1 January to 31 December

2019

IIMHL AND IIDL ANNUAL REPORT

Contents

IIHML successes in 2019

4611 members
across
25 countries
receive
IIMHL Update

23
IIMHL & IIDL Update's
were sent out
in 2019

1
Sponsoring Countries Leadership Group

9
Member countries
Australia, Canada, England, Republic of Ireland, New Zealand, Scotland, Sweden, the Netherlands, US

IIMHL Regional Leads:
Europe: *Steve Appleton*
North America: *Kathy Langlois*

IIMHL contributed to:
City Mental Health Alliance,
THRIVE development in Amsterdam,
Creation of Rural Mental Health Collaborative and
I-CIRCLE

2019 IIMHL Leadership Exchange:

432 attendees at Network Meeting
Of the 432, 135 were from the National Association of State Mental Health Program Directors (NASMHPD)

An additional 119 attended a Match only

30 Matches

IIMHL Country Liaisons
Australia: *Dr Aaron Groves (acting)*
Canada: *Formerly Nicole Zahradnik & Nicholas Watters, now Francine LaBossière & Wendy Hepburn*
England: *Steve Appleton*
Republic of Ireland: *Laura Molloy*
New Zealand: *Janet Peters*
Scotland: *Delina Cowell*
Sweden: *Fredrik Lindencrona*
The Netherlands: *Formerly Dung Ngo, now Marjonneke de Vetten-McMahon & Sabien Raams*
US: *Kathy Langlois*

IIDL successes in 2019

23
IIHML & IIDL Updates
sent in 2019

642 members
representing
23 countries

1 observer country:
The Netherlands

8 official member countries:
Australia, Canada, England, Republic of Ireland, New Zealand, Scotland, Sweden, US

2 countries have joined:
Scotland and US

1 Sponsoring Countries Leadership Group

2019 IIDL Leadership Exchange:

93 attendees at Network Meeting

An additional 19 attended a Match only

11 matches

The event evaluation for Washington IIDL 2019 indicated:

95%
rated relevance of content to their work as excellent or very good

92%
rated opportunity to network as excellent or very good

97%
reported being now being able to tap into international expertise in their work

15 unofficial countries

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, addiction and disability services. IIMHL is a collaboration of nine countries: Australia, England, Canada, New Zealand, the Netherlands, the Republic of Ireland, Scotland, Sweden and the United States of America.

IIMHL organises systems for leaders to share innovations, network and problem solve across countries and agencies. The overall aim is to promote improved mental health and wellbeing for everyone. This includes developing leaders who can create the best possible conditions for mental health in all sectors across the lifespan. It also includes developing leaders who can deliver the best possible outcomes for people who use mental health and addictions 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. To date the countries that are now members of IIDL are Australia, Canada, England, the Republic of Ireland, New Zealand and Sweden; and, more recently are Scotland and the US.

The Leadership Exchange is a week-long learning event, which is held every two years. Regional events are being piloted for the intervening years.

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

This report is designed to give a brief overview of IIMHL and IIDL successes, innovations and benefits for the 12 months January to December 2019.

	The Department of Health and Social Care (England) - IIMHL and IIDL
	The Substance Abuse and Mental Health Services Administration (SAMHSA) of the USA - IIMHL Administration on Community Living - IIDL
	The Mental Health Directorate of the Ministry of Health New Zealand (MOHNZ) - IIMHL Disability Directorate, Ministry of Health - IIDL
	The Scottish Executive (SE) - IIMHL and IIDL
	Health Service Executive, the Republic of Ireland (HSE) - IIMHL and IIDL
	The Mental Health Principal Committee (MHPC) - IIMHL National Disability Insurance Agency - IIDL
	The Public Health Agency of Canada - IIMHL Office of Disability Issues - IIDL
	The Swedish Association of Local Authorities and Regions and the Ministry of Health and Social Welfare, Sweden - IIMHL Swedish Agency for Participation - IIDL
	The Netherlands GGZ Nederland/Dutch Association of Mental Health and Addiction Care - IIMHL

2. President and CEO's Report

Fran Silvestri
President & CEO

I am pleased to introduce our 2019 IIMHL and IIDL Annual Report.

IIMHL remains a flexible, responsive, 'virtual' organization and our reach continues to expand. 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 for leaders to find colleagues and exchange ideas so that we all continue to improve what we do.

The high prevalence of people with mental health, addiction and/or disability issues has convinced us it is critical we learn about innovations by expanding our curiosity and strengthening our determination to find out how we can work better and more effectively. This challenges leaders to both prioritise those with the highest levels of distress and need; and to intervene early to avert future problems for infants, children and youth and for people with emerging issues.

We believe that future progress will be built on integrating our work, partnering with all those who are involved and to support international collaboration to quickly transfer innovations internationally.

In 2019 the IIMHL and International Initiative for Disability Leadership (IIDL) have continued to build on the success of the past sixteen years.

In 2019 we welcomed two new members to the International Initiative for Disability Leadership (IIDL), Scotland and the United States. We are excited about working with the Scottish Executive and the Administration on Community Living in the United States to expand the partnerships and collaborations between leaders who work in the disability sector.

In 2019 we held our 14th Leadership Exchange with matches in North America and our Network Meeting in Washington, DC. It was our fifth Leadership Exchange in North America.

We owe a debt of gratitude to our US hosts, in particular Brian Hepburn and Meighan Haupt from National Association of State Mental Health Program Directors (NASMHPD); Anita Everett and Tanvi Ajmera from Substance Abuse and Mental Health Service Administration (SAMHSA); and Michael Kendrick and Jennifer Johnson, the latter whom provided advice regarding IIDL matches and meetings. Special thanks to Kathy Langlois who was the project manager for the 2019 Leadership Exchange.

There is no doubt that the opening plenary in 2019 was probably the most powerful we have ever had with William Kellibrew's, Emily Ladau's and Tunchai Redvers' presentations - these three young international leaders shared important messages with all of the attendees.

Many of the matches were ongoing collaborations from prior Leadership Exchanges. The match of Indigenous leaders and the Wharerātā group met at the Smithsonian National Museum of the American Indian. This was a powerful continuation of this partnership that will return to New Zealand where it began in 2009.

The **I**nternational **CI**ty and Urban **R**egional **C**o**L**laborativ**E** (**I-CIRCLE**) has developed further this year. The match hosted by leaders in Toronto was attended by many colleagues working in cities and will be hosted by the city of Christchurch in 2021 when the Leadership Exchange returns to New Zealand and Australia. During the 2019 Leadership Exchange we were able to hold the first meeting of a collaboration for mental health leaders in rural and remote regions. This new collaboration has supported the innovative Orange Declaration whose development is being led by David Perkins and Luis Salvador-Carulla in Australia.

This past year saw the continued development of Liaison teams both in IIMHL and IIDL. In order to support that development, we have assigned regional lead roles for Kathy

Langlois in North America and Steve Appleton in Europe that will provide additional support to the national Liaisons and for leaders within IIMHL countries. This will help offer more opportunities for leaders to access IIMHL and IIDL events to meet colleagues. The IIDL support and development structure is in progressive development and will be further strengthened in 2020 to complement this regional focus.

Our Board and two Sponsoring Countries Leadership Group (SCLGs) decided to extend the time between Leadership Exchanges from sixteen months to two years, understanding the work to host a Leadership Exchange is requiring more time and to test the provision of regional events between Leadership Exchanges. In 2020 IIMHL and IIDL leaders are planning to pilot two regional events; one in Edinburgh, Scotland and the other in Sydney, Australia. This will allow more leaders to access time together in regions rather than waiting for a Leadership Exchange to return every four years. We are all very excited to learn from these two events. The IIDL support and development structure is in progressive development and will also be strengthened in 2020 to complement this regional focus.

I want to take this opportunity to thank Erin Geaney for her work with IIMHL and IIDL. Also to thank the IIMHL Liaisons (Janet Peters: New Zealand; Wendy Hepburn, and Francine LaBossière (previously Nicholas Watters and Nicole Zahradnik): Canada; Steve Appleton: England; Delina Cowell: Scotland; Laura Molloy: Republic of Ireland; Sabien Raams and Marjonneke de Vetten-McMahon (formerly Dung Ngo): the Netherlands; Fredrik Lindencrona: Sweden; and Kathy Langlois: USA; and, thank the IIDL leaders: Lorna Sullivan, Eddie Bartnik and Michael Kendrick. Frank Collins has continued to support IIMHL and IIDL with his technology skills, for which we are grateful.

Thank you for participating in IIMHL and IIDL and we look forward to continuing to work with global leaders to learn and share from each other.

Fran Silvestri
President & CEO
IIMHL & IIDL

3. Chairperson of the Sponsoring Countries Leadership Group Report

Anita Everett, Chair

In 2019, IIMHL continued to offer important opportunities for mental health and addictions leaders to share knowledge across their countries and organizations. North America was the site of the 2019 Leadership Exchange, with matches held in Canada and throughout the US. The National Association of State Mental Health Program Directors (NASMHPD) were an important partner to making the week-long event a great success.

Through the many matches held in the US, the issue of serious mental illness was brought into focus. This included matches on addressing mental health and substance use for serious mental illness and medication assisted treatment/medication supported recovery; comprehensive suicide prevention; crisis services and systems at the second urgent and emergency mental health care global summit; cognitive therapy for recovery focused on organization and individual change; and adults and co-occurring disorders in disabilities and mental health.

A number of new and innovative match topics were also hosted, namely: multicultural leadership frameworks for equity, diversity and inclusion in mental health; examining the opportunities for philanthropy to advance the mental health, substance misuse and well-being agenda; and knowledge exchange on mental health policy hosted by the American Psychological Association. One longstanding issue of importance to IIMHL has been that of linguistically appropriate care for deaf people, which we were pleased to see hosted by NASMHPD and Gallaudet University, a federally chartered private university for the education of the deaf and hard of hearing, located in Washington, D.C.

I especially want to recognize our Canadian partners for hosting Matches on the following topics: I-CIRCLE; population mental health promotion to build capacity for mental health promotion across sectors; changing attitudes and preventing stigma and discrimination; E mental health from innovation to implementation; and intermediary organisations to address how implementation can support improved accountability and action.

