



International Initiative for Mental Health Leadership (IIMHL)

1 Introduction to IIMHL

The field of mental health and substance abuse has been focusing on identifying evidence of best practices and services that will enable and support consumers in their recovery. Consumers include adults with mental illness and children with emotional disturbances (and their families). Historically across many countries there has been little investment in understanding how provider organisations can develop effective leaders. Such leadership includes the ability to locate, understand and adapt benchmarked excellent organisational practices and develop robust organisational and managerial skills. IIMHL is a “virtual” agency that works to improve mental health services by supporting innovative leadership processes.

2 Background

National policies and directions have often been focused on clinical practices rather than mental health leadership as a key function to assure that services and supports are delivered in a way that consumers need and want. National perspectives such as those in Australia, Canada, England, Ireland, NZ (New Zealand), Northern Ireland, Scotland and the US (United States) realise that mental health leadership is just as vital to the success of community-based services as are effective clinical practices. To succeed in moving science based practices into the service provider environment will require leaders who have the ability to promote and support the rapid changes occurring in the delivery of mental health services.

The absence of resources and supports for key leaders in mental health hampers them, their organisations and communities from obtaining and adapting the skills and processes identified as most likely to support consumers to achieve recovery. With greater support for developing and demonstrating leadership, mental health leaders could develop services based on best practices and innovation and could mentor future leaders.

3 Participating IIMHL countries

As of June 2006 organizations recognizing the issues outlined above and wanting to promote mental health leadership are:

- The National Institute for Mental Health in England (NIMHE)
- The Substance Abuse and Mental Health Service Administration (SAMHSA) of the US
- The Mental Health Directorate of the Ministry of Health New Zealand (MOHNZ)
- The Scottish Executive (SE)
- The Department of Health and Children , Ireland (DoHC)

- The Department of Health, Social Services and Public Safety, Northern Ireland (DHSSPS)
- The Department of Health and Ageing, Australia (DH&A Au)
- Canada

4 International change management

The direction of change in mental health practices is an international movement. National policies and directions can be enhanced by changes occurring in other countries. The role of a leader in maintaining awareness of all changes is a daunting task. It often leaves leaders without a network for personal support or organisational assistance to advance changes needed within the environment.

IIMHL offers support and technical assistance to countries and their provider leaders by assisting leaders in adapting to rapid changes in the field and providing a support network through partnership with other leaders from around the world. IIMHL identifies and shares the best in managerial and operational practices together with access to information about developments that are occurring in other countries. IIMHL provides member countries with a linkage to international leadership development that supplements their national policies and service developments with an emphasis on evidence-based practices.

5 Vision

IIMHL seeks a future where everyone with a mental illness / mental health problem and those who care for them have access to effective treatment and support from communities and providers who have the knowledge and competence to offer services that promote recovery

6 Mission

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

7 Key Goals

- Provide a single international point of reference for key mental health leaders
- Strengthen workforce development and mentoring of mental health leaders
- Identify and disseminate best management and operational practices
- Foster innovation and creativity
- Expand the knowledge of:
 - i. Building community capacity
 - ii. Implementing best practices for consumer recovery
 - iii. Expanding methodologies for integration with other health and social systems
- Promote international collaboration and research

8 Structure

IIMHL operates under the umbrella of MHCA (Mental Health Corporations of America, Inc.), as its fiduciary agent. A Sponsoring Country Leadership Group sets direction for and oversees the activities of IIMHL. It includes representatives from each country as well as the Director of IIMHL and President / CEO and Board Chair of MHCA to review IIMHL goals and activities.

9 Membership

Each provider in the IIMHL-supporting countries can join IIMHL by completing the IIMHL survey (see www.iimhl.com to complete). They can access all of the programmes and services of IIMHL, participate in the IIMHL leadership exchanges, receive the IIMHL Update and other public information released by IIMHL and access the general list server on IIMHL's website.

Providers from non-supporting countries can also join IIMHL to receive the IIMHL Update and other public information released by IIMHL.

