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

In this issue:

IIMHL / IIDL Leadership Exchange 2017
Theme: Contributing Lives, Thriving Communities
27th February to 3rd March 2017

IIMHL and IIDL teams would like to thank our Australian colleagues from the New South Wales Mental Health Commission and the National Disability Insurance Agency for their wonderful work in delivering two very successful Leadership Exchanges. Feedback to date suggests that the Matches and Combined Meeting were well-attended and participants appreciated the collaborative and creative approach to learning.

The first two days involved over 430 IIMHL leaders spread across 31 Matches in Australia and New Zealand, and 110 IIDL leaders spread across 13 Matches with between three and twenty-five participants each. Match topics covered a wide range of interests, within the overarching theme of *Contributing Lives, Thriving Communities*, including: consumer leaders as partners in mental health research; zero suicide in healthcare and community suicide prevention; infant, children and youth issues; trauma recovery; data and indicators; e-mental health; Indigenous leadership; urban approaches to citizen well-being; self-directed supports; building individual and family leadership; Australia's national disability insurance scheme; and, person-centred thinking and planning.

Over 450 of these leaders convened in Sydney, NSW for the **Combined Meeting** for key presentations and discussions advancing the theme of *Contributing Lives, Thriving Communities.* IIMHL topics included: Australia's unique mental health and disability landscape, including the key findings emerging from its Royal Commission on Child

Sexual Abuse; the strengths offered by consumer leader perspectives and inherent in Indigenous knowledge and cultural approaches; the disruptive and exciting challenges being posed by technology in the mental health sector; and, the importance of leadership to achieve impossible goals. IIDL topics included: agency transformation; challenges and opportunities of international leadership; state of the nations on practice and innovation; leadership networks in disability, and, a marketplace of ideas.

Please join us for the next Leadership Exchange in Stockholm Sweden, May 28 – June 1, 2018. Details to come in the near future!

- **IIMHL Feature Article - Canada**

    - **Housing First**

Other IIMHL Articles of Interest - Canada

    - **Working Together to Prevent Suicide in Canada: The Federal Framework for Suicide Prevention**
    - **To Reach the Students, Teach the Teachers: A national scan of teacher preparation and social and emotional learning**
    - **The World Bank: Investing in Health**

- **IIDL Feature Article - Australia**

    - **How the Disability Sector is Being Uberised**

IIMHL Feature - Canada

Housing First
Mental Health Commission, 2016

This is the conclusion of a MHCC sustainability study released November 29 in Moncton. The study provides unique insight into what is needed to ensure this innovative research is translated into mainstream services, tracking the Moncton, Montreal, Toronto, Winnipeg and Vancouver programs after the At Home/Chez Soi project ended in 2014.

At Home/Chez Soi used a Housing First approach with participants offered immediate access to housing of their choice through rent subsidies and access to mental health services and supports, all without preconditions. This research proved that Housing First works to rapidly end homelessness for people experiencing mental illness and is a smart economic investment.

The sustainability study shows that although all programs have experienced some reduction in funding, participants continue to receive client-centred services and supports from multi-disciplinary teams. In some locations the level of support has been reduced and key positions such as housing coordinators lost.

"Housing First in Canada has shown significant uptake since the end of At Home/Chez Soi, but those gains will remain fragile unless we address the funding and policy issues that are barriers to adopting this approach as a mainstream solution to homelessness and mental illness," says Dr. Tim Aubrey, Co-Principal Investigator of the Moncton site and a member of the At Home/Chez Soi National Research Team.

For instance, access to rent subsidies and their administration—often by a different ministry than is responsible for delivering clinical services —is problematic.
Some policies have already been adjusted nationally, provincially and locally. In 2014, the federal government revised the Homelessness Partnering Strategy (HPS) to focus a significant portion of these funds on the development of Housing First. Winnipeg has used this new funding to expand Housing First across the city.

