



2009 ANNUAL REPORT

1 JANUARY TO 31 DECEMBER



INTERNATIONAL INITIATIVE FOR MENTAL HEALTH LEADERSHIP

MAKING SERVICES WORK FOR CONSUMERS

1. PURPOSE OF THIS REPORT

The International Initiative for Mental Health Leadership (IIMHL) (www.iimhl.com) is a unique international collaborative that focuses on mental health and addictions. IIMHL is a collaboration of seven countries: Australia, England, Canada, New Zealand, Republic of Ireland, Scotland and US. IIMHL organises structured staff exchanges, systems for international networking, innovation sharing and problem solving across countries and agencies.

This report is designed to give an overview of IIMHL activities for the twelve months January to December 2009. In addition it also gives an update of leaders' activities from the International Initiative for Disability Leaders (IIDL).

2. CHAIRPERSON'S REPORT

This past year has brought significant challenges to all of us with the effects of the global economic recession on our communities and in particular on our ability to develop mental health services. The consequences of these economic events over the last year or so will continue for some time, and bring a particular focus to the strong and strategic leadership essential for the ongoing reform of mental health and mental health services. We are confronted by our governments with the call for greater efficiencies, but also greater effectiveness in our services, and this could (and hopefully will) create opportunities for positive change, amidst the realities of service cuts for some.

There has never been a more important time to learn from and support each other, not just in the ongoing development of better services, but in how we respond to the increasing mental health needs of the communities we serve. IIMHL continues to be a very successful network of learning exchanges between leaders and a "system" within which we can share new ideas, evidence of services that work, and importantly build trusting relationships so that we can ask for assistance for any challenge that we face in our leadership roles.

This past year has also seen significant progress. New and updated national policies and plans have been developed in some countries and services continue to grow and improve in all our countries. As evidenced in these new policies, our understanding of the role of mental health on all aspects of health and community relationships has become more developed. Our understanding of the seminal effects of what happens in the early years of life, and also the consequences of trauma has strengthened. Being joined-up across health and other social systems is fundamental to our own path forward.

IIMHL focuses on the vital role that leadership plays in organisational and cultural change. Leadership is vital in multiple areas and levels, and we have continued through this past year to specifically support the development of indigenous leadership, services user leadership and clinical leadership. Leadership development is a long term commitment and this network – IIMHL – now six years old, brings international evidence, support from experience and continued energy and drive for improvement to help us all sustain our own leadership.

None of our achievements would be possible without the hard work of the Secretariat. Again, I wish to give my thanks to Fran Silvestri for his consistently impressive leadership and commitment, and the team of people working behind the scenes – David Robinson, Janet Peters, Erin Geaney, and Frank Collins (from MHCA who does the website and IT support). I would also like to thank Lorna Sullivan for her efforts in strengthening disability leadership.



Dr Janice Wilson
Chairperson
IIMHL

3. DIRECTOR'S REPORT

In 2009 IIMHL continued to achieve milestones. We had our 1000th organization join and passed the 2500 number of subscribers who receive IIMHL Update.

I am delighted to have the opportunity to introduce our 2009 annual report by highlighting for you some of our exciting developments:

The Wharerata Declaration. During our 2009 Leadership Exchange Indigenous leaders from Australia, Canada, New Zealand, Samoa and the US met at Massey University in Palmerston North, New Zealand. They were hosted by Dr. Mason Durie and included leaders such as Dr. Spero Manson from the University of Denver and Dr. Helen Milroy who delivered a wonderful key note during our Network Meeting in Brisbane, Australia. The discussion focused on unique aspects of leadership concepts and development within the Indigenous communities and resulted in the 'Wharerata declaration'.

2009 IIMHL Leadership Exchange. This Exchange was a success and we appreciate the strong Australian team led by Dr. Aaron Groves and the Project Manager Helen Troy. Leaders were placed throughout Australia and New Zealand and the Network Meeting in Brisbane. For the first time we had a Brag and Steal session that offered leaders an opportunity to learn about new developments. We will add this feature in Ireland and future Leadership Exchanges.

Ireland 2010. In 2009 we also have been working closely with our Irish colleagues to prepare for the 2010 Leadership Exchange.

IIMHL Liaisons. In 2009 we have begun to formalize a liaison function in our sponsoring countries by four countries appointing a person for this role. We want to welcome Christina Heap from England, Catherine Brogan from the Republic of Ireland, Greg Frankson from Canada and Janet Peters from New Zealand.

IIMHL remains a very small 'virtual' organization yet our reach continues to grow. Our success relies on the participation of the 2500 leaders who have become part of the fabric of IIMHL. IIMHL offers a conduit to find colleagues and ideas that we all need to continue to improve what we do. During the economic challenges we all face, it is critical that we not retrench in our efforts to learn what is new but to actually expand our curiosity and determination to find out how we can work better and more effectively.

