



From the IIMHL and IIDL Update List

Welcome to this bi-monthly edition of Update for 15 February 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

At just two weeks out from this year's Leadership Exchange, we are all looking forward to meeting old friends and new colleagues at this exciting and stimulating event.

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

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Please note: There will be no Update on 28 February 2017

IIMHL Feature - Australia

Principles of Trauma-informed approaches to child sexual abuse: A discussion paper

Dr Antonia Quadara and Cathryn Hunter, Australian Institute of Family Studies, 2016

In the authors' opinion, the status of the application of trauma-informed care in Australia could be described as:

Emergent: practice wisdom and evaluation knowledge have not yet coalesced sufficiently to guide how the principles are put into practice in different settings.
Enthusiastic: there is significant interest across a range of sectors in becoming trauma informed.

Opaque: there is a lack of publicly available, coordinated material on the trauma-informed care programs and models being developed and the format they take.
Piecemeal: without strong, collaborative national leadership, the development of trauma informed care models is driven by individual services.

While there does appear to be a shared philosophy underpinning trauma-informed care, the first challenge lies in determining how the principles should be translated into practice. That is, how do a receptionist, child protection worker, nurse, supervisor, cleaner, support worker and educator 'do' trauma-informed care?

The emergent and enthusiastic take-up of the idea of trauma-informed care would be significantly strengthened through national leadership and collaborative initiatives to design, implement and evaluate organisational and systemic approaches. Alongside the continued development of organisational and program-level efforts to implement trauma-informed care, a complementary tranche of activity – related to creating a funding, dissemination and resource-sharing infrastructure to support collaborative work and research that is accessible – would be helpful, so that information on how trauma-informed care is being implemented in different settings can be shared and fed back into the overall philosophy and principles.

http://apo.org.au/files/Resource/a_quadara_principles_of_trauma-informed_dp_2015.pdf

Other IIMHL Articles of Interest: Australia

Raising the Bar for Youth Suicide Prevention

Orygen, Orygen, The National Centre of Excellence in Youth Mental Health, 2016

Much has already been achieved in youth suicide prevention. This has been due to the collective resources, skills and expertise developed over many decades in both the suicide prevention and youth mental health sectors. To recognise and build on their work, the advice provided in this report has been developed in consultation with representatives from these sectors and in partnership with young people. This process has involved an online consultation with sector leaders, two workshops with young people from Orygen's National Youth Advisory and Youth Research Councils and a roundtable event held on 2 June 2016 with sector representatives and young people. This consultation has been underpinned by a comprehensive review of the national and international literature on youth suicide prevention undertaken by Orygen's Suicide Prevention Research Team (current as at April 2016) and an analysis of suicide clusters among both young people and the general population prepared by Orygen and the University of Melbourne's School of Population Health.

[https://www.orygen.org.au/Policy-Advocacy/Policy-Reports/Raising-the-bar-for-youth-suicide-prevention/orygen-Suicide-Prevention-Policy-Report.aspx?ext=.](https://www.orygen.org.au/Policy-Advocacy/Policy-Reports/Raising-the-bar-for-youth-suicide-prevention/orygen-Suicide-Prevention-Policy-Report.aspx?ext=)

Happy Homes – The Relationship between Homes and Mental Wellbeing: a Review of the Literature

Mike Burbridge Curtin University Sustainability Policy Institute

HealthyHousing, 2016: 20-24 November, 2016, Queensland University of Technology, Brisbane, Australia.

This paper set out to uncover the advice available to help people take effective action within our home to improve mental health. The literature and professions are virtually silent on the issue.

The professional advice is often the opposite suggesting we should get out of our homes - go for a walk, exercise, play sport, go to the cinema, meet friends, socialise and don't isolate yourself. There is nary any advice about what we can do to our homes to help maintain our mental health. Our home - the physical space where we spend large amounts of energy and time is largely an empty shell for the mental health industry. The message currently presented appears to be "remember to close the door as you leave ... to get better". Safe and secure housing is a fundamental pillar of an inclusive and productive society. Yet we don't know for sure what safe, secure, or good housing looks like.

https://gallery.mailchimp.com/c4f6b2fca0e12e49c424dea9f/files/7bb70d64-6270-4c23-bcee-164db1b4f9b9/Happy_homes.pdf

Apps for Suicide Prevention: What the Research Says

Psychiatric Times

By [Mark E. Larsen, DPhil](#), [Jennifer Nicholas, BA, BSc](#), and [Helen Christensen, PhD](#), Black Dog Institute

Suicide is a leading cause of death globally, particularly among young people. Despite the importance of seeking help during a crisis, barriers such as lack of perceived need, availability of services, and fear of stigma can be experienced. As in other branches of

medicine and health care, the use of smartphone apps is of increasing interest as a means of providing continuous access to evidence-based support strategies. As suicide ideation and suicide risk change rapidly, access to these mobile resources may save lives.

Despite a lack of published research to demonstrate that apps can be effective at reducing suicidal ideation or behaviors, developers are pushing ahead with apps for suicide prevention—with unclear benefits and risks. With hundreds of thousands of downloads, consumers, too, are not waiting for a scientific tick of approval before using apps to support their mental health.

