Summary of Matches

IIMHL Leadership Exchange

21 - 25 September 2015

"Accelerating Change Towards Mental Health, Well-Being and Inclusion"

Table of Contents

Arctic Council Mental Wellbeing and Suicide Prevention

Anchorage, Alaska U.S.A.

1. Brief summary of the outcomes of your match

The match involved 17 individuals representing Alaska as well as several national and international visitors (i.e., Canada, Sweden,) who participated in concentrated discussion and dialogue on mental wellbeing and suicide prevention among Arctic populations.

Several guiding questions we introduced to include; 1) how we define and understand mental health from both a medical model as well as a wellness continuum using community and cultural contexts in regards to large Arctic health systems or service models?, 2) How well have Arctic populations and communities been involved in becoming "change agents" in addressing mental health disparities in both aspects as "providers" and "consumers" of services? 3) What have we learned as we emerge community based participatory models of research practices and how has that influenced the research to practice paradigm among Arctic communities?

Presentations also included overview of the Arctic Council and its involvement with mental wellbeing efforts, introduction and overview of U.S. National Institute of Mental Health's RISING SUN Initiative, the *Elluam Tungiinun* "Towards Wellness Project" in western Alaska villages, and expanding a care coordinated model for psychiatric patient care in rural Alaska.

Additional outcomes from the match included a site visit to the Southcentral Foundation's, Nuka System of Care. The Nuka model is a customer owner and consumer driven model that fully integrates health care for approximate 65,000 Alaska Native individuals and families. The site visits included a "Corporate Presentation" that explained the model, how developed and how it has evolved as an internationally successful approach that integrates physical and medical health care with behavioral health services based on a team approach.

2. Resources used in your match

Alaska Public Health and Alaska Native Tribal Health Consortium report on Characteristics of Alaska Native Suicide, http://www.epi.hss.state.ak.us/bulletins/docs/rr2012_01.pdf

Letter to the editor, Harold Napolean. Anchorage Daily News, October 18, 2014. http://www.adn.com/article/20141018/alaska-natives-still-people-peril

Wexler_et.al.AJPH.2014.302517.pdf

EnvScanOutline-Final.docx

3. Brief description of how your match has accelerated change towards mental health, well-being and inclusion

The match was situationally organized around the Arctic Council chairmanship in Alaska 2015-2017. The topic, mental wellbeing and suicide prevention, plays a pivotal role in Alaska in

particular among Alaska Native teens and young adults. In many of Alaska's rural communities, the suicide rates among Alaska Natives, in some cases, are 4-5 times higher among this group and despite efforts to combat the problem; the state has yet to see a reduction in suicide.

As a product of the Arctic Council's work in Canada with Inuit communities, the U.S. National Institute of Mental Health's is taking a lead role in continuing the work started among the Inuit and creating the RISING SUN Initiative that will implement a Delphi panel. The panel will be coordinated by a Scientific Advisory Group (SAG) representing Arctic indigenous groups that will define the specific measures and criteria that could be implemented across Arctic populations to contribute to mental health, well-being and inclusion.

The match was a key to helping the group reach consensus on particular ways and methods that would meet the goals of RISING SUN as well as improving Alaska health care systems. Particular attention was paid to how to best support "continuity of care" and how to invent creative ways to integrate prevention programs and services with health providers and acute behavioral health care services.

4. Brief description of how your match has built leadership for the future

As a result of these discussions during the match, a listserv was created to "continue the conversation" and create linkages to active projects and partnerships based on the discussions. http://list.state.ak.us/soalists/AlaskaRising/jl.htm

"Listserv is to bring together Alaskans for developing initiatives for Alaska RISING SUN (Reducing the Incidence of Suicide in Indigenous Groups – Strengths United through Networks (RISING-SUN). Alaska RISING is connected to the circumpolar Arctic Council U.S. chair initiative on Arctic wellness among indigenous populations. On-going engagement with relevant stakeholders will include community members, researchers, and people in the helping fields such as health aids or traditional healers to better serve the needs of their communities, while helping policymakers measure progress based upon culturally responsive interventions that promote and enhance wellness."

Children and Youth

Ontario Centre of Excellence for Child and Youth Mental Health Ottawa, Ontario, Canada

1. Brief summary of the outcomes of your match

The goals of the match were identified a priori through the established IIMHL child and youth interest group and a participant survey. There was interest identified in a number of themes to be blended with on-site visits of existing programs in the community. Themes included: school-based mental health, transitional-aged youth, implementation of large scale programs, interface with primary care, evaluation and implementation science, youth and family engagement). Fifteen participants attended from five countries (Canada, Sweden, New Zealand, Australia, Ireland). Each participant had the opportunity to highlight their current work as well as identify some key areas where input from peers would be helpful. The work of the Ontario Centre of Excellence was outlined in greater detail given its role as host. The Centre also outlined some of its most recent policy work including the work on a value-based allocation paper in child and youth mental health. The potential for piloting the proposed process across nations was discussed. Dr. Kathy Short from School Mental Health ASSIST in Ontario Canada provided details on this large scale implementation effort in all schools boards across the province. Participants also had the opportunity to choose to visit a variety of local programs and/or to engage in deeper conversations on a number of topics (evaluation, implementation science, school-based mental health, youth suicide prevention). Sites visits included:

- The Mental Health Collaboratives led by the Centre for Addictions and Mental Health
- A parent information night for the On Track Early Psychosis Program (Ottawa Hospital)
- A review of the programs associated with the Youth Services Bureau of Ottawa
- The Inpatient Unit at the Children's Hospital of Eastern Ontario
- The Eating Disorders Programs at the Children's Hospital of Eastern Ontario

Participants were each provided with a memory stick with relevant Centre products in the key areas listed above. Participants also brought material from their home organizations to share.

Specific outcomes included:

knowledge sharing and joint problem solving on issues identified by participants (e.g., how does one effectively engage policy makers for system change?)
linkages with community programs with commitments for following up and deeper exchange opportunities for joint work to be explored through the existing IIMHL child and youth interest group (meeting scheduled for Nov 24th).

Feedback from all participants was extremely positive.

2. Resources used in your match

www.excellenceforchildandyouth.ca
smh-**assist**.ca

www.**daretodream**program.ca
togethertolive.ca

3. **Brief description of how your match has accelerated change towards mental health, well-being and inclusion**

This match was a large one with a great deal of exchange from different constituencies. The inclusion of researchers, service providers and policy makers resulted in a richer dialogue with a focus on systems issues. The process itself was an exercise in inclusion.

4. Brief description of how your match has built leadership for the future

The match is an extension of the IIMHL child and youth interest group that has been evolving over the last decade. Membership grows with each match. The conversations persist through an evolving community of practice that continuously identifies topic of great interest with focused exchange of information across members. The group also makes ad hoc calls for information on specific topics of high relevance for any partner at any time. The Ottawa match also included a post-doctoral fellow extending our reach beyond just existing leaders to include emerging leaders,

Council of Clinical Leaders: Measuring and understanding mental health outcomes and improvement

New York State Psychiatric Institute, New York City

1. Brief summary of the outcomes of your match

During the match Dr. Pincus presented data currently being collected by individual countries for a set of mental health indicators previously identified in Phase I-II of the International Mental Health Indicator project. During the meeting, participants further explored barriers and strategies for implementing mental health quality indicators across countries and sharing of data for benchmarking.

Individual country representatives also discussed efforts within their respective countries to measure the quality of mental health care.

In addition, participants explored strategies to develop a more cohesive definition of the various recovery dimensions and to include measures that explore recovery oriented patient outcomes.

2. Resources used in your match

At the center of discussions were data collected by individual countries for a set of mental health indicators previously identified in Phase I-II of the International Mental Health Indicator project. The data are not publicly available at this point.

In addition, country representatives gave short presentations on mental health measurement and recovery oriented activities within their respective countries.

3. Brief description of how your match has accelerated change towards mental health, well-being and inclusion

The project is currently in its third phase and aims to raise awareness amongst clinicians and policymakers regarding the quality of care of mental health systems and, ultimately, to be able to compare system performance across countries to inform initiatives for transformation of mental health services.

This phase of the project has been building on previous work done in Phase I and II and is now focusing on pilot efforts to identify and collect data on a selected number of indicators that will be collectable by all participating countries.

Phase III has also been seeking to identify a limited set of recovery oriented measures for quality improvement and accountability which could be implemented and collected across participating countries.

4. Brief description of how your match has built leadership for the future)

Since its inception, this project has worked toward developing strategies to measure the quality of mental health care and to engage clinical leaders and country representatives who can influence the legal and regulatory environment that encourages the implementation of a common set of mental health quality indicators and data collection.

Community Action for Suicide Prevention

Djavad Mowafaghian World Art Centre, Goldcorp Centre for the Arts,Simon Fraser University, Vancouver, BC, Canada

1. Brief summary of the outcomes of your match

The objective of the match was to outline key elements of a systematic and evidence-based approach to suicide prevention in communities, including:

a) the elements/aspects of effective comprehensive suicide prevention community models; and
b) the identification of roles and responsibilities for different players in communities.

It was our desired outcome that participants leave with concrete examples of best and promising practices and tools to begin or enhance suicide prevention activities in their communities.

