January 1 to December 31

2014 Annual Report

INTERNATIONAL INITIATIVE FOR MENTAL HEALTH LEADERSHIP

Lead the change you want to see: connecting leaders globally

Contents

1. Purpose of this report

The International Initiative for Mental Health Leadership (IIMHL) *(www.iimhl.com)* is a unique international collaborative that focuses on improving mental health and addiction services. IIMHL is a collaboration of eight countries: Australia, England, Canada, New Zealand, Republic of Ireland, Scotland, Sweden and USA.

IIMHL organises systems for international networking, innovation sharing and problem solving across countries and agencies. Effective leadership will promote the best possible outcomes for people who use mental health and addiction services and their families.

The International Initiative for Disability Leadership (IIDL) is a separately funded work programme within IIMHL that works to achieve the best possible outcomes for people with a disability.

The Leadership Exchange is a weeklong learning event, which is held every 16 months.

Knowledge transfer through IIMHL includes not only the Leadership Exchange, but also promotion of workshops/training/education, support of learning collaboratives and information dissemination *between* Exchanges.

This report is designed to give an overview of IIMHL activities for the twelve months January to December 2014. This includes the activities of Disability leaders who have been organising the IIDL work within IIMHL.

2. Chairperson's Report

2014 IIMHL Sponsoring Countries Leadership Group (SCLG) Chairman's Report

IIMHL is a dynamic platform for leaders working across all aspects of mental health. Our members include: *policy writers, service providers, consumers, carers, academics and NGOs* all of whom derive value and benefit. 2014 has been another extraordinary year for IIMHL, the enthusiasm and energy surges ahead as we continue to grow and attract new members.

IIMHL does more than simply introduce leaders to innovation and promising practices; it also plays a vital role in accelerating implementation. Through IIMHL, mental health leaders can connect directly with their peers, gain new insights and learn from the experience of their international counterparts.

Academic and research leaders are using IIMHL as a synaptic bridge as they extend from discovery to recovery. Service providers are finding more effective service models and linking with their peers to improve the pace of implementation. Consumers and families are taking new hope from their inclusion in service design and evaluation. IIMHL invites policy makers to peep over the horizon so that they can better anticipate future trends and incorporate new developments in mental health policies.

Driving innovation and change is a challenge, especially in human services. We need to be sure that the exciting new concepts are robust and effective before moving to full scale, national implementation. The faithful replication of effective strategies can present many obstacles, few of which will not have been encountered before. Working through IIMHL contacts, mental health leaders can avoid some of this complexity in leading change.

The word *change* can evoke very different reactions from those in leadership positions, for some it carries an implied criticism, for others it opens up boundless opportunities. IIMHL creates a safe and trusted space for leaders. Its format is informal yet effective and proves to be a very time efficient change agent.

IIMHL is about fostering an international cadré of effective and knowledgeable leaders in mental health.

The skilled leaders networked through IIMHL are highly valued by key decision makers in all member countries. Our membership includes many experienced and capable leaders who are willing to share their knowledge. It is this generosity that makes IIMHL such a unique and effective force in modernising mental health care.

Many member countries are currently travelling through a period of austerity in challenging economic times. This demands difficult decisions from leaders working with constrained budgets. By fusing shared scientific evidence with the views of consumers, leaders can improve the quality and impact of their decision-making.

IIMHL draws its strength from a diverse range of sources, integrating the ideas and momentum from clinical, managerial, indigenous, consumer, organisational and business leaders. This inclusive approach has created a rich tapestry of understanding and knowledge within our organisation.

I would like to acknowledge the work of the IIMHL team. Under Fran Silvestri's tireless leadership, the organisation has grown both in scale and scope. Fran always brings an extraordinary energy and positivity to his work and seems to pollenate innovation wherever he goes.

When we look at the work rate of IIMHL it would be easy to assume that there is a massive back-office team. As Chair of the *Sponsoring Countries Leadership Group* I would particularly like to thank Erin Geaney, Janet Peters, Lorna Sullivan and Frank Collins for their hard work and good humour as they support IIMHL members across Australia, Canada, England, Ireland, New Zealand, Scotland, Sweden and the USA. On occasion, IIMHL has the help of Gregor Henderson and Ken Jue; and, IIDL has the help of Michael Kendrick.

The Leadership Exchanges in UK, Sweden and Ireland and the Combined Meeting were a great success. We received a genuine and warm welcome from our hosts at Old Trafford in Manchester. Delegates were treated to excellent presentations and interactive workshops on designing services that meet real needs, digital mental health, and early identification in psychosis, IKEN-MH and stigma. These exchange and networking events are now being supplemented by Webinars and collective Skype calls as more and more of our members embrace new technologies.