As leaders, what we face is not unique. It may appear that it is but I am sure that within the network of 2500 leaders there are colleagues who have the same issues, confronted with the same barriers and have creative ideas of how to progress. If we can each find those colleagues to collaborate and partner, we can use the economic times to push changes forward.

Thanks to all of you who have contributed to IIMHL's success in 2009 and we look forward to continuing to build more effective leadership together.



Fran Silvestri
Director
IIMHL

4. IIMHL TO DECEMBER 2009 AT A GLANCE

Key facts. IIMHL has over 2500 subscribers listed on our database representing 15 countries and 1000 organizations. IIMHL has had six Leadership Exchanges since 2003 involving around 1300 leaders from the seven countries.

Following each Leadership Match is a two day Network Meeting and to date 1526 leaders have attended these to 2009.

ATTENDANCE
2003: 23 Leadership Matches involving 55 people Working Conference attendance: 84
2004: 44 Leadership Matches involving 118 people Working Conference attendance: 180
2005: 53 Leadership Matches involving 173 people Working Conference attendance: 212
2006: 72 Leadership Matches involving 208 people Working Conference attendance: 250
2007: 90 Leadership Matches involving 370 people Network Meeting attendance: 450
2009: 65 Leadership Matches involving 300 people Network Meeting attendance: 350

5. IIMHL VISION, MISSION AND GOALS

These have been refined over time since IIMHL's inception:

Vision. "We seek a future where everyone with a mental illness/mental health issue and those who care for them will have access to effective treatment and support from communities and providers who have the knowledge and competence to offer services that promote recovery.

Mission. To achieve its vision IIMHL provides an international infrastructure to identify and exchange information about effective leadership, management and operational practices in the delivery of mental health services. It encourages the development of organisational and management best practice within mental health services through collaborative and innovative arrangements among mental health leaders.

Goals.

- Provide a single international point of reference for key mental health leaders
- Strengthen workforce development and mentoring of mental health leaders
- Identify and disseminate best management and operational practices
- Foster innovation and creativity

Expand the knowledge of:

- Building community capacity
- Implementing best practices for consumer recovery
- Expanding methodologies for integration with other health and social systems

Promote international collaboration and research

6. COLLABORATING COUNTRIES

Seven countries make up the IIMHL collaboration: Australia, England, Canada, New Zealand, Republic of Ireland, Scotland and US. Each country pays into a small fund which operates the administration of IIMHL.

About every 15 months a Leadership Exchange is organised in which leaders visit the host country and share information, innovations and research. 'Hosts' are those leaders who host and arrange a match and 'visitors' are leaders who visit the host site in another country or state.

7. IIMHL OPERATIONS

The IIMHL operates under the umbrella of MHCA (Mental Health Corporations of America, Inc.) as its fiduciary agent but in January 2010 IIMHL has been established as a US non profit corporation.

IIMHL Director and staff. Currently a small 'virtual' international office is led by the Director Fran Silvestri. Erin Geaney works part-time to undertake much of the administrative work and David Robinson also part time is the Chief of Staff. David's focus is operations, mainly website, database issues and works with countries' liaisons.

Lorna Sullivan is leading work with disability leaders.

Frank Collins from the Mental Health Corporations of America has worked on the website since IIMHL's inception and we are very grateful for his ongoing expertise.

8. IIMHL STRUCTURE

The structure for IIMHL is as follows:

First, a Sponsoring Countries Leaders Group (SCLG) sets direction for and oversees the activities of IIMHL. It includes representatives from each participating country as well as the Director of IIMHL and President/CEO and Board Chair of Mental Health Corporations of America to review IIMHL goals and activities.

Second, each participating country (either on its own or with a collaborating region) is encouraged to organise forums to:

- Identify and communicate key issues for that country/area to SCLG (and vice versa)
- Host the Leadership Exchange
- Collaborate in IIMHL activities

Third, some countries have chosen to nominate people to progress IIMHL activities within their country through Liaisons.

To date these people (called IIMHL Liaisons) are:

- Ireland – Cath Brogan
- England – Christina Heap
- New Zealand – Janet Peters
- Canada – Greg Frankson (2010)

(Each Liaison has written a brief report about activities in their country in 2009 – see later in this report).

9. SPONSORING COUNTRIES LEADERS GROUP

The SCLG leadership structure consists of:

- Chair
- 1st Deputy
- 2nd Deputy
- The chairs will be representative of the regions within IIMHL (Australasia, UK and Ireland and North America - NA) and will serve on a rotational basis.
- Dr Janice Wilson will continue as Chair until the conclusion of the meeting in Ireland. The North American region selected Kathy Langlois from Canada as 1st Deputy and the UK and Ireland region selected Dora Hennessey as 2nd Deputy.