There were a number of key actions that were determined based on group consensus:

- Create a detailed report on the match for distribution to participants and for posting on the IIMHL website. This will help inform the next match scheduled for Australia so that the next group can build on the work of the group from Vancouver.
- SAMHSA will host a webinar over the next 6 months to share our findings with a broader group of international stakeholders interested in suicide prevention.
- Establish and grow a diverse international network of individuals, groups, and organizations interested in community suicide prevention. Individuals from the Substance Abuse and Mental Health Services Administration (SAMHSA) and the Mental Health Commission of Canada (MHCC) have been identified to maintain momentum on the outcomes.
- Develop a blueprint for community action on suicide prevention. The guiding principles of a systematic, comprehensive suicide prevention approach as well as underlying values were developed at this match by consensus. This will serve as the foundation for the blueprint. It is precisely because taking action to prevent suicide is complex and difficult that we need a systematic and comprehensive approach to guide our efforts.
- Look to stimulate bold conversations that will activate communities and advance the growth of community engagement in suicide prevention. These bold conversations may involve engaging the media as a powerful ally, not being reluctant to undertake public awareness campaigns, finding champions in communities and with decision-makers, empowering communities to speak out about what's working and what's not, and encouraging people with lived experience to share their stories. We need to speak out with inclusive messages and language and not be hindered by the fear that saying the wrong thing is worse than saying nothing. We are all messengers – this change will also require us as leaders to model this approach. Stimulating a new kind of conversation may be part of the disruptive change require to propel us forward.

2. Resources used in your match

Presentations were made on the following subjects:

- 'Help for Life' Quebec's Strategy for Preventing Suicide (Jérôme Gaudreault, Association québécoise de prévention du suicide, Canada)
- Optimising Suicide Prevention Programmes and their Implementation in Europe (Ulrich Hegerl, University of Leipzig, Germany)
- Aboriginal Suicide & Critical Incident Response Team (Kim Montgomery, Okanagan Nation Response Team, Canada)

- Adolescent Suicide Prevention Program (Patricia Serna, North Central Community Based Services, USA)
- United States Air Force Suicide Prevention Program (Eric Caine, University of Rochester Medical Centre, USA)
- School-based Interventions (Richard McKeon, Substance Abuse and Mental Health Services Administration & Elly Stout, Suicide Prevention Resource Center, USA)
- Disruptive Innovation in Suicide Prevention (Eduardo Vega, Mental Health Association of San Francisco, USA)

On the BaseCamp collaboration platform, hosted by the Mental Health Commission of Canada, a number of resources were shared by participants including:

Strategies

- United Nation's Prevention Of Suicide: Guidelines for the Formulation and Implementation of National Strategies
- Scotland Suicide Prevention Strategy
- New Zealand Suicide Prevention Strategy
- Forging an Agenda for Suicide Prevention in the United States
- 'Help for Life' Quebec's Strategy for Preventing Suicide (http://publications.msss.gouv.qc.ca/acrobat/f/documentation/1997/97-237-a.pdf)
- Making it Safer: A Health Centre's Strategy for Suicide Prevention

Community-Based Models/Approaches

- SPRC/Jed Foundation Comprehensive Approach
- Optimizing Suicide Prevention Programs and Their Implementation in Europe (OSPI Europe): an evidence-based multi-level approach
- Alliances against depression – A community based approach to target depression and to prevent suicidal behavior
- Factsheet: European Alliance Against Depression
- The iFightDepression website
- European Alliance Against Depression Flyer
- Risk of suicide and related adverse outcomes after exposure to a suicide prevention programme in the US Air Force: cohort study
- The US Air Force Suicide Prevention Program: Implications for Public Health Policy

First Nations/Aboriginal Resources

- Working Together to Address Suicide in First Nations Communities
- Preventing Youth Suicide in First Nations
- First Nations Mental Wellness Continuum Framework
- Suicide Prevention in Rural, Tribal Communities: The Intersection of Challenge and Possibility
- Culturally Responsive Suicide Prevention in Indigenous Communities: Unexamined Assumptions and New Possibilities
- Outcome Evaluation of a Public Health Approach to Suicide Prevention in an American Indian Tribal Nation
- Hope, Help, and Healing: A Planning Toolkit for First Nations and Aboriginal Communities to Prevent and Respond to Suicide

Youth/School-Based Resources

- School-Based Strategies to Reduce Suicidal Ideation, Suicide Attempts, and Discrimination Among Sexual Minority and Heterosexual Adolescents in Western Canada
- Expanding and Democratizing the Agenda for Preventing Youth Suicide: Youth Participation, Cultural Responsiveness, and Social Transformation
- School-based suicide prevention programmes: the SEYLE cluster-randomised, controlled

trial
- Youth Suicide Prevention Plan for Canada: A Systematic Review of Reviews
- Impact of the Garrett Lee Smith Youth Suicide Prevention Program on Suicide Mortality
- U.S. Summary of Resources for Youth Violence and Suicide Prevention

Research
- Differentiating Suicide Attempters from Suicide Ideators: A Critical Frontier for Suicidology Research
- The Three-Step Theory (3ST): A New Theory of Suicide Rooted in the "Ideation-to-Action" Framework
- Cultural competence and evidence-based practice in mental health: Epistemic communities and the politics of pluralism

Lived Experience
- The Way Forward: Pathways to hope, recovery, and wellness with insights from lived experience
- Scottish Recovery Network's Experts by Experience: Values Framework for Peer Working (http://www.scottishrecovery.net/images/stories/downloads/srn_peer_values_framework_publication.pdf)

Media
- Role of media reports in completed and prevented suicide: Werther v. Papageno effects
- *Mindset: Reporting on Mental Health* Media Guide (http://www.mindset-mediaguide.ca/)
- Australian Media Guide on Using Recovery Oriented Language (http://mob.mhcc.org.au/media/5902/mhcc-recovery-oriented-language-guide-final-web.pdf)

Other
- Suicide-Safer Communities: Recognizing community commitments to suicide-safety (https://www.livingworks.net/community/suicide-safer-communities/)
- Strengthening the Safety Net: A Report on the Suicide Prevention, Intervention and Postvention Initiative for British Columbia (https://suicidepipinitiative.files.wordpress.com/2009/05/suicide-pip-initiative-full-report.pdf)
- Plea for suicide prevention in Quebec (http://www.aqps.info/media/upload/Plaidoyer_AQPS_ANG_Final_Mai2014.pdf)
- Quebec training programs (in French) (http://www.aqps.info/se-former/)

3. Brief description of how your match has accelerated change towards mental health, well-being and inclusion

Our match has accelerated change in the following ways:

- Emphasized the importance of the perspective of individuals with lived experience across the entire continuum (suicide attempt survivors, survivors of suicide loss, caregivers) and their full and active engagement in community suicide prevention efforts.
- Reinforced the importance of upstream investments in community suicide prevention that strengthen protective factors and build community wellness and resilience.
- Helped us to more overtly articulate the tensions around suicide prevention that hold us back and detract us from moving forward towards our goals. Some of these tensions included a focus on at risk populations versus broad upstream prevention initiatives, medical models versus community development models, and initiatives that are community-built and led versus prescriptive.

- Sparked ideas on how to incorporate innovation, risk-taking, and disruptive change to help accelerate us forward.

4. Brief description of how your match has built leadership for the future

Our match has built leadership capacity for the future in the following ways:

- The diversity and openness of the group allowed us to build on each other's expertise and help establish some important points of consensus.
- The dialogue will help inform our future work in our respective areas.
- The personal connections and network we plan to build will allow us to continue to learn from one another into the future.
- We have been able to galvanize around some common objectives for advancing community action for suicide prevention.
- A suggestion was put forward to have each country sponsor a youth to attend the next IIMHL suicide prevention match as a way to groom future leaders.

E-Mental Health

University of British Columbia (UBC), Vancouver, Canada

1. Brief summary of the outcomes of your match

Participants from private and public institutions, industry and research and development agreed on the critical importance of web based services for the future of health care. Although the development is in its early stages, new apps, software tools and documentation systems are launched. Most are single area solutions but some are proving an increasing functionality already and could contribute to the paradigm shift. Physical healthcare clinics will continue to play a central role but independent web platforms as well as virtual mental health clinics will take over important functions, contribute to capacity building and better quality of care. System needs must be recognized and solutions should be based on health outcomes. You can only change what you are measuring.

In order to address these challenges we had discussions on e-mental health priorities and created a list of them. We also had a discussion on the necessity of a paradigm shift in mental health care and settings of modern care and generalizability of a Canadian-based model to other parts of the world. We also discussed an e-mental health framework, which has been adopted by various policy makers in New Zealand and the applicability of that framework to other settings. There were also some presentations on international trends toward providing e-mental health services and different strategies to engage and empower patients and individuals including peer support and game-inspired development.
Participants also discussed obstacles and barriers for developing e-mental health platforms. A coordinated care model for implementing e-mental health services for refugee camps was also developed as part of the group work.

2. Resources used in your match

During our meeting match we used presentations, demonstrations of web-based solutions/tools, and interactive case studies building flowcharts and mind maps. We also had an interactive session with another match group in Washington using videoconferencing equipment and Adobe Connect software.