In June 2014 leaders joined with colleagues from Mental Health Europe, WHO, OECD, HSE, Mental Health Commission of Ireland and the Swedish Government in the Dublin Dialogues. This novel two-day meeting gave leaders time to reflect and imagine mental health in the future.

Since 2003 when IIMHL was established, we have seen many hopeful and encouraging developments in mental health across the globe, but we are also alert to new challenges. By working together, we can be better informed and face the future with confidence.

It has been my great privilege to chair the *Sponsoring Countries Leadership Group* through 2014 and I am optimistic that next year will be equally progressive.

IIMHL is your leadership network - take an active part in 2015.

Martin Rogan
Chair, SCLG IIMHL

3. President and Ceo's Report

I am delighted to have the opportunity to introduce our 2014 annual report. This past year has been very exciting as we continue to make good progress building collaboration between leaders within our eight Sponsoring Countries.

In 2014 we held our tenth successful Leadership Exchange with matches in England, Scotland, the Republic of Ireland and Sweden. After the matches our English colleagues hosted the Combined Meeting in Manchester at Old Trafford. The theme for the Leadership Exchange was *"Building International Learning Collaboratives for Leaders"*. Feedback on this Leadership Exchange was very positive with some terrific speakers including the Minister of Health Hon. Norman Lamb.

In 2014 IIMHL and its partner Mental Health Commission of Canada (MHCC) have continued to build the International Knowledge Exchange Network for Mental Health (IKEN-MH), which is an important mechanism for achieving IIMHL's core goal of knowledge exchange.

IIMHL has continued to assist in the rapid sharing between our nearly 3000 key leaders of innovations and creative ideas. Examples of innovations that have been shared as a result of IIMHL and IKEN-MH include the Canadian *Spark Training* which was presented in Sweden, the Finnish programme *Open Dialogue* which was the subject of a series of presentations at Substance Abuse and Mental Health Service Administration (SAMHSA) in the United States and a range of innovations presented in a lecture series hosted by the Center of Addiction and MH in partnership with MHCC in Canada.

In 2014 IIMHL continued to work with the Defense Centers of Excellence for Psychological Health and Traumatic Brain Injury (DCoE) USA who are facilitating a network with their colleagues in other IIMHL countries to share innovations that serve the members of the military and their families.

We are looking forward to the 2015 Leadership Exchange to be held from 21st to 25th September 2015. The overarching theme is *"Accelerating change towards mental health and well-being"*. Host sites will be held in Canada and the US with the Combined Meeting being held in Vancouver, Canada. Planning for the week is well underway, with an exciting list of matches and speakers. In addition there will be several additional meetings that will be held the week before.

We are very excited about Canada joining the International Initiative for Disability Leadership (IIDL) and the matches and themes on disability leadership and innovations will be an integral part of the 2015 Leadership Exchange.

IIMHL remains a very small 'virtual' organization yet our reach continues to grow. Our success relies on the participation of the leaders and organizations that have become part of the fabric of IIMHL and IIDL. Together we offer a conduit to find colleagues and share ideas so that we all continue to improve what we do. The economic situation has convinced us it is critical we learn about innovations by expanding our curiosity and determination to find out how we can work better and more effectively.

Thanks to all of you who have contributed to IIMHL and IIDL's success in 2014 and we look forward to continuing to build more effective leadership together.

Fran Silvestri
President & CEO IIMHL

4. IIMHL Vision, Mission and Goals

Our tagline: *'Lead the change you want to see: connecting leaders globally'*

The vision, mission and goals have been refined over time since IIMHL's inception:

Vision. *"We seek a future where everyone with a mental illness/mental health issue and those who care for them will have access to effective treatment and support from communities and providers who have the knowledge and competence to offer services that promote recovery."*

Mission. *To achieve its vision IIMHL provides an international infrastructure to identify and exchange information about effective leadership, management and operational practices in the delivery of mental health services. It encourages the development of organisational and management best practice within mental health services through collaborative and innovative arrangements among mental health leaders.*

Goals.

- *Provide a single international point of reference for key mental health and addiction leaders*
- *Strengthen workforce development and mentoring of mental health and addiction leaders*
- *Identify and disseminate best management and operational practices*
- *Foster innovation and creativity*
- *Expand the knowledge of:*
  - *Building community capacity*
  - *Implementing best practices for consumer recovery*
  - *Expanding methodologies for integration with other health and social systems*
- *Promote international collaboration and research*
- *Provide assistance to international organizations such as the World Health Organization (WHO), Organisation for Economic Development (OECD), the World Federation for Mental Health (WFMH) and sponsoring countries to build low and middle income countries to increase their ability to operate community based recovery systems.*

5. Brief History

IIMHL was initiated in 2003 by three countries (England, the United States of America and New Zealand). Additional sponsoring countries now include Australia, Canada, the Republic of Ireland, Scotland and Sweden.