10. MEMBERSHIP OF IIMHL

There are over 2500 individuals registered on the database who have joined through their organizations. There are more than 1000 organizations that have joined IIMHL and IIDL.

When leaders join IIMHL, they have access to a global network through:

- The Leadership Exchange
- Participation in research or other collaborative activities
- Learning about innovations
- Linking with international colleagues
- Twice-monthly email bulletins (called IIMHL Update) which includes information on the latest Mental Health issues:
 - > News
 - > Research

It is up to each leader to make the most of their learning experience by continuing connections with like leaders.

11. LEADERS INVOLVED

A range of people involved in mental health and addictions are represented in IIMHL and IIDL activities. These include:

- Chief executives of provider organisations
- Directors of national mental health and disability departments
- Consumer leaders
- Family leaders
- Leaders who work in child and adolescent services
- Leaders of indigenous and ethnic systems
- Clinical leaders
- Funders: states, provincial, regional, local health authorities
- Educational, training, and research leaders
- Disability leaders
- Members of the deaf community

12. GROUPS OF LEADERS ACTIVELY COLLABORATING ON KEY TOPICS

- Child and adolescent mental health
- Disability leadership: International Initiative for Disability Leaders (IIDL)
- Council of clinical leads
- Leadership development: The "Cincinnati Group"
- The research network
- Indigenous leaders (the Wharerata Declaration)

13. IIMHL LEADERSHIP EXCHANGE

The philosophy behind the IIMHL Leadership Exchange is that once key leaders are linked together, they have the opportunity to begin collaborating and building an international partnership. The aim is to build relationships and networks that are mutually helpful for leaders, organisations and countries. The benefits of such a collaborative effort will cascade down to all staff and consumers.

These benefits could include:

- Joint programme and service development
- Staff exchanges and sabbaticals
- Sharing of managerial, operational and clinical expertise (e.g. in service evaluation)
- Research
- Peer consultation

The exchange process involves IIMHL or the host country (e.g. Ireland) matching key leaders using information from their survey. Leaders may be Government officials, provider organisations, planning and/or funding, researchers, leaders from indigenous or specific ethnic groups, family leaders or consumer leaders. The exchange starts with a two day match and is followed with a two day Network Meeting. Each exchange occurs in a different region: Australia/New Zealand; North America, UK and Republic of Ireland, with one of the countries hosting the two day working conference.

Since its inception in 2003 IIMHL has undertaken six Leadership Exchanges:

- In 2003 the match was held in England with the network meeting in Birmingham
- In 2004 the match was held in the US with the network meeting in Washington DC
- In 2005 the match was held in Australia and New Zealand with the network meeting in Wellington, NZ
- In 2006 the match was held in the Republic of Ireland, England and Scotland with the network meeting in Edinburgh
- In 2007 the match was held in the US and Canada with the network meeting in Ottawa
- In 2009 the match was held across New Zealand and Australia with the network meeting held in Brisbane.

Our seventh match in 2010 will be held in the UK with the network meeting held in Killarney, Ireland. IIDL will also be an integral part of this Exchange.

Future Leadership Exchanges will be:

- Sept 12-16, 2011 in Canada and USA with network meeting in San Francisco
- March 4-8, 2013 in Australia and New Zealand with network meeting in Auckland
- May/June 2014 in England, Republic of Ireland and Scotland with network meeting in England

Schedule of the IIMHL Leadership Exchange

Days One and Two: Matching Leaders. Leaders who are visiting are matched with colleagues with similar interests in the hosting countries. These matches are often return visits where visiting leaders are travelling to see leaders that they hosted in prior exchanges. The host and visitors jointly prepare a programme through prior email contact for the two day visit that ensures that leaders' (both host and visitor) expertise and interests are met. This joint planning is critical as it is expected that leaders collaborate in order to meet all participants' learning needs.

The hosting leaders make their facilities and staff available for the visitors to observe and where possible participate in day to day activities. This programme has often included brief presentations by visiting leaders to the staff of the host organisation. Sometimes collaborative research projects have been initiated during a visit. Leaders who have been matched in prior exchanges have sometimes used these two day visits to conduct peer consultation/assessment of a service.

Day Three: Travel. The third day of the leadership exchange is for travel from all of the host sites to the venue for the IIMHL network meeting. In 2003 this occurred in Birmingham, England; in 2004 Washington, in 2005 Wellington, NZ, in 2006 Edinburgh and Ottawa in 2007.

Days Four and Five: IIMHL Network Meeting. The two day hosting period is followed by a two day meeting which both visitors and hosts attend. The host country leads an agenda that showcases innovations as well as highlighting innovative international leadership. It is an opportunity for leaders to meet other colleagues.