3. Brief description of how your match has accelerated change towards mental health, well-being and inclusion

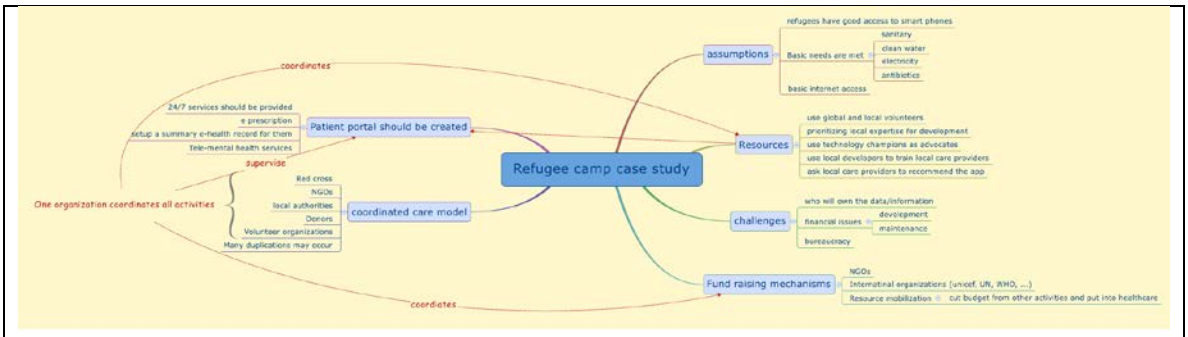
Traditional mental health services are not easy to access and despite all shortages in face-to-face professional mental care the demand is increasing. E-mental health can fill part of this gap. E-mental health services specially if provided via mobile platforms can be easily accessible and cheap. However, there are different challenges to develop, maintain and utilize such systems. Using brainstorming technique, match participants highlighted some of the most important priorities and also challenges in developing and providing e-mental health services. A mind map was created for each (Please see attached mind maps). The list of priorities highlights areas in which we have to invest in order to meet the increasing demand. The list of challenges shows important barriers and concerns that we should address prior to development of these applications. Therefore, this meeting could guide us through better decision making for providing e-mental health services for the public. The topic also included prioritization of primary care over secondary and tertiary by creating apps that can increase general awareness of mental health and provide education for the public.

4. Brief description of how your match has built leadership for the future

E-health has created lots of opportunities for quality improvement of healthcare systems especially in the field of mental health. However, these technologies are changing the traditional healthcare delivery system. A paradigm shift needs to happen in the leadership's vision too. New technologies are not limited to physical borders and many healthcare organizations can provide or receive services from each other despite physical separation. Physicians from one continent may provide services for patients in another continent. This requires standardization of care provision in different parts of the world and vision change among local healthcare leaders. In such a continuum patients have to take more responsibility and authority over their own health. Leaders must encourage patient empowerment and incentivize wider use of personal health records and interoperability between EMR, HER and e-mental health systems.

Governments should have a holistic view and treat e-mental health as part of an integrated care plan. Service providers can be distributed but the efforts should be effectively coordinated to result in healthcare quality improvement. Local and federal governments should introduce policy papers that incorporate essential needs for global use of e-mental health services. Leadership should also invest in preventive care and social awareness as part of the paradigm shift.

As an example of the abovementioned issues we had an important discussion in our match on how to help refugees that are fleeing from different parts of the world especially the Middle East using e-mental health portals and mobile applications. The final outcome was a coordinated care model where different resources were coordinated by an organization but several local and international organizations, in addition to local community professionals, could be involved in service provision. This example provides a leadership model for future e-mental health services. The initial model was developed through group work and was further completed through brainstorming.


Refugee camp case study
assumptions
refugees have good access to smart phones
Basic needs are met
sanitary
clean water
electricity
antibiotics
basic internet access
Resources
use global and local volunteers
prioritizing local expertise for development
use technology champions as advocates
use local developers to train local care providers
ask local care providers to recommend the app
challenges
who will own the data/information
financial issues
development
maintenance
bureaucracy
Fund raising mechanisms
NGOs
International organizations (unicef, UN, WHO, ...)
Resource mobilization
cut budget from other activities and put into healthcare
Patient portal should be created
24/7 services should be provided
e prescription
setup a summary e-health record for them
Tele-mental health services
coordinates
supervise
One organization coordinates all activities
coordinated care model
Red cross
NGOs
local authorities
Donors
Volunteer organizations
Many duplications may occur
coordinates

Families and Carers

Victoria, British Columbia, Canada

1. Brief summary of the outcomes of your match

Participants were appreciative of the opportunity to connect and share ideas and best practices in an informal setting. The group discussed models of family and carer engagement in the health system, and barriers to that engagement. There was a strong focus on legislation and misunderstanding about continuity of care legislation among health system staff, families and carers that acted as barriers to participation. Participants acknowledge that guidelines and toolkits are useful, but lack 'teeth', and called for minimum standards of care that include family and carer engagement. The group developed a concise and articulate call for a Family-Centred, Family Recovery Model system of care that is outlined in detail in #3 in this document.

2. Resources used in your match

Nicholson, J., Wolf, T., Wilder, C. and Biebel, K. (2014). Creating Options for Family Recovery: A Provider's Guide to Promoting Parental Mental Health. Marlborough, MA: Employment Options, Inc. Available at www.employmentoptions.org

MHCC National Guidelines for a Comprehensive Service System to Support Family Caregivers of Adults with Mental Health Problems and Illnesses.
http://www.mentalhealthcommission.ca/English/system/files/private/document/Caregiving_MHCC_Family_Caregivers_Guidelines_ENG.pdf

MHCC Taking the Caregiver Guidelines off the Shelf: Mobilization Toolkit.
http://www.mentalhealthcommission.ca/English/issues/caregiving/family-caregivers-guidelines

MHCC Guidelines for the Practice and Training of Peer Support.
http://www.mentalhealthcommission.ca/English/system/files/private/document/Peer_Support_Guidelines.pdf

Peer Support and Accreditation and Certification Canada Handbook.
https://psac-canada.com/certification-handbook/

Healthy Minds, Healthy People: a 10-year Plan to Address Mental Health and Substance Use in BC

The group also utilized two briefing documents written by the lawyer who participated in the match. The documents provided information about British Columbia legislation related to mental health, and addressed privacy, confidentiality, and informed consent. These documents are included with this report.

3. Brief description of how your match has accelerated change towards mental health, well-being and inclusion

Many participants described personal changes and new insights as a result of attending the match discussions. The group was action-oriented, and as we developed our messaging for the Match Spotlight, became very clear about what we would like to see:

A Family Centered, Family Recovery Model system of care throughout the United States and all of Canada would support the health and well-being of adults in mental health recovery. A

minimum standard of care must be articulated to ensure that families and the family approach are at the core of the continuum of services in the adult mental health system.

In addition to guided principles and guidelines there is a need to develop/implement standard policies and practices throughout all services that are family centered within the adult mental health system. This innovated standard of care must both be implemented in the United States and Canada and that the federal, province and state level must ensure consistency of this family centered system change.

Research and Perspective: Our work group acknowledged all the research that indicates the evidence for a family centered system of care and that it is already developed and implemented in care for physical conditions, such as diabetes and cancer care.
Mental health care treatment in Child and Adolescent Mental Health Systems in the United States and Canada also reflect a family-centred system of care, for example with eating disorders.

However, when adolescents transition into the adult system, this critical family-centered approach falls away, hindering family involvement and recovery for adults. This hinders the recovery for all young adults transitioning into the adult mental health system.

Additionally, by utilizing a family centered/recovery model, we maximize valuable natural resources and its cost effectiveness and long term benefits to the system.

Barriers: Our work group identified Privacy and Consent laws as one of the specific barriers in the change and philosophy of approaches from the child and youth mental health system to the adult mental health system. These laws are not well understood by system staff or families, which hinders the engagement of families in planning and care for family members dealing with mental health problems.

Conclusion
It is critical that the adult system evolves - with reference to the learnings and successes from the child and adolescent mental health system. We recognize that the field has developed family engagement guidelines and tool kits and we want to acknowledge the work and its vision. We now must move further and not consider family engagement as an add-on perspective within the adult mental health system, but the CORE of the mental health system. We must invest in our families.

We must train our workforce to recognize:

1. That every adult in mental health recovery is part of a family.
2. That adults in mental health recovery have their own families.
3. The whole family is impacted by the illness and that family recovery is critical and possible.

To involve the “family” as identified by the adult service user is a cost effective comprehensive model.

4. Brief description of how your match has built leadership for the future

It was acknowledged that the match provided participants with opportunities for knowledge, learning, and exchange. They felt that the knowledge and energy for change would bring them back to their respective organizations and communities with new ideas, practices, and frameworks that could be built upon for future success in changing family and carer engagement in the mental health treatment system. Participants were excited about the call for action and ways to begin to work for that articulated change in their own communities. Participants expressed an interest in staying connected to continue to share knowledge and action in their communities, workplaces and families.

Funding of Self Directed Care and Recovery Supports

Barat House, 885 Centre Street, Newton Campus, Boston College, Massachusetts, USA

1. Brief summary of the outcomes of your match

Self-direction situates the participant at the center of an individual service planning and budgeting process. It is a model for financing services and supports in which participants manage or direct a flexible budget with support from a specially trained broker, often a peer with lived experience of the mental health system. Evidence suggests that self-direction can improve recovery outcomes while keeping costs similar to those of traditional arrangements. Participants attending the Self-Direction and Recovery Learning Exchange identified five themes as the critical areas needing additional attention and research: (1) achieving culture change in support of self-direction; (2) ensuring the full participation of service users through innovation in peer support; (3) obtaining sustainable funding; (4) addressing barriers for the implementation of self-direction including budget setting, mitigating fraud and abuse, and planning for episodic conditions; and (5) exploring self-direction as a promising solution to some of the wider challenges facing the mental health system.

Participants identified three major areas where more attention and energy is needed: (1) Creating a culture shift for value-based system change. Self-direction is an arrangement that changes power relationships, not just a program. Self-direction should be driven by needs and resources, not the boundaries of funding or policy structure. Culture shifts require training and re-training. (2) Stakeholder communication should involve a mix of stories from diverse individuals and data. (3) People with lived experience should be involved and supported at every level, including direct support, leadership, and oversight.

