



From the IIMHL and IIDL Update List

Welcome to this bi-monthly edition of Update 30 March 2019

IIMHL and IIDL organise 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 and well-being 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, addiction and disability support 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.

We would be delighted if you would join us on Facebook and Twitter.

Washington DC IIMHL & IIDL Leadership Exchange 2019 **September 9 - 13** **Leading the Way Forward: Access, Accountability and Action**

Registration for the 2019 Leadership Exchange is now open! This five-day event commences on September 9 with the two-day leadership matches being hosted across the US and Canada. This is followed by the Network Meeting, which begins with the welcome reception at the Capital Hilton, Washington DC, at 6.00pm on Wednesday September 11, and continues on Thursday September 12 and Friday 13.

Please note that seats are allocated by country and preference for attendance at the Network Meeting will be given to those who have attended a leadership match.

To register and select a match - see Washington DC tab at top of both pages:

- IIMHL members - www.iimhl.com
- IIDL members - <http://www.iimhl.com/iidl-homepage.html>

To view the DRAFT Network Meeting Program:

(http://www.iimhl.com/files/docs/2019_Program.pdf)

To book accommodation in Washington, DC:

<https://book.passkey.com/go/IIMHLSepember2019>

For those travelling from outside of the US and Canada, you will need to apply for a visa to visit the US: <https://esta.cbp.dhs.gov/esta/>

For those travelling to Canada for a match, you will need to apply for an Electronic Travel Authorization (ETA) or visa, unless you hold a valid US Passport:

<https://www.canada.ca/en/immigration-refugees-citizenship/services/visit-canada/eta.html>

Canadian citizens living abroad (including dual citizens) require a valid Canadian passport to enter Canada. See:

<http://www.cic.gc.ca/english/helpcentre/answer.asp?qnum=1100&top=16>

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IIMHL Feature - International

Be the Change: Ensuring an effective response to all in psychiatric emergency equal to medical care October 2018

Recommendations from the first international summit on urgent and emergency behavioural healthcare

RI International & NHS Clinical Commissioners, UK, October 2018

The ten recommendations -

Fundamental to the recommendations is the view that change is possible, and change is needed. It became clear, as the summit progressed, that a tremendous opportunity exists to immediately impact how systems and people care for those experiencing the most acute behavioural health needs in our communities, regardless of the country where they live.

The aim must be 100 per cent access to services in a behavioural health crisis and zero suicide in healthcare. The recommendations that follow were created at the summit and are intended to promote achievement of this aim.

To view this article in full:

[https://gallery.mailchimp.com/c4f6b2fca0e12e49c424dea9f/files/9172bb66-5486-4656-ad40-074af7e3a2a8/Be the change.pdf?utm_source=General+Subscription&utm_campaign=e5e17c9f77-EMAIL CAMPAIGN 2018 07 11 09 00 COPY 01&utm_medium=email&utm_term=0_2bcd693428-e5e17c9f77-237768285](https://gallery.mailchimp.com/c4f6b2fca0e12e49c424dea9f/files/9172bb66-5486-4656-ad40-074af7e3a2a8/Be%20the%20change.pdf?utm_source=General+Subscription&utm_campaign=e5e17c9f77-EMAIL%20CAMPAIGN%202018%2007%2011%2009%2000%20COPY%2001&utm_medium=email&utm_term=0_2bcd693428-e5e17c9f77-237768285)

Other IIMHL Articles of Interest - International

Global, Regional, and National Burden of Suicide Mortality 1990 to 2016: Systematic analysis for the Global Burden of Disease Study 2016

Naghavi et al, BMJ Feb 2019

Using the estimates from the Global Burden of Disease Study 2016 to describe patterns of suicide mortality globally, regionally, and for 195 countries and territories by age, sex, and socio-demographic index, this study describes trends between 1990 and 2016. Conclusions reached were that age standardised mortality rates for suicide have greatly reduced since 1990, but suicide remains an important contributor to mortality worldwide. Suicide mortality was variable across locations, between sexes, and between age groups. Suicide prevention strategies can be targeted towards vulnerable populations if they are informed by variations in mortality rates.

<https://www.bmjjournals.org/content/364/bmj.l94>

Global Status Report on Alcohol and Health 2018

World Health Organization, 2018

This report presents a comprehensive picture of how harmful alcohol use impacts population health, and identifies the best ways to protect and promote the health and well-being of people. It also shows the levels and patterns of alcohol consumption worldwide, the health and social consequences of harmful alcohol use, and how countries are working to reduce this burden. While less than half of the world's adults have consumed alcohol in the last 12 months, the global burden of disease caused by its harmful use is enormous. Disturbingly, it exceeds those caused by many other risk factors and diseases high on the global health agenda. Over 200 health conditions are linked to harmful alcohol use, ranging from liver diseases, road injuries and violence, to cancers, cardiovascular diseases, suicides, tuberculosis and HIV/AIDS.

