



From the IIMHL and IIDL Update List

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## IIMHL AND IIDL UPDATE

Welcome to this bi-monthly edition of Update for 30 June 2016.

IIMHL and IIDL aim to improve client outcomes through leadership development in the mental health, addiction and disability sectors.

Update allows the rapid transfer of new knowledge through sharing information about upcoming Leadership Exchanges, as well as key national documents, training and webinars.

Please feel free to share this e-bulletin with others.

### **IIMHL / IIDL Leadership Exchange 2017**

**Theme: Contributing Lives, Thriving Communities**

**27<sup>th</sup> February to 3<sup>rd</sup> March 2017**

The next Leadership Exchange takes place across Australia and New Zealand, with the Combined Meeting being hosted in the beautiful city of Sydney, Australia. The matches are being finalised, and both matches and the registration process will be on the IIMHL and IIDL website in early July.

**We urge members to book accommodation for this event as a matter of priority** using the link below. Sydney is hosting many international events at this time (e.g. Mardi Gras) and accommodation will be at a premium. All Hilton rooms are King rooms or twin share (two single beds) for the excellent price of A\$329.00, given the high cost of hotel rooms in Sydney.

[http://www.hilton.com/en/hi/groups/personalized/S/SYDHITW-GIIMH-20170226/index.jhtml?WT.mc\\_id=POG](http://www.hilton.com/en/hi/groups/personalized/S/SYDHITW-GIIMH-20170226/index.jhtml?WT.mc_id=POG)

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[TheMHS Summer Forum: Thursday 23-Friday 24 February, 2017](#)

The Mercure, Sydney, Australia

**Choice, Control and Citizenship in a Changing Mental Health System**

## **IIMHL Feature - USA**

### **Within Our Reach: A National Strategy to Eliminate Child Abuse and Neglect Fatalities**

Commission to Eliminate Child Abuse and Neglect Fatalities, 2016

This report is a vision of how we as a society can realign our organizations and communities—as well as our priorities—to identify and support children at highest risk of abuse or neglect fatality. Core Components of the 21st Century Child Welfare System The Commission's national strategy is based on the synergy of three interrelated core components:

1. Leadership and Accountability: Strong leaders at every level are needed to work across systems and forge a path to a new child welfare system.
2. Decisions Grounded in Better Data and Research: Current data barely begin to give us the information needed to build a better system. More accurate data, and sharing and analysis of those data, are required.
3. Multidisciplinary Support for Families: Cross system prevention and earlier intervention are critical to building and sustaining healthier families and communities.

<https://eliminatechildabusefatalities.sites.usa.gov/files/2016/03/CECANF-final-report.pdf>

## **Other IIMHL Articles of Interest - USA**

### **National Association of State Mental Health Programme Directors (NASMHPD) Strategic Plan 2015**

The mission of this agency is:

"NASMHPD will work with states, federal partners, and stakeholders to promote wellness, recovery, and resiliency for individuals with mental health conditions or co-occurring mental health and substance related disorders across all ages and cultural groups, including: youth, older persons, veterans and their families, and people under the jurisdiction of the court".

The Strategic Plan outlines the goals and objectives for NASMHPD.

<http://www.iimhl.com/files/docs/20160630c.pdf>

### **Resources on Child Trauma**

SAMHSA

Gives parents and caregivers an overview of the types of traumatic stress that commonly affect children and details on the effects these events have on their physical and psychological health. Includes a list of resources for assisting with recovery.

Recognize the signs of child traumatic stress with the informative infographic developed by SAMHSA's National Child Traumatic Stress Initiative (NCSTI).

<http://www.samhsa.gov/child-trauma/understanding-child-trauma>

### **Tips for Talking about Specific Aspects of Health and Mental Health, 2016**

SAMHSA

Part of integrating primary and behavioral health care is learning how to talk about health conditions in a holistic way. Sample scripts can help guide providers and patients alike in making communication seamless – from addressing specific health topics to explaining what integrated care is and keeping team members informed.

[http://mncm.org/wp-content/uploads/2014/09/HelpandHealing\\_Sec1\\_All.pdf](http://mncm.org/wp-content/uploads/2014/09/HelpandHealing_Sec1_All.pdf)

### **National Registry of Evidence-based Programs and Practices, 2016**

## SAMHSA

Since the launch of NREPP's redesigned website, over 50 programs have been reviewed and posted, using a more rigorous review process.