In the beginning, the sole focus for IIMHL was on mental health, however during the second Leadership Exchange in Washington, the three founding countries agreed that IIMHL should remain open to opportunities to work with other related sectors such as substance abuse and learning disabilities.

In 2006 several disability leaders attended the Leadership Exchange in Scotland, and they decided to set up a work programme to develop IIDL. The intent was to offer disability leaders the same opportunities as IIMHL affords mental health leaders. The disability leaders agreed to initially utilise the same infrastructure as IIMHL, but to seek separate funding for the IIDL work programme. New Zealand, Australian Capital Territory (ACT), Ireland, and, more recently, Canada, currently sponsor the programme. Disability leaders continue to see value in shared learning between mental health leaders and disability leaders and in sharing infrastructure costs and so IIDL continues to operate as a work programme within IIMHL.

Leaders involved in IIMHL include government officials, CEOs and leaders of mental health, addiction and disability services (both governmental and non-governmental organisations), key decision-makers, funders, service users, family members, clinical and community workers, educators and researchers, indigenous peoples and people of other cultures.

There are nearly 3000 subscribers registered on the database representing 25 countries and over 1000 organisations and all receive the IIMHL / IIDL Update.

Since its inception, a major mechanism through which IIMHL achieves its purpose has been its international Leadership Exchanges, currently held every sixteen months. Leadership Exchanges are weeklong events. First, for two days leaders from sponsoring countries visit hosts with shared interests and participate in a jointly developed programme to support knowledge exchange. Then there is a two-day 'Combined Meeting' that both hosts and visitors attend. This meeting comprises presentations on topics of interest and further opportunities to exchange knowledge.

The first Leadership Exchange Combined Meeting was held in Birmingham, England in June 2003 and there have subsequently been nine further Leadership Exchanges. The three regions (North America, Australasia and the United Kingdom/Republic of Ireland) take turns hosting the Leadership Exchange. The tenth Leadership Exchange was held in the UK and Sweden with the Combined Meeting hosted in Manchester, England.

The Leadership Exchange continues to provide opportunities for shared learning, including peer feedback regarding

services, development of collaborative projects and research and provision of information about effective innovations and their implementation.

Over recent years IIMHL has expanded the range of other low-cost mechanisms for transfer of knowledge. By 2014 these mechanisms included IIMHL-sponsored visits by subject experts to member countries, webinars and videos. Work has continued on the International Knowledge Exchange Network for Mental Health (IKEN-MH) co-hosted by the Mental Health Commission of Canada and IIMHL. These knowledge transfer mechanisms are all described in greater detail later in this annual report.

6. IIMHL Structure

As of January 2010, IIMHL has operated as a 501(c) (3) US non-profit corporation. It has a small Board of Directors currently comprising five former Sponsoring Countries Leadership Group (SCLG) members who collectively have a long history with IIMHL. The Board has fiduciary responsibility for the fiscal and corporate functions and reviews the performance of IIMHL.

Each of the eight member countries identifies representatives to participate in the SCLG and pays a fee into a small fund to cover the administration and operations of IIMHL. The SCLG also includes the President/CEO of IIMHL.

The By-Laws for IIMHL specify the composition of the IIMHL SCLG and authorise the SCLG to choose the subject or theme for the Leadership Exchanges, and to provide suggestions and advice to the Board and President/CEO regarding the activities and expenditures of IIMHL.

In 2015 we will be organizing a Sponsoring Countries Leadership Group (SCLG) for the International Initiative for Disability Leadership (IIDL).

The President/CEO leads a small "virtual" international IIMHL office. A team of six part-time contractors provide administrative and operational support for IIMHL and IIDL, including support for the website and database. From IIMHL's inception, Mental Health Corporations of America donated support for IIMHL bookkeeping and auditing; however since 1 July 2012 IIMHL has entered an arrangement with an accounting firm to fulfill these functions.

Each sponsoring country nominates key people to liaise with IIMHL, and these people also contribute to the operation of IIMHL in various ways.

7. Benefits to Member Countries

According to the Institute of Medicine report, Crossing the Quality Chasm: *A New Health System for the 21st Century*,[1] the lag between discovering effective forms of treatment and incorporating them into routine patient care within the United States is unnecessarily long, lasting about 15 to 20 years. It is reasonable to assume that the delay is even longer for adoption internationally.

The IIMHL network affords a low-cost way to exchange knowledge rapidly between sponsoring countries and to thereby decrease this delay between identifying new and effective services and implementing them on a wider scale.

This has been particularly critical in recent years. In the face of economic constraint across all jurisdictions and countries, IIMHL and IIDL have provided an opportunity for participating countries to learn from each other about how to improve system performance including service quality and safety. Information has also been shared about ways in which countries are re-focusing expenditure on mental health, alcohol and other drug and disability services in order to ensure service effectiveness and value for money while at the same time living within their means.

