Impact of attending the 2011 IIMHL Leadership Exchange for the five scholarship recipients from New Zealand

November 2011

Developing a skilled workforce to support better outcomes for people using services requires good leadership. In September 2011 five people were awarded scholarships to attend the IIMHL Leadership Exchange and Network Meeting. Te Pou was contracted by the Ministry of Health to administer the awards. The Leadership Exchanges were held across the US and Canada with the two-day Network Meeting held in San Francisco.

This document summarises the type of Exchange people attended and the impact it has had on services (or will have in the future) for the five recipients: Marion Blake, Fionnagh Dougan, Kerry Hand, Joleen Turnbull and Christine Zander-Campbell. Please note that the content has been shortened from the original.

MARION BLAKE

Marion is the CEO of Platform Trust and is based in Wellington.

Leadership Exchange attended

Marion attended the two-day Exchange co-ordinated by the Mental Health Association of California (MHAC)\(^1\) based in Sacramento. This Group was led by Rusty Selix and the NGO’s aim is to provide advocacy, education, information and other assistance necessary to ensure that all people who require mental health services are able to receive the mental health and other services that they need. It was Rusty who led the work in California in 2004 where voters agreed to act on ‘Proposition 69’ that identified ring-fenced funding for treatment of people with mental illness in this state – a first in the US – thus political advocacy is an area of particular expertise.

This Group included leaders from national agencies of England, Canada, the US and New Zealand.

Learning goals

Marion’s goal was to connect with the lobby and advocacy sector in California and also to learn from other countries’ experiences in successful advocacy practices within financially challenging times.

Process of Exchange visit

Information gained via the Exchange included:

- Visits with key state politicians who are active in mental health and addiction, for example:
  - Recently retired California Director of the State Department of Mental Health Steve Mayberg who led developments from 1992 to 2011

\(^1\) [http://www.mhac.org/about/index.cfm](http://www.mhac.org/about/index.cfm)
Senate President Pro Tempore Darrell Steinberg who was based in the California State Capitol
Stacie Hiramoto, Executive Director Special Programs Racial and Ethnic Minorities Disparities Coalition – who brought the perspective and needs of Latino, Asian, African American, Native American, and Middle Eastern communities to state policy and mental health program decisions and educate state and local officials on programs to best meet the needs of these underserved populations
Amber Burkan who heads the California Youth Empowerment Network (advocating for 16-25 year olds)

- Services visited included:
  - River Oak Centre, Turning Point Community Programs and EMQ Families First – all considered to be among best practices for community care. Highlights were:
    - The use of evidence based practice and using data to inform all work with families and children
    - The “whatever it takes” approach to children/families with people with severe mental illness
    - Wraparound home treatment for children with serious emotional disturbances
    - Early intervention for children 0-5 – parents trained as “therapists”
    - Trauma informed care across all services
- Discussions on: lobbying by non-profit organisations
  - Current political, economic and social impacts on our work
  - Trauma informed care approaches

Impact of learning on services/the sector

As Marion is involved with several national agencies and workforce development groups she is in a position to influence change. She has already given the local PHO some material on child and family services and is now going to advocate for NGO services in:

- Blueprint II
- Health Workforce New Zealand
- The service approach of the Ministry of Health

Marion is now formally part of this ongoing international advocacy and lobbying group which means that she has instant access to expertise in this area by email or Skype.

KERRY HAND

Kerry is the Manager of the Miramare Agency in Dunedin. Miramare seeks and arranges services for 360 adult clients and 240 child and youth clients who experience significant mental illness. They aim to provide people with a range of services that enhances their existing life and support systems.

Leadership Exchange attended

Kerry's intention was to spend two days with the Seneca Center in San Francisco, an NGO organisation with several hundred staff providing various child and youth services in multiple venues for several county governments across the bay area.
This Group included leaders from national agencies of all IIMHL countries including several people from New Zealand who were interested in the wraparound approach.

**Learning goals**

Kerry’s goal was to further his knowledge in innovative ‘wraparound services’ for young people and families and initiate relationships which is one of the goals of the IIMHL programme.

