging through Twitter was to share event learnings to a wider audience, particularly people and organisations working in workplace mental health.

From the 33 tweets by SuperFriend:

- 175 engagements were made with those tweets (this includes retweets (53), replies, follows, likes, links, cards, hashtags, embedded media, username, profile photo)
- Engagement was generally through a relevant audience or higher profile users (including Mary Ann Baynton, Safety in Action, WorkSafe, beyondblue, Suicide Prevention Australia, Shared Value Project, PsychSafe, Roses in the Ocean, Lucy Brogden, Susan Beaton) whose voice adds credibility and who broadcasts to relevant audience
- There were 12,017 impressions (number of Twitter streams to which the communication was delivered)

### Facebook engagement

Facebook posts were developed and sponsored at a small cost at the beginning of the event to refer people to follow key insights on Twitter using the hashtag #IIMHLMelb

Facebook post

- 164 likes
- 1,941 engagements
- 76 clicks
- 3 comments
- 8 shares

### LinkedIn engagement

LinkedIn posts were developed and sponsored at a small cost at the beginning of the event to refer people to follow key insights on Twitter using the hashtag #IIMHLMelb

LinkedIn post

- 12,700 impressions (opened or unopened views)
- 77 clicks to through to IIMHL website
- 37 interactions (likes, shares and/or comments)

## Match Evaluation

A short online evaluation will be sent to all participants in the week commencing 27 March, 2017, which will provide information for Match outcomes. This will be distributed (and added to this report) by the end of March 2017. The following are examples of feedback following the Match:

*Thank you to you, Clare, Deb and Margo for putting on such a wonderful forum of idea exchange and networking. My brain has been working over time since yesterday and I already have so many folks I would like to get in touch with in the near future to further discuss their work. Thank you. On behalf of the Mental Health Commission of Canada, I hope our work proves useful to all. Happy to connect with anyone individually as well if further questions come up.*

*Yesterday was a great experience and I have been inspired to consider how we might be able to collaborate in different ways to ensure that we achieve the organisational culture 'shift' needed to sustain psychologically safe workplaces for all. I look forward to keeping in touch and seeing many of you in*

Sydney tomorrow. Please feel free to contact me anytime to discuss how we might work together going forward.

Thank you for the foresight SuperFriend devoted to preparing a superb two-day event. I've been to a few IIMHL matches and this one stands out as a real highlight for me. Participating was a privilege because of the amazing talent of the group, relevant advice, presentation of research findings, well facilitated discussion, the sharing of practical 'how to' tips and tricks – and your, now legendary, hospitality! I will reflect carefully on our discussion over the past two days when we refresh these resources in the coming 12-18 months.

## Presentations Overview

Presenter	Key points
<p>Prof. Tony LaMontagne Deakin University</p>	<ul style="list-style-type: none"> <li>• Integrated Approach to Workplace mental health</li> <li>• Mental Health problems are prevalent and costly in working populations</li> <li>• Workplace interventions to address common mental health problems have evolved relatively independently along three main threads or disciplinary traditions: medicine, public health, and psychology.</li> <li>• Discussion of integration of these three threads to optimise the prevention of mental health problems in working populations.</li> <li>• Discussed the role of working conditions and psychosocial stressors</li> <li>• “If you want someone to do a good job, give them a good job to do.”</li> <li>• Employee Assistance Programs are the most common wellbeing activity in workplaces – however, they only deal with the consequences of stressors. We need to address the causes and create a positive environment.</li> <li>• Positive mental health mitigates against negative stressors and creates thriving culture – but so far it's the least utilised approach. We need to promote cultures of respect. Ask: what are we doing well around here and how can we make it better?</li> <li>• <i>See accompanying slides.</i></li> </ul>
<p>Kate Memish PhD Student, University of Tasmania</p>	<ul style="list-style-type: none"> <li>• Kate presented her recent review of standards and guidelines internationally.</li> <li>• The review covered both comprehensiveness and quality, with key limitations as follows:</li> <li>• Of 20 guidelines only 9 fit definition of a best-practice guideline – systematic review of literature</li> <li>• Often no consultation with relevant population groups e.g. who the document was intended for</li> <li>• Did not provide additional tools to implement, and when did, often resource intensive. Likely due to lack of funding.</li> <li>• Scope and purpose was well defined, however often not clear who the document was intended for e.g. small, medium, or large</li> <li>• Not clear the minimum requirements of the region e.g. what</li> </ul>