14. PREPARATION FOR IRELAND 2010

The 2010 Leadership Exchange commences the week of May 17, 2010. On Monday May 17th and 18th leaders will be placed in over 60 sites and after a day of travel on May 19th, all leaders will participate in the Network Meeting held in Killarney on May 20th and 21st 2010. The focus of the meeting is social inclusion and the event is called 'Citizens in partnership – inclusion or illusion?'

Ireland was very innovative in their planning for the 2010 Leadership Exchange. They launched their own website (linked to IIMHL's) (www.sites.google.com/site/irelandiimhl2010/home) and are enabling participants to self-select their Exchange host from an impressive list of topic areas and hosts.

Catherine Brogan and Martin Rogan are the leads from Ireland with the IIMHL team assisting where required. We are grateful for the work that they have put in already to make this next exchange a great learning experience.

15. KNOWLEDGE EXCHANGE ACTIVITIES IN 2009

In addition to the IIMHL Leadership Exchanges, IIMHL facilitates the sharing of knowledge and innovations between sponsoring countries. The list below identifies some examples of key activities that have occurred but IIMHL is also helping leaders in other areas.

Economic Resiliency. An International Roundtable on the Economic Crisis and Mental Health was held in Ottawa, Canada in August 2009, chaired by one of Canada's highly respected leaders in healthcare, Michael Dector. The event, co-sponsored through the Mental Health Commission of Canada and Human Resources and Skills Development (Government of Canada), was intended to:

- Explore and learn from countries' experiences and actions to date relating to the current global financial crisis, and
- Identify what opportunities and challenges there are for mental health and wellbeing in the current economic climate.
- Emphasize initiatives targeting various services/workplaces (e.g. employers, individuals' financial literacy, banks, front line social services, and public policy) profiling mental health as an issue.

Presentations were made by speakers from Australia, Canada, Ireland, New Zealand, the UK, and the US. Participants included people working in government, economists, researchers, and social planning organizations.

To read the International Roundtable: Impact of the Recession on the Mental Health of Workers and Their Families Summary Report, please go to the IIMHL website and click on the following link: http://www.iimhl.com/iimhlupdates/Final_Report_P_Tailon_2009_10_16.pdf

Indigenous, ethnic and cultural diversity. IIMHL organised an indigenous and ethnic systems group in England during the 2006 Leadership Exchange. A follow up meeting occurred in April 2007 in Alaska hosted by the Cook Inlet Tribal Council (CITC).

In 2009 there was a continuation of this work as an IIMHL match site was established at Massey University in New Zealand led by Professor Mason Durie. This included leaders from New Zealand, Australia, Canada and the US. It discussed indigenous leadership development and the effective practice model. A match in 2010 will further this work.

In addition an article titled 'The Wharerata Declaration – the development of indigenous leaders in mental health' will be published in 2010 in the IJLPS. This important work is a collaboration of twelve indigenous peoples from five countries including Maori, First Nations, Aboriginal, Native American and Samoan. This article outlines a framework to improve indigenous mental health through state-supported development of indigenous mental health leaders.

“Make it so”. In response to feedback that state and national leaders wanted to find ways to fast-track their new developments by learning from other countries, IIMHL launched its new quarterly e-newsletter “Make it so” which not only profiles effective innovations, but also ways in which these have been shared across international borders. This is emailed to 133 leaders.

The leaders who receive this are:

- US state and territory MH Directors (members of National Association of State MH Program Directors (NASMHPD))
- The Australian state and territorial MH directors
- The Canadian Mental Health Issue Group which represents the Canadian Provincial and territories
- The IIMHL Sponsoring Countries Leaders Group that overseas IIMHL and their key staff that are national MH leaders from seven countries:
 - > Australia
 - > Canada
 - > England
 - > Ireland
 - > New Zealand
 - > Scotland
 - > United States
- The International Initiative for Disability Leaders (IIDL) which represents leaders from the seven countries interested in disability leadership

The e-newsletter identifies examples of collaboration between large jurisdictions and offers access to information for national and state/provincial leaders.

In 2009 leaders who are on the “Make it So” list attended several meetings in Washington in collaboration with the NASMHPD and the US Substance Abuse and Mental Health Service Administration (SAMSHA). Some of the topics presented were:

Response to disasters. Disaster response is a key issue in mental health and also for countries that have experienced such events. At the Washington SCLG meeting the group discussed the reaction of children to PTSD, and social connectedness/family are seen as protective factors. It was acknowledged that a key to recovery from trauma is resiliency; symbols and ceremony can build resiliency.

Australia has a series of fact sheets developed by Beverley Raphael available on the web. The links below access to web pages and PDF documents from www.earlytraumagrief.anu.edu.au

- Australian bushfire and flood resources
- Australian disaster resources
- International bushfire and flood resources
- International disaster resources

In the USA SAMHSA has several resources on disaster response and these can be accessed at www.samhsa.gov.