2. Resources used in your match

Resources for the match were two-fold:

(1) a matrix comparing and contrasting program elements across seven nations, including: eligibility criteria, budget setting and scope, role of peers, funding mechanisms and person-centered planning approach, and

(2) seminal articles from all nations that summarize the characteristics of the programs.

3. Brief description of how your match has accelerated change towards mental health, well-being and inclusion

This match brought together 45 people from seven nations. These people included many implementing self-direction and many with lived experience. This was probably the largest gathering ever of experts on this subject. Most of these people had never met.

Prior to arriving in Boston, participants provided detailed feedback on what they hoped to get out of these meetings. We used the five themes that emerged from this feedback to organize small group discussions and deliberations, and then reached some consensus on issues that were salient within the groups. The informal networking is as important as the formal meetings. A number of participants were new to the idea of self-direction, and they were engaged to the fullest.

4. Brief description of how your match has built leadership for the future

Participants unanimously expressed an interest in, and a need for, continuing learning exchanges, even if they were only virtual. Charlie Barker Gavigan from Social Care Ideas in Scotland graciously offered to utilize their existing Sherpa platform as the forum host (as they already have a mandate to foster international collaboration), and to take the lead in future exchanges on self-direction in behavioral health. For this to continue and grow additional funding would be needed. Five participants volunteered to work with Charlie Barker-Gavigan to develop, grow and coordinate the learning platform to improve ways in which knowledge, practice, understanding and evidence is used by peers, individuals, carers, practitioners, managers, planners, politicians, local and national government officials to deliver and support better personal outcomes with people and communities. For additional information contact Charlie at charlie@socialcareideas.org.uk.

Homelessness and Mental Health

Vancouver, BC

1. Brief summary of the outcomes of your match

This very successful Match and delivered in Vancouver and provided participants with the opportunity to spend time in the community observing Housing First programs and homelessness services first hand. The Match took place in Vancouver's Downtown East Side, an area noted for a high incidence of poverty, drug use, sex trade, crime, and violence, as well as a large number of social service agencies primarily focused on homelessness, housing, and outreach.

On the first day, participants spent the morning with the RainCity Housing First ACT team, and were able to watch them as they conducted their morning meeting. They then had an opportunity to ask questions with the team. RainCity's Executive Director Greg Richmond and Laura Caron, Director of Clinical Services, visited with the participants to answer questions and discuss the implementation and administration of a Housing First program. Three Housing First clients came to the meeting to provide an opportunity to hear more about the Housing First approach from a firsthand perspective. After lunch, the Match group reconvened to their meeting space to reflect on the morning and have a more fulsome discussion on the Housing First model with Dr. Tsemberis.

On the second day, participants spent the morning touring Vancouver's Downtown East Side (DTES) and visited a number of service providers and agencies to learn about the various approaches to delivering services to people living in homelessness. Two staff from the City of Vancouver provided a walking tour of the DTES and three agency tours were provided. These included In-Site Supervised Injection Site, Portland Hotel Society, and Union Mission.
The afternoon was spent with further discussion on Housing First as a response to homelessness and mental health, and participants received a presentation on the Vancouver At Home / Chez Soi experience from Catharine Hume who was Vancouver Site Coordinator for At Home / Chez Soi.

2. Resources used in your match

In preparation for our Match, participants were encouraged to familiarize themselves with Housing First and the At Home / Chez Soi research program led by the Mental Health Commission. The following resources were shared in advance of our Match:

To familiarize themselves with At Home / Chez Soi project, participants were encouraged to visit www.mentalhealthcommission.ca. They were also provided with the link to watch the National Film Board of Canada's film at http://athome.nfb.ca/#/athome which beautifully captures the At Home / Chez Soi research project and Housing First.

The founder Housing First and CEO of Pathways to Housing National, Dr. Sam Tsemberis, joined us for the 2 days of the Match. For more information on Dr. Tsemberis and his work at Pathways National, participants were provided with the Pathways web-site at www.pathwaystohousing.org

Given that our Match began with a visit to the RainCity Housing First ACT team in Vancouver, I also provided participants with a link to videos found on the RainCity Housing web-site at http://www.raincityhousing.org/hf-p-into-p/. These 5 videos where developed by RainCity and reflect on the guiding principles of Housing First.

Participants were also provided with the websites for 2 of the site visits in advance of the Match:

- Insite Supervised Injection Site http://supervisedinjection.vch.ca/
- Portland Hotel Society http://www.phs.ca/

At the Match, participants were provided a package containing the At Home/ Chez Soi final report along with some other infographics and one-pagers on Housing First and the Recovery Guidelines developed by the Mental Health Commission of Canada.

3. Brief description of how your match has accelerated change towards mental health, well-being and inclusion

The Mental Health Commission of Canada led At Home / Chez Soi, a $110 Million research project to test the efficacy of Housing First as an approach at ending homelessness for individuals who have been chronically homeless and experience severe mental illness. The results of the research showed with that Housing First is an incredibly effective approach to end homelessness for this population, and the results have received international recognition and Housing First is being implemented in communities and countries across the world. This Match provided participants the opportunity to see Housing First first-hand, as well as within the context of the overall homeless services within Vancouver.

4. Brief description of how your match has built leadership for the future

This Match provided participants with an in-depth appreciation for the operations of a Housing First program, as well as its overall contribution in the ongoing effort to end homelessness for those who are chronically homelessness with complex needs. Participants received the information required to bring this approach back to their countries and assess the viability of implementing Housing First in their communities. Match participants have indicated desire to continue to meet via Skype in order to maintain an ongoing discussion on Housing First and addressing homelessness and mental health.

The Match participants were also invited to attend a Networking event with participants from 2 other Matches: Multi-Sectoral Partnerships Responding to Community Crisis and Youth & Mental Health. This provided the opportunity for broader networking as well as discussions of mental health on a broader scale beyond housing and homelessness.

"How will we know our work is making a difference in the lives of people we work with and serve?" The essential role of social impact research and evaluation in cross-disability initiatives inclusive of mental health

Winnipeg, Manitoba, Canada (Canadian Centre on Disability Studies)

1. Brief summary of the outcomes of your match

CCDS hosted three individuals during the IIDL/IIMHL pre-conference in September. Two of the individuals were from international communities (New Zealand and Australia, respectively), and the other from Ottawa, Canada. One of the primary outcomes during our match was generating numerous networking opportunities between our guests and leading local cross-disability agencies. Our guests had opportunities to connect with disability advocates (i.e. Manitoba League of Persons with Disabilities; People First of Canada), service and resource providers (i.e. Manitoba Schizophrenia Society; Innovative Life Options), and policy makers (i.e. Council of Canadians with Disabilities).

In addition to these connections, our guests met with and networked with several others, including community members, front-line service supports, academics, and researchers. This was particularly evident when our guests attended the community forum that CCDS hosted alongside the Disabilities Issues Office of Manitoba (DIO). This forum included three presentations, each with their own area of focus, but all contributing to the exploring the concept of social impact evaluation. The main question to be answered here was "How do we know that our work is making a difference?" As a senior research officer at CCDS, Dr. Youn-Young Park detailed the use of the logic model as a pragmatic way to measure impact while conducting research work. Natalie Baydack, member of Canadian Evaluation Society, shared her experience with program evaluation by using an example that aimed to increase outcomes for at-risk youth. Yutta Fricke from the DIO gave a presentation on new provincial legislation entitled the Manitobans for Accessibility Act. Based on the feedback we received on this forum, participants valued the discussion period which followed these presentations, as many were able to apply impact evaluation to their own work. The outcomes from this event were to discover differing ways of evaluating outcomes, and to investigate how leaders in the field are ensuring that they are meeting the needs of those they work with. The consensus on this event from our guests was that it was effective in detailing ways to do this.

A major component to our pre-conference was creating dialogues around the historical contexts of disability/mental health research and advocacy work. Our guests were invited to engage in productive discussions with several grass roots and governmental organizations. Through informal presentations and in-depth discussions, a process of mutual learning was initiated. Topics of conversation included individual/professional histories and how our organizations differed as far as infrastructure and funding were concerned. Because we also had the opportunity to converse about what was going well and where we were struggling, we were able to share success stories and points of frustration. Sharing our experiences and offering advice to one another proved to be an invaluable experience for all involved.

The educational component to this pre-conference had several applications. We invited our guests to visit to the newly opened Canadian Museum for Human Rights. At the museum we had a personalized tour, in which the tour guide outlined international human rights histories, with a specific focus on disability and mental health issues.

2. Resources used in your match

Resources that we used for the Community Forum:

"The Essential Role of Social Impact Research and Evaluation in Cross-Disability and Mental Health Initiatives" was a forum that we hosted in partnership with the Disabilities Issues Office (government of Manitoba).

CCDS-DIO Social Impact Evaluation
Park Presentation
DIO Presentation
Baydack Presentation

Resources that we used internally:

IIDL-IIMHL Visitor Package
Pre-conference Schedule

Resources from Ryerson University:

A webinar presentation from Dr Melanie Panitch at Ryerson University. Dr Panitch presented on the Disability Studies art exhibit that was on display at the CMHR entitled *Out From Under: Disability, History and Things to Remember* - http://www.ryerson.ca/ofu/. Dr Panitch also presented on Mad Studies and the work that the faculty has previously done in Canada.