Sponsoring countries shape the focus of knowledge exchange to ensure its value and relevance to them. The list below describes some areas of focus in 2014.

- More formal Knowledge Exchange processes
- The use of e-technology
- Clinical indicators/KPI's and outcome measurement
- Wraparound services for youth
- Trauma-informed care
- Elimination of seclusion and restraint
- Workforce development

Past adaptions of best practice by countries. The table below shows four of many examples that illustrate the way in which member countries adapt and locally apply what they learn.

1. Institute of Medicine Committee on Quality of Health Care in America (2001). *Crossing the Quality Chasm: A New Health System for the 21st Century.* Washington, DC: National Academies Press.

Knowledge Exchange Focus	Example of application of shared knowledge
Mental Health First Aid (MHFA)	IIMHL facilitated a connection between the US National Council of Community Behavioral Health Organizations and the University of Melbourne (originators of MHFA). In July 2013 the federal government added Mental Health First Aid to the Substance Abuse and Mental Health Services Administration's National Registry of Evidence-based Programs and Practices (NREPP), a searchable database of mental health and substance abuse interventions to help the public find programmes and practices that may best meet their needs and learn how to implement them in their communities.
Elimination and Reduction of Seclusion and Restraint	In 2005, IIMHL worked with the National Association of State Mental Health Program Directors to arrange visits to various cities in Australia and New Zealand in order to provide information about techniques to reduce seclusion and restraint. A national programme was rapidly established in New Zealand and as a result over 400 staff were trained in sensory modulation. Much work in New Zealand has been undertaken, see: *http://www.tepou.co.nz/improving-services/reducing-seclusion-and-restraint*. Many countries continue to strengthen their efforts in this area.
Milwaukee Wraparound	Wraparound Milwaukee, which pools funding from child welfare, Medicaid, juvenile justice and mental health budgets, has long been one of the nation's largest and most effective wraparound programs, serving 1,400 children and youth each year. With an annual budget of nearly $50 million, Wraparound Milwaukee has dramatically reduced the county's use of psychiatric hospital and residential treatment centers. *http://wraparoundmke.com/* Since 2010, IIMHL has facilitated presentations on Milwaukee Wraparound in Australia, England, the Republic of Ireland, Sweden and New Zealand and this has generated interest in all of these countries.
E-technology	All countries are interested in e-technologies with this being a focus both in past Leadership Exchanges and also in 2014. Canada particularly is promoting this work (as described later in this report).

8. Membership of IIMHL

When leaders join IIMHL, they have access to a global network through:

- The Leadership Exchange
- Participation in other collaborative activities
- Linking with international colleagues
- Access to '*Make it so*' which gives a summary of activities across the eight countries in a specific area (e.g. suicide prevention)
- Twice-monthly email bulletins (called IIMHL Update) which includes information on the latest Mental Health issues:
  - News
  - Research
  - Webinars on best practice

It is up to each leader to make the most of their learning experience by continuing connections with like leaders.

9. IIMHL Leadership Exchanges

The philosophy behind the IIMHL Leadership Exchange is that once key leaders are linked together, they have the opportunity to begin collaborating and building an international partnership. The aim is to build relationships and networks that are mutually helpful for leaders, organizations and countries. The benefits of such a collaborative effort will cascade down to all staff and consumers. These benefits could include:

- Learning about innovations and best practice
- Joint programme and service development
- Staff exchanges
- Sharing of managerial, operational and clinical expertise (e.g. in service evaluation)
- Research
- Peer consultation

Each exchange occurs in a different region: Australasia, North America or Europe, with one of the member countries from that region hosting the two-day Combined Meeting. The exchange process involves IIMHL with the host region matching leaders who share key topics of interest. Leaders may be government officials, provider organisations, planners and/or funders, researchers, leaders from indigenous or specific ethnic groups, family leaders or consumer leaders. The exchange starts with a two-day visit by leaders to one of a range of sites within the host region and is followed by the two-day Combined Meeting for all hosts and visitors.

Hosting of the tenth Leadership Exchange (2014). The 2014 Leadership Exchange involved England, Scotland, Ireland and Sweden hosting over 25 site visits for IIMHL and eight for IIDL. This was followed by the Combined Meeting in Manchester, England. IIDL was an integral part of the 2014 Exchange.