The 2019 Leadership Exchange also engaged youth leaders in a significant way and I want to take this opportunity to thank Youth MOVE National for their leadership in bringing together youth leaders with lived experience both at their match and for leading a provocative panel during the network meeting, which allowed IIMHL leaders to reflect on the engagement of youth going forward. Lastly, a discussion of the 2019 Leadership Exchange would be incomplete without mention of peer leaders and emerging leaders. Many thanks to our colleagues at the International Association of Peer Supporters and Yale University for hosting the Peer Leadership match, which is now well on its way to forming an ongoing collaborative that will meet again in New Zealand in 2021. I want to highlight the wonderful opening provided by three emerging leaders and I want to thank them for grounding us in the understanding of why we all do our work every day. I am pleased that they have each provided a quote to reflect on their experience during the 2019 Leadership Exchange.

I also want to mention another key group within IIMHL, in which I have the pleasure to participate, the Council of Clinical Leadership (CCL). The CCL meets annually face-to-face for a vibrant knowledge exchange on a range of topics from: the Lancet Commission on Global Mental Health - to School Mental Health - to Clinical Support Systems for Serious Mental Illness. Through this multi-disciplinary group, leaders make lasting connections and develop a network that allows them to reach out on issues they are confronting to a group of supportive allies that can assist with common challenges. It is a real pleasure for me to co-chair this group with Peggy Brown from Australia.

The CCL is but one example of many successful collaboratives that have been active in 2019, all by virtue of IIMHL and the provision of excellent opportunities for mental health and addiction leaders to come together to share their knowledge and experience. It has been a pleasure for me to Chair the SCLG and I look forward to passing the baton to New Zealand in advance of the Christchurch Leadership Exchange, March 1-5, 2021.

Anita Everett,
Chair, IIMHL Sponsoring Countries Leadership Group,
IIMHL 2019

William Kellibrew

"The IIMHL/IIDL Leadership Exchange in Washington, D.C. was one of the most engaging and foundational events I have attended. As a youth consumer of mental health services and now an adult, it was inspiring to have met passionate global mental health leaders - the kind of professionals who played a major part in my healing and recovery."

Emily Ladau

"Being surrounded by a community of likeminded people at the Leadership Exchange was a true bright spot in my activism journey. It's empowering to know that so many people are connected by their dedication to paving the way for disability rights across the globe."

Tunchai Redvers

"The IIMHL 2019 created a space for so many folks from across the globe, to come together to share and question the current state of mental health. I'm happy with the growing diversity and platforms given to young people and those with lived experiences - it is through them that we truly get a sense of the mental health landscape and what is most important."

4. IIMHL Vision, Mission & Goals

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

Vision. *"We seek a future where everyone with a mental illness/mental health, addiction and/or disability 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 and IIDL provide an international infrastructure to identify and exchange information about effective leadership, management and operational practices in the delivery of services. It encourages the development of organizational and management best practice within mental health, addiction and disability services through collaborative and innovative arrangements among leaders.

Goals.

- Provide a single international point of reference for key mental health, addiction and disability leaders
- Strengthen workforce development and mentoring of mental health, addiction and disability 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), and sponsoring countries to support low and middle income countries to increase their ability to operate community based recovery systems.

Youth Leadership Panel at the 2019 Network Meeting in Washington, DC

5. Brief history of IIMHL and IIDL

In 2003 IIMHL was established to assist in global learning as described above. Three countries were involved in the planning: England, the United States of America and New Zealand. Additional sponsoring countries now include Australia, Canada, the Republic of Ireland, Scotland, Sweden and the Netherlands.

In the beginning, the sole focus for IIMHL was on mental health, however during the second Leadership Exchange in Washington 2004, the three founding countries agreed that IIMHL should remain open to opportunities to work with other related sectors such as substance abuse and 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. Australia, Canada, England, New Zealand, the Republic of Ireland and Sweden all currently sponsor the work 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 attending the match on Access to Linguistically Appropriate Care for Deaf People: Best Practices.

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

There are nearly 5,000 subscribers registered on the database representing 25 countries and over one thousand organisations and all receive the IIMHL/IIDL Update.

Since its inception, the major mechanism through which IIMHL and IIDL achieves its purpose has been its international Leadership Exchanges, which were held every 15-18 months and will now be held every two years. 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. After a travel day, there is a two-day 'Network Meeting' that both hosts and visitors attend. This meeting comprises presentations on topics of interest and further opportunities to exchange knowledge.

More recently the concept of the Regional Exchanges is planned for 2020. They are being planned for Edinburgh, Scotland in May and then Sydney, Australia in June.

Past Exchanges. The first Leadership Exchange was held in Birmingham, England in June 2003 and there have subsequently been 13 further Leadership Exchanges. The three regions (North America, Australasia and Europe take turns hosting the Leadership Exchange. The 11th Leadership Exchange was held in Canada and the US with the Network Meeting hosted in Vancouver, Canada. The 12th Exchange was held in 2017 across Australia and New Zealand with the Network Meeting held in Sydney. The 13th Leadership Exchange was held across Europe with the Network Meeting held in Stockholm, Sweden; and, the 14th Exchange was held in September 2019 in the US and Canada with the Network Meeting held in Washington, DC.

Future Leadership Exchanges:

- **2020 No Exchange but two Regional Exchanges: one in Scotland in May and one in Australia in June. (Note that as of the publication of this report, both of these exchanges were indefinitely postponed due to the COVID-19 pandemic.)**
- **2021 Week of March 1st to 5th Network Meeting in Christchurch and matches across New Zealand and Australia.**
- **2023 Network Meeting in Amsterdam and matches across Europe are proposed.**

6. IIMHL structure

Since January 2010, IIMHL has operated as a non-profit organisation based in the United States. It had a small Board of Directors previously comprising former Sponsoring Countries Leadership Group (SCLG) members, who collectively had a long history of involvement with IIMHL.

The Board has recently gone through a refresh with the addition of new Board members: Geoff Huggins, Barbara Disley, Patrick Smith and Holly Echo-Hawk; and the retirement of Kathy Langlois, Ian McPherson and Janice Wilson.

The current Board membership is as follows:
- Bob Glover (Chair)
- Aaron Groves (Vice Chair)
- Martin Rogan
- Dennis Morrison
- Geoff Huggins
- Barbara Disley
- Holly Echo-Hawk
- Patrick Smith

(The former SCLG members were/are: Ian McPherson, Janice Wilson, Martin Rogan, Kathy Langlois, Geoff Huggins, and Aaron Groves). The Board has fiduciary responsibility for the fiscal and corporate functions and reviews the performance of IIMHL.

Each of the nine sponsoring 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 SCLG guides and provides advice on the program aspects of IIMHL, such as the Leadership Exchanges, and also functions as its own collaborative, for the exchange of knowledge about current challenges, successes and policy goals at the national level, in member countries.

In 2015 an SCLG for the International Initiative for Disability Leadership (IIDL) was formed.

The President/CEO leads a small "virtual" international IIMHL office. A team of six part-time contracted staff provide administrative and operational support for IIMHL and IIDL, including support for the website and database.

From IIMHL's inception until 2010, Mental Health Corporations of America donated support for IIMHL. IIMHL is grateful for MHCA's support as it allowed the organisation to strengthen and develop.

Leaders in Washington, DC at the Network meeting.

7. IIMHL Liaisons

Functions include:
- Assisting in planning for the Leadership Exchanges when it is in their region
- Acting as a key connector between leaders in their own country and IIMHL
- Disseminating innovations, new policy and best practice to leaders within their own country
- Obtaining information when it is required from a country official.

Examples of information collection undertaken by Liaisons for countries in 2019:
- For Australia
  - A Peer-led alternative to hospital admission: *http://www.iimhl.com/files/docs/20190724a.pdf*
  - Peer-led Services Brochure: *http://www.iimhl.com/files/docs/20190724b.pdf*
  - Homelessness speaker for TheMHS via Canada plus sent Canadian information to New Zealand
  - Examples of innovation in the built environment
- For a new 'Make it so" report
  - Liaison request to all countries on innovative ways to fund services (e.g. "Ringfencing" that has occurred in NZ) *https://www.iimhl.com/files/docs/Make_It_So/20191129.pdf*
- Brief search on I-CIRCLE and Healthy Cities work around the world.

8. Key points for 2019 from each IIMHL country Liaison

Dr Aaron Groves (Australia) writes:

In 2019, the Australian Government announced its intention to support a single, unified and integrated mental health system for all Australians that addresses the key areas of prevention, early diagnosis, mild to moderate treatment, acute treatment, and recovery.

In 2020, the Commonwealth and State and Territory governments commenced the process of renewing the current National Mental Health Policy. The following reforms have implications on this review.

Key documents are:
- The Australian Government published: Mental health services in Australia (MHSA). *https://www.aihw.gov.au/reports/mental-health-services/mental-health-services-in-australia/report-contents/summary-of-mental-health-services-in-australia*
  This provides a picture of the national response of the health and welfare service system to the mental health care needs of Australians. A range of indicators is shown as a "dashBoard". There are two overarching mental health indicator sets that measure the performance and progress of services across the mental health sector;
  - The Key Performance Indicators for Australian Public Mental Health Services
  - The National Healthcare Agreement Indicators

  A Mental Health Indicator Library has also been developed that contains a range of Australian mental health indicator sets that were developed over time to measure the performance of the mental health system. MHSA is updated progressively throughout each year as data becomes available.
- Mental Health Services in Brief 2019 is a companion document. It provides an overview

of key statistics and related information on mental health services, incorporating updates made to the online report over the 12 months to October 2019. The report draws on data from various sources. As such, the data reference year reported varies between topic areas. *https://www.aihw.gov.au/getmedia/f7395726-55e6-4e0a-9c1c-01f3ab67c193/aihw-hse-228-in-brief.pdf.aspx?inline=true*

- **The Productivity Commissions interim report Oct 2019.** Broadly, the priority areas for mental health reform in the Productivity Commission's interim report are consistent with recommendations in the National Mental Health Commission (NMHC) National Report 2019 and enhance the NMHC Contributing Life approach by:
  - ensuring prevention and early intervention services are improved
  - enhancing the mental health system across the stepped care approach
  - enhancing the peer workforce role
  - improving consumer experience and carer inclusivity and support
  - investing in services beyond health, including employment, housing and justice, in support of improved mental health and wellbeing
  - improving access to services and care coordination through funding changes
  - improving accountability through stronger governance and evaluation.