	<p>they are legally required to do</p> <ul style="list-style-type: none"> <li>• Often incorporated primary, secondary and tertiary, however recommendations at the organizational level were still oriented around the individual</li> <li>•</li> </ul>
<p>Nitika Rewari Mental Health Commission of Canada</p>	<p>Update on the Mental Health Commission of Canada's case study project, which monitors the implementation of the Canadian standard identifying promising practices across 40 participating organisations.</p> <p>Nine positive practices identified:</p> <ol style="list-style-type: none"> <li>1. Define a solid business case to justify the investment of resources.</li> <li>2. Ensure commitment exists throughout the organization.</li> <li>3. Communicate widely and effectively to maximize awareness and engagement.</li> <li>4. Embed psychological health and safety in the overall organizational culture.</li> <li>5. Dedicate the necessary human and financial resources required for implementation.</li> <li>6. Select relevant programs, practices and policies best suited to your organization.</li> <li>7. Consider and mitigate where possible the impact of organizational change on employees' mental health.</li> <li>8. Regularly measure the impact and results of implementing the Standard.</li> <li>9. Sustain organizational focus on the Standard beyond its initial implementation.</li> </ol> <p>All information and resources, including Case Studies Research Interim and Final Reports, case study videos and testimonials, as well as the Standard, Implementation Guide and the 13 psychological factors are downloadable from the following website.</p> <p><a href="http://www.mentalhealthcommission.ca/English/">http://www.mentalhealthcommission.ca/English/</a> (website)</p>
<p>Mary Ann Baynton (1) Program Director, Great West Life</p> <p>In this session Mary Ann focused on how to approach and support workplaces to integrate Mental Health and Wellbeing into their organisational strategy.</p>	<p>Notes re approach to workplaces</p> <ul style="list-style-type: none"> <li>• Alignment of approach to organisational strategy – what are they trying to achieve?</li> <li>• The Michael Garron Hospital implemented an organisational strategy which led to a 7% decrease in overall healthcare costs over the last four years and a decrease in days absent (10.66 in 2008 to 6.55 in 2014)</li> <li>• They believe their staff engagement score improvements have been a significant driver in improving their patient satisfaction and overall quality metrics.</li> <li>• Need to know how you're going to measure it upfront</li> <li>• We need to support the orgs that stick their neck out to improve wellbeing. Need to be careful not to accuse them of not doing everything –</li> </ul> <p>Discussion of the resources and tools available from the Great West Life Centre for Mental Health, which has been developed collaboratively with target audience.</p> <p>Resources include:</p> <p><b>Working Through It</b> – practical coping strategies, through videos and related resources, that can be used by individuals at work, off work and when returning to work.</p> <p><b>Managing Mental Health Matters</b> Managing Mental Health</p>