10 Core Programmes

- Annual IIMHL Leadership Exchange : The matching of key leaders in the MH sector (managerial, clinical, cultural and consumer) to build networks for organisations. (see description under section 12 and 13)
- IIMHL Update: Semi monthly digest that locates new publications regarding MH issues and leadership

11 Current Programmes

In addition to the IIMHL Leadership Exchanges, IIMHL facilitates the sharing of innovative projects and processes between and within sponsoring countries. For example:

- **ABC programme**
A service improvement model developed in England and based on Don Berwick's work, links clinicians, support workers, consumers and families to improve service delivery using processing mapping techniques. It is currently being adapted in New Zealand.
- **Council of clinical leaders**
The council is comprised of individuals who are clinical leads to the national departments of IIMHL's sponsoring countries and the goal is to directly benefit clinical service delivery within an organized system of mental health care. The function of the council of clinical leaders is to create opportunities for international exchange in best clinical practices that are consistent with the vision of IIMHL, provide additional support for leadership development for clinical leaders and to provide consultation to the governing body of IIMHL as requested. Participating countries are: Australia, NZ, US, Scotland, England, Northern Ireland and Canada.
- **International social inclusion network**
David Morris (England) and Ken Jue (US) are establishing a network of Organisations who are committed to the concepts of Social Inclusion. The objective is to link leaders in 12 to 15 sites across IIMHL countries who wish to learn and adapt a more inclusive form or services. We are working with

the Lombardy Region of Italy to hold a meeting on Social Inclusion in Milan in May / June 2007

- **International Trailblazer Programme**
This project adapts from the Trailblazer Programme in England that jointly trains MH and Primary health care practitioners to deliver more effective MH services within the primary care setting. The International Trailblazer Programme has completed its first cohort of MH / GP pair. The first training was a success with three pairs from NZ, two from the US and two from England. The second course will begin in February 2007. The Trailblazer Programme was designed in England.

- **Mental Health International Collaborative (MHIC)**
The MHIC project is to link IIMHL with countries who are interested in developing community mental health services but need ongoing assistance. It is currently supported by the US and England. We are in discussion with three countries which need help with service planning, two in South American and one in Eastern Europe. We have been in discussions with the WHO since November 2004. We aim to provide hands-on, community-level technical assistance to mental health organizations in countries that are moving toward a community based and recovery approach. We will develop a partnership with one community in a country and over a three to five year period organize a set of volunteers to provide support to the development of a community model.

- **IIMHL Collaborative for Leadership Development for Service Improvement**
IIMHL held a meeting in 2004 at Dartmouth College, US with a second meeting held at SAMHSA in Washington in April 2006. Participating leaders are from New Zealand, Canada, US, England and Scotland. The group is working on linking efforts to encourage research in leadership within the MH sector and share the development of training concepts. Some work currently being undertaken is:
 - *Rick Beinecke of Suffolk University, Boston, is working with leaders from NZ, England, Scotland, US and Canada to collect and compare key leadership competencies used in sponsoring countries*
 - *Noel Mazade of National Association of State Mental health Programme Directors (NASMHPD Research Institute, US) is looking at how to adapt the former Staff College model to have an international base of knowledge and designing how a programme could be offered for visiting Leaders*
 - *Steve Onyett, England, is gathering and identifying materials on training programmes at the community level.*
 - *Fran Silvestri and Vijay Ganju are looking at developing a resource of mental health case studies for use in training*

- **Peer Collaboration**
Wes Davidson and Erv Brinker presented workshops in England and Scotland in 2006 on the model of linking four organizations together to provide ongoing consultation and quality reviews. The model has an

expanding following in the US and is being proposed for use between organisations in the UK.

- **Seclusion and restraint**

In February 2006, Bob Glover National Association for State Mental Health Program Directors (NASMHPD) and three staff (Kevin Huckshorn, Janice Lebel and Nan Stromberg) were invited to present the evidence and techniques to eliminate and reduce seclusion and restraint. They traveled to Australia and New Zealand. They met key leaders in both countries and held workshops.

- **Peer Recovery Specialist**

Peer Recovery Specialist service is a concept of a consumer operated service where trained and credentialed consumers provide an alternative case management approach. The Scottish Recovery Network (SRN) held a week long training and consultation in December 2005 where Larry Fricks, Georgia; and Gene Johnson and Lori Ashcraft from Meta Services provided insight into how Peer Recovery Specialist Teams are operating and their value in service design. Counties Manukau of New Zealand has had two graduations of Peer Recovery Specialists trained by Meta services and several other Peer Recovery projects are working in New Zealand.

- **Linkage between California and IIMHL Countries**

The State of California will be investing significant new funds in Mental Health Services in the next five years. We are working with the California Institute of Mental health and the State Department of Mental health to bring key leaders from our sponsoring countries to share their experience in service development. Countries that have already made significant investments, such as New Zealand and England with share how they have and continue to develop new policies and use these investments to change their services. Also invited to participate are countries about to embark on investments, such as Australia and Canada and countries who are considering transforming their systems with new Mental Health policies, such as Ireland and Northern Ireland. The first meeting will occur in September 2006. This may lead to an ongoing collaboration.