  The Productivity Commission has finished consultation and a final report due to Goverment in May 2020 with release after that. More details are available here: *https://www.mentalhealthcommission.gov.au/news/2019/october/nmhc-welcomes-pc-interim-report*
- **Royal Commissions in Australia.** There are several Royal Commissions underway in Australia, the results of which will have implications for Mental Health Services in the future.
  - The Royal Commission into Victoria's Mental Health System (which has released an interim report in 2019 and a final report is expected in late 2020)
  - The Productivity Commission inquiry (mentioned above)
  - The Royal Commission into Aged Care (including mental health care)
  - Royal Commission into Violence, Abuse, Neglect and Exploitation of People with Disability
- **National Mental Health Commission's Vision 2030.** By the end of 2020, the National Mental Health Commission will also develop a Roadmap for Vision 2030, which will identify the long-term strategies in investment, coordination, development and performance measurement required to achieve the Vision and meet goals and objectives for mental health.
- **Current national reforms as part of the Fifth National Mental Health and Suicide Prevention Plan (the Fifth Plan).** Several working groups will also feed into national work:
  - National Mental Health Workforce Strategy
  - National Digital Mental Health Framework
  - National Mental Health Research Strategy
  - Reducing Stigma and Discrimination Working Group
  - National Suicide Prevention Strategy
  - Aboriginal and Torres Strait Islander Mental Health and Suicide Prevention
  - National Drug Strategy.

Stephanie Priest, Francine LaBossière and Wendy Hepburn (Canada) write:

Suicide Prevention

- September 2019 saw the Mental Health Commission of Canada (MHCC) launch *Roots of Hope*, a 5-year Community Suicide Prevention Project to implement and evaluate proven suicide prevention interventions in eight diverse communities across Canada. The goal is to develop a greater understanding of suicide and its prevention in different community settings, bolstered by an evaluation of the project using an implementation science approach, as well as standard outcome measures. This information will be used to develop an evidence base, including best practices and suicide prevention guidelines and tools to support future implementation and scaling up across Canada.

Cannabis and Mental Health

- The MHCC has been working with partners to identify and assess the state of research on cannabis and mental health outcomes, and to identify research gaps and priorities. In particular, MHCC commissioned the University of Calgary to complete an environmental scan and scoping review of the state of the research on cannabis and mental health outcomes, including potential risks and benefits, and identify research gaps. Cannabis and Mental Health: Priorities for research in Canada

https://www.mentalhealthcommission.ca/sites/default/files/2019-07/Cannabis_mental_Health_Summary_july_2019_eng.pdf aims to guide the development of future research and policy development by drawing attention to knowledge gaps in the cannabis and mental health literature.

- MHCC also hosted a community-based research forum on cannabis and mental health. This highly-participatory forum brought together participants from across Canada, the majority of whom were people with lived experience of mental health and substance use, justice-system involvement and/or housing precarity or homelessness. Shaping Future Investments in Community-Based Research on Cannabis and Mental Health https://www.mentalhealthcommission.ca/sites/default/files/2019-10/Cannabis_Mental_Health_Research_Forum_Summary_oct_2019_eng.pdf offers a summary of the discussions.
- In October 2019, MHCC, the Canadian Centre on Substance Use and Addiction and Inuit Tapiriit Kanatami (ITK) hosted an Inuit led forum on Cannabis and Mental Health in order to exchange knowledge and identify research gaps and priorities. This event represented the start of developing an Inuit-specific cannabis and substance use agenda.
- The MHCC has also funded two, one-year Catalyst grants through the Canadian Institutes of Health Research (CIHR). The grants were awarded to the University of Montreal and the University of McMaster, which are conducting studies on the potential therapeutic benefit of cannabis and cannabidiol (CBD) on mental health outcomes. Research results will be available in 2020.

Stepped Care 2.0

- MHCC, the Government of Newfoundland and Labrador, and Dr Peter Cornish and the team at Memorial University conducted an E-Mental Health/Stepped Care 2.0 Demonstration Project over an 18-month time period.
- The stepped care model is an evidence-based approach to organizing the delivery of health care so that patients receive the least intensive treatment with the greatest likelihood of improvement. Care is stepped up or down depending on client need/preference and is continuously monitored. With Stepped Care 2.0, patients receive rapid, same day, flexible access to wellness and mental health resources, including e-mental health interventions, such as telehealth and phone apps.
- This rapid access approach aims to improve access to care and reduce or eliminate wait times. The outcomes of the demonstration project are promising, contributing to a reduction in wait times by 68 per cent, with some communities reporting no wait times. E-mental health and the results of the research demonstration project were featured at the IIMHL match in Newfoundland in September 2019.

The Mental Health Commission of Canada and the Government of Canada helped host four matches during the 2019 Leadership Exchange related to stigma, suicide prevention, e-mental health, and population mental health promotion.

- Participants in the match on ***Changing Attitudes and Preventing Stigma and Discrimination*** were involved in two evidence-based workshops, the first showcasing The Working Mind, a novel workplace program which features the Mental Health Continuum. The course teaches resiliency skills and uses contact-based education videos, and has been shown to reduce stigma and increase self-awareness. The second session featured a program called Cognitive Behavioural Interpersonal Skills or CBIS, which is designed to reduce stigma and increase the skills and confidence levels of primary care physicians and others who treat patients.
- Participants in the match on ***comprehensive suicide prevention*** shared their unique contexts and challenges regarding their national suicide prevention efforts, and looked at comprehensive community-based suicide prevention efforts, including for priority populations with higher rates of suicide (e.g., veterans, first responders, Indigenous populations).
- The match on ***e-mental health*** focused on how e-mental health solutions and technologies can help transform the mental health system, while improving access to care, when and where needed. Participants explored innovative e-mental health technologies, tools, and programs, with a focus on stepped care implementation and improved system integration.
- The purpose of the match on ***population mental health promotion*** was to bring together mental health promotion (MHP) leaders from across IIMHL countries to exchange knowledge and collaborate in areas of mutual interest. The match focused on integrating MHP into the mental health agenda, as well as into the broader public health agenda. It included discussions on building capacity for MHP and the

importance of an effective narrative for mental health promotion and mental illness prevention, supported by compelling evidence and data. Additionally, the match provided participants with the opportunity to learn more about bringing public health and mental health together to leverage impact across multiple sectors (such as early childcare and community outreach) and included site visits to community-based mental health promotion programs.

MHCC and Public Health Agency of Canada
Wendy Hepburn (MHCC) notes: MHCC staff participated in the IIMHL Child and Youth Teleconference in November by Emerging Minds, which featured a presentation from Brad Morgan and Nick Kowalenko from Emerging Minds Australia on their efforts and successes regarding their workforce development programme for children and families in Australia. The team here is looking to follow up with presenters for more in-depth information connecting to our incubation work on early childhood mental health.

Population health match in Toronto September 2019.

Steve Appleton (England) writes:

Following the publication of the English NHS Long Term Plan, additional resources and associated targets for improvements in children and young people's mental health services were published. These were followed by the publication of a new community mental health service framework. There has also been a renewed focus on improving services for those with learning disability, particularly on ensuring more community-based service options. The response to the review of the Mental Health Act conducted in 2018 is awaited, but it is expected that many of the recommendations made will be implemented.

IIMHL has continued to work closely with key leaders in England on workplace mental health. IIMHL supported a roundtable event with senior NHS leaders in London to discuss mental health in the NHS workplace. 2020 will see this work further developed in conjunction with partners including the Association of Mental Health Providers. Our work on workplace mental health more broadly has been complemented by our work with the City Mental Health Alliance, and this will continue in 2020.

IIMHL continued to work with English cities and regions on Thrive. The West Midlands, Bristol and London have all contributed to the I-CIRCLE network. Strong links have been made with colleagues in New York City, Stockholm, Amsterdam and Prague, and collaborative work is now taking place between these cities. IIMHL has been key to creating and sustaining these connections.

The past year has seen mental health and disability issues remain a high priority for the public, political leaders and the media. This has been reflected not only in the particular prominence of mental health in public debate, but also in policy and strategy imperatives. 2020 promises to be no different.

Janet Peters (New Zealand) writes:

New Zealand leaders are excited to be planning the 2021 IIMHL and IIDL Leadership Exchange! We have a host of innovations to share and look forward to learning from our international guests.

In New Zealand, the Ministry of Health and Te Pou o Te Whakaaro Nui were the two national agencies involved in leading New Zealand's contingent for the 2019 IIMHL and IIDL Leadership Exchange with matches in Washington, DC and across the US and Canada.

Learning obtained by New Zealand leaders via the Leadership Exchange will be published monthly by Te Pou. Examples are:
https://www.tepou.co.nz/initiatives/iimhl-and-iidl/11

Of particular importance in 2019 was the Government's response to He Ara Oranga: Report of the Government Inquiry into Mental Health and Addiction (He Ara Oranga), published in 2018. *https://mentalhealth.inquiry.govt.nz/*

He Ara Oranga presented an opportunity to hear the voices of community, people with lived experience of mental health and addiction issues, people affected by suicide and the sector on the changes needed to enable improved and equitable outcomes for those with mental health and addiction needs.

In its response to He Ara Oranga, the Government accepted, accepted in principle or agreed to further consideration of 38 of the 40 recommendations, which focus on equity of access, increased choice, community empowerment and system changes to support better outcomes, particularly for Māori and other groups with disproportionately poorer outcomes.
https://www.health.govt.nz/our-work/mental-health-and-addictions/government-inquiry-mental-health-and-addiction

New Zealand attendees in Washington, DC 2019.

