



From the IIMHL and IIDL Update List

Welcome to this bi-monthly edition of Update 15 October 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 2018

Please join us for the next Leadership Exchange in Stockholm Sweden, May 28 – June 1, 2018. Details will be available soon!

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The Value of IIDL from a Canadian Perspective

To view this short video:

https://www.youtube.com/watch?v=47r-XXr_J5c&feature=youtu.be

IIMHL Feature - USA

Public Policy & Aging Report (PP&AR): Participant Self-Direction in Long-Term Supports and Services

The Gerontological Society of America, 2016

The provision of long-term care in the U.S. has shifted from what was once a predominantly institutionally based system of care to one in which recipients can increasingly receive a range of both medical and supportive services at home and in the community, according to the [latest edition](#) of The Gerontological Society of America's *Public Policy & Aging Report (PP&AR)*. Further, individuals have gained the increased ability to choose how, where, and from whom they receive these services.

Today, over a million Americans direct their own care through 270 long-term services and support (LTSS) programs that are generally heralded by those on both sides of the political spectrum. Self-direction is the umbrella term applied to an approach to the delivery of LTSS in which those eligible receive cash payments in place of traditionally delivered services. With these payments, they can decide how best to meet their support needs.

To read this article in full: <https://academic.oup.com/ppar/issue/26/4>

Other IIMHL Articles of Interest: USA

Clinical Practice Guideline for the Treatment of Posttraumatic Stress Disorder (PTSD) in Adults

American Psychological Association

Guideline Development Panel for the Treatment of PTSD in Adults

Adopted as APA Policy February 24, 2017

The American Psychological Association (APA) developed this 139-page guideline to provide recommendations on psychological and pharmacological treatments for posttraumatic stress disorder (PTSD) in adults.

This guideline used methods recommended by the Institute of Medicine report, *Clinical Practice Guidelines We Can Trust* (IOM, 2011). Those methods are designed to produce guidelines that are based on evidence and patient preferences and are transparent, free of conflict of interest, and worthy of public trust.

<http://www.apa.org/about/offices/directorates/guidelines/ptsd.pdf>

Arts & Trauma Informed Care Within Homelessness Services: The development of arts-based cooperatives as a route into employment

Cath Gilliver, Winston Churchill Fellow's Report, 2016

In September 2016 I spent four weeks in the States in New York, Boston, Michigan and Philadelphia. During that time I visited 15 frontline homelessness services, including Day Centres, Shelters, supported accommodation and independent living projects as well as meeting with three umbrella bodies and Policy Centres and a number of individual policy makers. However, as there is an increasing move in the UK towards recognising that homelessness is not a discrete condition but often crosses boundaries with mental and physical ill health, addiction, domestic violence and offending, I also wanted to find out if there was a common approach (and cross sector working) within those services.

To view this article in full: <http://www.iimhl.com/files/docs/20170908.pdf>

Self-Direction in Mental Health: Choice, Recovery, Independence

This resource is supported by the Robert Wood Johnson Foundation and builds on efforts of the Substance Abuse and Mental Health Services Administration, the Centers for Medicaid and Medicare Services and others - 2017

For years, people who receive disability-related support services have used self-direction to live independently in their communities. Now people with serious mental health conditions are using self-direction to transform their lives. This new resource from the National Resource Center for Participant-Directed Services describes how this approach works, drawing on both the best available research and the experiences of people who are self-directing.

To read more: <http://www.iimhl.com/files/docs/20170817.pdf>

Innovative Practices to Support Careers of Young Adults with Mental Health Conditions

University of Massachusetts Medical School, Department of Psychiatry, Systems and Psychosocial Advances Research Center (SPARC), Transitions Research and Training Center

Stone, R., Ellison, M., Huckabee, S., & Mullen, M. (2017).

Effective career and education supports for youth and young adults can have a very positive impact on the outcomes for young people transitioning from high school to college, or from school to the workforce. Although our study heard from thirty-one different programs providing these types of service to youth and young adults with mental health conditions, there are relatively few career services specifically tailored to this age group that have shown significant success. Further developing supports for young people could significantly improve the competitive employment outcomes or secondary school performance for young adults struggling with their mental health.

https://umassmed.edu/globalassets/transitionsrtc/publications/innovative-practices-to-support-careers-of-young-adults-with-mental-health-conditions.pdf?utm_source=10.11.17+HYPE+Manual&utm_campaign=PASS+study+&utm_medium=email

Keeping Youth Drug Free

Center for Substance Abuse Prevention, Substance Abuse and Mental Health Services Administration, 2017

Few things worry parents, grandparents, and other caregivers more than the prospect of children using alcohol, tobacco, and illicit drugs. You can influence whether or not your child uses alcohol or drugs. Taking a clear stand against substance use by talking with children early is a good place to start.