12 Annual Leadership Exchange

Since it's inception in 2003 IIMHL has undertaken four Leadership Exchanges.

- In 2003 this was held in England with the working conference in Birmingham
- In 2004 it was held in the US with the working conference in Washington DC
- In 2005 the exchange was held in Australia and New Zealand with the working conference in Wellington, NZ
- In 2006 the leadership exchange was held in the Republic of Ireland, England and Scotland with the working conference in Edinburgh.

Future Leadership Exchanges are planned for:

- September 2007 in US and Canada with the working conference in Ottawa

- March 2009 in Australia and New Zealand with the working conference in Australia
- June 2010 in the UK and Republic of Ireland with the working conference in Dublin

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

- Joint programme and service development
- Staff Exchanges and sabbaticals
- Sharing of managerial and operational expertise
- Research
- Peer consultation

13 **Schedule of the IIMHL Leadership Exchange**

Days one and two: Matching Leaders

Leaders who are visiting are matched with similar colleagues in the hosting countries. These matches are often return visits where visiting leaders are traveling to see leaders that they hosted in prior exchanges.

The hosting leaders make their facilities and staff available for the visitors to observe and where possible participate in day to day activities. The host and visitors jointly prepare an appropriate programme for the two day visit. This programme has often included brief presentations by visiting leaders to the staff of the host organisation.

Leaders who have been matched in prior exchanges have used these two day visits to conduct peer consultation.

Day Three: Travel

The third day of the leadership exchange is for travel from all of the host sites to the venue for the IIMHL working conference. In 2003 this occurred in Birmingham, England; in 2004 Washington, in 2005 Wellington NZ and in 2006 Edinburgh.

Day Four and Five: IIMHL working conference

The two day hosting period is followed by a two day conference which both visitors and hosts attend. The first day is focused on key developments within the hosting country and the second day is centered on a broader view of IIMHL's latest activities and projects and how to continue to build collaboration between leaders of IIMHL's sponsoring countries.

Appendix 1 below outlines a brief description and summary of past exchanges

14 **Joining the International Initiative for Mental Health Leadership (IIMHL).**

Membership of IIMHL is free to leaders. Please visit www.iimhl.com and complete the on-line survey under the JOIN button. Once complete and submitted you and / or your organisation will be added to the IIMHL distribution lists. A half monthly IIMHL update together with any other information relevant to IIMHL activities will be automatically sent to you at the email address detailed in your survey.

A benefit of joining IIMHL is being able to participate in the IIMHL Leadership Exchange. A completed survey is required as the information from the survey is used to match leaders.

Email david@iimhl.com for more information.

Appendix 1

PAST IIMHL EXCHANGES: 2003, 2004, 2005, 2006

Purpose of this document

This document describes each of the four Exchanges to date held in 2003 (UK), 2004 (USA), 2005 (New Zealand) and 2006 (Scotland).

Background

The Leadership Exchange first occurred in Birmingham, UK in May 2003. It was the result of a plan developed by Mental Health Corporations of America, Inc. (MHCA) to link their leaders with colleagues in England. The aim was to share experiences in service development and innovation in order to improve the quality of services for consumers.

The Exchange was structured so that each leader would be placed with a colleague for the first two days of the week, Monday and Tuesday. Then to support these exchanges all leaders would gather together to meet at a “working conference”. This Working Conference was divided into two sections:

- On the first day the country *hosting* the Conference would organize and schedule presentations and discussions on mental health trends and innovations within their country.
- The second day was scheduled by IIMHL with the intent to share knowledge gained from the exchanges, encourage leaders to become actively involved with IIMHL projects and allow additional time to network.

The 1st IIMHL Exchange in 2003 in England with the Working Conference in Birmingham

The basic statistics for this first Exchange and working conference were as follows:

First IIMHL Leadership Exchange: June 2 thru June 6, 2003, held in Birmingham

- *Matches and numbers*
 - *Number of matches: 23*
 - *Total participants in matches: 55*
 - *Total attending IIMHL Working Conference in Birmingham: **84***

Leaders were placed in various mental health service sites around England on Monday and Tuesday. On late Tuesday most leaders traveled to Birmingham, England for two and one-half days of meetings. NIMHE took on the responsibility for organizing the venue, the Working Conference in Birmingham and the schedule for the first day and a half. IIMHL planned the last day.

