



From the IIMHL and IIDL Update List

Welcome to this bi-monthly edition of Update for 30 January 2017.

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 and we would be delighted if you would join us on Facebook.

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IIMHL / IIDL Leadership Exchange 2017

Theme: Contributing Lives, Thriving Communities

27th February to 3rd March 2017

- To register: <http://www.iimhl.com/iimhl-leadership-exchange-2017-sydney#Register>
- To select an IIMHL match: <http://www1.iimhl.com/Meetings/Themes.asp>
- To select an IIMHL or IIDL match: <http://www.iimhl.com/iimhl-leadership-exchange-2017-sydney#Theme>
- To view the **AGENDA** for the Combined Meeting **IIMHL and IIDL**:
http://www.iimhl.com/files/docs/2017_Draft_Agenda.pdf

Note: A Visa is required for members living outside of Australia and New Zealand. You can apply on line at www.border.gov.au

Each country has an allocation of places, and waiting lists are now in place for Australian and New Zealand members of IIMHL for the Combined Meeting. There is no cap on matches at this stage, however some are now FULL.

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The Mercure, Sydney, Australia

Choice, Control and Citizenship in a Changing Mental Health System

IIMHL Feature - USA

Suicide Among Veterans and Other Americans 2001–2014

Department of Veterans Affairs, 2016

After examining more than 55 million records covering 35 years of data, the Department of Veterans Affairs (VA) this week [released its findings](#) on Veteran suicide rates in the United States. The study is the nation's largest comprehensive analysis of Veterans suicide to date. Among its many findings, this report estimates that 20 Veterans a day die by suicide. This is compared to a 2012 study which estimated the rate was higher, 22 Veterans per day.

[The report](#) found the following:

- Approximately 65 percent of all Veterans who died by suicide in 2014 were 50 years of age or older.
- Veterans accounted for 18 percent of all deaths from suicide among U.S. adults – a decrease from 22 percent in 2010.
- Since 2001, Veterans suicides increased 32 percent compared to a 23 percent increase among U.S. adult civilian suicides. After controlling for age and gender, this makes the risk of suicide 21 percent greater for Veterans.

- Since 2001, the rate of suicide among U.S. Veterans who use VA services increased by 8.8 percent, while the rate of suicide among Veterans who do not use VA services increased by 38.6 percent.

<http://www.mentalhealth.va.gov/docs/2016suicidedatareport.pdf>

Other IIMHL Articles of Interest: USA & UNICEF

Self-Healing Communities A Transformational Process Model for Improving Intergenerational Health

Commissioned by the Robert Wood Johnson Foundation

Authors: Laura Porter Kimberly Martin, PhD Robert Anda, MD, MS, June 2016

In the 1980s, when the timber and fishing industries declined, and in 2003, when the aluminium reduction manufacturing plant went bankrupt, Cowlitz County residents lost more than jobs—they lost their ways of life.

Through the 1980s and 1990s the county experienced chronic underemployment (over 15 percent), and many health and social problems—infant mortality, births to mothers ages 10 to 17, violence against self and others, chronic disease, youth hospitalizations for suicide attempts, and dropping out of school, for example—were occurring at rates in the worst quartile of county rates throughout the state.

In less than two decades, though, this community has achieved stunning child safety and school completion results for a small investment.

To read this article in full:

<http://www.rwjf.org/content/dam/farm/reports/reports/2016/rwjf430225>

Youth Risk Behavior Surveillance System

Centres for Disease Control and Prevention (CDC), 2016

The Youth Risk Behavior Surveillance System (YRBSS) monitors six types of health-risk behaviors that contribute to the leading causes of death and disability among youth and adults, including:

- Behaviors that contribute to unintentional injuries and violence.
- Sexual behaviors related to unintended pregnancy and sexually transmitted diseases, including HIV infection
- Alcohol and other drug use
- Tobacco use
- Unhealthy dietary behaviors
- Inadequate physical activity

YRBSS also measures the prevalence of obesity and asthma and other priority health-related behaviors plus sexual identity and sex of sexual contacts.

YRBSS includes a national school-based survey conducted by CDC and state, territorial, tribal, and local surveys conducted by state, territorial, and local education and health agencies and tribal governments.

<http://www.cdc.gov/healthyyouth/data/yrebs/index.htm>

Preventing Child Abuse and Neglect: A Technical Package for Policy, Norm, and Programmatic Activities

Centers for Disease Control and Prevention, 2016

“This technical package represents a select group of strategies based on the best available evidence to help prevent child abuse and neglect. These strategies include strengthening economic supports to families; changing social norms to support parents and positive parenting; providing quality care and education early in life; enhancing parenting skills to promote healthy child development; and intervening to lessen harms and prevent future risk. The strategies represented in this package include those with a focus on preventing child abuse and neglect from happening in the first place as well as approaches to lessen the immediate and long-term harms of child abuse and neglect.”