Key documents related to the Government's response to He Ara Oranga are available on the Ministry of Health website. These emphasise the vision of a New Zealand where everyone can access mental health and addiction support that works for them, where and when they need it.
https://www.health.govt.nz/about-ministry/information-releases/release-ministerial-decision-making-documents/cabinet-material-inquiry-mental-health-and-addiction

To implement Government's response to He Ara Oranga, the Ministry of Health progressed urgent action on several key priority areas, including:

- the development of a national Suicide Prevention Strategy and Action Plan *https://www.health.govt.nz/publication/every-life-matters-he-tapu-te-oranga-o-ia-tangata-suicide-prevention-strategy-2019-2029-and-suicide*
- work to reform the Mental Health (Compulsory Assessment and Treatment) Act 1992
- the establishment of a Mental Health and Wellbeing Commission.

Improving mental health and addiction outcomes for all New Zealanders is a priority for the New Zealand Government, which is further reinforced by the Wellbeing Budget announced in May 2019. The Government invested a record-high $1.9 billion over four

years towards a mental wellbeing package, including $455 million to expand access and choice of primary mental health and addiction support.
https://www.health.govt.nz/our-work/mental-health-and-addictions/budget-2019-mental-health-wellbeing-and-addiction-initiatives#crisis

To ensure supports and services are easily accessible and responsive to diverse needs, initiatives are taking place in a range of settings, including schools, corrective facilities, general practices and within communities. Initiatives will be designed collaboratively with Māori, people with lived experience and communities.

There is also work to enhance responses for communities in emergency situations, for example through the collaborative psychosocial responses to the terror attacks in Christchurch on 15 March 2019 and the Whakaari - White Island eruption on 9 December 2019 which took a number of lives.

The future of New Zealand's mental health and addiction system will be one that places people and their families at the centre and provides a range of supports and services to suit the diverse population. Working together across agencies and with communities will be a key driver to transforming how New Zealand supports the mental wellbeing of all people in New Zealand.

We look forward to welcoming you to the 2021 Leadership Exchange!

Laura Molloy (the Republic of Ireland) writes:

The Health Services Executive mental health service continues to grow in 2019. The strategic development of services is informed by our national mental health policies A Vision for Change and Connecting for Life: Ireland's National Strategy to Reduce Suicide 2015-2020. A Vision for Change, Ireland's national mental health policy also underwent a review by an expert oversight group who completed a comprehensive report with a view to a refresh of the policy. The recommendations within A Vision for Change Refresh will provide a new and enhanced focus on the provision of integrated mental health services in Ireland in the future, building on successful developments to date including the expansion of community mental health teams and specialist interventions.

An independent review carried out in 2018 was published examining the extent to which the key actions of the strategy Connecting for Life Ireland's national strategy to reduce suicide are on-track to successful implementation by 2020. The review identified what is working well and where current challenges lie and helped set strategic priorities for the next two years and beyond for suicide prevention efforts in Ireland. In May, the National Office for Suicide Prevention commenced phase one of its training programme in suicide postvention, a new bespoke training programme for professionals supporting those bereaved by suicide. Other successful developments included the launch of Best Practice Guidance for Suicide Prevention Services which aims to support organisations to deliver high-quality, evidence-based suicide prevention services and is an important step in assuring quality in the provision of suicide prevention services.

The National Forensic Mental Health Service, including inpatient and in-reach prison services will be moving to a new modern and fit for purpose facility in 2020. This new facility will increase capacity of the services to 130 beds. Specialist mental health services are provided to serve a particular group within the population, based on their stage of life. Currently Child and Adolescent Mental Health Service (CAMHS) serve young people aged up to 18 years, general adult services for those aged 18 to 64 years and psychiatry of later life provides services for those aged 65 years and over. Mental Health also worked closely with the National Office for Social Inclusion in the development of pilot initiatives to engage and support service users within the homeless community, ethnic minorities asylum seekers and refugees, alongside specific initiatives to address issues relating to dual diagnosis.

Key developments in 2019 included:
- Implementation of a 24/7 contact line and crisis text line
- The development of peer support workers as part of the workforce across mental health services
- The implementation of low secure, high dependency rehabilitation services including a model of care for those with severe mental illness and complex presentations

- The introduction of a standardised physical health assessment across acute adult services including lifestyle assessment
- A number of acute mental health services have become tobacco free
- The implementation of an advocacy service for CAMHS
- The revision of National Guidelines for the Implementation of CAMHS
- Review and redevelopment of yourmentalhealth.ie, a national information portal for the general public on mental health
- The publication of HSE Clinical Programme for Early Intervention in Psychosis in June 2019
- The commencement of a third specialist regional team for Eating Disorders in line with the Model of Care serving CAMHS
- All Consultant Perinatal Psychiatrists are in place in each Hub site in line with the Model of Care. Additional multi-disciplinary teams of mental health clinicians were appointed to hub sites. Mental Health Midwives were appointed in hub and spoke sites
- Perinatal mental health information app was launched in December 2019
- The HSE Clinical Programme for ADHD in adults (Model of Care) was approved.

Steve Appleton (writes for the Netherlands)

The Netherlands formally joined IIMHL in January 2019, following a period where mental health leaders from across the country had engaged in a range of work with the organisation.

The Netherlands has contributed significantly to IIMHL over the past year and has also directly benefited from membership. This has been through direct connections with key leaders, opportunities to showcase innovation and best practice, influencing other countries' senior leaders and through developing partnerships to deliver new approaches. Leaders in the Netherlands have been involved in several important areas of work with IIMHL in the past year. Examples include:

A face-to-face meeting with leaders at SAMHSA, the federal mental health agency in the USA in relation to the Flexible Assertive Community Treatment (FACT) approach to community mental health care. This meeting enabled mental health leaders from the Netherlands to share the work being done, the outcomes from that work, and encourage the use of the model as best practice within the USA.

The developments in the Netherlands on the reduction and elimination of the use of seclusion in acute in-patient settings have been drawn upon by IIMHL member country leaders. In particular the learning and experiences of those who have led that innovation have been shared through IIMHL with mental health policy makers and service providers in England and the Republic of Ireland.

IIMHL and leaders in Amsterdam worked together to develop Thrive Amsterdam which launched in May 2019 following the development of connections with other Thrive programmes through IIMHL's I-CIRCLE collaborative. Colleagues from the Netherlands presented at the I-CIRCLE meeting during the IIMHL Leadership Exchange in Toronto during September 2019. This enabled senior leaders from over 12 countries to hear about and learn from the Netherlands' experience, as well as enabling them to make long-lasting connections that will result in knowledge exchange and best practice sharing.

Delina Cowell (Scotland) writes

The second review of the Mental Health Strategy 2017 - 2027 was published in November. The Strategy's central vision is of a Scotland where people can get the right help at the right time, expect recovery, and fully enjoy their rights, free from discrimination and stigma. Commitments delivered this year include the establishment of the Independent Review of Mental Health Legislation and a Review into the Delivery of Forensic Mental Health Services in Scotland.

Progress continues to be delivered through the Keys to Life Implementation Framework (Scotland's learning disability strategy) under four key themes – Living, Learning, Working and Wellbeing. This work represents important steps on the journey to

ensure that people with learning disabilities have their human rights respected and are able to live their best lives.

IIMHL has continued to work with Scottish Cities on Thrive. It has supported the ability for Glasgow to make strong links with London Thrive, Pittsburgh and NYC Thrive, with focus on design and development work in cities with increasing population and diversity. Scotland has also continued to contribute to the I-CIRCLE network.

The IIMHL and IIDL are working closely with Scotland to deliver the first Regional Exchange for members from Europe taking place in Edinburgh in 2020.

Mental health and disability issues are and will continue to be a priority in Scotland.

Fredrik Lindencrona (Sweden) writes

2019 has been a year of bringing sectors and actors together to try to approach mental health in a new way in Sweden. Understanding the potential contribution of many to this shared priority could in part be traced to the successful IIMHL & IIDL Leadership Exchange in 2018 and its topic "Building Bridges Beyond Borders" signaled a way forward. Nationally a process called "Kraftsamling för psykisk hälsa" ("Joining forces for mental health") has gathered more than 150 organizations (including national agencies, regional and local government, civil society and business).

These have engaged in and identified their potential contribution to the development of a wider approach to mental health and wellbeing across three strategic directions:
1) co-creating a society able to promote mental health and wellbeing;
2) providing people tools to cope; and
3) building a strong safety net for those in highest need.

In total these organizations have created more than fifteen new areas of collaboration in new partnerships across these three main directions. Nationally and in many regions, expansion of primary care-based mental health and psycho-social interventions is a key area of engagement.

Many organizations also came together to jointly start a new social movement that appeared for the first time in Almedalen (a festival week of political and civil society seminars during a week in the medieval city of Visby on the island of Gotland in the Baltic Sea). This process has now proceeded with cross-sector collaborative processes in the regions of Gotland, Östergötland and Stockholm.

The Region of Stockholm (the Capital Region) has kickstarted its work on a "Thrive-like" strategy between regional and local governments, the civil society and business. Backed by a panel of international "critical friends" drawn from I-CIRCLE cities and Regions and other colleagues from the IIMHL network with unique sectorial experience, this new strategy has been successfully initiated and is now a priority for the Region´s efforts to deliver on its long-term mandate to support growth and development for actors of the region.

Stockholm is the fastest growing Region in Europe and is keen to lead the international development of climate action and wellbeing for regions forward. Promotion of mental health and wellbeing needs to be considered as critical accelerators of such strategic objectives and this case will be continued to be built during 2020 with the political decisions taken for a ten-year strategy based firmly on Agenda 2030 and the Global Goals.

Kathy Langlois (US) writes

In 2019, the US hosted the IIMHL Leadership Exchange with matches throughout the US and Canada on September 9-10 followed by the Network Meeting on September 11-13 in Washington, DC. The overarching theme for the 2019 Leadership Exchange reflected current US and international priorities around leadership in the mental health, addictions and disability fields.

Dr Brian Sims, Kathy Langlois and Holly Echo-Hawk at the 2019 Leadership Exchange.