<https://store.samhsa.gov/shin/content//SMA17-3772/SMA17-3772.pdf>

Strategic Research Priorities Overview

National Institute of Mental Health, September, 2017

Strategic Research Priorities are identified for each of the four Strategic Objectives outlined in the [NIMH Strategic Plan for Research](#):

- [Strategic Objective 1: Define the mechanisms of complex behaviors](#)
- [Strategic Objective 2: Chart mental illness trajectories to determine when, where, and how to intervene](#)
- [Strategic Objective 3: Strive for prevention and cures](#)
- [Strategic Objective 4: Strengthen the public health impact of NIMH-supported research](#)

<https://www.nimh.nih.gov/about/strategic-planning-reports/strategic-research-priorities/index.shtml>

Outcome of a Completed Webinar

The Zero Suicide webinar titled *Safe Care Transitions in a Zero Suicide Framework*

This is now available on the Zero Suicide website.

In a Zero Suicide approach, safe suicide care in health and behavioral health organizations involves establishing guidelines and protocols that create smooth and uninterrupted care transitions across and within care settings. It is equally important to address suicide risk at every visit within an organization, from one behavioral health clinician to another or between primary care and behavioral health staff in integrated care settings.

By the end of this webinar, participants will be able to (1) Identify key care transition practices and partnerships for patients discharged from inpatient to outpatient care, (2) describe how one organization includes voices of individuals with lived experience in care transition practices, and (3) demonstrate how health and behavioral health organizations can establish partnerships with crisis service organizations to augment care transition practices.

http://zerosuicide.sprc.org/resources?type_1%5B%5D=webinar

Emergency Department Visits For Firearm-Related Injuries in the United States, 2006–14

Health Affairs, October 2017

Using a nationally representative data set, we demonstrated that in the period 2006–14, 25.3 patients per 100,000 people presented to the ED for a firearm-related injury.

Among these patients, 37.2 percent (262,032) were admitted as inpatients, and 8.3 percent (57,752) died in the ED or during their inpatient admission. Firearm-related injuries for our study population resulted in an estimated financial burden of approximately \$25 billion in ED and hospital charges over the study period. Despite the high clinical and financial burden associated with firearm-related injuries, resources allocated to preventing them remain low. Future policies related to firearms should focus on better understanding and preventing these injuries.

<http://content.healthaffairs.org/content/36/10/1729.full>

New Website

The **Human Services Research Institute** and **Applied Self Direction**, the new home for the **National Resource Center for Participant-Directed Services**, are pleased to announce the release of a new website, www.mentalhealthselfdirection.org, with information and research findings on self-direction, a relatively new approach to recovery for people with serious mental health conditions. Users of the new site will find:

- [Personal stories and video testimonials](#) from people who are self-directing their services
- [An overview of self-direction](#) and a basic description of its core elements
- [Descriptions of and links to the latest research](#), which will be updated as results become available
- [Links to additional resources](#) at the state and national level

IIDL Feature - England

Progress on Personalised Support: Results of an international survey by Citizen Network

Simon Duffy & Sam Sly

Centre for Welfare Reform on behalf of Citizen Network and in association with Choice Support, 2017

Personalised support is a particular model for providing assistance. It has existed for over 25 years and is often associated with high quality support for children and adults with complex needs, in particular people with learning disabilities, autism or mental health needs. However there are many other groups who are benefiting from this type of support and there examples of personalised support being used all around the world.

The five main features of personalised support can be summarised as follows:

1. Citizenship is the goal - People are supported to enjoy all their rights as full citizens, playing a full part in community life and developing to their utmost as a full human being.
2. Fully individualised - Service design, planning, housing, staffing and management are all organised around the needs and capabilities of the individual and their family
3. Working in partnership - Professionals are respectful of the expertise of the person and their family and accountable to them for their work
4. Committed and flexible - Professionals do not abandon people when times get tough, they stick with it and figure out the best solutions, changing things quickly to get it right.

5. Creative and resourceful - Support solutions are identified that build on the person's real wealth and the resources of their community.

<http://www.centreforwelfarereform.org/uploads/attachment/586/progress-on-personalised-support.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>

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