The 2nd Leadership Exchange in 2004 in the USA with the Working Conference in Washington, D.C.

The basic statistics for this meeting were:

Second IIMHL Leadership Exchange: May 16 thru May 21, 2004, held in Washington, D.C.

- *Matches and numbers*
 - *Number of matches: 44*
 - *Total participants in matches: 118*
 - *Number of focus groups: 1*
 - *Participants attending focus groups: 12*
 - *Total attending IIMHL Working Conference in Washington: 180*

The schedule of the Leadership Exchange was slightly shifted. We had a full two days for visitors to be with their host, a full day of travel on Wednesday (to allow for the longer distances to be covered) and then two days for the Working Conference.

Other changes that were made:

1. A better hotel was used as the venue
2. No planned dinners were arranged, but pre-dinner receptions on Wednesday, Thursday and Friday were held
3. Increased networking time and more small groups occurred
4. There was a reporting back to the attendees regarding how partnerships had been emerging
5. A formal focus group on Development of Mental Health Leadership (Dartmouth Psychiatric Research Center) was held and well received
6. Consumer leaders were matched
7. Maori Leaders were linked with Native American peoples
8. US state Mental Health Directors were involved as hosts

The Working Conference was scheduled jointly with MHCA's Spring Quarterly Meeting.

IIMHL Steering Group decisions made in 2004

At the September 2004 IIMHL Steering Group meeting the Steering Group adopted a rotation schedule for the IIMHL Leadership Exchange so that it would allow partnerships to return more often to each organisation. The rotation is:

1. Exchanges throughout the UK with the working conference in Scotland
2. Exchanges throughout North America with the working conference in Canada (if Canada joins by Dec 2006)
3. Exchanges throughout Australia and New Zealand with the working conference in Australia.

The 3rd Leadership Exchange in 2005 in Australia and New Zealand with the Working Conference in Wellington, New Zealand

The basic statistics for this meeting were:

Third IIMHL Leadership Exchange: Feb 28 thru March 4, 2005: IIMHL Leadership Conference held in Wellington:

- *Matches and numbers*
 - *Number of matches: 53*
 - *Total participants in matches: 173*
 - *Number of focus groups: 2*

- *Participants attending focus groups:* 24
 - *Total attending IIMHL Working Conference in Wellington:* 189
 - *Participants in matches:*
 - *Australia:* 25
 - *Canada:* 5
 - *England:* 50
 - *Italy:* 1
 - *New Zealand:* 80
 - *Scotland:* 12
 - *USA:* 39
- Total: 212**

The third IIMHL Leadership Exchange was the first where two countries hosted matches: Australia and New Zealand. The number of participants in matches and focus groups increased significantly from the prior year.

New areas of matches were between Pacific Island peoples and carer / family members. A theme that emerged during the past year was to focus on ethnic / cultural competencies especially within the African American and African Caribbean communities and Asian communities. Efforts will be made to include such communities in the future.

The 4th IIMHL Leadership Exchange in 2006 in the UK with Working Conference in Edinburgh

The basic statistics for this meeting were:

Fourth IIMHL Leadership Exchange: June 5 thru June 9, 2006: IIMHL Leadership Exchange held in Edinburgh, Scotland:

- Number of matches: 70
- Total participants in matches: 273
- Matches with special focus:
 - Forensic
 - Ethnic and Cultural Diversity
 - Commissioning and Planning and Funding
 - Substance Misuse
 - Two matches on Primary Mental health and GP practices
 - Children Services
- Total attending IIMHL working Conference in Edinburgh : 280
- Participants in matches:
 - Australia: 26
 - Canada: 6
 - England: 69
 - Ireland: 9
 - Italy: 2
 - Northern Ireland: 1
 - New Zealand: 56
 - Scotland: 50

○ USA:	54	
○ Total		273

The schedule for the 4th IIMHL Leadership Exchange included visitors hosting colleagues in England, Scotland and Northern Ireland on 5th and 6th of June. On 7th June people traveled to the Working Conference in Edinburgh. This Conference commenced on 8th June with the 9th June being scheduled to include IIMHL activities.

Summary

The IIMHL Exchange and Working Conference has gained in popularity as a quality improvement process as evidenced by the huge increase in numbers attending.

Leaders in the participating countries have forged strong links with many groups collaborating on joint work aimed at improving mental health services for those people who use them.

A goal for the future would be to look at ways to formally acknowledge, systematize and document all IIMHL collaboration and activities.