



From the IIMHL and IIDL Update List

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

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

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IIMHL Feature - UK

Growing up: Supporting young people to a successful adulthood

Action for Children, 2017

This 28-page report looks at the huge changes that young people have to negotiate between the ages of 16 and 25, and why, for the most vulnerable, staying in touch with services matters so much for their future wellbeing. It draws on a wide range of research to look at both the problems and the solutions. It describes the widely varying policy picture for this group of young people in England, Scotland, Wales and Northern Ireland, and looks at some of the innovative services that cater for these diverse and often challenging groups.

The report also includes the findings of two new pieces of research conducted by Action for Children: a survey of more than 330 young people on their views on school, work, home life and growing up; and a set of searching interviews with care leavers, disabled young people and young offenders. This ground-breaking research looked into what young people felt about the dramatic transitions they experience, what problems they encountered and what they thought might help them make the transition to adulthood successfully.

Action for Children believes that governments must recognise the need to design policies and fund services that help the young people who are furthest away from employment, training or education to overcome the barriers to re-engagement. To that end, this report looks at current and emerging policy across the four countries of the UK.

https://www.actionforchildren.org.uk/media/8275/growing_up_-_transition_to_a_successful_adulthood.pdf

Other IIMHL Articles of Interest: UK Various

Northern Ireland

Systems not Structures: Changing health and social care

Department of Health, 2016

This 87-page report outlines 18 recommendations for improving the health and social care system.

The Panel was appointed in January 2016 and comprises local and international members. The Panel was given the remit to:

- Produce a set of principles to underpin reconfiguration of health and social care services.
- Support and lead debate including at a political summit to be held in early 2016 to agree the principles.
- Use the results of the political summit to develop a clinically informed model for the future configuration of health and social care, which will ensure world class provision for everyone in Northern Ireland.
- Clearly quantify the specific benefits in health outcomes that will be derived from the new model, both for individuals and the Northern Ireland population as a whole.

<https://www.health-ni.gov.uk/sites/default/files/publications/health/expert-panel-full-report.pdf>

Scotland

I.ROC wellbeing

2017

This is a website that offers an innovative approach to mental health and wellbeing. It provides a powerful set of tools for organisations, for practitioners and for the people that use their services.

First and foremost it's a validated measure of individual recovery. But it's also a set of online applications (including mobile app) which help you to capture, track and measure recovery data. After all - we all want to know if the work we're doing is having a positive impact on the wellbeing of those who use our services. But it's much more than that. I.ROC wellbeing is a way of working together to deliver tangible, meaningful outcomes for people, practitioners and organisations.

The web-based suite of tools includes: HOPE® - A framework for wellbeing, I.ROC® (individual recovery outcomes counter) - a facilitated self-assessment that uses the HOPE framework and 12 indicators of wellbeing to assess and measure personal recovery; and, HOPE® Toolkit - personal plans and wellbeing tools that promote recovery.

<https://www.irocwellbeing.com/index.cfm>

Mental Health in Scotland - A 10-year vision: analysis of responses to the public engagement exercise

Scottish Government, December 2016

The new Mental Health Strategy is intended to cover a 10-year period. The framework on which respondents were asked to comment sets out the priorities that the Scottish Government thinks will deliver significant improvements to the mental health of the population of Scotland. It is organised around life stages: Start Well; Live Well; and Age Well. The framework sets out 8 Priorities that the Scottish Government has identified for the next Strategy. To read more:

<http://www.gov.scot/Resource/0051/00511024.pdf>

‘Continuing to be me’ – Recovering a life with a Diagnosis of Dementia
Rachel Perkins, Laura Hill, Stephanie Daley, Mike Chappell and Jane Rennison
ImROC, 2016

In this briefing paper, our aim is to contribute to changing the narrative from ‘living death’ to ‘living well’: to show how many people have found ways of living a meaningful and fulfilling life with a diagnosis of dementia. Recognising some of the parallels between ‘recovery focused practice’ and ideas about ‘person centred care’, we explore what enables people to regain hope and live positively, maintain personal control and have the opportunity to do the things they value, remain a valued part of their community and participate not as victims, but as citizens.

https://www.scottishrecovery.net/wp-content/uploads/2016/11/Continuing_to_be_me_recovery_and_dementia_briefing_Sept_2016.pdf

The Scottish Patient Safety Programme – Mental Health
2016

The [Healthcare Quality Strategy for NHSScotland](#) has three quality ambitions to provide safe, effective, person-centred care. SPSP is key to the delivery of these ambitions and supports the [Scottish Government's 2020 Vision](#) to provide safe, high quality care, whatever the setting. This aims to systematically reduce harm experienced by people receiving care from mental health services in Scotland, by supporting frontline staff to test, gather real-time data and reliably implement interventions, before spreading across their NHS board area. The work will be delivered through a four year programme, running from September 2012 to September 2016.