To read this article in full:

[http://apps.who.int/iris/bitstream/handle/10665/274603/9789241565639-eng.pdf?ua=1&utm_source=General+Subscription&utm_campaign=5ce98ce7e6-EMAIL CAMPAIGN 2018 07 11 09 00 COPY 01&utm_medium=email&utm_term=0_2bcd693428-5ce98ce7e6-265445865](http://apps.who.int/iris/bitstream/handle/10665/274603/9789241565639-eng.pdf?ua=1&utm_source=General+Subscription&utm_campaign=5ce98ce7e6-EMAIL%20CAMPAIGN%202018%2007%2011%2009%2000%20COPY%2001&utm_medium=email&utm_term=0_2bcd693428-5ce98ce7e6-265445865)

Reward Work, Not Wealth

Oxfam, 2018

Last year saw the biggest increase in billionaires in history, one more every two days. This huge increase could have ended global extreme poverty seven times over. 82% of all wealth created in the last year went to the top 1%, and nothing went to the bottom 50%. Dangerous, poorly paid work for the many is supporting extreme wealth for the few. Women are in the worst work, and almost all the super-rich are men. Governments must create a more equal society by prioritizing ordinary workers and small-scale food producers instead of the rich and powerful.

For this paper, Oxfam surveyed over 120,000 people in 10 countries, representing one-quarter of the world's population. To read this paper in full:

<https://www.oxfam.org.nz/sites/default/files/reports/Reward%20Work%20Not%20Wealth%20-%20Oxfam%202018%20-%20Full%20Report.pdf>

A Multicountry Updated Assessment of the Economic Impact of Fetal Alcohol Spectrum Disorder: Costs for Children and Adults

Greenmyer et al, Journal of Addiction Medicine, 2018

Thirty-two studies from 4 countries met the inclusion criteria. The studies reported the economic impact of FASD on health care, special education, residential care, criminal justice system, productivity losses due to morbidity and premature mortality, productivity losses of caregivers of children with FASD, and intangible costs. The economic estimates vary considerably due to the different methodologies used by different studies. The mean annual cost for children with FASD was estimated to be \$22,810 and for adults \$24,308. Residential costs for children with FASD were 4-fold greater than for adults with FASD.

To read this article in full:

https://journals.lww.com/journaladdictionmedicine/Fulltext/2018/12000/A_Multicountry_Updated_Assessment_of_the_Economic.10.aspx

Behavioural Science Around the World: Profiles of 10 countries

World Bank, 2019

This 163-page report aims to capture both the spread and form of behavioral science in 10 countries, selected based on being innovators or early adopters in the field: Australia, Canada, Denmark, France, Germany, Netherlands, Peru, Singapore, the U.S., and the UK. We hope that the experiences of these ten countries – including information on how public bodies within these countries are integrating behavioral insights, how they are working to apply behavioral insights, and how these behavioral functions have been structured and staffed – can serve as useful information for all those working to leverage behavioral science to improve society.

<https://apo.org.au/sites/default/files/resource-files/2019/03/apo-nid223781-1336726.pdf>

Addressing Anxiety and Depression - A Whole System Approach. Report of the WISH Anxiety and Depression Forum 2018

Institute of Global Health Innovation & MIND, 2018

This report describes evolving worldwide programs, initiatives and policies to prevent anxiety and depression also presents the case for a whole system approach to improve availability, access and quality of mental health care in a range of cultural contexts across low-, middle- and high-income countries (LICs, MICs, HICs). It provides an overview of the evidence base, best practices and innovations with a focus on:

- Stepped-care
- Collaborative care
- Task-sharing

<http://www.wish.org.qa/wp-content/uploads/2018/11/IMPJ6078-WISH-2018-Anxiety-and-Depression-181026.pdf>

7 Cups

Website, 2018

7 Cups is an on-demand emotional health service and online therapy provider.

To view more:

<https://www.7cups.com/about/>

IIDL Feature -

Blueprint for Complex Care: advancing the field of care for individuals with complex health and social needs

The National Center for Complex Health and Social Needs, The Center for Health Care Strategies and The Institute for Healthcare Improvement, Dec 2018

Complex care programs may be housed in many settings, ranging from healthcare clinics and health plans to community-based organizations and social service agencies. Because of the broad set of stakeholders who are providing complex care, there is risk of duplicating and siloing efforts, which may stymie progress. Knowing this, three organizations - the Camden Coalition of Healthcare Providers' National Center for Complex Health and Social Needs, the Center for Health Care Strategies, and the Institute for Healthcare Improvement - came together to create the Blueprint for Complex Care, a guide for advancing the field of complex care. We gathered diverse, far-reaching perspectives through reviews of published literature, interviews, surveys, and an expert convening to develop a comprehensive understanding of the current state of complex care, and to shape our recommendations strengthening the field. Eleven recommendations for change were made.

Please note you have to register to get access via IHI.

<https://www.nationalcomplex.care/our-work/blueprint-for-complex-care/>

Other IIDL Article of Interest - Australia

Evaluation of the NDIS: Final Report

Kostas Mavromaras, Megan Moskos, Stéphane Mahuteau, Linda Isherwood with Alison Goode, Helen Walton, Llaine Smith, Zhang Wei and Joanne Flavel
National Institute of Labour Studies at Flinders University, Feb 2018

The National Disability Insurance Scheme (NDIS) has been one of the most important social policy innovations to have been developed and implemented in Australian history. For such a major social policy to commence through a large-scale trial, which is simultaneously evaluated in a rigorous manner by an independent body of experts, is the right course of action. It supports the prudent use of public resources and is also a manifestation of respect for the many thousands of people who make the NDIS, from the people with disability and their families and carers, to the dedicated carer and support providers and workforces, and with the arrival of the NDIS, to the new dedicated NDIA workforce. To view this document in full:

<http://apo.org.au/system/files/143516/apo-nid143516-732911.pdf>

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Join IIMHL / IIDL

Leaders in any sector that can affect the conditions for Mental Health and Addictions and leaders in Disability services can join IIMHL or IIDL free by using this link:

<http://www1.iimhl.com/Join.asp>

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