Please see resources:

A Brief History of Everything…
Re-presenting Disability…

More links to resources:

A guided tour at the Canadian Museum for Human Rights, which included specific emphasis on disability issues. Link: https://humanrights.ca

The "Manitoba and Disability Advocacy Forum" was hosted by us on the second day of the pre-conference, and included presentations by three advocacy organizations:
People First of Canada. http://www.peoplefirstofcanada.ca/
Manitoba League of Persons with Disabilities. http://www.mlpd.mb.ca/
Council of Canadians with Disabilities. http://www.ccdonline.ca/

3. Brief description of how your match has accelerated change towards mental health, well-being and inclusion

Our match created various opportunities (e.g., symposium, visits, local organizations' presentations, semi-structured meetings) for guests and other participants to exchange, learn and discuss about emerging issues and practices with regards to mental health and disability. We believe that people who participated in our match will improve their work in the field of mental health and/or disability with the knowledge and insights that we shared and the network developed during our match.

To exemplify how we fostered these insights, I would like to allude to one specific discussions/semi-structured presentation that we planned that pertained specifically to education, mental health and disability. Before heading to the museum we were fortunate to have Dr. Panitch, a faculty member from Ryerson University Disabilities Studies program present on the exhibit that they created for the museum. It was entitled *Out From Under: Disability, History and*

Things to Remember which outlined disability rights movement in Canada through the medium of visual art. We were able to have a discussion period with Dr. Panitch as well, which increased our understanding of our national history of advocacy and scholarship. Discussions also included the topic of Mad Studies and the work that they are currently doing in mental health. This presentation is a prime example of how we incorporated concepts of inclusion and mental health into the content of our pre-conference by offering historical context.

4. Brief description of how your match has built leadership for the future

Shortly after our guests arrived in Winnipeg, discussions began around the importance of meaningful work, collaboration, leadership and lived experience. In retrospect, the pre-conference became a microcosm of what was to come during the combined meeting in Vancouver. Learning the systematic and operational differences that exist between and ourselves and others was imperative to building relationships and envisioning a future where leaders are able to make an impact on future generations. By engaging in a reciprocal exchange, we were able to examine ways in which we can improve our work. Individualized funding, person-centered planning, and veering away from charity and individualized models of contextualizing mental health and disability were all central components to our discussions. Coming away from the pre-conference, I believe that the CCDS team has a better grasp on who is doing what, both on national and international scales. If we can operationalize these tactics, principles and theories into our work, it will better the support that we are to provide. As a research institute, we must continually ask the question: “How do we know that our work is effecting real change, or are we just keeping busy?”

There is no doubt that our work must reflect the lives of those in the community. As leaders in the community, we must reach out to those our work effects and ensure that our work accurately reflects the lives of individuals with lived experience. This includes networking with advocates, service providers and community members. By no coincidence, these were the very individuals that we were able to connect with during this conference. Moving forth, we must strive to explore these partnerships. Equally important, our work must be informed by innovative practice; action that promotes critical and divergent ways of thinking, knowing and being. Through discussions with other leaders, several ideas were brought forth. As a result of this leadership exchange, we have expanded our pool of resources to the global community, learned strategies to ensure our work is meaningful, and made connections with internationally renowned leaders.

Implementing Programs for Individuals Experiencing First Episode Psychosis

New York State Psychiatric Institute

1. Brief summary of the outcomes of your match

During this match, Julie McChesney form an agency in Perth, Australia visited the OnTrackNY FEP team in New York City. She met with leadership and trainers within the initiative to understand how our programs are run, monitored and trained. The Associate Director of OnTrackNY also accompanied her on two site visits with current OnTrackNY teams, where she received a tour, attended team meetings and was able to ask questions of the clinicians.

2. Resources used in your match

http://practiceinnovations.org/ontrackusa/tabid/253/default.aspx
We referred to ontrackny training materials throughout the visit.

3. Brief description of how your match has accelerated change towards mental health, well-being and inclusion

It was a great visit and provided a nice opportunity for an exchange of ideas and strategies for implementation. Our needs are somewhat different in New York than in Perth but we have the same questions on sustainability, shifting models for reimbursement etc. The recovery focus is the same!

4. Brief description of how your match has built leadership for the future

Any opportunity to exchange ideas with someone in leadership who is strategizing about how to sustain programs and expand services is appreciated. We were able to talk about how CPI and OntrackNY moves creates and disseminates products, including some revenue models. As a leader it is helpful to hear about both the daily clinical work and the administrative processes that support it, and to hear a different perspective from outside of one's own system.

Innovations in Supported Employment and Social Enterprise

Vancouver

1. Brief summary of the outcomes of your match

The match in Vancouver consisted of 2 days of discussions focused on employments services for people who live with severe and persistent mental health disabilities. A variety of learning opportunities were used including group discussions, guest speakers and site visits to social enterprises and community teams in Vancouver. Evidence based tools, retention strategies and peer work were among the topics highlighted throughout the two days.

2**. Resources used in your match**

Mary O'Hagan from New Zealand who developed PeerZone, a series of workshops used by peer workers to support clients in a variety of life domains discussed her model with the group and how it could support employment goals. She also discussed SWELL, an app she is developing that employment workers would be able to use with their clients. Amy Wakelin the lead of Peer Zone in Toronto skyped in to the meeting to discuss how PeerZone is being rolled out in her community.

A Case Manager and Recreation Therapist at Strathcona Mental Health Team in Vancouver show cased the IPS model of integrated supported employment and mental health case management.

Attendees visited four Social Enterprises:

Willow Bean Café
http://globalnews.ca/news/2002152/willow-bean-cafe-gives-jobs-skills-to-people-with-mental-illness/
Cleaning Solution
http://www.cleaningsolution.ca/
"Café 335"
http://www.coastmentalhealth.com/cafe335
Hope Café
http://blenz.com/blenz-hope-cafe-counters-stigma-around-mental-illness/

3. Brief description of how your match has accelerated change towards mental health, well-being and inclusion

The match gave valuable insight into how employment supports are being delivered in Canada, The United States and New Zealand. A variety of models and techniques were discussed and this knowledge exchanged allowed participants to think about their current practices and opportunities to make changes based on what is happening in other communities. The match has allowed communities that do not often have a chance to collaborate work together and strengthen their services delivery The importance of employment in an individual's recovery was highlighted throughout the two days. Implementing best practices as shared throughout the time together will strengthen services for individuals living with mental illness and encourage teams to continue to advocate for inclusive and diverse work places.

4. Brief description of how your match has built leadership for the future

The match gave opportunity for reflection on each participant's community as well as insight to what is happening globally in the area of mental health and employment supports. Those who attended and participated in the variety of discussions throughout the two days could share what they do well and ask other services provides for supports on areas they wanted to improve. This interactive approach allowed participants to leave the match with the tools, knowledge and resources needed to implement changes in their communities. Connections were made at the match that are ongoing and will support the goals of all participants that attended the exchange.

International Knowledge Exchange Network for Mental Health (IKEN-MH) Match

Vancouver, BC

1. Brief summary of the outcomes of your match

The purpose of the IKEN-MH Match was to highlight best and promising practices, knowledge exchange tools and techniques, implementation strategies, and evaluation methods on an international level while also identifying gaps in knowledge exchange (KE) across countries.

The outcome of the Match was the identification of gap areas to be addressed by the IKEN-MH Steering Committee in collaboration with several other organizations that will also form the IKEN-MH Work Plan for 2016. Some areas of particular interest included:

- Role of Intermediary Organizations (internationally);
- KE Training – internationally via webinar and in-person when applicable;
- KE Planning in advance of IIMHL Australia 2017;
- Connecting KE/Implementation strategies to other matches;
- Resource sharing on an international level

2. Resources used in your match

1. New South Wales Mental Health Commission Legislation
   http://www.legislation.nsw.gov.au/sessionalview/sessional/act/2012-13.pdf
2. NSW Wellbeing Collaborative
   http://wbcnsw.net/
   http://wbcnsw.net/mental-wellbeing-impact-assessment/
3. McMaster Health Forum – Stakeholder Dialogues
   https://www.mcmasterhealthforum.org/stakeholders/evidence-briefs-and-stakeholder-dialogues
4. Swedish Association of Local Authorities and Regions- Children's Development (Health/Risk Factors) Poster
   http://www.psynk.se/download/18.2ec9551814855cd716b3bb8d/1410952945540/Oversikten_EN-HR-130125.pdf
5. Swedish Association of Local Authorities and Regions –National Program for Improvement of Service Systems for Children and Youth's Mental Health in Sweden.
   http://www.psynk.se/ompsynk/inenglish.1864.html
6. REBOOT – Reliable Evidence Based Outcomes Optimization Technologies (web based and mobile technologies
   http://www.grafton.org/media-presentation/
7. Mental Health Commission of Canada – Innovation to Implementation Guide (I2I)
   http://www.mentalhealthcommission.ca/English/group-document/74121/innovation-implementation-i2i-guide

3. Brief description of how your match has accelerated change towards mental health, well-being and inclusion

This match helped to identify gaps in KE that prohibit change from being accelerated in mental health. The IKEN-MH will work through the items selected as part of the work plan to bridge the gap from mental health research to practice or policy.

4. Brief description of how your match has built leadership for the future

Several of the participants from the match have expressed interest in building capacity in their respective countries for KE by training their staff/organizations on the Innovation to Implementation Guide, or by hosting an in-person SPARK Training Workshop. Participants also agreed to work in collaboration with the IKEN-MH steering committee to implement specific action items identified during the brainstorming session including participants Australia and the United States (in addition to Canada, Sweden, England, Ireland, New Zealand).

Integration of Disciplines

Washington, D.C.

1. Brief summary of the outcomes of your match

The two day Match including time for group discussion, site visits to a mental health service provider and a primary care provider, meetings with federal officials from the Substance Abuse and Mental Health Services Administration (SAMHSA), a lunch-n-learn presentation, and time to informally socialize.

