



From the IIMHL and IIDL Update List

IIMHL AND IIDL UPDATE

Welcome to this bi-monthly edition of Update for 15 August 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.

Registration and Match Selection Open

IIMHL / IIDL Leadership Exchange 2017

Theme: Contributing Lives, Thriving Communities
27th February to 3rd March 2017

To register and select your match:

<http://www.iimhl.com/iimhl-leadership-exchange-2017-sydney>

(please note additional matches and information will be added in the coming weeks)

To book accommodation:

http://www.hilton.com/en/hi/groups/personalized/S/SYDHITW-GIIMH-20170226/index.jhtml?WT.mc_id=POG

Each country has an allocation of places, so waiting lists may start if the allocation is reached early.

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The Mercure, Sydney, Australia

Choice, Control and Citizenship in a Changing Mental Health System

IIMHL Feature - Canada

Taking Action on Health Equity and Diversity: Responding to the mental health needs of children, youth and families new to Canada

Ontario Centre of Excellence for Child and Youth Mental Health, 2015

This policy paper is intended to help policy leaders and decision-makers better understand and respond to the mental health needs of newcomer children, youth and families in their local communities. It brings together the latest evidence from research as well as the experiences of service providers and service users.

This paper is guided by several key research questions:

- What are the mental health needs of children, youth and families from newcomer communities?
- How do newcomer families currently experience the child and youth mental health system?
- What are the barriers or gaps in addressing the needs of newcomer children, youth and families?
- What current models are working well abroad, in Canada and in Ontario to meet the needs of needs of newcomer children, youth and families? What are existing strengths in Ontario? What can we build on?

http://www.excellenceforchildandandyouth.ca/sites/default/files/policy_newcomer_cymh.pdf

Other IIMHL Articles of Interest - Canada

Accolades for IIMHL Stalwart: Heather Bullock

A McMaster researcher studying how to embed mental health policy into Canada's social system has been named a 2016 Pierre Elliott Trudeau Foundation Doctoral Scholar. Heather Bullock, a PhD candidate in Health Policy, is one of just 15 Canadian researchers in the fields of social sciences and the humanities being recognized for their academic excellence, civic engagement and commitment to reaching beyond academic circles. The award is worth \$60,000 per year for three years.

Bullock says the scholarship is a significant gesture towards her research and Canada's mental health strategies.

<http://dailynews.mcmaster.ca/article/mental-health-policy-researcher-named-trudeau-scholar/>

Advancing the Mental Health Strategy for Canada: A Framework for Action (2017–2022)

Changing Directions, Changing Lives: The Mental Health Strategy for Canada (the *Strategy below*) was the seminal work of the Mental Health Commission of Canada's first ten year mandate. Looking ahead, our task is now to take action on the *Strategy's* valuable recommendations.

In 2015, the MHCC embarked on a series of broad consultations to lay the foundation for accelerating uptake of the *Strategy* over the next five years. We went across the country to seek the advice of local, regional and national groups, as well as agencies, governments and Indigenous peoples. People with lived experience were integral to this year-long dialogue, which set out to glean input around how to make the greatest possible improvements to the Canadian mental health system over the next half decade.

The MHCC recommends targeted investments in mental health care across sectors which are tied to measurable outcomes. Taken together, in alignment with discussions across the mental health community—and with policy and decision makers—this work culminated in *Advancing the Mental Health Strategy for Canada: A Framework for Action* (the *Framework*).

<http://www.mentalhealthcommission.ca/English/media/3746>

Mental Health Commission of Canada - Strategic Plan 2017-2022

Mental Health Commission of Canada. (2016)

“Our Strategic Plan is an ambitious and welcoming call to action,” says MHCC President and CEO, Louise Bradley. “It is a reminder that the mental health and wellness of Canadians is a responsibility we all must shoulder.”