He had two specific objectives in his attachment with Seneca: (1) How to ensure a service provides family directed health plans; and, (2) How to manage support packages where perhaps the majority of inputs are not funded.

Kerry has a reasonable knowledge of the funding and organisational side of the Wraparound concept following a visit to Milwaukee in 2007. He has developed a good relationship with the Milwaukee director, Bruce Kamradt, who has visited him in Otago. ‘Wraparound’ is new for New Zealand in that it:

- Draws several funding streams together (i.e. from Health, Justice, Education, CYF etc.)
- Manages funds in a very targeted manner to do ‘whatever it takes’ to meet the needs of people with mental health and addiction problems
- Utilises a comprehensive provider network
- Delivers services with strong consumer and family direction

**Process of Exchange visit**

Information was gained via the Exchange through:

- A visit to the Edgewood Center for Children and Families (ECCF)\(^2\) which offers “Community-Based Services in the following areas: Kinship and family support, prevention and intervention, wraparound, school-based programs, behavioral and mental health, and physical health and wellness. Intensive Services include: residential treatment, day treatment, educational therapy in the agency’s non-public school, medical and psychiatric services, and case management. Our award-winning research team studies outcomes and approaches to gain understanding of the best ways organizations can help children and their communities”.
- A visit to several sites of the Seneca Center\(^3\) led by Mark Nickell and Morgen Humes for an overview of the organisation’s work. This agency is based in San Francisco and the visits were led by Morgen Humes (Director of Training and Research) and Mark Nickell (Director and Trainer). This agency offers evidence based services in communities, in schools, residential services, training and ‘family finding’ services. “Seneca Center sustains children and families through the most difficult times of their lives. In many cases, we are the last hope for young people who have come to see failure and discouragement as a way of life. Here at Seneca, we offer each child a simple but profound promise: You will be supported every step of the way, no matter what challenges you face”.

- Documentation:

\(^2\) [http://www.edgewood.org/whoweare/about/](http://www.edgewood.org/whoweare/about/)

\(^3\) [http://www.senecacenter.org/home](http://www.senecacenter.org/home)
All the presentations from the first morning were given on flash drives.

Unconditional Care: Relationship-Based, Behavioral Intervention with Vulnerable Children and Families. This book has been published by the Seneca Center and was given to all Exchange attendees.

A very comprehensive manual of all Seneca processes from when a child/family first makes contact through to community discharge was given to all participants.

**Impact of Exchange learning on services**

Kerry has undertaken a diagram synthesizing his approach to wraparound care and outcome measurement. [http://www.iimhl.com/iimhlupdates/organising_for_outcomes_oct11.pdf](http://www.iimhl.com/iimhlupdates/organising_for_outcomes_oct11.pdf)

The working title is: "Organising for outcomes - The choices we make when organising, sometimes accidentally, that provide or deny relevant outcomes for users".

His aim is to:

- write a paper / workshop on this approach
- move his service more towards a wraparound approach, in its clinical and community processes
- instill enthusiasm for development of a wraparound service in New Zealand
- increase the understanding of services’ organisation and the effects of that on what is done
- demonstrate that Wraparound is more than a system that just individual agencies can offer and is more valuable when provided in a comprehensive multiprovider model.

**JOLEEN TURNBULL**

Joleen is the Manager of Te Kupenga Net Trust and is based in Gisborne.

**Leadership Exchange attended**

Joleen attended the two-day Exchange co-ordinated by the Los Angeles (LA) County Department of Mental Health (LAC/DMH) the world’s largest mental health system which serves a population of 10 million people. This Group was led by Alysa Solomon. The LAC/DMH operates more than 80 programs and contracts with more than 1000 providers, including non-governmental agencies and individual practitioners who provide a spectrum of mental health services to 250,000 people of all ages (0 to old age) per year.

This Group included leaders from national agencies of New Zealand and the US.

**Learning goals**

- [http://dmh.lacounty.gov/wps/portal/dmh](http://dmh.lacounty.gov/wps/portal/dmh)
Joleen’s goal was to experience the peer support programmes run by the service in order to bring best practices back to New Zealand.