The Match centered discussed on two key questions:

- What will the specialty mental health and substance use sector evolve into as a result of health care integration, population health, and changing public perceptions; and
- What is the current and future state of workforce initiatives for the behavioral health field?

There was a strong emphasis on the wide range of factors influencing the ability of the specialty mental health and addictions community to adapt to fast changing systems-level changes including financing, workforce, evidence-based practices, etc. Participants shared many tools that are being used to provide technical assistance and to inform policy makers. The primary outcome was shared learning, resources, and agreement on the need to foster discussions among stakeholders. Only through exchanges such as these will we have the time to learn and inform new ways of tackling "wicked problems".

2. Resources used in your match

- Let's get real A national NZ framework of knowledge, skills and attitudes for the mental health and addiction workforce, and very recently adapted for the disability workforce
- Working to top of scope – NZ literature review to encourage services to consider some of the issues and barriers when looking at future roles and service design
- On Track – NZ future service delivery for mental health and addiction
- Milbank Integration Report – US report on current efforts to integrate primary and behavioral health care
- Milbank Workforce Report - US report on the current and future state of the healthcare workforce
- Integrated Care Core Competencies – US competencies developed to support the integration of primary and behavioral health care

3. Brief description of how your match has accelerated change towards mental health, well-being and inclusion

The Match facilitated discussions on policy and regulatory influences that are supporting and/or hampering innovation in the US and NZ health care systems. Patient-centeredness and the focus on quality and cost where principles that were consistent throughout the Match exchange. Match participants were in agreement that improved sharing of research, reports, promising practices, and tools would greatly benefit the behavioral health field by reducing duplication, providing a foundation for more advanced policy and practice change, and reinforcing commonalities.

4. Brief description of how your match has built leadership for the future

The match provided participants with an opportunity to exchange similarities and unique opportunities and challenges faced by stakeholders working to improve the quality of mental health and primary care/general practice. The opportunity facilitated deep connects with professionals and organizations that will serve as a resource for continued dialogue and exchange.

Mental Health Literacy (Department of Behavioral Health & Intellectual disAbility Services

Philadelphia, PA

1. Brief summary of the outcomes of your match

Prior to the start of programming, our visitor was invited to participate in our city's annual ***Recovery Walks!*** event. Bearing in mind its standing as the world's leading recovery walk, ensuring his presence was integral to introducing the concept of mental health literacy in Philadelphia. Without hesitation, our visitor arrived in Philadelphia, two days ahead of schedule, to join us in the Walk. It was a delight to have his participation on our DBHIDS team, and in attendance for the subsequent ceremony, where it was announced that participant involvement had risen to 25,000 this year (a whopping 2000 people more than last year!).

On September 21st and 22nd, programming consisted of visits to DBHIDS agencies/partners (including one of our education/training hubs, a recovery high school, and a mental health education/advocacy organization); in addition to a "Lunch and Learn" session with internal staff (i.e. our visitor created a riveting presentation, highlighting the varying aspects of New Zealand's mental health system).

A particularly high point of the match was taking our visitor on a specialized Porch Light mural tour—highlighting works that were created, in partnership with the City of Philadelphia's Mural Arts Program, to promote behavioral health literacy and decrease stigma.

2. Resources used in your match

- Recovery Walks! 2015 – https://www.recoverywalks.org/
- Porch Light Initiative – https://muralarts.org/programs/porch-light
- Healthy Minds Philly (DBHIDS' public education site, dedicated to supporting and improving the mental health and well-being of all Philadelphians) – http://www.healthymindsphilly.org

3. **Brief description of how your match has accelerated change towards mental health, well-being and inclusion**

The match provided ample opportunity, over the course of the two days, to converse on respective strengths, challenges, and lessons learned. It also allowed for participants to reflect on the future of behavioral health services throughout the world. Therefore, ensuing in robust discussions focusing on:

1. The necessity of integrated services.
2. Person-first approaches to mental health.
3. Trauma-informed services and the implications of a trauma-informed workforce.
4. Peer services as a means for recovery support.

4. Brief description of how your match has built leadership for the future

Inspired by the vision of our department's commissioner, DBHIDS has become involved in a variety of activities that have called attention to the population health and health promotion framework we have since incorporated into our strategic plan. For one, involvement in the IIMHL match facilitated the likelihood for future engagement and partnership with our visitor—along with the potential for welcoming additional IIMHL members and personnel to learn more about our ongoing efforts. Lastly, the Combined Meeting facilitated the occasion for our commissioner to further engage with our visitor (ultimately, resulting in an extended invitation to participate as a keynote speaker for a 2016 mental health conference in New Zealand).

Military Mental Health (Needs of Rural and Remote Military and their Families

Defense Centers of Excellence for Psychological Health and Traumatic Brain Injury, Deployment Health Clinical Center, 1335 East West Highway, Silver Spring, MD, USA

1. Brief summary of the outcomes of your match

There were 21 participants from US, Canada, New Zealand, Denmark, and Germany. The group focused on how to address access to mental health care for military and their families who live in rural and remote locations. Previous military match work with Australian Institute of Family Studies included a RAND to better understand the mental health needs of US military and their families in rural and remote locations. Study was published and can be found here: http://www.rand.org/pubs/research_reports/RR578.html

Attendees during this 2015 match had discussions about their military system of mental health care, and their strategies related to access to care for rural and remote beneficiaries. Experts presented on mobile applications and telemental health systems designed specifically for use by military and their families in US. Participants discussed the similarities and differences between countries related to mental health care delivery systems for military members and their families, and worked on development of an international resource tool for patients and providers who work with military populations. The tool will be designed to share knowledge to help improve access to clinical mental health care, and programs, services, and tools to improve mental health care for those in rural and remote areas, to include mobile apps, telemental health services, and IT platforms. The group decided to first work together to produce a scientific paper to explore and analyze current status of mental health care systems for military beneficiaries, and the seek publication. The group hopes to generate support for an IT solution to build a tool that would be used by military patients and providers for knowledge sharing across participating countries. During the last afternoon the group had a video teleconference with the University of British Columbia Technology Match to discuss technology-related topics that were reviewed at both match sites.

2. Resources used in your match

Real Warriors: www.realwarriors.net
National Center for Telehealth and Technology: www.t2health.dcoe.mil German Armed Forces
www.einsatz.bundeswehr.de/Familienbetreuung
www.frau-zu-frau-online.de
www.angriff-auf-die-seele.de
www.ptbs-hilfe.de
www.pdhealth.mil
www.dcoe.mil
www.t2health.dcoe.mil

3. Brief description of how your match has accelerated change towards mental health, well-being and inclusion

Our match has identified an opportunity to accelerate change towards sharing knowledge and tools between nations for providers who have patients who live in rural and remote areas, who are associated with the military. The resources are intended to also help improve knowledge about mental health care, and increase access to care, for this group of patients and families.

The hope is that by leveraging information about available resources between nations, military and their families will have greater access to mental health services, tools, and programs regardless of where they live or serve, which in turn could improve well-being.

4. Brief description of how your match has built leadership for the future

Participants in this match share information and challenges related to systems, strategies, and leadership in military mental health care systems. While many of these challenges differ across countries, by sharing perspectives and engaging in open dialogue, participants are able to view their own challenges from a different viewpoint, gain feedback and input from international colleagues, and learn from other leaders how similar challenges have been managed in other countries. Participants in this match are also able to leverage mental health resources and tools for military and their families from countries that are able to share products. The current focus of this group will help shape mental health leaders' knowledge about how to use mobile apps, telehealth technology, and IT platforms in their systems of care to enhance service deliver to military members and their families, especially those who live in rural and remote areas where access to care is difficult.

Multi-Sectoral Partnerships Responding to Community Crisis

Vancouver

The Vancouver Police Department (VPD) combined their match with the City of Vancouver (CoV):
VPD Match focused on: the partnership among the VPD, Vancouver Coastal Health and Providence Health Care, to support three joint intervention programs for mutual clients with severe mental health and addiction issues: 1) Mental Health Emergency Services/Car 87/88, which, since 1984, partners a nurse with a police officer to respond to mental health crises; 2) the Assertive Community Treatment (ACT) teams, created in 2011, to provide longer term wrap-around services in a client-centered recovery-oriented service delivery model for clients who have not benefited from traditional services; and 3) the Assertive Outreach Team (AOT), a short-term bridging service to transition a client from the health system or criminal justice system to services in the community. www.vpd.ca

CoV Match focused on: the shift from institutional to community care has posed key challenges, notably how to develop, at appropriate scale, a crisis response system that will replace the use of emergency departments and police as de facto frontline services and ensure timely access to community service resources. This match discussed promising approaches to engaging people in crisis in accessing appropriate and cost effective medical and non-medical interventions, coordinating effective systems, identifying quality indicators to monitor impact, and aligning sustainable funding opportunities.
www.vancouver.ca

1. Brief summary of the outcomes of the match:

Policing Network: Shared best practices of multi-sectoral partnerships involving police within ACT/AOT teams for replication in other jurisdictions.

Role and Definition of Peer Work: Clarification on peer support work and employment for people with serious mental health and addictions established and need for bold target for new positions in health care continuum.

Shared Role of Public Education/Anti-Stigma: identified as integral component to do this work with an informed public including sharing the values and perspectives of trauma-informed care.

Role of the Political Identified: need leadership from political figures- National, Municipal leaders 'make space' for policy change if view of mental health is positive.

Outcomes and Measures: not yet completely identified- need to continue seeking to find the one definition of success, identify outcomes and measures that report in both 'real time' and trending data and seek to link sustainable funding models to what works, in addition to culturally relevant outcomes.