<http://www.samhsa.gov/data/evidence-based-programs-nrepp>

### **Disaster Technical Assistance Center Supplemental Research Bulletin: Challenges and Considerations in Disaster Research**

Natural and human-caused disasters can provide a distinctive opportunity for behavioral health professionals to study the impact of a traumatic event on a wide and diverse population. The results can be used to address accessibility and inequality in service delivery before, during, and after a disaster. Yet, many researchers encounter specific challenges when undertaking disaster research, including:

- Ethical questions surrounding participant recruitment
- Emotional distress of participants
- Researcher safety and distress
- The need for cultural sensitivity
- Environmental factors.

<http://www.samhsa.gov/sites/default/files/dtac/supplemental-research-bulletin-jan-2016.pdf>

### **Philadelphia's Department of Behavioral Health and Intellectual disAbility Services (DBHIDS)**

In April 5, 2016, 18 international health officials came together at DBHIDS for a "meeting of the minds." The leaders, representing 8 countries throughout North America, Europe, and Oceania (including Australia and New Zealand), came to Philadelphia after hearing about the innovative public health strategies we are using to address and improve behavioral health outcomes in our city.

For a summary of the meeting please go to:

[http://dbhids.org/wp-content/uploads/2016/05/DBHIDS-Announcement\\_IIMHL-Leadership-Visit-April-2016-for-distribution.pdf](http://dbhids.org/wp-content/uploads/2016/05/DBHIDS-Announcement_IIMHL-Leadership-Visit-April-2016-for-distribution.pdf)

### **Children & Youth in Disasters: Resources, 2016**

SAMHSA

This instalment of the SAMHSA Disaster Behavioral Health Information Series (DBHIS) focuses on the reactions and mental health needs of children and youth after a disaster. Topics covered include but are not limited to the following:

- Ways that parents and other caregivers and health care professionals can help children cope with disasters
- Planning and preparedness for child care providers, teachers, and schools
- Issues in disasters for children with special needs

<http://www.samhsa.gov/dbhis-collections/children-and-youth-resource-collection?term=Children-Youth-DBHIS>

**Matrix Intensive Outpatient Treatment for People with Stimulant Use Disorders: Counselor's Family Education Manual w/CD**  
SAMHSA, 2016

This comprehensive Counselor's Family Education Manual Matrix Intensive Outpatient Treatment for People With Stimulant Use Disorders(167-pages) kit provides substance abuse treatment professionals with a year-long intensive outpatient treatment model for clients with dependence on stimulant drugs such as methamphetamine and cocaine. Includes family education sessions and handouts.

The Matrix Intensive Outpatient Treatment for People With Stimulant Use Disorders (IOP) package provides a structured approach for treating adults who abuse or are dependent on stimulant drugs. The approach followed in the treatment package was developed by the Matrix Institute in Los Angeles, California, and was adapted for this treatment package by the Knowledge Application Program of the Center for Substance Abuse Treatment of the Substance Abuse and Mental Health Services Administration (SAMHSA).

The Matrix IOP package comprises five components:

- Counselor's Treatment Manual
- Counselor's Family Education Manual (this document)
- CD-ROM that accompanies the Counselor's Family Education Manual
- Client's Handbook
- Client's Treatment Companion

<http://store.samhsa.gov/shin/content//SMA13-4153/SMA13-4153.pdf>

**Sublingual and Transmucosal Buprenorphine for Opioid Use Disorder: Review and Update, 2016**  
SAMHSA

This Advisory reviews current information on the use of sublingual and transmucosal buprenorphine for the medication-assisted treatment of opioid use disorder. The intended audiences are prescribing physicians, other healthcare professionals, and healthcare policymakers.

Topics include new formulations of buprenorphine, the effectiveness and safety of buprenorphine treatment, contraindications and cautions (including medication interactions), informed consent and treatment agreements, treatment monitoring, and indications of diversion and misuse.