In 2014, the IIMHL operations team worked with an English project team to prepare for the 2014 Leadership Exchange. This work included:

- Identifying hosts and their chosen topics for the sites and providing information to potential visitors
- Supporting visitors to identify a site with a theme in which they had an interest
- Supporting hosts and visitors involved in each site to develop a programme that ensured that their collective learning needs were met
- Working with the Host Country Project Team to prepare the Agenda for the two-day Combined Meeting (with the theme of *'Building International Learning Collaboratives for Leaders'*)
- Organising the meeting venue, speakers and entertainment and arranging potential accommodation for meeting attendees
- Organising for some of the visiting experts to deliver workshops within the European member countries on topics of local interest

2014 saw further development of the trend over recent years away from small site visits involving leaders from similar organisations/roles to larger visits that are focused on a particular theme (e.g. children's services, workforce issues, indigenous people's issues, clinical leadership, service user developments, addiction, disability or outcomes). These theme-based exchanges enable the SCLG to target knowledge exchange in relation to key areas of current importance within their countries. Feedback from participants in these larger exchanges has been very positive. The SCLG formally adopted this theme-based approach when it met in March of 2013.

Continued knowledge exchange between Leadership Exchanges. Over the years since its inception, IIMHL has encouraged each leader involved in the Leadership Exchange to make the most of their learning experience by continuing connections with like leaders in the months between the Exchanges. The intent is that the benefits of such a collaborative effort will cascade down to all staff and service users. Potential avenues for collaboration include joint programmes and service development, staff exchanges, collaborative service evaluation, managerial, operational and clinical knowledge sharing, policy, research and peer consultation.

Planning for the 2015 21-25 September Leadership Exchange. Work is well underway for the 2015 Leadership Exchange with the theme being *'Accelerating Change Towards Mental Health and Well-being'*. A Canada and US planning group has been formed to work with IIMHL to organise the logistics and Combined Meeting programme in Vancouver. The combined meeting venue has been selected and most of the themes for the two-day visits have been agreed.

2017 Leadership Exchange. The next Leadership Exchange will be held: February/March 2017: Australia and New Zealand will host matches and the Combined Meeting will be held in Sydney, Australia.

Planning for 2017 is underway with a planning group from Australia, New Zealand and IIMHL established.

10. IIMHL Activities to Support Knowledge Transfer in 2014

Through all its activities, IIMHL aims to find best and promising practices and facilitates the rapid transfer of this knowledge between countries so that it can be applied through changing practice (service delivery). IIMHL's activities during 2014 are described below.

The International Knowledge Exchange Network for Mental Health. This is a joint venture between the Mental Health Commission of Canada and IIMHL that was launched in July 2012 and aims to provide technological support for collaborative theme-based learning in between Exchanges. This will increase the opportunity for leaders to participate in shared learning irrespective of their attendance at the Leadership Exchanges.

IIMHL Update. The IIMHL Update is a twice-monthly email that includes information on the latest Mental Health and Disability:

- News
- Research
- Policy Documents
- Webinars on best practice

Examples of key best practice documents shared via the Update in 2014 were:

USA	• Leading Change 2.0: Advancing the Behavioral Health of the Nation 2015–2018 • Trauma and "Trauma-Informed" Care • New trauma-informed law in Vermont is based on the Adverse Childhood Experiences (ACE) work in the US
England	• Promoting Health, Preventing Disease: Is there an economic case? • How to commission better mental health and wellbeing services for young people • Closing the Gap
Scotland	• Briefing to the Scottish Parliament Mental Health in Scotland 2014
New Zealand	• The Physical Health of People with a Serious Mental Illness and/or Addiction: An evidence review • Growing Up in New Zealand: Vulnerability Report 1: Exploring the Definition of Vulnerability for Children in their First 1000 Days • Effective parenting programmes: A review of the effectiveness of parenting programmes for parents of vulnerable children
Australia	• National Mental Health Commission, 2013: A Contributing Life, the 2013 National Report Card on Mental Health and Suicide Prevention • At Ease (Website for army personnel) • Growing Older, Staying Well: Mental health care for older Australians, a SANE Report • Expertise and Public Policy: A conceptual guide
Canada	• Mental Health Commission of Canada - Recovery Declaration • A Foundation for Online Knowledge Mobilization in Child and Youth Mental Health Synthesis Report • Why Can't Canada Spend More on Mental Health? • Guidelines for the Practice and Training of Peer Support
Sweden	• Family Centre in the Nordic Countries – A meeting point for children and families 2012

Other international reports shared in IIMHL Update were:

World Health Organisation (WHO) documents included:	• Suicide Prevention: A global imperative • Mental Health Action Plan 2013-2020 • Social Determinants of Mental Health
OECD documents included:	• Making Mental Health Count: The Social and Economic Costs of Neglecting Mental Health Care • Mental Health and Work: United Kingdom
United Nations	• World Happiness Report 2013
European Union	• Mental Health Systems in the European Union Member States, Status of Mental Health in Populations and Benefits to be Expected from Investments into Mental Health