Gender Inclusivity: need to continue to seek best practices in this area.

2. Resources used in the match:

Local leaders matched with international guests and involved in discussions with international guests.

Presentation summarizing key partner roles (VCH, VPD, CoV).
Site tours, informal neighbourhood walks and local leaders dialogue.
Social time and local welcome events. Events included other relevant matches (housing).
Lunches and dinners shared at local restaurants.

3. Brief description of how the match has accelerated change towards mental health, well-being and inclusion:

Locally:
Strategic Frameworks: explore London's Crisis Concord Act and New Zealand's Mental Health Strategy and 'Rise to Challenge' action plan. Focus on incorporating health promotion and social determinants of health with crisis response as well as role of anti-stigma campaign.

Centralized Intake and Reduced Wait Times: challenge us to work towards centralized mental health intake system for people in crisis (reference Florida) and decreased hospital wait times for police.

Cultural Competency: explore local hiring practices of Indigenous leaders within teams with an Indigenous leadership framework (as developed in Australia, also reference New Zealand).

Outcome Measurement: frameworks for peer work explored through Los Angeles Public Policy.

Input from Guests:

Partnerships: Vancouver has established a unique partnership framework for action when it comes to community response.

Policing: new relationships with health and police are very encouraging, especially in areas where police respond with enforcement when health determinants dominate. The new ACT and AOT programs embed police in health crisis response.

Housing and Mental Health Services: unique approach to integrating housing and mental health approaches.

Champions to Change: Mayor of Vancouver championing form a municipal approach is also unique. Also, having local data and implementation is advantageous. Also need to ensure we continue to breed a culture of collaboration and not blame as we move forward. With the right evidence and communication strategies, the mental health services, themselves, can become champions.

4. Brief description of how the match has built leadership for the future:

Shared Responsibility: collectively, we shared issues and challenges and stressed the need to work collaboratively rather than rely on one person or one relationship.

From Crisis to Innovation: sparked ideas about moving from gathering partners via a crisis response to moving toward sustained innovation.

System of Relationships: stressing relationship building is at the core of system change. Need to engage with systems instead of just engaging with people.

Peer Leadership: commitment to build a strong peer workforce through recovery and support this approach with adequate infrastructure.

Ongoing Learning: information sharing across agencies is critical to improving the efficiency and success. There is a need for common assessment tools, language, and inventory management.

Ongoing international network based on crisis response.

Prejudice, Discrimination and Stigma

LCalgary, Alberta

1. Brief summary of the outcomes of your match

The focus of the match was stigma and stigma reduction, and took place in Calgary because MHCC's anti-stigma initiative, Opening Minds, has been located here since the Commission's inception in 2007. Participants from California, Scotland, and the Netherlands attended, as well as representatives from two Alberta based organizations – the Alberta Health and Seniors' Advocate and the Alberta Patient Advocate Mental Health.

There were two full days of meetings on September 21st and 22nd. Each of the participants shared information about the programs they currently have underway, materials and research that could be shared, and challenges they face.

Two site visits were scheduled: one in a school that was part of the MHCC HEADSTRONG program to reduce stigma, where the leadership group were able to hear from a principal, students and non-profit HEADSTRONG coordinator. They talked about how well HEADSTRONG worked from their perspective. Leaders then engaged in conversation with participants, and were interested in the similarities with youth in their own countries, and therefore that HEADSTRONG could work there too. A second site visit took leaders to the Calgary Police Service, where they heard about the anti-stigma program created by Opening Minds, modeled after the Department of National Defense program for military personnel called Road to Mental Readiness or R2MR. This program has been adopted now by almost all police services in Canada, and the international leaders were very interested in learning about it. Again, discussion took place between presenters and leaders.

The overall agenda for the match also included a detailed presentation by Opening Minds researchers who have evaluated healthcare programs to determine which ones are effective at reducing stigma among doctors, nurses, social workers, pharmacists etc. The research team talked about the "learning needs" of healthcare professionals related to stigma, and the key ingredients of programs to address these needs. And they heard about actual programs that could be adopted in their countries.

2. Resources used in your match

Power point presentations were made by all participants and materials were shared with participants following the meeting. Opening Minds shared survey tools created to evaluate stigma reduction among youth and healthcare providers. If you would like PDFs of the papers and presentations shared by MHCC Opening Minds, please email sgarvey@mentalhealthcommission.ca and provide an email address we can send them to. CalMHSA provided an extensive collection of resource materials covering a broad range of mental health topics.

3. Brief description of how your match has accelerated change towards mental health, well-being and inclusion

Sharing the research and programs we have all been involved in means we are not all starting from scratch as we develop policies and methods to reduce stigma. We are all keen to collaborate and learn from each other, and we are all open to learn from people with lived

experience. Reducing stigma is still a new area of programming and research, and so a meeting like this match means more international sharing of practices that actually work, benefiting more and more people and countries.

4. Brief description of how your match has built leadership for the future

This match strengthened relationships with two of the international leaders (CalMHSA from California and See Me from Scotland). We have met previously at Global Alliance meetings of international anti-stigma organizations. It was the first time we had met the leader from the Netherlands, and he will be welcomed as part of the international alliance if he chooses to participate. Each time we have had an opportunity to share programs, research and challenges, our relationships, mutual trust and generosity grow. This leadership match helped in that regard. The leader from the Netherlands, and the ones from AHS would have benefited at this meeting from previous international gatherings where the trust and sharing had been fostered already between the American, Scottish and Canadian leaders.

Psychologically Safe Workplaces – the Psychological Safety Standard

Great-West Life Centre for Mental Health in the Workplace, Canada Life Building, 330 University Avenue, Toronto, Ontario

1. Brief summary of the outcomes of your match

- We are all at different stages of development in terms of psychological health and safety in the workplace, but everyone benefits from sharing models, tools, circumstances, considering the challenges and opportunities expressed. But it is a common journey – the solutions are appropriate to all of us.
- Don't go it alone – public, private partnerships – engaging and collaborating with others improves outcomes.
- Translational research – turning knowledge into action and practical tools.
- We have so many great resources. We know we need to streamline and focus on a few key, practical strategies at a time for each organization. We can draw on the rest when we need to.
- Show evidence of how the Standard has been put in practice. MHCC Case Study will help.
- Provide enablers to help organizations get started: Getting the right information to the right audience at the right time.
- Focus on prevention as part of a larger issue of population health. See the whole person within the workplace as an important part of a larger agenda. This should involve other sectors, governments, and agencies.
- The Canadians were reminded about the challenges we experienced early in our journey and are now more sensitized to considering the needs of those who are new to the concept of psychological health and safety. We all need to remember to start where organizations are at.
- Reframe the psychological safety discussion to include risk mitigation, productivity, reputation, employee wellness, recruitment and retention.
- Help all stakeholders understand their responsibility for maintaining and supporting mental health - including employers and employees.
- Show and support examples of recovery at work including peer support and lived experience.
- Recognize and support the need for self-care and resilience, especially for those of us in the field of workplace mental health.
- Look at developing more strategic models for various organizations and stages.
- Consider improved communication/marketing of the concepts.
- Participants were appreciative of the generosity of others in the match in sharing what they have experienced, what they know, and what they have developed.
- We have developed relationships and awareness of resources and strategies that can continue beyond this match.

- **Resources used in your match**

Canada:

Guarding Minds @ Work

Elements and priorities towards a Psychologically Safer Workplace

National Standard of Canada for Psychological Health & Safety

Psychological Health & Management System

Assembling the Pieces

MHCC 3 Year Case Study project

EAP Information for Employees

EAP Information for Employers

Healthy Break Activities

Building Emotional Intelligence

Excellence Canada

Managing Mental Health Matters

Working Through It

Mindful Employer Canada In-House

Dupont Bradley Curve – considering how it could apply to psychological injury

CARMHA

Australia:

Wellbeing Works

R U Ok? Day

SuperFriend

Communicorp

Sane

Mentally Healthy Workplace Alliance

NSW Mental Health Commission

Richmond PRA

Psychologically Safe and Healthy Workplaces group on LinkedIn

Black Dog Institute

New Zealand:

Allright?

Swag – Staff Wellbeing Action Group

UK

See Me (Workplace Program)

BeMindful.org

Mental Health Foundation

3. Brief description of how your match has accelerated change towards mental health, well-being and inclusion

- The Canadians now have new ideas and language to target the private sector.
- Participants from Canada, UK, Australia, Sweden and New Zealand now recognize where each market is on the journey and understand that this is part of larger landscape that looks further into the future rather than just being a next step. This will take time and is well worth the effort.
- It's helpful to consider synergies with overall occupational health and safety: From farms to

factories – damaged our bodies – developed a safety culture; from factories to knowledge work – damaged our minds – developing a psychological safety culture.

- There's a greater understanding of the need to forward the message that employees with mental illness can remain at work: Two continuums – many people who have a diagnosis but are high functioning, others with no diagnosis but are unhappy – languishing more likely to become disabled due to a mental health issue.
- There's agreement on the importance of focusing on ability rather than disability. Organizations should have strategies in place to keep people at work including ensuring managers have the skills to conduct conversations to support success.
- There is a shared agreement of the importance of leaders having skills and training to support and be accountable for workplace mental health.
- Measures for supporting psychological health and safety should be embedded in organizational processes and policies.
- We will leverage connections with others in the Psychologically Safe Workplaces Match as well as within our communities to sustain us as we move forward on the journey.
- All participants will benefit from using concrete tools, information and evidence that's available rather than working largely from instincts as Canada did early in the process.
- There's an understanding of the importance of continually assessing what is working, what is not working well, and what the next steps are to provide clarity on what we need to do.
- The sharing helped everyone refine plans and next steps depending on where they were at – just beginning or building on what they already had.