With the IIMHL/IIDL joint focus on leadership, the theme: "Leading the Way Forward" was meaningful in both the US context as well as in the broader international context. The theme also resonated strongly with international developments in the disability sector around access and social inclusion as well as the increased focus on individualised funding and personalised support. Many Match topics and the current international dialogue fit within at least one of the three sub-themes:

- Access is about ensuring availability of high-quality services and a focus on people with lived experience of mental health distress and disability;
- Accountability addresses systems and supports to ensure effectiveness and outcomes for people, families and communities; and,
- Action speaks to engaging all partners in all sectors and across the lifespan, in enacting meaningful change in creating healthy people in healthy environments.

The Leadership Exchange saw 30 IIMHL matches, 26 hosted in the US and 4 in Canada. Seven of the matches were peer-led, which is the highest number of any Leadership Exchange to date. With the US focus on serious mental illness, several new match topics were offered to address this area of interest.

Of note, is a new match topic hosted in the US during the 2019 Leadership exchange – on **Philanthropy: Advancing the Mental Health, Substance Misuse and Well-Being Agenda**. Working in partnership with the Centre for High Impact Philanthropy at the University of Pennsylvania, this match is now forming a new Philanthropy collaborative and is reaching out to additional philanthropy organizations to come on Board, with an exciting array of quarterly webinars planned for 2020. Many thanks to Tyler Norris, Tym Rourke, Yvonne Goldsberry, Ken Jue and Kristen Ward for their leadership with this new collaborative.

The Network Meeting provided increased opportunities to learn about the various matches as well as two engaging and inspirational Ted Talks that spoke directly to the theme of the Leadership Exchange. After an emotional beginning with the three youth leaders, Dévora Kestel, Director of Mental Health and Substance Abuse with the World Health Organization, spoke about Disruptive Innovation and Accountability and what could be learned from a global perspective. The closing Ted Talk by Tyler Norris, CEO of Well Being Trust helped to define action for Building Healthy Communities for Impact at Scale. Three panel discussions focused on international leadership, youth leadership and longstanding IIMHL collaboratives. Examples of US cultural expressions kept the meeting light but also focused on the value of arts and culture to healing.

At the Network Meeting: African American drummers, Holly Echo-Hawk, Co-MC and Carole Koha from New Zealand.

The evaluation of the 2019 IIMHL Leadership Exchange was quite positive. Eighty-eight percent rated the opportunity to network as a four or five, with five being excellent. Eighty-three percent rated the relevance of the content to their work as four or five, with five being excellent. The top three highlights of the IIMHL portion of the Network Meeting were:

- The value placed on diversity: Indigenous issues, cultural expression, youth issues, and women in leadership roles
- Lived experience presentations, especially to start the Network Meeting
- The breadth of issues addressed and many choices of sessions

Below is a word cloud that represents the one word that participants used to describe the IIMHL Leadership Exchange:

More information on the outcomes of the 2019 Leadership Exchange is available on the IIMHL and IIDL websites.

IIMHL match summaries *https://www.iimhl.com/2019-iimhl-match-summaries*

A video from the Network Meeting of leaders talking about how they benefit from IIMHL. *https://youtu.be/JqjgAHv7saE*

Washington, DC Network Meeting 2019.

9. Benefits to member countries

The lag between discovering effective forms of treatment and incorporating them into routine patient care within the United States is unnecessarily long. It is reasonable to assume that the delay is even longer for adoption internationally.

The IIMHL and IIDL networks offers 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 drugs, 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 IIMHL and IIDL knowledge exchange to ensure its value and relevance to them. The list below describes some areas of focus now and in the past:

- Indigenous peoples' issues
- Growing the peer workforce
- Addiction best practice
- Rural mental health
- Parity of esteem between mental and physical health
- Workforce development
- Healthy cities: City and Urban regional leaders
- Suicide prevention and crisis care
- Quality improvement
- The use of e-technology
- Clinical leadership
- Disability issues such as self-directed care and personalised budgets; and, the rights of disabled people
- Emerging and collective leadership in disability
- Military innovations

Past adaptions of best practice by countries. Below are seven (of many examples from IIMHL's past) that illustrate the way in which member countries adapt and locally apply what they learn.

- IIMHL helps to support Zero Suicide across IIMHL countries
- Primary mental health care is a key topic for many countries and New Zealand in particular are rolling out innovations in this area so that people get early care.
- The Wharerātā declaration for indigenous best practice has been used by several countries and was a focus at the 2019 Leadership Exchange
- Mental Health First Aid: this Australian training has been promoted by IIMHL and is used by several countries
- Elimination and Reduction of Seclusion and Restraint: The National Association of State Mental Health Program Directors in the US has developed an approach that is used in New Zealand and Australia among other countries
- Trauma informed care work has been led by the US, and in 2018 all IIMHL countries are now developing work in this area
- Child and youth best practice is formally shared among countries in an ongoing way
- Military research and innovations are a collaborative effort across countries.

10. Membership in IIMHL and IIDL

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

- The Leadership Exchange
- Participation in other collaborative activities
- Linking with international colleagues
- Twice-monthly email bulletins (called IIMHL/IIDL Update) which include information on the latest national mental health, addiction and/or disability issues:
  - Policy
  - News
  - Innovation
  - Best practices
  - Research
  - Webinars and videos on best practice
  - Websites
- A website which has information on the upcoming Leadership Exchange and other conferences and webinars.

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

"The IIMHL/IIDL newsletter is one I have valued throughout my time working in the field of wellness. I first attended an IIMHL meeting in 2009. As a community member I was not able to obtain the resources to attend for many years. In the interim the Newsletter allowed me to access information and resources from my own country as well as other countries to advance our work towards wellness and a healthy population.

I have shared both individual articles and the newsletter with others throughout the years. In 2019 I was once again honored to have participated in an IIMHL match and meeting. The newsletter has been a vehicle for continued connection as well as an excellent source of information and catalyst for innovation".

Shannon CrossBear
Pronouns: (She, Her, Hers)
Change Specialist, Connector of Narratives
Change Matrix, LLC

11. What IIMHL and IIDL doesn't do

IIMHL contributes to work across many countries but does not do the following:

- Policy development.... but we influence it by transferring knowledge that gets picked up and implemented
- Advocacy.... but we help those who do it by building leadership and change management skills
- Evaluation.... but we support it by creating learning collaboratives on such topics as benchmarking, metrics and outcomes
- Fund projects … but we disseminate results of others work.

Arpan Waghray, (Chief Medical Officer, Well Being Trust), Fran Silvestri, Robyn Shearer and Tyler Norris (CEO Well Being Trust) in Washington, DC September 2019.

12. IIMHL and IIDL Leadership Exchanges

The philosophy behind the 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
- Ongoing contact via email, teleconference or Skype
- Joint programme and service development
- Staff exchanges
- Sharing of managerial, operational and clinical expertise (e.g. in service evaluation)

- Joint research
- Peer consultation and review

Continued knowledge exchange between Leadership Exchanges. Over the years since their inception, IIMHL and IIDL have 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.

13. Wharerātā Group

Carole Koha and Tom Brideson note

The Wharerātā Group is an international network of Indigenous leaders working in mental health and addictions, who share a vision of the near future in which Indigenous peoples sustain their optimal health and wellbeing, and contribute to that vision through the strategic use of our Indigenous leadership influence on mental health and addictions systems.

In 2010, they published The Wharerātā Declaration , a proposed framework to improve indigenous mental health through state-supported development of indigenous mental health leaders, based on a new Indigenous leadership framework. *https://wharerata.net/wp-content/uploads/2018/03/UJLPS-6.1-Wharerata-Declaration- published.pdf*

In 2019 the Wharerātā Group in consensus chose two International Co-chairs, a man and woman, to share the leadership and responsibility: Thomas Brideson from Australia and Carole Koha from New Zealand.

In 2019 the Declaration is still being used to guide Indigenous activities across participating countries within the space of IIMHL. The benefits have been true collaboration between countries, sharing systems and strategies from a holistic approach which values partnership and collaboration and platform on the unique aspects of Indigenous leadership.

Indigenous peoples across the globe have benefited from the strong relationships and sharing of valuable knowledge, programmes, strategies and stories that have been made possible within the kinship of IIMHL.

We recognize that Indigenous communities carry both great strengths and trauma history. The Indigenous experience of assaults on cultural beliefs, language, and homelands has been a life disruptor for many Indigenous communities. However, the inherent strengths and wisdoms of Indigenous people, in addition to other supports, have been used in Indigenous mental health services to effectively restore balance and wellbeing. How do these positive and negative influences effect the recruitment and sustainability of new generations of Indigenous mental health leaders? What competencies are needed by today's Indigenous mental health leaders to sustain their role as providers of meaningful care? How can we best support training, supervision, mentoring and coaching?

The purpose of the Indigenous mental health leadership exchange was to address the strengths and challenges of Indigenous mental health and explore ways to nurture our current and future Indigenous behavioral health workforce. There was a concerted effort during the two days to focus on the How, as opposed to the What. In other words, the facilitated discussion encouraged the Indigenous presenters to describe How they achieved their successes (e.g. what relationships did they build, what role did partnerships have in their successes, how was the local Indigenous communities engaged, etc).

At the meeting in 2019, presentations and discussions included:

- the history of the Wharerātā Group and IIMHL partnership
- observations of Indigenous behavioral health trends and implications for Indigenous practitioners
- Māori workforce development and the emphasis on lived experience
- Indigenous training briefing by the Indian Country Child Trauma Center
- support for the Indigenous youth-driven We Matter Campaign
- the Indigenous grow-your-own behavioral health effort in Nebraska which created partnerships between tribal behavioral health and tribal colleges to mentor Indigenous high school students to join behavioral health as a career field
- In addition, participants learned of the U.S. Indian Health Service support for an educational loan repayment program for Indigenous behavioral health students, the planned expansion of the Alaska Behavioral Health Aide training model, and the University of Toronto

In 2019 the Indigenous Mental Health Leadership match was also joined by the Multicultural Leadership match for joint discussion of this question: Do leadership models in practice fit with Indigenous and minority populations?

Carole Koha,
Maori Aotearoa/New Zealand and
Tom Brideson
Kamilaroi, Australia
Co-Chairs Wharerātā Group

Leaders from the Indigenous Mental Health match and the Multicultural Leadership match in Washington DC 2019 at the National Museum of the American Indian.