<http://store.samhsa.gov/shin/content//SMA16-4938/SMA16-4938.pdf>

**Medical Doctors and Mental Health Professionals are Finally Talking**  
HRSA Center for Integrated Health Solutions, 2016  
SAMHSA

Providers are forming partnerships aimed at improving patients' physical and mental health. Story highlights:

- People with severe mental illness are more likely to die prematurely than those without, often from treatable chronic diseases

- Providers are increasing access to primary care services
- Integrated care is improving patients' physical and mental health

Access the full article:

<http://www.cnn.com/2016/02/23/health/mental-health-physical-care/index.html>

### **Crisis Now: Transforming Services is Within Our Reach**

The National Action Alliance for Suicide Prevention, 2016

Posted by David Covington

After reviewing approaches to crisis care across the United States, the Crisis Services Task Force (hereafter “Task Force”) of the National Action Alliance for Suicide Prevention (Action Alliance) believes now is the time for crisis care to change. The Task Force, established to advance objective 8.2 of the National Strategy for Suicide Prevention (NSSP), comprises many experts (see Task Force and Support Team Participants in the Appendix), including leaders who have built and who operate many of the most acclaimed crisis programs in the nation. After reviewing the literature and model programs, we offer this report to suggest what can be done, galvanize interest, and provide a road map for change.

<http://actionallianceforsuicideprevention.org/sites/actionallianceforsuicideprevention.org/files/CrisisNow.pdf>

### **Suicide Prevention: An Emerging Priority For Health Care**

Health Affairs

Michael F. Hogan and Julie Goldstein Grumet, June 2016

This article examines the feasibility of improving suicide prevention in health care settings. In particular, we consider Zero Suicide, a model for better identification and treatment of patients at risk for suicide. The approach incorporates new tools for screening, treatment, and support; it has been deployed with promising results in behavioral health programs and primary care settings. Broader adoption of improved suicide prevention care may be an effective strategy for reducing deaths by suicide.

<http://content.healthaffairs.org/content/35/6/1084.full?ijkey=SsoF3ab/eYrvY&keytype=ref&siteid=healthaff>

## **Other IIMHL Article of Interest - Canada**

### **IIMHL 2015 Match Report: Community Action for Suicide Prevention - Detailed Report**

Mental Health Commission of Canada, 2016

This is a more detailed report than the match summary. 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.

As a result, 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.

[http://www.iimhl.com/files/docs/2015Vancouver/Match\\_Reports/Community\\_Action\\_f\\_or\\_Suicide\\_Prevention\\_Report.pdf](http://www.iimhl.com/files/docs/2015Vancouver/Match_Reports/Community_Action_f_or_Suicide_Prevention_Report.pdf)

## **IIDL Feature - New Zealand**

### **Demonstrating Changes to Disability Support: Synthesis of evaluation findings 2012—2014 Final report: September 2015**

Evalue Research

This report synthesises the evaluation findings of the Demonstration of the New Model for Supporting Disabled People (the New Model) undertaken between 2012 and 2014. It brings together the evaluation findings about the individual components of the demonstration (Evalue Research 2012, 2013, 2014, 2015) and examines them in light of the New Model's strategic intent, that is, to increase choice and control for disabled people over the support they receive and the lives they lead, enabling them to live an everyday life.

The core components of the New Model included in the evaluation are shown below. Disabled people and whānau were purposefully placed at the centre of the evaluation focus.

[https://gallery.mailchimp.com/c4f6b2fca0e12e49c424dea9f/files/demonstrating\\_changes\\_disability\\_support\\_synthesis\\_evaluation\\_findings\\_MOH\\_2012\\_2014\\_apr16.01.pdf](https://gallery.mailchimp.com/c4f6b2fca0e12e49c424dea9f/files/demonstrating_changes_disability_support_synthesis_evaluation_findings_MOH_2012_2014_apr16.01.pdf)

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#### **Join IIMHL / IIDL**

Any leader in mental health, addiction and disability services can join IIMHL or IIDL free by using this link: <http://www1.iimhl.com/Join.asp>

*Please note: We try to find articles, new policies, research that has been released or opinion pieces we think are interesting to reflect on. Sometimes those who receive these may feel it is not accurate either for its use of data or*

*not aligned with their views. IIMHL does not endorse any article it sends out as we try to rapidly share information.*