Over the past nine years, the MHCC has worked hard to shepherd meaningful changes across the Canadian mental health landscape. Since the release of *Changing Directions, Changing Lives: The Mental Health Strategy for Canada*, one of this country's most seminal mental health efforts, many of the *Strategy's* recommendations are taking root and flourishing.

http://www.mentalhealthcommission.ca/sites/default/files/2016-06/mhcc_strategic_plan_2017_2022_eng.pdf

Supporting the Mental Health of Refugees to Canada

Mental Health Commission of Canada

Dr. Branka Agic, Dr. Kwame McKenzie, Andrew Tuck and Michael Antwi, January 2016

Key Messages:

- Canada is well positioned to provide incoming Syrian refugees with support for good mental health;
- There is a strong evidence base that can be drawn upon to guide mental health service interventions for refugees; however for many communities and practitioners, there are gaps in knowledge about what tools and resources exist;
- A political and institutional strategy (supported by investment) is needed to develop a linked and coordinated response.

http://www.mentalhealthcommission.ca/sites/default/files/2016-01-25_refugee_mental_health_backgrounder_0.pdf

The National Inuit Suicide Prevention Strategy (NISPS)

Inuit Tapiriit Kanatami and Canada, 2016

Inuit Tapiriit Kanatami (ITK) and Health Canada are committed to working together and with other Inuit leaders and provincial and territorial governments to provide effective, sustainable, and culturally appropriate health programs and services to improve the health of Inuit.

To achieve this, ITK released today the National Inuit Suicide Prevention Strategy (NISPS), which sets out a series of actions and interventions to address the high number of deaths by suicide among Inuit. The Strategy promotes a shared understanding of the context and underlying risk factors for suicide in Inuit communities and guides policy.

The Strategy is designed to coordinate suicide prevention efforts at the national, regional, and community levels. It will integrate and provide support for existing community and regional efforts to prevent suicide.

<https://www.itk.ca/wp-content/uploads/2016/07/ITK-National-Inuit-Suicide-Prevention-Strategy-2016.pdf>

Indigenous Health and a Vision for Reconciliation

Blog by Rose LeMay Director of Northern and Indigenous Health, June 2016
Canadian Foundation for Healthcare Improvement

Cultural competence can sometimes be a loaded phrase, and we all bring our previous histories and our personal perspective into the discussion. So in transparency, I'm Tlingit First Nation, I speak on this topic at national and international conferences, and I care about how we as a country interact with each other. In my discussions around the world with Indigenous leaders including the Wharērātā Group*, this is the foundation of what I believe is cultural competence. The topic is complex - don't believe anybody who says this is simple! Even the term is complex. Cultural safety, cultural competence, cultural capacity, cultural humility? All are used in Canada, and for the purposes of this piece, cultural competence will be used for consistency.

http://www.cfhi-fcass.ca/NewsAndEvents/NewsReleases/NewsItem/2016/05/26/what-is-cultural-competence?utm_source=Email&utm_medium=Newsletter&utm_campaign=News&utm_source=July_2016_Newsletter&utm_campaign=Newsletter&utm_medium=email

Bridging the Divide through Cultural Competency

Blog by writer Laura Eggertson discusses topics that impact Indigenous health and a vision for reconciliation, 2016
Canadian Foundation for Healthcare Improvement

“As a non-Indigenous Canadian, I felt a strong need to understand the divide between Indigenous cultures and mainstream society,” says Philbin Jolette, a social worker by background. “I believe we need to continuously increase our cultural competencies in order to understand Indigenous issues from the historical context, so that we can build positive, respectful relations and partnerships with the Indigenous cultures.”

On May 11, 2016, Philbin Jolette was one of about 25 healthcare leaders from across Canada who attended the one-day workshop, which preceded the Northern and Remote Collaboration's third annual Roundtable on Indigenous health and suicide prevention, held in Saskatoon. The blog outlines the content and outcomes of the workshop.

http://www.cfhi-fcass.ca/NewsAndEvents/NewsReleases/NewsItem/2016/06/29/bridging-the-divide-through-cultural-competency?utm_source=Email&utm_medium=Newsletter&utm_campaign=News&utm_source=July_2016_Newsletter&utm_campaign=Newsletter&utm_medium=email

Strategies Elementary Teachers use to Support Students' Mental Health and Wellbeing