14. Planning for the 2021 (March 1st to 5th) Leadership Exchange

The 2021 IIMHL & IIDL Leadership Exchange. New Zealand is delighted to be co-hosting this Exchange with Australia. We look forward to meeting our international colleagues and providing a wonderful learning experience! The theme is

"Valuing inclusion, resilience and growth".

Already we are underway with planning and will showcase a range of innovations with our Australian partners.

From New Zealand: Dr Janice Wilson, Robyn Shearer, Monique Faleafa and Janet Peters at the 2019 Leadership Exchange.

15. IIMHL Activities to support Knowledge Transfer in 2019

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 2019 are described below.

Military learning

The Defense Health Agency Psychological Health Center of Excellence in the US Department of Defense is the host for the IIMHL military match site. Led by Kate McGraw (Deputy Division Chief) since 2011, this ongoing leadership collaboration has focused on the mental health needs of service members and their families.

Accelerating Mental Health Care for Active Duty Service Members and Veterans across the Globe. The Military Issues Work Group match discussed similarities and differences in access and barriers to mental health care and the mental health impact of sexual assault (SA) and sexual harassment (SH) in the militaries of participating countries. The match explored the various ways each military addresses access and barriers to care, and sexual trauma sequelae, in order to meet the mental health needs of active duty service members, veterans, and their families. One of the objectives of the match was to identify topics of interest for the next collaborative project for the group.

There were 19 total participants, representing Germany, New Zealand, the Netherlands and the U.S. It was a diverse multi-disciplined group with leadership roles that included a psychiatrist, clinical psychologists, social workers, an epidemiologist, program managers, and outreach consultants. Most of the participants are working in non-clinical military settings with a few attendees from the public sector who serve active duty military and veterans. This multi-disciplinary approach allowed for a rich discussion and broadened viewpoints and different perspectives about the challenges faced in the military, and ways to address/mitigate these challenges via policies, programs, and initiatives.

Brief Summary: **On Day 1**, the participants discussed their countries' programs and initiatives that address access and barriers to mental health care. Participants shared common barriers to mental health care in their militaries, and how they address some of these barriers to promote access to mental health care. Some of the common barriers reported included stigma, fear of being perceived as weak, concerns about limited confidentiality and career impacts of seeking mental health care, limited knowledge of available resources, and policies. In the afternoon, the group visited the National Museum of Health and Medicine, which included a tour of the public galleries and special collections related to mental health in the military. **On Day 2**, the group discussed policies that address the impact of SA and SH in the military in each participating country, the challenges faced in responding to SA and SH events, and what programs and initiatives are available to support service members who disclose SA and SH. The participants then spent part of Day 2 brainstorming and identifying potential topics of interest for the next collaborative project and then shortlisted three topics, which will be sent out to the rest of the group members for their votes/inputs.

The game changer for this match was when the group discussed how each country's military mental health approach could potentially better leverage health care and non-health care professionals (to include peer supports) across the military and civilian community to increase access to mental health care and support for service members.

Participants shared information and challenges related to mental health policies on barriers and access to mental health care and SA/SH in the military, strategies on how to address the challenges via programs and initiatives, and ways to demonstrate leadership in military mental health care systems. By sharing perspectives and planning

for further engagement, the participants will learn what other countries are doing to manage similar challenges to inform their own approaches, and to enhance military mental health care activities in their countries. One of the participants indicated that using a mental health awareness campaign and social media "really seems to fill the gap for addressing barriers and access" to mental health care in their country. Other feedback from one of the participants was about how the match increased their awareness of the role of Peer Support Specialists as highly trained and certified professionals who can collaborate with the clinical team to augment peer support and reduce some of the barriers to mental health care in militaries across the world. The military match group will continue to collaborate on the common important topics identified by the group after the vote for prioritization has been completed.

Kate McGraw PhD
Deputy Division Chief
Psychological Health Center of Excellence,
Research Directorate (J9), Defense Health Agency, US

Collaboration on Rural and Remote Mental Health

Kathy Langlois reports

In 2019, IIMHL introduced a new Collaboration on Rural and Remote Mental Health. IIMHL is working with a coalition of rural and remote mental health leaders and the US National Association for Rural Mental Health (NARMH) to develop an international collaboration to understand best practices, including the potential of using Flexible ACT teams in the US as a means to enhance ACT concepts within rural settings. The next meeting of this coalition is planned to coincide with the 2020 NARMH annual conference, at which time several international leaders will make presentations on their work.

Child and Adolescent Mental Health Group

Dr Bronwyn Dunnachie from New Zealand gives this update for 2019

Kia ora,
As we come to the end of another year it is once again time to thank all of our international friends and colleagues from the Infant, Child and Youth Mental Health global sector who have contributed to our IIMHL meetings.

The IIMHL Child and Youth Group activity consists of the Match meeting, and three-four monthly Teleconferences open to all members of the IIMHL community.

The 2019 match, hosted at Yale University's Yale Child Study Center included presentations on a broad range of clinical and community focused child, youth and family mental health and well-being programmes offered by the Center, and local agencies and services, with many examples of service and programme delivery that met the diverse interests of the participants. The 10 participants come from five countries, and brought perspectives from Child and Adolescent Psychiatry, Workforce Development, Mental Health Commissioning, Family and Carer involvement, Mental Health Nursing, Funding and development. Participants had interest in, and/or responsibility for delivery across services and sectors (Primary and Secondary level services, and other agencies: justice, education and welfare).

The participation from a Family/Carer involvement agency (Tandem Inc, Victoria Australia) was a first for this match in recent years and provided an excellent opportunity to consider service delivery from the perspectives of families, encouraging co-design/co-production activity which includes families. An area of interest shared by everyone was the developments in primary level service delivery, and integration across services and sectors with access being a key issue. The range of perspectives contributed to rich discussion and learning.

Three examples of the many initiatives inspiring discussion presented by Dr Nathalie Szilagyi and her colleagues at the Yale Child Study Center were/are:

- Trauma Informed System Support (The Child Health and Development Institute of Connecticut-CHDI). CHDI has successfully implemented a range of processes aimed

at the development of a trauma informed system in the State of Connecticut.

- The Moms' Partnership: A programme supporting mothers experiencing depression receiving interventions such as stress management courses, parenting courses, vocational programmes and one-on-one coaching. Innovations in this programme include access for Mothers to a diaper bank in recognition that the prohibitive cost of diapers for some families creates significant stress. An evaluation identifies successes such as a 67% drop in parenting stress for participants of this programme, the doubling of part time employment and the decrease in depressive features. Access at supermarkets and other community locations is key to the programme's success.
- Access Mental Health: A programme offering access to Primary Care Physicians (PCPs) seeking assistance for young people presenting with mental health/well-being concerns. The Yale Hub Access Mental Health Consultation team are a multi-disciplinary group including a Peer Specialist who are on-call to provide support either via telephone or face to face to PCPs and triage of the young people and their families referred by their PCP. The Team's triage processes and relationships with other services enables timely access for young people experiencing well-being concerns. The Team's role includes primary and community level education for the professionals using the service on young people and well-being.

We extend a huge thanks to Dr Nathalie Szilagyi and colleagues at the Yale Child Study Center for hosting this excellent match.

If you are interested in attending a teleconference of the Child and Youth sub-group in 2019, please contact Bronwyn Dunnachie: *b.dunnachie@auckland.ac.nz* or Karin Isherwood: *k.isherwood@auckland.ac.nz*

Nga mihi

Dr Bronwyn Dunnachie
Senior Workforce Adviser
Werry Workforce Whāraurau
New Zealand

Council of Clinical Leadership (CCL)

Kathy Langlois reports

The purpose of the CCL is to provide an international network and community of practice for national clinical leaders. The CCL brings together multidisciplinary national country leaders who are charged with clinical responsibilities and those who operate with a line of sight on national clinical issues. The CCL includes all of the major disciplines in the mental health workforce, including consumer leaders who have had experience in supervision, organizational leadership and/or services planning. They come together to share knowledge and experience about emerging and promising practices that are of importance to the clinical perspective and that can support the effectiveness of their work at home.

Currently co-chaired by the US and Australia, the CCL has played an important role in both sharing innovations with others, but also gathering examples of good practice and clinical innovation from other countries.

In 2019, the CCL met on 1st and 2nd April in Washington, DC. Topics of discussion included: Population Mental Health Frameworks, I-CIRCLE Declaration and Playbook, Lancet Commission on Global Mental Health and Sustainable Development, Exchange on current areas of work and challenges, School Mental Health, and Clinical Support Systems for Serious Mental Illness. The CCL also held a Zoom call in November with over 25 key leaders on the topic of Integration of Primary Care and Mental Health.

The CCL's next face-to-face meeting is May 4-5, 2020. Discussion will include the ongoing exchange of clinical challenges and opportunities within country health systems.

International Leadership Survey

IIMHL/American Psychiatric Association (APA) partnership in survey to encourage psychiatrists to take on leadership roles - IIMHL, with the assistance of the National

Association of State Mental Health Program Directors (NASMHPD), has embarked on a joint survey with the APA through the Group for the Advancement of Psychiatry (GAP; founded in 1946) to understand the skills that psychiatrists and other clinical disciplines need to move into more senior roles in mental health and substance use in order to be successful leaders in the future.

The findings will be released at the APA annual meeting in April 2020 in Philadelphia and will be disseminated by NASMHPD through their communication channels.

Zero Suicide Healthcare

Zero Suicide International has hosted global networking summits every 16-18 months since 2014. The 4th International Zero Suicide Summit was held in Rotterdam in September 2018. Over one hundred leaders from almost twenty countries from across the globe convened to support the Zero Suicide movement and join the dialogue on how to move closer to the initiative's goal (IZSS4 video). The summit yielded a revision of the 2015 International Zero Suicide Declaration that clarifies our commitment to improve healthcare suicide prevention in the Rotterdam Declaration 2018.