Three reports were released including an overall **report on the sustainability of all programs established during At Home/Chez Soi**, a detailed **sustainability report on the Moncton site** and a report on **the policy impacts of At Home/Chez Soi post-research**.

http://www.mentalhealthcommission.ca/English/catalyst-december-2016-homechez-soi-research-real-world

Other IIMHL Articles of Interest: Canada

Working Together to Prevent Suicide in Canada: The Federal Framework for Suicide Prevention
Health Canada, 2016

This Federal Framework for Suicide Prevention was developed in recognition of those lost by suicide and the many Canadians who continue to struggle with thoughts of suicide. The Framework recognizes those who are affected by suicide, those who have survived suicide loss and those who have survived a suicide attempt and who are healing. It is built on the tremendous dedication of those who work in suicide prevention, intervention and postvention and those who are working to foster healthy and supportive environments for all Canadians.

http://www.healthycanadians.gc.ca/publications/healthy-living-vie-saine/framework-suicide-cadre-suicide/alt/framework-suicide-cadre-suicide-eng.pdf

To Reach the Students, Teach the Teachers: A national scan of teacher preparation and social and emotional learning
The University of British Columbia Department of Educational and Counselling Psychology, and Special Education
Schonert-Reichl, K. A., Kitil, M. J., & Hanson-Peterson, J. (2017).

This is a 74-page report.

Social and emotional learning, or SEL, involves the processes through which individuals acquire and effectively apply the knowledge, attitudes, and skills necessary to understand and manage their emotions, feel and show empathy for others, establish and achieve positive goals, develop and maintain positive relationships, and make responsible decisions.

SEL emphasizes active learning approaches in which skills can be generalized across curriculum areas and contexts when opportunities are provided to practice the skills that foster positive attitudes, behaviors, and thinking processes. In the face of current societal economic, environmental, and social challenges, the promotion of these non-academic skills in education is seen as more critical than ever before with business and political leaders urging schools to pay more attention to equipping students with skills such as problem solving, critical thinking, communication, collaboration, and self management – often referred to as "21st Century Skills."

http://www.casel.org/wp-content/uploads/2017/02/SEL-TEd-Full-Report-for-CASEL-2017-02-14-R1.pdf

The World Bank: Investing in Health
Blog 2017
PATRICIO V. MARQUEZ & CO-AUTHORS: SHEKHAR SAXENA, MELANIE WALKER

Part of this blog notes:

*"The framework for action is structured around **four pillars** that are geared to improve the mental health and well-being of people in Canada and the services they need:*

- *Leadership and funding: the mobilization of commitment and support from the highest political level is critical to better resource the mental health response and increase the capacity to deliver quality, evidence-based, and integrated services and better meet the needs of diverse population groups. While funding is important, it is emphasized that leaders need to focus on achieving parity between physical and mental health care, better integrating mental health and physical health, and fostering collaboration across the health, social, education, and justice sectors.*
- *Promotion and prevention: given the multisectoral nature of mental health problems and illnesses, upstream efforts are needed, placing more emphasis on holistic prevention strategies, promotion of mental wellness, increased awareness and education about positive mental health across the lifespan, and a more refined focus on the social determinants of health in a culturally competent and safe manner. Promotion and prevention must be complemented with efforts to uphold human rights, social inclusion, and eliminate stigma and discrimination.*
- *Access and services: making timely access to evidence-based, integrated, person-centered, holistic, high-quality mental health services across the continuum of care should be a priority. People with lived experience and their caregivers must be engaged at all service points and in the policy development process to truly improve the availability and quality of mental health services.*
- *Data and research: aside from developing benchmarks and ongoing evaluation of system performance, as well as the translation of evidence-based mental health knowledge into policy and practice, this pillar includes support for comprehensive, innovative, interdisciplinary research and evaluation on mental health problems and illnesses and mental health programs and treatments; facilitating the involvement of people living with mental illnesses in research; improving data collection systems and population-level monitoring to collect comprehensive information on mental health, wellness, illness, service access, and wait times and ensure that publicly-funded data is available to researchers and policy makers"..*

http://blogs.worldbank.org/health/blogs/patricio-v-marquez

IIDL Feature - Australia

How the Disability Sector is Being Uberised
Sue O'Reilly

The Australian National Disability Insurance Scheme is being heralded worldwide as the way of the future both in the funding of supports for disabled people and in changing the social and economic participation of this group of people who have long been excluded from the benefits and opportunities of society. The scheme is also designed to give assurances to people with disabilities and their families that the support they require in order to meet their potential will be forthcoming across their lifetime.

This article looks at how while traditional disability service providers have been enthusiastic supporters and drivers of the scheme, they had no idea at the time, it now appears, that far from guaranteeing their own futures by delivering a massive, ongoing injection of government funding, the NDIS was actually going to devastate them, forcing sector wide mergers, takeovers and even, in many cases, financial collapse and closure.

http://www.iimhl.com/files/docs/20170315a.pdf

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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.