

UPDATE

FROM IIMHL AND IIDL

Welcome to this twice monthly Update issued April 15, 2022

The International Initiative for Mental Health Leadership (IIMHL) and the International Initiative for Disability Leadership (IIDL) organise systems for leaders to share innovations, network and problem solve across countries and agencies.

Thanks for subscribing to our Update, we hope you find it informative and helpful. You may have noticed that our branding looks a little different? We have recently refreshed our logos and our websites. We may look a little different, but we are still the same organization.

In this Issue:

IIMHL and IIDL seeking 5 to 7 members at large to join Inclusion Advisory Group

We are looking for IIMHL and/or IIDL members who would like to join the newly forming Inclusion Advisory Group (IAG).

The IAG will be time-bounded with a workplan focussed on:

1. Enhancing the IIMHL/IIDL network so there is a strong sense of belonging from people of diverse backgrounds, including people with lived experience
2. Increasing the representation of people from diverse backgrounds in the network and in IIMHL/IIDL decision making forums
3. Making IIMHL/IIDL attractive to people from diverse backgrounds, so that there is easy access, a feeling of safety and a desire to engage and stay in the network
4. Undertaking related activities to support the items above

<https://iimhl.com/iimhl-publications/inclusion-advisory-group-1/205-iag-recruitment/file>

REGISTRATION IS NOW OPEN!!
Check out the excellent virtual matches!

IIMHL/IIDL Leadership Exchange 2022



The details of the 2022 Leadership Exchange can be viewed at this link:
[Exchange-Pamphlet-FINAL.pdf](#)

To register:

IIMHL: <https://www.iimhl.com/2022-leadership-exchange>

IIDL: <https://www.iimhl.com/2022-leadership-exchange-iidl>

- **IIMHL Feature Article – International**
 - **WHO Quality Rights e-training on Mental Health, Recovery and Community Inclusion - WHO**
- **Other IIMHL Articles of Interest – International**
 - **Annual Diversity & Inclusion report - OECD**
 - **Inclusion health principles and practice: An equalities and human rights approach to social and systems recovery and mitigating the impact of COVID-19 for marginalised and excluded people – Scotland**
 - **Canada Research Chairs Program: CAMH Equity, Diversity and Inclusion Action Plan - Canada**
- **IIDL Feature Article – UK**
 - **Blog UK: “Whose social care is it anyway?”**

IIMHL Feature Article – International

WHO QualityRights e-training on Mental Health, Recovery and Community Inclusion WHO, 2022

This training will help you:

- improve your own mental health
- learn how to support friends, family and members of the community who experience mental health problems
- gain the knowledge and skills to tackle stigma, abuses and coercion experienced by people with mental health conditions or psychosocial disabilities
- gain valuable expertise and skills to help transform services towards a personcentered, rights-based recovery approach

https://cdn.who.int/media/docs/default-source/mental-health/quality-rights/final_ns_cc_who-ettraining-flyer-2.pdf?sfvrsn=fddcfa5_5

Other IIMHL Articles of Interest - International

Annual Diversity & Inclusion report OECD, 2021

“Our staff come from across the world, representing different ethnicities, educational backgrounds, gender identities, nationalities, languages, cultures and beliefs. This diversity promotes unique perspectives and innovative solutions to address global challenges.”
Secretary-General Mathias Cormann

The annual OECD Diversity and Inclusion (D&I) Report aims to provide regular reviews and updates on the OECD’s D&I agenda, progress against key strategic initiatives, descriptive statistics and data pertaining to workforce diversity. The 2021 edition is the first to be available externally with aims for transparency and accountability.

https://www.oecd.org/careers/diversity-inclusion/?utm_source=Adestra&utm_medium=email&utm_content=report-d-and-i-2021&utm_campaign=whatsnew-26-nov-2021&utm_term=pac

Inclusion health principles and practice: An equalities and human rights approach to social and systems recovery and mitigating the impact of COVID-19 for marginalised and excluded people

Public Health Scotland, 2020

Key points:

- The most marginalised and excluded people in our communities are most at risk of the unintended, non-viral health impacts of the COVID-19 pandemic.
- A participative, human rights-based approach will strengthen our response to mitigate the unintended negative impacts of COVID-19 and protect those who are marginalised and excluded.
- Increases in inequalities are already being seen due to COVID-19. More action is needed to prevent a further rise due to disproportionate increases in morbidity and mortality rates in those who experience the most disadvantage and marginalisation.

<http://www.healthscotland.scot/media/3199/inclusion-health-principles-and-practice.pdf>

Canada Research Chairs Program: CAMH Equity, Diversity and Inclusion Action Plan Center for Addiction and Mental Health, 2019

CAMH's CRC Equity, Diversity and Inclusion Action Plan (the Action Plan) guides efforts to ensure the representation of individuals from the federally designated groups – persons with disabilities, Indigenous peoples, visible minorities and women – among CAMH's Canada Research Chairholders. CAMH will progressively meet the objectives of this revised and updated Action Plan by December 2019 and beyond, as we implement the new guidelines and targets announced in the recent addendum to the 2006 settlement agreement. Initiatives undertaken under the Action Plan will complement and support existing institutional equity, diversity and inclusion initiatives (see Objective 6 below) and may be further revised and updated to encompass input from our community as we implement the items below.

Targets for the CRC program are set nationally for the federally designated groups. Full information on the determination of these targets can be found on the CRC website. The University of Toronto will continue to meet and exceed the following representation targets set by the CRC Program, based on our current count of 263 filled Chairs for U of T campuses and affiliated hospitals:

- Women: 32% / 85 CRCs
- Visible minorities: 15% / 40 CRCs
- Persons with Disabilities: 4% / 11 CRCs
- Aboriginal Peoples: 1% / 3 CRCs

<https://www.camh.ca/-/media/files/camh-crc-equity-diversity-inclusion-action-plan.pdf>

IIDL Feature Article – UK

Blog UK: "Whose social care is it anyway?"

What changes will help?

They are:

1. Communities where everyone belongs
2. Living in the place we call home
3. Leading the lives we want to live
4. More resources, better used
5. Sharing power as equals

We all want to live in the place we call home with the people and things that we love, in communities where we look out for one another, doing things that matter to us.

That's the social care future we seek. #socialcarefuture

socialcarefuture.blog

<https://socialcarefuture.blog/2021/05/27/from-permanent-lockdown-to-an-equal-life/>

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Join IIMHL / IIDL

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

For IIMHL:

<https://www.iimhl.com/iimhl-join>

For IIDL:

<https://www.iimhl.com/iidl-join>

IIMHL and IIDL Briefings contain information, reports and articles that may be of interest to leaders and organisations. The information, articles and reports represent the views and opinions of the organisation referenced, not necessarily those of IIMHL and IIDL.