"Make it so" newsletter for key leaders. Occasionally, IIMHL prepares a newsletter for key leaders at high levels within each country to rapidly share the current state of international knowledge about a specific topic of interest. We have decided to make these publicly available:

In 2014 several documents were circulated:
- 2014 - March: Examples of Mental Health and Drug Courts Across IIMHL Countries
- 2014 - July: National Policies, Activities & School Resources for Suicide Prevention
- 2014 - August: National Policies, Activities & Resources Related to the Rights & the Reduction of Stigma & Discrimination

IIMHL-facilitated visits by subject experts. This is a mechanism through which leaders that have in-depth knowledge of a particular innovation or cost-effective service can present their expertise at low- or no-cost to the sponsoring region. In 2014 IIMHL supported many of these, for example:
- Ken Jue presented information about InShape and the New Hampshire comprehensive services plan for Infants, Children and Youth to leaders in Sweden.
- Dr Eva Serlachius from Sweden brought an international perspective to a National Health Service Confederation event on Mental Health & Digital Technology held in London, England.
- Bruce Kamradt visited the Centre for Addiction and Mental Health (CAMH) in Canada to present the Milwaukee Wraparound approach.
- Geoff Huggins and Ruth Glassborow visited Canada and the United States to make presentations on change management and the Scottish approach to Improving Access to Psychological Therapies.

Several more visits facilitated by IIMHL are planned for 2015.

11. Examples of Knowledge Exchange Activities in 2014

In addition to the IIMHL Leadership Exchanges, IIMHL facilitates the sharing of knowledge and innovations between and within sponsoring countries. Some examples where IIMHL assisted in new activities include:

Organisation for Economic Cooperation and Development (OECD). During 2013 initial meetings were held with the OECD to share information about the two organisations and to consider how they might cooperate in the future. In 2014 OECD staff attended the 'Dublin Dialogues' meeting in Dublin after the 2014 Leadership Exchange. This meeting was to look at future mental health and substance abuse strategies.

WHO. With IIMHL assistance, WHO invited Certified Peer Support Workers to join the Global Practice Network for the ICD-11 revision. WHO staff also attended the Dublin Dialogues meeting in June 2014.

Yale University. IIMHL sponsored an international meeting of mental health system leaders with lived experience of recovery hosted by Yale University to discuss strategies for the development of leadership among persons with lived experience to enhance mental health system transformation.

Military learning. Since 2011, the Defense Centers of Excellence for Psychological Health and Traumatic Brain Injury (DCoE) has led a military match as a part of the IIMHL Leadership Exchange. The group has included members from the Australian Institute of Family Studies, Canadian Mental Health Commission, Canadian Defense, UK Royal College of Psychiatry and Royal Air Force, and participants from New Zealand, the US Department of Defense, Department of Veterans Affairs, Department of Health and Human Services, and SAMHSA. The work of the group has centered on the mental health needs of rural and remote service members and their families. The RAND corporation recently published a US study that supported the focus of this group, sponsored by DoD/DCoE. Future focus will likely include use of telehealth and technology to address unmet needs of rural and remote mental health populations.

Child and Adolescent Mental Health Group. This is an ongoing group that has met over many years with a core group of attendees and new people also welcomed. The Werry Centre from New Zealand has offered in 2014 to host teleconferences with all the international colleagues from this group. The first one was in September 2014 and focused on 'Recovery Colleges for Child and Adolescent Mental Health".

New Zealand: Best practice videos. Te Pou produced three videos and IIMHL supported this process:

- **Clinical outcomes: the potential for benchmarking.** In these videos, Professor Harold Pincus (Columbia University) and Mark Smith (Te Pou) discuss how the use of outcomes is developing in innovative ways in New Zealand and internationally. *http://www.tepou.co.nz/library/tepou/iimhl-video-series-clinical-outcomes-the-potential-for-benchmarking*
- **Making it happen - Wraparound Milwaukee.** This video, kindly produced by Bruce Kamradt and his team in Milwaukee, shows how the Wraparound Milwaukee programme is creating positive outcomes for young people, their families and the community. *http://www.tepou.co.nz/library/tepou/iimhl-video-series-making-it-happen-wraparound-milwaukee*
- **Personalisation: Can it apply to mental health?** Rob Grieg (chief executive officer, National Development Team for Inclusion in England) talks about what personalisation means and how it is used in England. *http://www.tepou.co.nz/library/tepou/iimhl-video-series-can-personalisation-apply-to-mental-health*

12. Clinical Leads Project

The project, *"Measuring Quality of Mental Health Care: An International Comparison"*, was initiated by a group of clinical experts under the auspices of the International Initiative for Mental Health Leadership (IIMHL). Led by Columbia University in New York, the project is currently in its third phase and aims to raise awareness amongst clinicians and policymakers regarding the quality of care of mental health systems and, ultimately, to be able to compare system performance across countries to inform initiatives for transformation of mental health services. Participating countries include Australia, Canada, England, Germany, Ireland, the Netherlands, New Zealand, Scotland, and the US.