Australia and USA (Aaron Groves and Bob Glover) co-led a session at the December 2009 SCLG/ SAMHSA/NASMHPD meeting on international collaboration in various models of how to respond to disasters.

International social inclusion (SI) network. Building on earlier work undertaken in many countries, in 2009 Natalie Branosky and Gregor Henderson have sketched out a helpful set of topics that would form the basis of a leadership framework, comprising:

- Social inclusion communication briefs (tools for how to talk about SI convincingly).
- Data tools (this includes an on-line mechanism for generating a local PowerPoint presentation of social inclusion indicators).

- Tools for building a social inclusion strategy (how to build social inclusion partnerships, how to use social inclusion guidelines when contracting, commissioning services, etc).
- Best practice library: a collection of policies and programmes that have been identified as promising practice, or which have demonstrated results, beneficial outcomes.

This work was presented to the SCLG in Washington in December 2009. This is a helpful way of presenting a supportive framework that meets some of the key tasks and challenges facing leaders that we heard about in Brisbane.

Clinical Leads group project. The project, "Measuring Quality of Mental Health Care: An International Comparison", was initiated by a group of clinical experts under the auspices of the International Initiative for Mental Health Leadership (IIMHL) Clinical Leaders Group. Led by Columbia University in New York, the project aims to raise awareness amongst clinicians and policymakers regarding the quality of care of the mental health systems they are working in across a number of countries and, ultimately, to be able to compare system performance across countries to inform initiatives for transformation of mental health services.

Prof. Howard Pincus outlined the activities undertaken in 2009 as follows:

1. Publications. For Phase 1 of the project, we were collecting information from the participating countries (Australia, Canada, England, Germany, Ireland, Japan, The Netherlands, New Zealand, Norway, Scotland, Taiwan, and the US) by conducting an international literature review of population-based performance measurement initiatives in mental health. This review of grey literature resulted in a peer-reviewed article describing current initiatives that assess the quality of mental health care in the participating countries (currently under review).

Additional publications include articles submitted and published by leading experts from six out of the twelve participating countries (Australia, Japan, Norway, Germany, Scotland and the US) in the journal *Current Opinion of Psychiatry* focusing on outcome and quality measurement activities in their respective countries. A special section of the *Canadian Journal of Psychiatry* is in development.

2. Survey. In addition, we developed and implemented a survey to identify common and differing themes, methods, definitions and activities across the participating countries. We are currently reviewing the survey responses and expect to present first results at the upcoming IIMHL conference in Ireland (May 17-21, 2010).

3. Next steps (2010). In addition to the survey results, we aim to draft a paper describing the range of performance measures, quality indicators and outcome measures compiled through the international review of grey literature.

Based on the work described above, we also plan to draft an initial version of an overall shared framework of performance indicators concept that would have application for performance reporting, management and improvement of mental health care quality and outcomes (Phase 2).

IIMHL Network on Mental Health and Deafness. This is an issue that has recently been receiving increasing attention in IIMHL countries. NASMHPD in the US is leading this work. They have established a virtual network of approximately two people from each country who would between them be able to provide a perspective about clinical, cultural and organisational aspects of these services based on an in-depth understanding of the issues and what was happening in their countries. Some in the network have themselves had experience of deafness.

The aim is to advise mental health leaders on lessons learned and implementing best practices related to developing mental health services for people who are deaf and hard of hearing.

This issue was profiled in the first edition of *Make it so* in 2010.

IIMHL "Cincinnati Group" leadership development. The first meeting was held in 2004 at Dartmouth College in the US with subsequent meetings held at SAMHSA in Washington in April 2006 and then the 2006, 2007 and 2009 Leadership Exchanges. Participating leaders are from New Zealand, Canada, US, England and Scotland. The group led by Professors Allen Daniels and Rick Beinecke has

undertaken several publications and is working on linking efforts to encourage research in leadership within the mental health sector and share the development of training concepts. The addition of an Australian colleague occurred in 2009 (Dr Harry Minas) and in 2010 Rick Beinecke and Harry Minas are collaborating on a book which has been contracted by a publishing company. The focus is 'Case studies in global mental health: leadership for mental health system reform and development'.

The proposed book will highlight global mental health needs and issues in developed and developing countries, documents examples of innovative and successful programs and transformative leadership, and identifies lessons that can be learned from these that can be used to develop and improve services.

The book is modelled on Ruth Levine's *Case Studies in Global Health: Millions Saved* which is a collection of successful programs from a variety of countries that address global infectious diseases and the lessons that can be learned from them about effective interventions and leadership. Each chapter follows a similar format in which the problem is identified, the intervention is described, the results are outlined, and the key factors contributing to success are identified. The book concludes with a chapter that summarizes the lessons that can be learned from these varied case studies.

