



**From the IIMHL and IIDL Update List**

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**Welcome to this bi-monthly edition of Update 15 December 2017**

IIMHL organises systems for leaders to share innovations, network and problem solve across countries and agencies. The overall aim is to promote mental health and well-being for everyone. This includes developing leaders who can create the best possible conditions for mental health in all sectors across the life-span. Equally, it includes developing leaders who can deliver the best possible outcomes for people who use mental health and addictions services and their families.

**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.**

**IIMHL & IIDL Leadership Exchange 2018  
Stockholm, Sweden, May 28 - June 1**



**IIMHL & IIDL 2018  
Building Bridges  
Beyond Borders**

**REGISTER NOW!**

**<https://iimhl.se>**

## **NEW IIMHL VIDEO**

### **The Value of IIMHL from a Canadian First Nations Perspective**

To view this short video:  
[https://youtu.be/iG-cq\\_xJgA](https://youtu.be/iG-cq_xJgA)

**Rose LeMay** is the Chair of the Wharerātā Group and  
CEO, Indigenous Reconciliation Group, Canada

Rose describes the start of the Wharerātā Group in 2007 when indigenous leaders had the opportunity to discuss what was needed to promote indigenous health across countries.

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### **IIMHL Feature - Canada**

#### **Community Care for People with Complex Care Needs: Bridging the Gap between Health and Social Care**

International Journal of Integrated Care, 2017

There is widespread consensus that improving care for people with complex care needs requires integration of health and social care services. The need for such integration becomes more apparent at particular points of a person's care journey, especially as they transition from one care site to another. For example, when preparing for hospital discharge, the mobilization of both health care services (such as nursing or home physiotherapy) and social care services (such as assistance with instrumental activities of daily living or making adaptations to the home environment) may be required to support ongoing care needs. Failing to mobilize health

and social care in the community may result in a hospital discharge delay , and once discharged home could result in hospital readmission.

<https://www.ijic.org/article/10.5334/ijic.2944/>

## **Other IIMHL Articles of Interest: Canada**

### **Citizenship and Health: What role can citizenship play in the social determinants of health?**

Wellesley Institute, Anjum Sultana, June, 2017

In 2017, the Canadian government announced that to stay globally competitive and to ensure stable population growth, it would aim to accept approximately 300,000 permanent residents, and that this target of 300,000 would become the new baseline. With such high rates of immigration, the Canadian government and local institutions have been keenly interested in ensuring that newcomers are able to thrive, succeed, and integrate into Canadian society. While there are many competing factors to ensuring one can thrive upon immigrating to a new country, one of the ways to promote newcomer integration is through the acquisition of citizenship. Becoming a citizen allows a person greater access to resources and opportunities that can lead to improved economic and social inclusion in society.

<http://www.wellesleyinstitute.com/wp-content/uploads/2017/06/Citizenship-and-Health.pdf>

### **Options for Improving Access to Counselling, Psychotherapy and Psychological Services for Mental Health Problems and Illnesses**

Mental Health Commission, June 2017

The main purpose of this paper is to help advance the discussion of the options for increasing access to counselling, psychotherapy and psychological services for mental health problems and illnesses. It is important, however, to begin by briefly reviewing the abundant, and widely-accepted, evidence in support of the benefits that would flow from improved access to these services.

[https://www.mentalhealthcommission.ca/sites/default/files/2017-07/Options\\_for\\_improving\\_access\\_to\\_counselling\\_pschotherapy\\_and\\_psychological\\_services\\_eng.pdf](https://www.mentalhealthcommission.ca/sites/default/files/2017-07/Options_for_improving_access_to_counselling_pschotherapy_and_psychological_services_eng.pdf)

### **Mental Health Innovations in Canada**

On November 15, 2017, the Mental Health Commission of Canada and the Public Health Agency of Canada – in partnership with the International Initiative for Mental Health Leadership – hosted an event celebrating Mental Health Innovations in Canada at the Canadian Embassy in Washington, DC. Canada showcased trailblazing work in the areas of stigma, workplace mental health, public health innovation and trauma informed care. Key issues and barriers were discussed, along with learnings and best practices. With more than 75 international mental health leaders from eight countries in attendance, it was a day of tremendous knowledge exchange and relationship building.

### **Frayme - Website**

Frayme is a network aimed at transforming youth mental health and substance use (YMHSU) systems in order to ensure that youth in Canada and around the world

receive the right care at the right time from the right provider. The network officially launched on June 6, 2017.

Frayme was created to ensure that young people everywhere benefit from the latest knowledge in youth mental health and substance use care.

We have the latest evidence, best practices, and smart policy; but without a common platform to share this knowledge, and support its use, countries continue to reinvent the wheel. Instead, let's come together to co-create the future of youth mental health care.

Our network involves 100 partners, 25 universities, nine countries, and five foundations, all invested in a future where young people have access to the care and support they need to thrive.

<http://www.iimhl.com/files/docs/20171024.pdf>

website: <https://www.frayme.ca/>

## **IIDL Feature - USA**

### **Washington First for IIDL in the United States**

On Tuesday, October 10, 2017 IIDL hosted a very successful one-day 'by invitation' symposium on services transformation in Washington DC. We were delighted to have six nationally recognized disability rights organizations serve as co-sponsors:

- AAPD (American Association of People with Disabilities)
- AAIDD (American Association on Intellectual and Developmental Disabilities)
- Center for Public Representation
- NCIL (National Council on Independent Living)
- NDRN (National Disability Rights Network)
- TASH

The symposium was coordinated by a planning committee comprised of Fran Silvestri, Michael Kendrick, Aaron Bishop and Lynnae Rutledge and was held in the fully accessible conference room of the US Access Board and the National Council on Disability in the heart of downtown Washington DC. We had 25 disability policy issue experts that registered for the event.

The one-day event provided an opportunity to share an international example of systems transformation (Australia's National Disability Insurance Scheme), to introduce IIDL to Washington DC based organizations and federal agencies and to start to form partnerships that will hopefully lead to active international partnership by the US in IIDL.

Our sincere thanks to IIDL colleagues Eddie Bartnik and Anne Skordis for their informative and interactive presentation on Australia's NDIS. For many of the participants, this was their first in-depth introduction to this unique international example of whole system transformation and as importantly, to participate in a one-day IIDL learning exchange.

NDIS is a unique international example of whole system transformation in Australia. The NDIS reframes disability supports as insurance, not welfare; tailors supports based

on functional needs and facilitates individual choice and control. The program commenced operations on July 1, 2013 with trials across Australia. When the comprehensive program is fully implemented in 2019-2020, there will be around 460,000 participants and government spending on disability would have doubled to around \$22 billion. ([www.ndis.gov.au](http://www.ndis.gov.au))

The Symposium offered the opportunity for robust and candid engagement with colleagues from Australia, provided an opportunity to introduce IIDL to nationally recognized disability policy issue experts and built the foundation to form partnerships with key organizations and leaders from across the United States. Planning is now underway to host an IIDL Learning Exchange and Network Meeting with IIMHL in September 2019 in Washington DC.

**Fran Silvestri**

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**We wish you all a wonderful and safe holiday season and hope that you have the opportunity to enjoy some relaxation and time with your families.**

**The next issue of IIMHL Update will be 15 January 2018**

General enquiries about this Update or for other IIMHL information please contact Erin Geaney at [erin@iimhl.com](mailto:erin@iimhl.com).

**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.*