Activities undertaken in 2014 included:

Implementation of Phase III of the International Mental Health Indicator project.
Part A: Building on previous work done in Phase I and II, Phase III is focusing on pilot efforts to identify and collect data on a selected number of indicators that will be collectable by all participating countries.

To this end we initiated the collection and submission of actual data for a comparable time frame on a pilot basis.

Part B: Phase III is also seeking to identify a limited set of recovery oriented measures for quality improvement and accountability which could be implemented and collected across participating countries. To this end we conducted an international literature review (review of reviews) of existing recovery-oriented measures.

IIMHL Clinical Leaders Group meeting in England (June 2014). During the London meeting results of the preliminary data collection on selected mental health indicators *(Part A)* were presented and reviewed. Discussions focused on similarities and differences of indicator definitions across countries, differences in scope of data (national, regional, other level) and general availability of data. Meeting participants also discussed the inclusion of additional indicators for which countries are currently collecting data for further consideration. Collection and submission of actual information by participating countries is expected to conclude early 2015.

Meeting participants also discussed the results of an international literature review (review of reviews) of existing recovery-oriented measures. The group agreed on four recovery-oriented measures that examine the patient's perception of care to be included in a pilot test.

Next steps:

IIMHL Clinical Leadership Meeting – September 2015. Dr. Pincus who leads the IIMHL Clinical Indicator Project will be chairing the IIMHL Clinical Leaders Group meeting in New York in September 2015. The group will review and discuss the work completed in Phase III with particular focus on challenges to data gathering across countries, identification of gaps in data availability, and refinement of indicator definitions.

Next steps (2015). The group will also strategize about how to move closer to develop consensus for an overarching shared framework of potential core performance indicators and outcome measures and to overcome impediments to data collection and cross-country comparisons.

Another focus of the project will be to explore additional domains for quality indicators such as recovery.

and
A final report on both components of Phase III will be issued in December 2015.

Publications. So far, we have had 17 papers published summarizing the work of Phase I and II of the project.

New publications in 2014 included:
1. Article that describes and analyses the results of the Delphi process in Phase II of the project: Measuring the Quality of Mental Health Care: Consensus Perspectives from Selected Industrialized Countries, *Administration and Policy in Mental Health and Mental Health Services Research,* [Epub ahead of print]
2. Article which provides a brief summary of research highlights from papers that have come out of this project so far: Measuring Quality of Mental Health Care: An International Comparison; Int. J Environ Res Public Health. Oct 2014; 11(10): 10384–10389; *http://www.ncbi.nlm.nih.gov/pmc/articles/PMC4210985/*

A paper on alternative operationalizations of quality measures based on the results of the Delphi process (Phase II) will be submitted to Psychiatric Services (Best Practices column) shortly.

Manuscripts summarizing Phase III of the project, both Part A and Part B, are in development.

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13. International Initiative for Disability Leadership (IIDL)

Lorna Sullivan from New Zealand has written the following update for this area.

Development of the Initiative. The aim of the International Initiative for Disability Leadership (IIDL) is to help support current leadership and mentor future leaders through technical assistance, peer to peer discussions and provision of lessons learned and evidence-informed/best practices. This becomes of critical importance as we collectively begin to recognise that many of the current approaches to service provision for disabled people are not only unsustainable over the longer term, time has shown that they do little to advance the life opportunities and well-being of the people they are designed to support.

Benefits for Governments. As governments and government agencies seek to find sustainable alternatives to the current, traditional and prevalent approaches of collective, custodial care for disabled people, membership of the IIDL enables policy-makers and commissioners to connect with their peers in other countries struggling for common solutions. Active participation in this initiative provides a unique opportunity for leaders to learn from the experiences and challenges, to meet with international leaders from a wide array of stakeholders and to work co-operatively to adapt learning to their own situations. Sponsoring governments would strategically strengthen leadership skills in their own domestic sectors through the encouragement of leaders, families, disabled people, and senior executives, to join and play an active role in IIDL.

2014. The 2011 exchange in San Francisco was a watershed in the development of the IIDL leadership network. As a result we have seen a significant increase in membership, with there now being 213 members from six countries.

IIDL is a key part of IIMHL. IIDL continues to operate with very limited financial membership however, with the New Zealand, ACT state, Irish and Canadian governments continuing to be our only sponsoring countries. This does have the impact of limiting the amount of work we can

undertake. We are very fortunate to be so well supported by IIMHL and to have access to their resources to ensure the disability initiative is able to continue to flourish.