The Rotterdam Declaration reinforces the commitment of:

1. Leadership centered on a just, safety-driven culture informed by evidence and lived expertise
2. A teamwork approach when engaging those who are suicidal
3. Active participation of patients, health professionals, and family members in safety planning and transition to aftercare
4. Data and implementation science to deliver continuous improvement
5. Synergy in collaborative networks with general and public healthcare or community suicide prevention initiatives.

As a complement to the Rotterdam Declaration, The Zero Suicide Healthcare Call to Action video was published. Its goal is to impart the urgency of acting to prevent suicide and the steps that can be taken to reach Zero Suicide. These three vital steps are:

1. We must make it okay to talk about suicide. Simple screening questions provide the opportunity to start the conversation.
2. The strongest resource in preventing suicide is always the person at risk. Collaboratively designing safety crisis plans that include reducing access to lethal means and following up with phone calls after discharge can lead to up to a 45% reduction in suicidal behavior.
3. We must treat suicide directly. Zero Suicide trains healthcare professionals to deliver specific treatments as well as establish caring and supportive contacts between appointments and over the coming weeks.

As part of the ongoing efforts to reach Zero Suicide, the next summit has been scheduled and will occur on May 11 and 12, 2020 in Liverpool, UK. To register for the upcoming summit, go to *https://zerosuicide5.com/*

For more information on the publications and research developed for Zero Suicide, please visit the *https://zerosuicide.org/org* website.

Staff at Zero Suicide and Crisis Now with CEO David Covington in 2019.

Crisis Now: Transforming Services is Within Our Reach

Every day in the United States, thousands of calls are received by emergency dispatchers in response to mental health crisis situations. In the overwhelming majority of these cases, the first contact that a person receives is from a Police Officer. Despite the best intentions, Police Officers often have little option but to take people in a mental health crisis to Emergency Departments or to a jail cell. In these cases, individuals can sit for hours or days waiting for a chance to receive specialized crisis care by mental health professionals. This system is not only detrimental to those that are in crisis but is unnecessarily expensive to a community while still not addressing the needs of an individual in crisis.

An effective, efficient model is needed that provides the framework of delivering essential elements while assuring care is accessible and practical. Crisis Now provides that framework and utilizes the following core elements.

- Regional or state-wide crisis call center(s)
- Centrally deployed, 24/7 mobile crisis outreach teams
- Short-term psychiatric crisis stabilization programs
- Essential crisis care principles and practices

The developing of these core elements and in particular essential crisis care principles and practices require dialogue and a commitment from mental health crisis care leaders globally.

As part of the effort to ensure the dialogue on mental health crisis is an ongoing conversation, #CrisisTalk launched in May 2019. Weekly articles are released that highlight strategic news, challenges faced in crisis care, and the innovations developed to meet those challenges. Additional articles offer insight from a lived lens perspective to further understand the traumatic effects that mental health crisis takes on the individual as well as their family and loved ones.

The 2nd Crisis Now Global Summit (Urgent & Emergency Mental Health Care) was held in September 2019 as an IIMHL match summit in Washington DC. The summit themed "Taking the Lead: Investing in Community Crisis Response/Continuum" was hosted by the National Association for State Mental Health Program Directors (NASMHPD), National Action Alliance for Suicide Prevention, NHS Clinical Commissioners and RI International.

During the second Crisis Now Global Summit over sixty leaders convened representing nine countries to discuss the needs of the community crisis response and continuum of care (*https://www.youtube.com/watch?v=yksozo9dUKg&feature=youtu.be* video). Leaders are currently designing the Crisis Now International Declaration which is scheduled to be published in 2020.

For more information, please visit the *https://crisisnow.com* website.

David Covington LPC, MBA
CEO and President
RI International

Part of the Crisis Now match in Washington, DC.

I-CIRCLE leaders meeting with the Mayor of Toronto at the I-CIRCLE match in Toronto: (L to R): Rob Moore, Nino Acco Weston, Fran Silvestri, Medhat Mahdy President and CEO YMCA of Greater Toronto, Mayor John Tory, Kwame McKenzie, Kathy Langlois, David Jones.

International CIty and urban Regional CoLlaborativE (I-CIRCLE)

IIMHL established the **I**nternational **CI**ty and Urban **R**egional **C**o**L**laborativ**E** (**I-CIRCLE**) to support the development of innovation and improvement of mental health in cities and urban areas, leading to mental health friendly cities.

I-CIRCLE's roots can be traced back to 2015 in Vancouver, when the then Commissioner of Behavioral Health and DisAbility Services, Arthur C Evans, presented on Philadelphia's journey to become a trauma informed city. Soon after, ThriveNYC joined the effort and key meetings were held in both Philadelphia and New York.

Since 2016, Thrive models have emerged in other US cities and in England (West Midlands, London and Bristol) and I-CIRCLE has brought together leaders in cities who are developing and delivering population based mental health promotion and improvement programs.

I-CIRCLE now supports leaders in 23 cities, including in Canada, Sweden, New Zealand and Australia. In 2017, the I-CIRCLE Declaration was developed, which sets out six key principles for developing mentally healthy cities.

During the 2018 Leadership Exchange in Stockholm, the I-CIRCLE match proved to be very popular and those represented included the West Midlands, London, Black Thrive London, Guernsey, Vancouver, Toronto, Pittsburgh, Auckland, Washington DC, Republic of Ireland, Public Health Agency of Canada, Netherlands, Spain and Stockholm. The match resulted in an agreement to develop the I-CIRCLE Playbook, a resource to support cities in their work, to share examples of good and innovative practice and to contain an 'asset bank' of key leaders who could be utilised for advice and information.

I-CIRCLE members met again in Toronto and Washington, DC in September 2019. The match report addressed two key questions: Firstly, what is essential to sustaining effective efforts to foster mental health and well-being in cities? Secondly, how do you support multisectoral collectives to do this work?

Responses included:

- Essential to sustaining effective efforts to foster mental health and well-being in cities is the guiding belief that inherent in every community there is the ability for that community to solve their own problems.
- Participants agreed that cities will always have more needs than clinical mental health services can address and that broader social conditions need to be improved to see

a real impact on city-wide mental health. Policies and strategies that improve social determinants of health such as income and housing will have an extensive impact on city mental health and well-being.

- Peer support was identified as an essential component of developing a sense of community, belonging, cohesion, reducing stigma in communities and sustaining mental health and well-being efforts. This example was highlighted in the visit to Regent Park where peers from community are trained to support others and train others in becoming champions of their community.
- Attendees emphasized the importance of metrics but noted the challenges of identifying common measures across a city and diverse sectors. Measurable and shared goals and frequent check ins were noted as key elements to using metrics effectively.
- Participants also highlighted the importance of enhancing mental health literacy and mental health in the workplace. Mental Health First Aid training has been helpful in increasing the use of employee assistance programs and decreasing the length of leaves in workplaces. The way mental health is addressed in the workplace will also need to change to respond to the changes in physical space and technology in workplaces.
- Finally, a dedicated resource to support multisectoral alignment, coordination and collaboration was cited as essential to sustaining effective efforts to foster mental health and well-being in cities.

Through the I-CIRCLE collaborative, IIMHL has given support to leaders in several cities, including in 2019, Thrive Amsterdam which launched in May 2019. I-CIRCLE continues to work closely with leaders there. During 2020, I-CIRCLE will work to develop a 'How to Get Started:' guide for cities considering the development of population based mental health programs. We will also focus on the development of work related to disasters (including climate change) and mental health as they affect cities and urban regions.

International Initiative for Disability Leadership (IIDL)

Eddie Bartnik, Chair.

Chairperson's Report 2019: Eddie Bartnik

Country membership of IIDL continued to grow in 2019 with Scotland and the United States both joining throughout the year, giving us now a total of eight countries. We also have the Netherlands as an Observer Country and we are working hard to secure their membership so that all IIMHL countries are also members of IIDL and maximum synergies are achieved.

Thanks very much to Donna Bell from the Scottish Executive and Jennifer Johnson from the Administration on Community Living in the United States for their leadership in securing country membership and their roles in ongoing development of IIDL networks in each country as well as ongoing participation and contributions to IIDL.

In addition to country membership, we also continue to grow **individual membership** on a steady basis with an additional 152 members in 2019, bringing the total to 638.

The **2019 IIDL Leadership Exchange and combined IIMHL/IIDL Network Meeting** were very successful with a total of 100 people attending the IIDL week of events from a total of 11 countries. There were 11 matches that were held in both the USA and Canada, with four of these matches being jointly attended by both IIMHL and IIDL members. Some highlights of the Network Meeting program included the lived experience keynotes from both Emily Ladau and William Kellibrew, the United States country report on employment (see photo below), a leadership panel on Leadership Investments to

support emerging leaders, country reports highlighting recent developments in member countries, match reports and the innovations market place.

Employment Panel.

The Washington week of events would not have been possible without the wonderful efforts of our US colleagues: Dr Michael Kendrick, Aaron Bishop, Jennifer Johnson plus our IIDL and IIMHL supports Lorna Sullivan, Kathy Langlois and Erin Geaney. Their contributions are very much appreciated. The event evaluation for Washington IIDL 2019 indicated:

- 95% rated relevance of content to their work as excellent or very good
- 92% rated opportunity to network as excellent or very good
- 97% reported being now being able to tap into international expertise in their work
- 83% reported an ongoing contact with people they met
- Examples of most frequent words used to describe the IIDL experience were inspirational, empowering, increasing knowledge and reaffirming commitment to progressive services.

I participated in the **leadership match** hosted by Aaron Bishop at the American Psychological Association, titled: "Methods of preparing the next wave of leaders in disability". There were 12 participants from seven different countries and the interactive program highlighted a wide range of long-standing leadership development programs, key outcome data and excellent connections to program leaders resulting in multiple ongoing connections and follow up.

"Preparing the next wave of leaders in disability" (Washington, DC).

The **Sponsoring Countries Leadership Group** (SCLG) met in person twice in 2019 and at other times by teleconference. Highlights included the May meeting in Washington, DC where five of the upcoming matches were previewed and a report published in Update, the joint Strategic Planning meeting with the SCLG for IIMHL (see more below), and the Washington September meeting which was a joint meeting of the SCLG with the Emerging Leaders group at the end of the Network Meeting.