Ciampa, M. (2016, May). University of Toronto

The study focused on understanding various strategies teachers implement in their classroom to support the overall mental health and wellness of students. Findings suggest that teachers lack knowledge about mental health issues nor have the resources or skills to support these students. It's suggested that more conversation about mental health needs to be occurring in schools.

https://gallery.mailchimp.com/c4f6b2fca0e12e49c424dea9f/files/Strategies_Elementary_Teachers_use_to_Support_Students_Mental_Health_and_Wellbeing_2016.pdf

Examining the Impact of and Approaches to Addressing the Needs of People Living with Mental Health Issues

McMaster Health Forum 2016

This rapid synthesis addresses eight questions:

- 1) What is the overall economic impact of mental health issues in British Columbia, Canada and other jurisdictions?;
- 2) What is the burden of disease at the individual, family and community level?;
- 3) Is the current system sustainable for meeting the needs of people with mental health issues?;
- 4) What are the five key things decision-makers need to know in order to meet the needs of people with mental health issues?;
- 5) What does research say is the best time to intervene along the continuum of services for mental health, what is the nature of the improved outcomes and can they be quantified?;
- 6) What does research say is the best time to intervene along the lifespan, what is the nature of the improved outcomes and can they be quantified?;
- 7) What are the five key things that make a difference?; and
- 8) What are key themes from mental health strategies in other jurisdictions?

<https://www.mcmasterhealthforum.org/docs/default-source/Product-Documents/rapid-responses/examining-the-impact-of-and-approaches-to-addressing-the-needs-of-people-living-with-mental-health-issues.pdf?sfvrsn=2>

A Guideline for the Clinical Management of Opioid Disorder

Vancouver Coastal Health Authority (“VCH”) and Providence Health Care (“PHC”) 2015

Opioid use disorder is one of the most challenging forms of addiction facing the health care system in British Columbia. Despite an excellent guideline by the College of Physicians and Surgeons of British Columbia regarding the safe use of methadone maintenance treatment (MMT), there remains a need for an evidence-based guideline articulating the full range of therapeutic options for the optimal treatment of adults and young adults with varying presentations of opioid use disorder. This lack of a comprehensive guideline has been a challenge for Vancouver Coastal Health (VCH) and the provincial health system, and has resulted in a lack of awareness and use of the full armamentarium of medical and psychosocial treatments available for managing opioid dependence among health care providers in substance use services and the addiction care continuum.

To address this, an interdisciplinary committee comprising individuals from VCH, Providence Health Care and the Ministry of Health developed the following expert guidelines. These guidelines were subsequently peer-reviewed by patient groups, local and international experts in the field. The recommendations in these guidelines are based on a systematic review and use of a traditional hierarchy of evidence whereby meta-analysis of randomized clinical trials was given the most weight, followed by individual clinical trials, observational reports and expert opinion.

<http://www.vch.ca/media/Opioid-Addiction-Guideline.pdf>

IIDL Features - Australia and England

Bumps in the Road Just Part of the Process - Australia

On July 1, the day before the recent Australian election, things changed in the NDIS. It began to move from small launch sites in most states and territories –supporting about 30,000 people – to full roll-out across the country. In the next three years it will scale up to support about 460,000 Australians with disabilities. For us, our families and communities, that will mean major life change. All Australians will feel that change. Hundreds of thousands more jobs will be created across the country in support roles for the scheme. Many people with disabilities will move off welfare and into work. At present there is a 30 percentage point gap between the overall population who participate in the workforce at about 83 per cent and the 53 per cent of people with disabilities in the work force. If just a third of that gap move off welfare and into work, the economy will benefit to the tune of \$25 billion.

<http://www.canberratimes.com.au/comment/ndis-is-a-game-changer-20160713-gg4ome.html>

A Point of View: Happiness and Disability – 2014 - England

Surveys reveal that people with disabilities consistently report a good quality of life, says Tom Shakespeare. So why is it often assumed they are unhappy? This article looks at how the appraisal of life lived with impairment may have less to do with reality than with fear and ignorance and prejudice.

<http://www.bbc.com/news/magazine-27554754>

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