The Mental Health programme has two phases. Phase One ran from August 2012 to September 2013 and showed excellent engagement from all Health Boards with pilot sites working on the various workstreams across Scotland. Phase Two began in September 2013 and sees a continuing spread of involvement both within the individual boards in terms of numbers of units involved over and above the pilot sites, and in terms of the number of areas of work being carried out across the workstreams.

To read this document in full, please use this link:

<http://www.scottishpatientsafetyprogramme.scot.nhs.uk/Media/Docs/Mental%20Health/End%20of%20Phase%20Report.pdf>

England

Police and Public Health Innovation in Practice: An overview of collaboration across England
Public Health England, 2016

In order to address these wider determinants of health, and reach vulnerable people outside of traditional health services, public health professionals must engage with those working in other parts of the community – from schools and fire and rescue services, to employers and the police. There are already many examples of great partnership working between public health and the police – from suicide prevention, to

reducing alcohol-related harm and raising awareness of dementia. This paper highlights some of this excellent work, presenting case studies from across the country that demonstrate a clear commitment to improving outcomes for local people through innovation and collaboration.

One such case study is in Wales where PHE and Police are tackling intergenerational crime by tackling Adverse Childhood Experiences.

https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/567535/plice_and_public_health_overview.pdf

The National Confidential Inquiry into Suicide and Homicide by People with Mental Illness

Making Mental Health Care Safer: Annual Report and 20-year Review

October 2016. University of Manchester.

The Mental Health Clinical Review Outcome Programme, delivered by the Inquiry, is commissioned by the Healthcare Quality Improvement Partnership (HQIP) on behalf of NHS England, NHS Wales, the Scottish Government Health and Social Care Directorate, the Northern Ireland Department of Health, the States of Guernsey and the States of Jersey.

This year we are also looking back on 20 years of data collection, drawing on previous reports and journal papers. What have we learned? How has the challenge of managing risk changed? From our studies of mental health services, primary care and accident and emergency departments, we present the essential evidence-based elements of safer care. In publishing this report we need to thank the clinical staff who have responded to our requests for information; their cooperation has been crucial. We also want to acknowledge the thousands of lost lives and devastated families that lie behind our statistics. This 20 year report, aiming to improve future prevention, is dedicated to them.

<http://research.bmh.manchester.ac.uk/cmhs/research/centreforsuicideprevention/nci/reports/2016-report.pdf>

Infographic of Key Findings from NCISH Annual Report & 20-year Review 2016 (above) 2 pages

http://research.bmh.manchester.ac.uk/cmhs/research/centreforsuicideprevention/nci/reports/Infographics_2016.pdf

England / Wales

I Am Whole: A report investigating the stigma faced by young people experiencing mental health difficulties

YMCA, NHS - October 2016

2070 interviews with young people across England and Wales were undertaken.

Recommendations: To tackle this stigma, the evidence shows that interventions must:

- Start young

- Address the lack of knowledge on mental health difficulties
- Train those working and interacting with young people on mental health
- Challenge the negative language around mental health
- Normalise mental health difficulties
- Encourage young people to access mental health support
- Empower young people to tackle stigma.

https://gallery.mailchimp.com/c4f6b2fca0e12e49c424dea9f/files/I_am_whole_UK_2016.pdf

IIDL Feature - England

Housing Choices Discussion Paper 1: What is the evidence for the cost or cost-effectiveness of housing and support options for people with care or support needs?

National Development Team for Inclusion

Naomi Harflett, Jenny Pitts, Rob Greig and Helen Bown

January 2017

To summarise, although we reviewed various research studies which looked at the costs of residential care homes and other forms of housing and support, the issues outlined above have led us to conclude that the limitations in quality and quantity mean that there is not sufficient, reliable evidence in which to inform decisions on the basis of cost. As a result, in our view, this makes drawing any firm conclusions about moving to one form of housing with care or support on the basis of cost impossible.

Given this lack of evidence (that residential care is more or less expensive than other forms of housing and support), there is a strong argument that decisions about an individual's housing and support should be based on other factors supported in current health and social care policy – rights, inclusion, choice and control.

https://www.ndti.org.uk/uploads/files/Housing_Choices_Discussion_Paper_1.pdf

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