<http://www.cdc.gov/violenceprevention/pdf/can-prevention-technical-package.pdf>

From Best Practices to Breakthrough Impacts: A science-based approach to building a more promising future for young children and families

Center on the Developing Child at Harvard University, 2016

“A remarkable expansion of new knowledge about brain development in the early years of life, linked to advances in the behavioral and social sciences, is now giving us deeper insights into how early experiences are built into our bodies, with lasting impacts on learning, behavior, and both physical and mental health. These insights can be used to fuel new ideas that capitalize on the promise of the early years and lead to breakthrough solutions to some of the most complex challenges facing parents, communities, and nations.”

http://46y5eh11fhgw3ve3ytpwxt9r.wpengine.netdna-cdn.com/wp-content/uploads/2016/05/HCDC_From_Best_Practices_to_Breakthrough_Impacts.pdf

Building Hope and Resiliency in Iowa: Findings on adverse childhood experiences in Iowa from 2012-2014 and opportunities to respond

ACEs 360 in Iowa, 2016

Through a public-private partnership, the Central Iowa ACEs 360 Coalition added questions about ACEs to the Behavioral Risk Factor Surveillance System (BRFSS) starting in 2012. The annual state health survey, conducted by the Iowa Department of Public Health (IDPH) in partnership with the CDC, provides a timely and accurate source of state data on healthrisk behaviors, preventative-health practices, and health-care access, primarily related to chronic disease and injury. The CDC provided the questions used to study ACEs in Iowa using similar questions to the original ACEs Study. ACEs data was analyzed in comparison to risky behaviors, health issues, and other outcomes gathered through the survey.

Three years of data provides a more accurate and broader picture of how ACEs impact our state. This report also considers how other Iowa data ties to ACEs, and how individuals, organizations and our state can respond.

http://www.iowaaces360.org/uploads/1/0/9/2/10925571/acesreport2016_snglpgs.pdf

A Collaborative Approach to the Treatment of Pregnant Women with Opioid Use Disorders: Practice and Policy Considerations for Child Welfare, Collaborating Medical, and Service Providers

SAMHSA, 2016

This publication provides:

- An overview of the extent of opioid use by pregnant women and the effects on the infant
- Evidence-based recommendations for treatment approaches from leading professional organizations
- An in-depth case study, including ideas that can be adopted and adapted by other jurisdictions
- A guide for collaborative planning, including needs and gaps analysis tools for priority setting and action planning

<https://ncsacw.samhsa.gov/resources/opioid-use-disorders-and-medication-assisted-treatment/default.aspx>

Other IIMHL Article of Interest: UNICEF

Fairness for Children: A league table of inequality in child well-being in rich countries

UNICEF, 2016

“This report card presents an overview of inequalities in child well-being in 41 countries of the European Union (EU) and the Organisation for Economic Co-operation and Development (OECD). It focuses on ‘bottom-end inequality’ – the gap between children at the bottom and those in the middle – and addresses the question ‘how far behind are children being allowed to fall?’ in income, education, health and life satisfaction.”

http://apo.org.au/files/Resource/unicef_fairness_for_children_2016.pdf

IIDL Features - England

Clock Turned Back on Rights for People with a Learning Disability

Social Care Network

Rob Greig is chief executive of the National Development Team for Inclusion (NDTi) and a former government national director for learning disabilities.

Social Policy in the UK and increasingly world-wide has a focus on increasing the choice and control people have over where they live. Current UK policy calls on “care managers to have an increased focus on home ownership and assured tenancies as a model for housing and support”. Recently, however, pressure has begun to mount to move back to a residential care model on supposed cost grounds. This article looks at issues of cost benefit analysis and the real impact and cost when policies limit or deny people opportunities for full engagement in the social and economic fabric of society.

https://www.theguardian.com/social-care-network/2016/oct/14/rights-learning-disability-residential-care?CMP=share_btn_tw

Personal Budgets - A Lived Experience

Author: Hestia

While people who access personalised budgets agreed that this has been a positive step in advancing choice and control and the ability to access tailored supports, this research has found that these reforms have not always met expectations.

<http://www.centreforwelfarereform.org/library/type/pdfs/personal-budgets-a-lived-experience.html>

<http://www.iimhl.com/files/docs/IIMHL-Updates/20170115a.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 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.