Mental Health International Collaborative (MHIC). The MHIC project is to link IIMHL with developing countries and jurisdictions that are interested in developing community mental health services but need ongoing assistance from volunteer leaders. The aim is to develop a partnership with one community and over a three to five year period organize a set of volunteers to provide support to the development of a community model. These volunteers are from the IIMHL membership and offer to help build the capacity for the community to design and implement their own systems.

The two countries involved in this work to date are US and England. Our first project began in Ecuador in 2007 and continues under the coordination and leadership of Ken Jue, the former chief executive of a community mental health agency in the US. Ken has engaged native-Spanish speaking mental health volunteers from at least three states in the US. Gene Lawrence, the chief executive of Southeast Mental Health Center in Memphis, Tennessee, has provided a social work scholarship for an Ecuadorian social work student to work with and for Ken when Ken is not in Ecuador. Ken initially met with community residents who defined and prioritized needs to be addressed.

These needs include teen suicide, alcohol abuse, teen pregnancy, domestic violence and family dysfunction. The community residents of over a dozen or more communities strongly emphasized their preference for prevention strategies. Thus, a high school student peer mental health promoters and leadership initiative was started at a local barrio high school. If successful, it stands to be replicated throughout the province in which Ken and his team members are volunteering. The same mental health promoters concept is about to be adapted and implemented at a larger community level through training parents and teachers in a neighbouring community. Eventually, these student and community mental health promoters will be able to train others in other schools and communities. Local leadership has emerged that has the potential of taking over "ownership" and advancing this project.

Ken has helped to forge collaborative agreements with Ecuadorian organizations, including universities, a key municipal health authority and NGOs which will be very important for the future development of this community-based mental health initiative.

In 2009 we began working with American Samoa. A team comprised of IIMHL, SAMHSA, the Ministry of Health New Zealand and Le Va (the Pacific mental health workforce development unit within Te Pou which is New Zealand's National Centre of Mental Health Research, Information and Workforce Development), visited American Samoa to discuss whether there is a benefit of our working with them. A second visit has been held and we are working with American Samoa with SAMHSA to share innovative practices that might be adapted.

Ken Jue ken@iimhl.com is the contact to discuss ideas, donations or interest in volunteering.

The International Journal of Leadership in Public Services. This Journal is published in England by Pier Professional www.pierprofessional.com (formerly Pavilion Publishing). IIMHL coordinates four articles per year on both IIMHL/IIDL and leadership activities occurring outside the UK. In addition

we coordinate a 'Special Edition' of this Journal after each Exchange. There was a Special Edition published after the Brisbane meeting and there will be one published after Ireland.

There is a special rate for IIMHL members who subscribe to this Journal.

16. REPORTS FROM INTERNATIONAL LIAISON PEOPLE

The aim is to have a person in each country who will liaise internally and internationally for their country. To date three such people have been agreed by England, New Zealand and Ireland with a fourth from Canada to commence in 2010.

Below are brief reports from International Liaisons.

ENGLAND. *International Liaison report: Christina Heap*

IIMHL Liaison activities in 2009:

- First Liaison coordinator for England employed
- Agreement reached to set up an English steering group to link up with partner countries within the IIMHL to share learning.

Key mental health activities in England in 2009:

- ***New Horizons for mental health:*** A cross government programme launched to improve mental health care and well-being in England. <http://www.dh.gov.uk/en/Healthcare/Mentalhealth/NewHorizons/index.htm>
- ***Improving Health supporting Justice:*** Government launches a national delivery plan for health and criminal justice. http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_108606
- ***New Declaration promotes quality acute care for all:*** In a first for the UK, mental health patient groups, NHS service providers and staff groups have come together to launch the first national declaration for people with a mental health crisis. <http://www.nmhd.org.uk/news/new-declaration-enshrines-acute-care-quality-care-for-all/>
- ***New Plans for better employment support for people with a mental health condition:*** A new independent review has been launched into how people with a mental health problem can be better supported to get them back into work. <http://www.dwp.gov.uk/policy/welfare-reform/legislation-and-key-documents/realising-ambitions/>
- ***Anti Stigma campaign launched in England:*** Time to change, England's most ambitious programme to end discrimination faced by people who experience mental health problems launches its first marketing campaign. <http://www.time-to-change.org.uk/news/time-change-campaign-launching-21-jan-faqs>
- ***NHS Next Stage Review endorses Personnel health budgets.*** Health minister Professor Lord Ara Darzi's report of his wide-ranging review of the NHS 'Next Stage Review' endorsed the proposal to include NHS funding within personal budgets. The NHS Confederation publishes a report which explores the potential of personalisation how it will impact on mainstream commissioning and provision of NHS services.
- ***Care Quality Commission (CQC) introduces new regulation registration.*** From April 2010, all health and adult social care providers will be required by law to register with the CQC, the new health and social care regulator for England if they provide regulated activities. http://www.cqc.org.uk/contentdisplay.cfm?widCall1=customWidgets.content_view_1&cit_id=35309
- ***Dementia strategy for England launched.*** The Government launches a first ever National Dementia Strategy that will transform the quality of dementia care in England. <http://www.dh.gov.uk/en/socialcare/deliveringadultsocialcare/olderpeople/nationaldementiastrategy/index.htm>