This enabled a candid review of the week as well as highlighting key planning issues for the next Exchange as well as domestic initiatives in each country. Emerging Leadership was again a strong theme throughout the year, and this is gradually increasing in momentum through a strong commitment to inclusive and emerging leadership. A

report and video will be published in Update early in 2020. Thanks especially to Aisling Blackmore from Australia for her work in coordinating this Emerging Leaders network and strategy for IIDL.

In addition to the international focus, an important strategic development for the SCLG has been the increased focus on domestic country leadership networks and events, with both New Zealand (see below) and Australia commencing a structured program. Australia with the support of Maryanne Diamond from the National Disability Insurance Agency, has developed a national IIDL Reference Group comprising 12 members across the sector, with sub-groups focusing on membership and events, sustainability/ scholarship supports and hosted leadership matches. A very successful national IIDL Australian Network event hosted by the National Disability Insurance Agency was held in Melbourne on the 14th November 2019 attended by 60 people from across the IIDL membership, including 11 who were supported with travel assistance. The purpose was to share learnings from the September 2019 Washington Leadership Exchange and Network Meeting and focus on collaborative actions moving forward. An event report will be published in Update early in 2020.

A **joint IIDL/IIMHL** regional event is being planned by Australia with our New Zealand IIDL and IIMHL colleagues, to be held in June 2020 in Sydney. An initial planning group has been established, led by Dr Aaron Groves (IIMHL) and myself, along with key partner organisations such as the National Disability Insurance Agency, the National Mental Health Commission and the NSW Department of Family and Community Services.

A key focus for IIDL members in the United Kingdom/Europe region will be the planned Regional event in Scotland in May 2020. This will be an excellent opportunity to build on the new Scotland membership in 2019 and England 2018, as well as the long-standing Ireland membership.

In the Nordic context, a follow up meeting was held of the Nordic Cooperation on Disability in Stockholm in November 2019 to follow up on the benefits of delegates' participation in Washington and to plan for further leadership development activities in the Nordic region as well as a strong connection to the planned regional IIMHL/IIDL event in Scotland May 2020. Thank you especially to Maria Montefusco from the Nordic Welfare Centre and Ola Balke from the Swedish Agency for Participation for their ongoing support.

Plans are also under development for a strategy for the United States to maximise the benefits of their new IIDL membership, with the possibility of a US domestic event around the time of the planned joint meetings of the Sponsoring Countries Leadership Groups for IIDL and IIMHL in Washington, DC May 2020.

Looking forward, plans are in place for the SCLG Chair to transition to Brian Coffey in New Zealand from July 2020, in preparation for the Christchurch Exchange in March 2021. Brian has already established an IIDL Planning Committee as well as linkages to Australia who will also provide some of the hosted matches.

IIDL support arrangements are also being strengthened for 2020, especially given the increases in IIDL country membership with both Scotland and the US coming on Board in 2019. Steve Appleton (IIMHL Regional Lead for Europe) and Kathy Langlois (IIMHL Regional Lead for North America) being locally based are taking on some extra time and capacity to support IIDL as well as IIMHL. They will work closely with myself, Lorna Sullivan, Dr Michael Kendrick and Aisling Blackmore and have already started to provide much welcomed local support.

In closing, I would like to acknowledge the wonderful contributions from our IIDL support team plus the highly valued support we receive from the IIMHL team of Fran Silvestri (President and CEO), Erin Geaney, Janet Peters and also Frank Collins.

Thank you to all our country members of the SCLG for their contributions to the international aspects of IIDL as well as the domestic initiatives within each country.

Eddie Bartnik,
Chair,
Sponsoring Countries Leadership Group,
International Initiative for Disability Leadership

Another year of growth for IIDL

Lorna Sullivan (IIDL Coordinator) reports on IIDL activities

The 2019 year has seen an increasing strength in the collaborative relationship between IIMHL and IIDL. With the growing membership of IIDL and the implementation of a strong Sponsoring Countries Leadership Group there is increased parity between the two parties.

We had the opportunity this year of having joint meetings of the Sponsoring Countries Leadership Groups as the organisation begins to plan strategically for a strong, joint future.

IIDL is now giving consideration to membership of the joint Board which will strengthen the cooperation of the two branches of the organisation and better ensure that an increased visibility of disability and disabled people in the future decision making of the organisation.

This increased understanding of the shared struggles which exist for people living with disability and people living with a mental illness was highlighted in our 2019 exchange programme with the joint exchanges and joint story telling at the Network Meeting.

2019 has seen IIDL grow in both our country and individual leader membership. We were honoured to have the support of Jennifer Johnson and her team from the Administration for Community Living in the United States actively support our Leadership Exchange and Network Meeting in Washington. It is particularly exciting for us to also welcome the United States as a member country for IIDL. With the leadership that the United States has shown around the American with Disabilities Act and continues to show in areas of Supported Decision Making, Disability Rights, Employment and Personal Budgets to name a few, IIDL members can only benefit from the learnings that can be gained through United States membership.

The highlight of our year is the international Leadership Exchange, which this year was held in Washington, DC. The highlight of the Exchange were the eleven matches that were held in both the USA and Canada, with four of these matches being jointly attended by both IIMHL and IIDL members. Some key learnings from selected hosted Leadership Exchanges follows:

Personal Budgets: there is a growing interest world-wide both within disability and mental health around the transfer of authority away from the service system back into the hands of people with disabilities to be able to determine their own lives and the supports they require to sustain their life aspirations. This is clearly evidenced in Australia through the National Disability Insurance Scheme (NDIS), New Zealand through Enabling Good Lives, direct budgets in the United Kingdom and personal budgets in the United States.

This was the largest exchange for this year with information being shared on what the data tells us, the cost benefits of a personal budget, systems and structures for success and the pre-conditions for success.

What the data tells us is that in some states within the United States 56% of people self-direct, with the uptake of self-direction increasing annually.

People who self-direct are more likely to live at home or independently, less likely to be in sheltered work or day services, but not more likely to be in a paid job. They choose their own roommates, are more included in community, treated more respectfully, receive better quality of support from their staff.

In addition, a much better quality of life outcomes for primary caregivers is evidenced, including being able to return to work and have greater influence and roles within society.

The cost benefit impact of personal budgets depends on multiple factors.

- Pre-existing unmet need must be considered, if this level is high then current budget allocations make little or no difference. However overall the benefits are showing to be cost neutral once unmet need has been acknowledged and addressed.

- The larger part of the package that is self-directed the greater the saving impact.
- Crisis shows positive cost direction.
- Therapy and rehabilitation generally goes up in cost as early investment.
- Most services are showing either cost benefits or no change.

The state of Arkansas reportedly saw $5.6M savings over 5 years through group homes reductions. Such results are not shown within the first 3-5 years while unmet need is being addressed. The impact begins to show closer to the 8-10 year implementation mark.

Appropriate systems and structures are required for effective self-direction to occur. Self-direction is not a trial, project or a programme but requires a complete shift in how things are done. Success is dependent on factors such as a very highly sophisticated procurement system, visionary leadership, and the availability of quality direct support workers, where flexibility, choice and control are foundational elements.

The ability to explicitly define the key values and principles of self-direction is the most necessary precondition for success. These principles must address the issue of power, not just of choice and control, with ethical partnering as a key underlying principle.

The benefits of self-direction are constrained if you are coming from or are working with a poor quality traditional system and will not produce the benefits is it is seen as an add onto the current system, as such systems tend to fail to recognise that it is the cultural change, not the monetary and procurement change that is the most difficult to achieve.

Self-direction has seldom been found to be successful where it is seen as a basis for cost saving, as self-direction and cost savings are not aligned issues. However, there is now substantive evidence to support self-direction as a means of understanding cost effectiveness, cost benefit, and cost avoidance, rather than cost saving. Evidence would suggest that the initial investment does go up, but long-term cost over time is avoided.

The **Employment exchange** brought together people from New Zealand, Australia, United States, Netherlands, Denmark, Iceland and Canada.

The extent to which advances are being made in the area of open employment for people with disabilities across member countries is variable, however the challenges experienced are familiar to all. The two areas where the greatest long term, sustainable progress appears to be made is in the policy framework and an employment focus for young school leavers, which begins within education.

The United States shared the work of the Work Innovation and Employment Act. The application of this Act has demonstrated that a focus on employment is all about capacity building. To build this capacity it requires the redirection of funding, strong leadership at all levels, the redesigning of systems at all levels, health, education and employment to build a strong culture of expectation of employment and inclusion in work, with a recognition that you cannot fund both segregation and integration.

Other key learnings showed that internships for school leavers are key in any employment strategy, with 95% of interns securing jobs. There is also a key strategy around investing in employers. This investment is found to be far more sustainable than investing in employment agencies or the job seeker.

A new initiative for IIDL for 2019 was the beginning of hosting domestic and regional exchanges. Such events are designed to build networks at the local level and to highlight the leadership and innovation that exists close to home.

Both Australia and New Zealand hosted domestic events this year, with planning now underway for a regional event in Scotland and a trans-Tasman regional exchange in 2020 for Australia and New Zealand.

New Zealand Domestic Exchange

Let's build this together:
Co-creating a self-managing organisation
25, 26th March, 2019

"I just wanted to say that I found the whole two days really valuable. Probably the most valuable learning that I took away from it were the tools that we were given for having discussions with people e.g. the 4+1 tool. I have been able to incorporate these into my daily practice and it has led to some valuable conversations with the people we support."

Two days focusing on person-centred practice and developing a self-managing organisation

"It was great to meet others in the sector and share ideas with each other – I have connected with three of them again since the Leadership Forum. I have already utilised two of the tools we learned about: the one-page profiles, and the 4 plus 1. "

We are now looking forward to being hosts for our 2021 Leadership Exchange and Network Meeting to be held in Christchurch, New Zealand in March 2021. Planning is well underway now for a very exciting event with 15 IIDL Exchanges being planned across Australia and New Zealand.

Lorna Sullivan,
IIDL Co-ordinator

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Janet Peters, Frank Collins and Erin Geaney.

IIMHL AND IIDL ANNUAL REPORT