	<p>Matters (MMHM) program focused on helping managers, supervisors and other leaders learn how to effectively recognize and manage mental health related issues in the workplace</p> <p><b>On the Agenda</b> a series of videos, presentation slides and supporting materials that can help trainers, team leaders, manager or others to pave the way for discussions and action aimed at developing a psychologically healthy and safe workplace.</p> <p>All resources are free and available for use and reproduction, provided there is an acknowledgement of the source.  <a href="https://www.workplacestrategiesformentalhealth.com">https://www.workplacestrategiesformentalhealth.com</a></p>
<p>Mary Ann Baynton (2)  Mary Ann Baynton Consulting  In this session Mary Ann focused on building resilience with a team-based approach.</p>	<ul style="list-style-type: none"> <li>• Supporting employee success – return to work  3 questions – what do you need to do your job, what will you do differently to support mental health and wellbeing at work, what will we do if issues arise in future – how will we deal with them? Adapt it the way you want.</li> <li>• Psychological health and safety – international emotional intelligence experts  ask your staff how they’re going to increase their EI this year and how – let them do it. Self driven</li> <li>• Experts in workplace law and psychology</li> <li>• Burnout is real – working really hard on something important and then they were betrayed, humiliated or undermined in a big way</li> <li>• Real resilience is about being able to solve problems, have confidence in yourself to do it, give and receive social support,</li> <li>• Discussed Rory O’Conner – what stops someone thinking about suicide as an option – problem solving, social support, being able to prepare for future.</li> <li>• .@MaryAnnBaynton: people are susceptible to burnout if they are working really hard on something important and then they were betrayed or humiliated as they have no reserves</li> </ul>
<p>Dr Nerida Joss  Insights &amp; Impact Manager,  SuperFriend</p>	<ul style="list-style-type: none"> <li>• Outline of SuperFriend Work in Progress (WIP) initiative which has developed 30 indicators that represent the “desired state” of a mentally healthy workplace. The survey provides a snapshot of the state of workplace mental health and wellbeing in Australia. The 2016 report provides an update on the baseline of attitudes and actions for mental health and wellbeing in Australian workplaces, first established in the 2015 report.</li> <li>• 2016 was the second annual survey, with the third (in 2017) to have an expanded sample of 5,000 participants.</li> <li>• With three years of data a factor analysis will be undertaken to inform future development and implementation, with particular relevance to the number of indicators and consistency of language.</li> <li>• There is also work being undertaken to develop the survey into a user-led tool to assess workplaces against the national snapshot.</li> </ul>
<p>Patrice O’Brien</p>	<ul style="list-style-type: none"> <li>• Initially beyondblue used campaigns to create awareness</li> </ul>

<p>beyondblue</p>	<p>and has now moved to using them to achieve behaviour change – mostly targeting business leaders</p> <ul style="list-style-type: none"> <li>• Manage the Heads up (launched in May 2014) which is being redesigned to make it easier to navigate and specifically to accommodate small business</li> <li>• resources – getting started kit (templates, speaking notes)</li> <li>• 626,478 web hits altogether</li> <li>• Beyondblue also taking a limited sector-based approach, including an Emergency Services Program: <ul style="list-style-type: none"> <li>good practice framework for mental health and wellbeing in police &amp; emergency services orgs</li> <li>national conference on mental health of Australian police and emergency orgs</li> <li>extensive stakeholder engagement with police and emergency services sector</li> </ul> </li> </ul>

## Resources and Links

Please note: a dropbox has been created which will contain all resources raised at the Match

Competencies for Peer Support Workers (Nitika Riwari)

[http://www.mentalhealthcommission.ca/sites/default/files/peer\\_support\\_guidelines.pdf.pdf](http://www.mentalhealthcommission.ca/sites/default/files/peer_support_guidelines.pdf.pdf)

End Violence Against Women and Their Children (Clare Shann)

<https://www.ourwatch.org.au/>

Please find below the link to SPA's Work and Suicide Prevention Position Statement for circulation (Danielle McKeown):

<https://www.suicidepreventionaust.org/content/work-and-suicide-prevention-position-statement>

This is the long version of the 1:1 form I described. I also use a short form where I have chosen only 4 of these questions. Of course, feel free to edit as you see fit. I am attaching it for anyone to use. See email attachment.

Link to Te Pou resources I referred to that support effective design and delivery of peer-led services. (Rob McGill)

<http://www.tepou.co.nz/resources/competencies-for-the-mental-health-and-addiction-service-user-consumer-and-peer-workforce/536>

<http://www.tepou.co.nz/resources/service-user-consumer-and-peer-workforce---a-guide-for-managers-and-employers/599>

<http://www.tepou.co.nz/resources/service-user-consumer-and-peer-workforce-a-guide-for-planners-and-funders/600>

SuperFriend Resources  
Work in Progress

<http://www.superfriend.com.au/resources/work-in-progress-wip/>

Positive Mental Health Guidelines

<http://www.superfriend.com.au/resources/promoting-positive-mental-health-in-the-workplace/>

Taking Action – Best Practice Framework for the Management of Psychological Claims

<http://www.superfriend.com.au/how-can-we-help/financial-services-industry/taking-action/>

Victorian Workplace Mental Wellbeing Collaboration (SuperFriend WorkSafe Victoria, VicHealth)

<http://leadingwellvic.com.au/>

# Match Theme & Agenda

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The Match agenda was developed collaboratively with the participants over the months preceding the event, via two teleconferences and email.