REPUBLIC OF IRELAND. *International Liaison report: Cath Brogan*

IIMHL Liaison activities in 2009:

- 12 Irish Delegates participated in Brisbane March 2009
- Director Fran Silvestri visits Ireland May and November 2009

- SCLG Washington December 2009
- Project Management IIMHL May 2010
 - > Citizens in Partnership - 'Inclusion or Illusion' Steering Group, Project Group, Facilities Group, Media and PR, Programme Development, Finance, Exchanges, Marketing, Web Management
 - > International links with CAMHS and SCLG.
- Clinical Leaders Research interface with Professor Harold Pincus & Dr Ian Daly (Irish Rep)
- North/South Ireland collaboration for IIMHL 2010
- Delivering Mental Health in Scotland – Martin Rogan/Geoff Huggins
- Roundtable economic impact in Ottawa, Canada August 2010.

Key mental health activities in Ireland in 2009:

- The Health Service Executive (HSE), the National Service Users Executive (NSUE) and SHINE (formerly Schizophrenia Ireland) launched the 'The Journey Together' booklet for families, relatives and friends who support people with mental health difficulties
- HSE launched Risk Management in Mental Health Services, a booklet to support services on assessing and managing risk
- SHINE - Taking Control of your Mental Health Difficulties public awareness campaign
- HSE launched a website to provide information and support to young people on Mental Health called 'Let Someone Know' (www.letsomeoneknow.ie).

NEW ZEALAND. International Liaison report: Janet Peters

IIMHL Liaison activities in 2009:

- The IIMHL team attended the 2009 IIMHL Leadership Exchange in Australia. My role as part of this included:
 - > Working with Fran Silvestri and the Federal Government in Canberra (Dr Aaron Groves and team) to assist in the planning of this Exchange
 - > Co-ordinating the IJLPS publication of the IIMHL Special Edition after the Exchange
 - > At the Network Meeting I interviewed on video many of the national leaders from IIMHL countries (these are now on the IIMHL website)
 - > After the event I summarised the notes from the group discussions on social inclusion (again on the website)
- In New Zealand IIMHL initiated the Breakfast Club in the two main cities: Auckland (organised by myself and Ian McKenzie) and Wellington (organised by Sally Pitts-Brown, CEO of the Blueprint Centre for Learning). The aim is to provide leaders within a community an informal opportunity to meet together for breakfast. We hope to expand this throughout NZ. Those invited included leaders who have attended any IIMHL Leadership Exchange and any person who had completed the Blueprint Centre for Learning Leadership Training (www.blueprint.co.nz).
- IIMHL is assisting with the planning for Ireland particularly the IJLPS publication following the Exchange in 2010
- New Zealand is developing a more structured 'leadership development programme' for participants of IIMHL. It proposes that participants establish their own learning objectives and report back on these
- IIMHL is undertaking early planning for the 2013 Leadership Exchange network meeting to be held in Auckland NZ

Key Ministry of Health mental health activities in New Zealand in 2009:

- The National Depression Initiative (NDI) continues to go from strength to strength for adults (www.ndi.co.nz). The campaign was awarded a Gold EFFIE in 2007 and www.thelowdown.co.nz targeting youth with depression has also won several national and international awards
- Like Minds Like Mine is starting Phase 5 which will see a new round of television advertising in mid 2010 (www.likeminds.co.nz). The Like Minds campaign has been recognised locally and internationally, most recently being awarded the Grand Effie and Gold in the Sustained Success category at the 2008 EFFIE Awards.
- The Ministry of Health recognised the need for support for people who are in financial difficulties. Thus a brochure on stress/financial difficulty was published and is available on www.moh.govt.nz
- A new mental health literacy education programme has been developed called "Mental Health 101 (MH 101). "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 is a mental health learning programme which has been developed to give you greater confidence to recognise, relate and respond to people experiencing mental illness". Evaluations from programme participants to date have been overwhelmingly positive (www.mh101.co.nz).

17. INTERNATIONAL INITIATIVE FOR DISABILITY LEADERS (IIDL)

Lorna Sullivan reported on the activities and growth of IIDL. She notes that disabled people, families, service providers and policy makers have independently been focusing on identifying evidence of best practices and service delivery that will enable disabled people and their families who support them, to live personally meaningful and socially valued lives in society. However, there has been little investment in understanding how disabled people's networks, provider organizations and policy makers can develop effective leaders. Such leadership includes the ability to locate, understand and adapt excellent organisational practices and develop robust organizational and managerial skills. Such leadership will not appear just because it is needed. It will require a proactive effort to keep our current leaders renewed, relevant and challenged.