This year has seen considerable interest being expressed in the development of Sister Agency Networks, where agencies can formally or informally work together around issues of mutual concern and interest between exchanges. We now have forty-seven members who have joined five differently focused networks covering areas such as agency transformation, change agentry, provider quality, and family and disabled persons' leadership.

This approach increases the potential for international partnerships to develop through the aligning of leaders and innovators together to build a base from which evidence-informed practice can be showcased within the member countries.

The introduction of webinars has been a further very valuable addition to the ability of IIDL to continue to engage with our members. The ability to revisit these webinars on the IIMHL website further enhances their value.

The international relevance of networks such as IIDL and IIMHL are becoming increasingly important as governments across the world need to grapple not only with tightening fiscal conditions, but also with the increasing aspirations of disabled people and their families for full, meaningful and inclusive lives.

The ability of IIDL to promote thought leadership, practical application and learning, around the issues of service transformation and change, makes the network a very valuable asset for government policy-makers and provider agencies alike.

We are also now seeing the emergence of very strong leadership arising from disabled people themselves and their families. As a leadership network IIDL needs to expand its capacity to respond to the leadership agendas that are arising from the United Nations Convention on the Rights of People with Disabilities, the world wide movement towards individualised funding and self-directed services; all of which find their principal leadership from amongst disabled people and families.

The ability to meaningfully engage this rapidly emerging leadership is one of the challenges now for IIDL. Failure to successfully engage this group and the leadership agendas they bring will severely undermine our capacity to remain relevant into the future.

IIDL is well placed to take a lead now in bringing together the leadership issues for disabled people, families, agencies and governments in a way that recognises the respective strengths and contributions of all parties and provides a forum where joint action for change can be formulated.

We are now working with IIMHL and Canada and the US to finalise the 2015 Leadership Exchange. We are very pleased that Canada has joined IIDL and will be an active partner preparing for the 2015 Leadership Exchange.

IIDL 2014 examples of articles

Country	Topic
England	• Feeling down: Improving the mental health of people with learning disabilities • Green Light 2013 Toolkit
Australia	• Personal Networks • Becoming Clear about Achieving a Life with Others
New Zealand	• Putting People First: A Review of Disability Support Services • Performance and Quality Management Processes for Purchased Provider Services • Parents or caregivers of children with a disability have a voice in New Zealand • The 2013 Disability Survey • Making disability rights real • The Use of Personal Budgets for Employment Support
US	• Friends: Connecting People with Disabilities and Community Members • Loneliness is the Only Real Disability • The Importance of Belonging • What Really Matters - A Guide to Person-Centered Excellence • The Power of Visual Stories

Between Exchange IIDL activities.

Training with the S.T.A.R.S. (Seeking Talented And Resourceful Supporting-actors): A unique collaboration in New Zealand to match the best candidates to our children

Three New Zealand families with disabled children have joined efforts to launch a new initiative addressing the difficulty to find great staff to support people with high and complex needs. To bypass the difficulties created by a traditional hiring and training process, the families will come together for five consecutive weekends to meet with a pool of potential candidates. They will carry out collaborative training and team building activities that will afford both candidates and families to find a match based on real time common experience.

The initiative was borne out of one parent's 2014 International Initiative for Disability Leadership (IIDL) host experience. The match was called "Personal Budgets Self Directed Supports in England"; the host was an organisation called InControl; and the location was Wigan in England.

An introductory presentation by a local parent-led initiative developed into an invitation to a whole day parent colloquium with meetings with a wide section of the organisation and target audience that presented clear, unique outcomes and very happy families. Dr Janson said: *"This initiative is a direct outcome of my host experience at the last IIDL Leadership Exchange and of a current Consumer Leadership Development programme led by Manawanui. I'd also like to credit SPARK-NZ who guided me to develop the methodology we will be using to document the project". SPARK-NZ was developed from an International Initiative for Mental Health Leadership (IIMHL) linkage between the Mental Health Commission of Canada (MHCC) and Te Pou in NZ. This initiative is an example is the result of integrating IIMHL and IIDL innovations to benefit leaders from both the Mental Health/Substance misuse and Disability sectors."*

We are empowered to create positive change through the S.T.A.R.S. training based on the Let's get real framework *http://www.tepou.co.nz/letsgetrealdisability* foundational document to which we fully subscribe.

See more details on how the idea was developed in New Zealand at: *http://fasttrackinclusiontrust.blogspot.co.nz/2014/09/launching-creative-recruiting-idea.html*

See an interview with Caroline Tomlinson who successfully launched the idea in the UK, sharing her learning at: *http://fasttrackinclusiontrust.blogspot.co.nz/2014/06/my-life-inspiring-family-led.html#more*

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Website Index

INTERNATIONAL INITIATIVE FOR MENTAL HEALTH LEADERSHIP