The teleconferences assisted to identify themes and desired outcomes of participants, and particularly supported the engagement of specific participants to address issues of most common concern. Themes included:

- Current knowledge about implementing workplace mental health and wellbeing
- Supporting the mental health of peer workers
- Mental health in the health sector
- The role of resilience in workplace mental health
- Resources available to support implementation
- The role of standards and guidelines in supporting change

The agenda was developed within the framework of an “integrated approach” to workplace mental health and wellbeing by LaMontagne et al (see Figure 1). These themes were utilised as the basis of discussion, providing a clear communication and implementation structure.

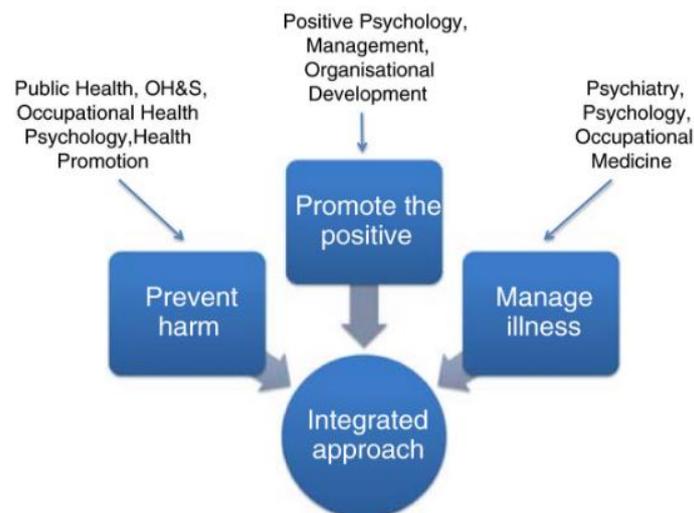


Figure 1  
The three threads of the integrated approach to workplace mental health.

Agenda Day 1 Morning: Introduction and Overview	
Welcome	Margo Lydon, CEO SuperFriend
Introductions – opportunity to set expectations, desired outcomes, and key discussion points. Also to identify experience and possible contributions to learning exchange.	Deborah Kennedy SuperFriend
Setting the scene – An Integrated Approach to Workplace Mental Health.	Prof. Tony LaMontagne Deakin University
International review of workplace guidelines and standards	Kate Memish PhD Student, University of Tasmania
Agenda Day 1 Afternoon: Preventing Harm	
Discussion of a “standards/framework” approach to workplace mental health <ul style="list-style-type: none"> <li>Findings from the evaluation of the National Standard of Canada for Psychological Health &amp; Safety in the Workplace</li> </ul>	Nitika Rewari Mental Health Commission of Canada
Discussion time (including review of Match themes)	All (DK Facilitator)
Prevention as “business as usual” – a business outcomes approach	Mary Ann Baynton Mary Ann Baynton Associates Consulting
Open Discussion <ul style="list-style-type: none"> <li>Connections</li> <li>Questions for tomorrow</li> <li>Major issues for reporting back</li> </ul>	All
Conference Dinner and Networking	
All	
Agenda Day 2 Morning: Promoting the Positive	
What is the desired state for Workplace Mental Health and Wellbeing? “Work in Progress” Project	Nerida Joss SuperFriend
Team-based Resilience	Mary Ann Baynton Mary Ann Baynton Associates Consulting
Government & NGO Collaboration Victorian Workplace Mental Wellbeing Collaboration (SuperFriend, WorkSafe Victoria, & VicHealth)	Sarah Cortier WorkSafe Victoria
Discussion (including themes)	

Agenda Day 2 Afternoon: Managing Illness, Regardless of Cause

<i>beyondblue</i> Workplace Programs	Patrice O'Brien <i>beyondblue</i>
<i>Taking Action Claims Management Framework</i>	Deborah Kennedy SuperFriend
Resources and tools discussion Gaps in knowledge, resources.	All
Review of Match themes	DK facilitate