Through engagement with IIDL member countries are supported to become part of an international movement. National policies and directions established and developed in one country can be enhanced by changes occurring in others. A key feature of IIDL is the opportunity it presents for disabled people, families, policy makers, funders and providers to work in a collaborative manner towards common goals.

The need for such an initiative. The absence of resources and supports for key leaders in disability services worldwide hampers them, their organizations and communities from obtaining and adapting the skills and processes identified as most likely to support people to live fulfilling and meaningful lives.

This lack of support to develop and demonstrate leadership limits the competence and skills of sector leaders in developing services based on best practice, innovation and the mentoring of future leaders.

IIDL Statement of Purpose

Overall/Outcome Objective. People with Disabilities and their families want to have personally satisfying everyday lives in the community.

Point of IIDL. To influence and support policy makers and communities (deliverers), towards making this happen through challenging practices, thinking and visions that are outdated.

We want to be an international leadership forum that raises awareness, improves personal leadership, and shares ideas on innovative and best known (optimal) practice.

This means:

1. Establishing international leadership exchanges, between key people in countries of similar economic and cultural development, that
 - demonstrate and share knowledge of innovative and effective practice
 - encourage and support the use of effective vision, thinking and practice
 - help develop sustainable influential leadership
 - generate ongoing international networks of leading practitioners
2. The ongoing provision of information around what is seen to be working and new ideas.

Objectives for 2009. The objectives for IIDL for the past 12 months have been to:

- Promote our purpose and objectives
- Build the numbers of disability leaders as members of IIDL

- Increasing the number of leaders as active participants in the IIDL exchanges
- Increase the number of countries sponsoring the development of this disability leadership initiative.

Membership. Membership of IIDL has now grown to 77 members with members coming from New Zealand; Australia; Canada; US; UK and Ireland. New Zealand (the Ministry of Health) and Ireland (the Office for Disability and Mental Health) are currently the sponsoring countries for IIDL.

Participation. The 2009 Leadership exchange in Australia was the second full exchange for the disability initiative. Eleven leaders participated with six host agencies. The themes of the exchanges ranged from Outcome Based Quality; Family leadership: Self Directed Services and Community Development.

Our planning for the 2010 exchange in Ireland is well advanced and we currently have 24 leaders registered with ten hosts. The 2010 exchange will also see leadership groups who are coming back together for the second time. This is particularly encouraging as it is through this level of familiarity that international networks around themes of common interest and concern have the potential to develop.

In the planning for our participation in the 2010 Irish exchange we have had the advantage of being able to involve the Irish disability leaders early in the process. This had enabled us to coordinate leadership related activities to coincide with the exchange, and has the effect of better ensuring that the networking meeting has a focus on those leadership areas of greatest interest to participants.

18. FINAL WORD

As the Chairperson Dr Janice Wilson of New Zealand has noted:

"We are all continually challenged in our quest for the ongoing reform of mental health services to support dignity and autonomy while focusing on recovery for people who experience mental illness. The changes encountered from the economic events of the last six months make this imperative even more vital. Our leadership and stewardship of this reform process will be greatly tested; I'm sure, over the next year or so."

IIMHL RELATED PUBLICATIONS

Beinecke, R.H. and Spencer, J. "Examination of Mental Health Leadership Competencies across IIMHL Countries" in Raffel, J.A., Leisink, P., Middlebrooks, A.E., (Eds), (2009). *Public Sector Leadership: International Challenges and Perspectives*, Cheltenham, UK: Edward Elgar.

Beinecke, R.H. (April 2009). Training the Next Generation of U.S. and Global Mental Health Leaders: Competencies and Needed Actions. *ACMHA Armchair Reflections*. American College of Mental Health Administrators. www.acmha.com. Also published at www.iimhl.com

Beinecke, R.H. (2009). Introduction: Leadership for Wicked Problems. *The Innovation Journal: The Public Administration Innovation Journal* 14(1), 1-17. Also edited this issue.

Beinecke, R.H. (2009). Leadership Training Programs and Competencies for Mental Health, Health, Public Administration and Business in Seven Countries. International Initiative for Mental Health Leadership. www.iimhl.com

The Special Edition of *The International Journal of Leadership in Public Services*. Vol. 4 Issue 1, April 2008. (Note this came from contributions from 12 groups of people following the Ottawa Network Meeting including (among others) the two papers below.

Beinecke, R.H., Daniels, A.H., Peters, J., Silvestri, F. (2008). Introduction to the Special Issue: The International



INTERNATIONAL INITIATIVE FOR MENTAL HEALTH LEADERSHIP

MAKING SERVICES WORK FOR CONSUMERS