But are the available apps any good? With no published research to help answer this question, we aimed to identify the range of already publicly available apps that contain suicide prevention strategies.¹ We examined the extent to which they are evidence-informed and in line with best practice guidelines. We also looked at whether these apps had the potential to cause harm. We used a systematic review methodology to identify iPhone and Android apps related to suicide and self-harm.

To read more:

<http://www.psychiatrictimes.com/telepsychiatry/apps-suicide-prevention-what-research-says>

Other IIMHL Articles of Interest - New Zealand

Closing the Loop: A person-centred approach to primary mental health and addictions support

Procure, 2016

New Zealand needs a fundamental shift in the way mental health and addiction services are delivered. Significant and sustainable change is required to transform a reactive, transactional system of treatment to a holistic, person-centred, responsive system of care and support. Too many people currently do not have access to timely and integrated care and support that would enable them to achieve the best possible outcome for their individual circumstances.

In Closing the Loop we have articulated a future vision of primary care-based mental health services that draws together the skills, capabilities and resources of all relevant agencies.

https://static1.squarespace.com/static/57a93203d482e9bbf1760336/t/57bcbd1af7e0ab7f8042fd9b/1471986975822/PROC+0015+Closing+the+Loop+-+Booklet_FINAL_PDF+for+WEBSITE.pdf

The Hub

Social Policy Evaluation and Research Unit

The purpose of the Social Policy Evaluation and Research Unit (Superu) is to increase the use of evidence by people across the social sector so that they can make better decisions – about funding, policies or services – to improve the lives of New Zealanders and New Zealand's communities, families and whānau.

The Hub is a one-stop-shop for New Zealand social science government research related to education, health and wellbeing, crime and justice, families, children and young people.

<http://thehub.superu.govt.nz/>

One example of a report is the Phase 2 strategic evaluation of the Prime Minister's Youth Mental Health Project.

<http://superu.govt.nz/sites/default/files/YMHP%20Cost%20Benefit%20report%202016.pdf>

Defining Social Investment, Kiwi-style

NZ Institute of Economic Research, Dec 2016

The New Zealand social investment approach can be best described by its three innovative features which work intimately together.

The first is client segmentation: identifying groups and individuals with very specific needs by using administrative data more effectively. This is a move away from the uniform approach to policy of the past.

The second is intervention innovation: tailoring interventions to better address the specific needs identified through client segmentation, setting very clear expectations about the returns sought from the intervention and measuring those returns. There is a clear shift in focus away from broad programmes covering large groups of people (e.g. the unemployed, single mothers, the injured, the disabled, etc.) to designing interventions that are focusing on specific clients with specific characteristics.

The final and perhaps most novel but least developed feature of the social investment approach is a new mode of governance. Client segmentation and intervention innovation are respectively the demand and supply side of the social investment approach, but without a structure which allows for and rewards risk taking in investing and learning what works, the social investment approach is merely a continuation of the past supplemented by better access to data. The governance and institutional change made possible by client segmentation and intervention innovation is necessary for the full implementation of the social investment approach in New Zealand. What institutional changes are required is still uncertain and needs significant attention from policymakers for this policy to succeed.

https://gallery.mailchimp.com/c4f6b2fca0e12e49c424dea9f/files/7e325cf8-0f64-41fa-8d9b-af5e789e1848/Defining_social_investment_kiwi_style.pdf

IIDL Features - Australia and New Zealand

The Good Life

Community Resource Unit – Queensland Australia

The Community Resource Centre of Australia are pleased to announce the launch of the next two pages of their website Bringing the Good Life to Life. This website can be found at: <http://thegoodlife.cru.org.au>. These pages are titled:

- Page 5: [The Role of Funded Services and Supports: Working together effectively for the Good Life](#)
- Page 6: [Understanding and Challenging the Blocks and Barriers: What gets in the way of the Good Life](#)

In the first four pages CRU addressed what we mean by the Good Life and how it can be intentionally brought to life for a person with disability. They have looked at the importance of friends and family also known as informal support and in these new pages are seeking to address the role of funded services and formal supports. The NDIS will provide more funding to more people in more flexible ways so it is timely to explore what is possible, what others are trying and what opportunities are now available.

We also know that assisting someone who lives with disability to access the good things in life is not simple and doesn't just happen. CRU have added a page on understanding what gets in the way and strategies for challenging some of the common blocks and barriers. These pages build on the existing material and continue to offer ideas, strategies and practices that can help people with disability have access to the richness of an ordinary life.

Determining the Workforce Development Needs of New Zealand's Autism Workforce

Te Pou, Publication date: 30 June 2016

This 64-page report describes the current learning and development activities that are in place across New Zealand for the workforce supporting children and adults with autism through funding from Disability Support Services.

http://www.tepou.co.nz/resources/determining-the-workforce-development-needs-of-new-zealands-autism-workforce/744?utm_source=Te+Pou+and+Matua+Raki&utm_campaign=58abfd15c7-Te+Pou+e+news+11+July+11+2016&utm_medium=email&utm_term=0_61074e4163-58abfd15c7-46130513

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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.