4. **Brief description of how your match has built leadership for the future**

- Participants from Sweden, including representatives from the Swedish Association of Local Authorities and Regions (SALAR) will be taking what they learned to over 20 regions and 290 local authorities.
- The representative from UK will be working to influence the Mental Health Strategy for Scotland by considering the framework and language provided in the National Standard of Canada for Psychological Health and Safety in the Workplace (the Standard). This will include examining what can be done in the UK around embedding the Standard into 4 different nations (Scotland, England, Ireland and Wales) and looking for synergy within Public Health and the Department of Health action plans. This will include engaging civil servants in conversations.
- New Zealand plans to share content with colleagues and groups to expand what staff well-being means. They will be looking at tools and resources provided to see if they can be adapted for New Zealand. They will also check to see what has been learned by the Ministry of Health in New Zealand in its adoption of the National Standard of Canada.
- Australia will be sharing content with colleagues and groups to expand what staff well-being means and will be looking at tools and resources provided to see if they can be adapted for Australia. They will also be looking at the Standard and the website for the Great-West Life Centre in the Workplace: workplacestrategiesformentalhealth.com. Richmond PRA are finished a framework for Peer Workers and will share them with others. NSW Mental Health Commission are nearly finished their framework.
- A Canadian participant will share the Peer Support Accreditation Guidelines with Australian participants.
- Researchers who created the free tool Guarding Minds @ Work will be looking into requirements to implement the tool in Australia.
- A Canadian participant in the non-profit sector will be using the tools and resources provided to help create psychologically safe workplaces free from stigma and discrimination. The participant also plans to start looking for collaborative partners in the public and private sectors.
- Social networks are being established to allow the match participants to continue sharing and benefitting from the information, resources and knowledge of one another.

Shifting the Paradigm – Mental Wellness and Indigenous Knowledge: Transformation, Measurement and Implementation

British Columbia Ministry of Health / First Nations Health Authority, Musqueam First Nation, Musqueam Cultural Education Resource Centre, Vancouver

1. Brief summary of the outcomes of your match

Participants were appreciative of the opportunity to connect and share ideas and best practices with the goal of contributing to dialogue on how to advocate for shifting approaches to mental health from an illness to wellness perspective. They recognized that the adoption and implementation of wellness-focused models is still a work in progress, and requires partnership across diverse sectors before full scale change can occur. Collaboration should be led by Indigenous leaders who engage with their communities to determine what wellness means in a local context, because Indigenous knowledges are central to the work of describing wellness. Similarly, indicators to measure wellness constructs need to be defined by communities, and work needs to be done by health organizations to support communities in understanding the value that measurement can bring to improving health services and health outcomes. It was acknowledged that there is no one single indicator that can represent wellness, and that measuring varying concepts and dimensions of wellness can contribute to creating a 'bigger picture' of what health means to Indigenous communities. Finally, there was a consensus that Indigenous models of wellness hold value for the development of best practices in mental health across all cultures, and policy makers, practitioners, and advocates should be looking to Indigenous leadership for direction on these models.

2. Resources used in your match

Mental health professionals gathered from organizations across the world, including Australia, New Zealand, England, and the US. The match was a low-tech conversation that used paper notepads, pens, and an easel with chart paper. Two facilitators from the host organizations posed questions to guide the conversation, although the discussion was free-flowing and required little direction. A note taker was present all day to capture themes, key ideas, and resources.

Healthy Minds, Healthy People: a 10-year Plan to Address Mental Health and Substance Use in BC

A Path Forward: BC First Nations and Aboriginal People's Mental Wellness and Substance Use 10-year Plan

National indicators program

Adult Mental Health Indicators (NHS Scotland)

UK Office of National Statistics National Program of Measuring Wellbeing

Oxfam Humankind Index

Hope, Help and Healing: A Planning Toolkit for First Nations and Aboriginal Communities to Respond to Suicide

Five Ways to Wellbeing

Tihei Mauri Ora

"A Day in the Life" blog

Aboriginal Childhood Development index

Perth Charter

The Gathering Space

Towards Flourishing for All

Health Compass

3. Brief description of how your match has accelerated change towards mental health, well-being and inclusion

Many participants described personal changes and new insights as a result of attending the match discussions. There was great value in learning more about the history of colonization both in Canada and abroad that empowered participants to feel better positioned to be a voice to advocate for change in clinical and systems approaches to mental health. The fact that the match was designed from an Indigenous perspective was acknowledged as an important change in and of itself. This perspective was enabled by the inclusion of Indigenous Elders sharing their knowledge; by healers engaging participants in cultural practices; and through presentations of Indigenous knowledge frameworks. Many felt that IIMHL could use Indigenous knowledge to inform its next matches so that it becomes a cross-cutting theme for all of the discussions, rather than a 'sideshow' on the margins.

4. Brief description of how your match has built leadership for the future

It was acknowledged that the match provided participants with opportunities for knowledge, learning, and exchange. One of the ways that ongoing learning will occur is through an online 'portal' hosted by the First Nations Health Authority that will contain the resources discussed during the match (the 'Gathering Space'). The platform will also provide a space for continued virtual collaboration with the ability for partners to upload and share relevant documents related to their own or others' research and practice. To support continuing professional development, a series of webinars was proposed over the next 18 months to gather and share information. In the interim, participants felt that they had "sowed the seeds of imagination" and felt that energy for change would bring them back to their respective organizations armed with new ideas, practices, and frameworks that could be built upon for future success in shifting the paradigm from mental illness to mental wellness.

Transition-aged Youth

Inner City Youth Program, St Paul's Hospital, Vancouver BC

1. Brief summary of the outcomes of your match

- First IIMHL match to focus specifically on transition-aged youth
- Networking personified – often in an informal, humorous way
- Positive, energizing culture of conversation
- Sharing lived experience as a foundation to what we do; discourse positively influenced by participants' lived experience
- Broad-based discussion and workshop on integrative models of care that include mental health and addictions, and that also touch on social determinants of health, e.g. justice, housing, employment, youth-in-care
- Discussion on the creation of provincial and national child and youth mental health and addiction strategies
- Made reference to and shared existing literature and best practice in the area of transition-aged youth
- Discussed authentic youth engagement strategies, making reference to existing literature and best practice
- Shared literature on and identified the importance of the economic argument in driving mental health reform, with reference to the Australian and Canadian contexts
- Did a walking tour of ICY's fully integrative system that provides a range of wrap-around services for high needs youth – housing, mental health, addiction, vocational training
- Addressed various aspects of policy change that would facilitate better transitions for emerging adults, e.g. central data repository and aging out of services
- Discussed challenges and potential solutions in working inter-jurisdictionally and sectorally to provide services to meet the needs of young people (and across the lifespan)

2. Resources used in your match

- Experiential learning by visiting various sites in the downtown Vancouver area
- Ontario Centre of Excellence youth engagement resources
- We've Got Growing Up to Do (Ontario Centre of Excellence)
- Taking the Next Step Forward: Building a Responsive Mental Health and Addictions System for Emerging Adults (MHCC and CHEO)
- Evergreen Framework
- Mental Health Strategy for Canada
- Developing brain video from Alberta Family Wellness
- Lived experience
- Stepped care model (Cornish, 2014)
- Collaborative record (Input Health)
- Tickit Platform (Shift Health)
- Hart's ladder of positive engagement

3. **Brief description of how your match has accelerated change towards mental health, well-being and inclusion**

- Advanced the paradigm shift for viewing service users as equal partners with service providers
- Advanced the importance of youth engagement in research, service design, and

implementation
- Advanced the importance of empowering youth to take ownership and responsibility of their own self management
- Highlighted that transition-aged youth are a priority population with unique needs
- Suggested policy changes, including expanding foster care up to the age of 21-24; ensuring a protected, set percentage of out-patient mental health services is spent on youth with emerging mental health and substance use issues; provide better support for foster parents and support networks; guaranteeing developmental, age-appropriate services (abandon admitting youth into adult in-patient service and programs); shift to service requirements of the individual based on the intensity of response
- Highlighted the importance of trauma-informed care that includes accommodations for neurocognitive consequences of trauma
- Providing resources to at-risk youth is critical in order to prevent a cycle of chronic illness and disease, chronic homelessness, and to improve outcomes, including wellness, purpose, and prosperity
- Highlighted the importance of the integration of service and supports for youth in a centralized location, facilitating access

4. Brief description of how your match has built leadership for the future

- Provided framework to take this work back to participants' respective organizations and providers to improve outcomes for youth
- Built leadership skills by expanding capacity and literacy (knowledge exchange)
- Built networks for ongoing collaboration in policy development, practice, and service delivery
- Discussed the importance of building a community of practice specific to TAY, collaborating with existing provincial, territorial, and national networks
- Advanced the importance of shared leadership with youth, people with lived experience, and their families or caregivers

Matches with no summaries provided:

Consumer Leaders
Winnipeg, Manitoba, Canada

Opioid Use: Risks, Prevention and Harm Reduction
Canada

Peer Workforce
Georgia Mental Health COnsumer Network, Decatur, Georgia, USA

Reconciliation
National Native Addictions Partnership Foundation and First Nations Health Managers Association, Vancouver, Canada

Recovery
Toronto, Canada

Social Determinants of Health
Vancouver, Canada

Zero Suicide
Behavioral Health Link, Atlanta, USA