**Process of Exchange visit**

Information was gained via the Exchange through various visits including:

- Visits with several local leaders and services, for example:
  - Key staff from the head office through to people working in the community
  - Project Return which is a peer training and education Project
  - A 24-hour 0800 support and advocacy service
  - An acute triage service within LA that sat attached to the hospital and backed on to the Emergency A & E Services – people could be brought in for 71 hours and 59 minutes for an assessment period – in this time they would address any needs that brought them to the service (e.g. psychiatrist, prescriptions, medical support, addiction, housing etc. and make referrals to other community support agencies).

**Impact of Exchange learning on services**

As Joleen is setting up peer run groups the information gained was invaluable for this task. She aims to have them established within three months of attending the Exchange.

Joleen met several LA clinical staff who were interested in coming to work in New Zealand and has maintained contact with them. Some of them have indicated that they would like to come to IIMHL 2013 in Auckland.

Joleen is presenting to: The Tairawhiti Local Advisory Group and the Midland Mental Health and Addiction forum. She is also in ongoing contact with the LAC/DMH staff.

**CHRISTINE ZANDER-CAMPBELL**

Christine is the Manager of Supporting Families in Mental Illness Manawatu based in Palmerston North.

**Leadership Exchange attended**

Christine attended the two-day Exchange co-ordinated by the IIMHL Child, Youth and Family Leaders Group. Most of the Group who met in 2011 have been connected for several years and some people like Christine are new. This Group is led by Gary Blau (who leads this work nationally for the US as part of Substance Abuse and Mental Health Services Administration [SAMHSA’s] activities) and Sybil K Goldman (who is from Georgetown University Center for Child and Human Development, National Technical Assistance Center for Children's Mental Health).

Overall the aim of this Group is to “expand the global adoption of best practices to improve the lives of children and youth with behavioral (sic) health challenges and their families”.

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*http://lacdmh.lacounty.gov/News/Publications/Enews/PDF/012711_PEER%20ADVOCATE.pdf*
The Exchange included sections on: exchanging innovations in each country, generating new ideas for service development and evaluation, developing leadership skills and visits to services who demonstrate excellence in specific areas.

This Group included sixteen leaders (including youth leaders) from national agencies of all seven IIMHL countries. They visited several services in San Francisco including:

- services for the Native American community with tours at both Friendship House and the Native American Health Center
- the San Francisco Child, Youth, and Family System of Care, which is a site committed to implementing practices that improve youth guided-care and outcomes, especially for youth and young adults in transition
- a site related to evidenced-based practices and policy through the City of San Francisco Department of Public Health/Community Behavioral Health Services

There was also an opportunity for parents and caregivers who are participating to meet with leaders of the National Federation of Families for Children’s Mental Health and focus on parents as leaders in developing, implementing, and evaluating systems that serve children and youth.

**Learning goals**

Christine’s goals were twofold:

- to develop an understanding of the measures that family support agencies can use to assess key performance indicators and outcomes (related to The Ministry of Health Mental Health and Addiction Action Plan 2010-2011 – Action 2.3)
- to look at parenting programmes (e.g. Triple P which originated in the US)(related to MOH Action Plan 4.1)

**Impact of Exchange learning on services**

Information gained via the Exchange included:

- The Family Training Package from Sandra Spencer in USA will be useful in the family work Christine is undertaking
- Trauma and young people – this information will assist in the SF project on children of parents with a mental illness
- Suicide prevention work from England – this information has been given to a working party on suicide prevention at MidCentral Health DHB and will be used as a base for a workshop for community agencies
- Trauma informed care for indigenous people will help with Christine’s work with Maori and Pacific peoples
- The information from Canada on Youth/Family engagement and training initiative will be useful in the family work that Christine does
- Canada also provided information on School-based mental health as well as outcomes from the project, which will help to inform the District Management group at the DHB about effectiveness of the programme
- Christine works with a number of families that have a young person who have self-harmed and Jude Sellen from the UK provided her with some good information and training manual that will help her team
The Ontario Centre for Excellence for Child and Youth Mental Health gave out a guide for internal evaluation which will be useful in evaluating Christine’s service and she will share this with other SF Branches around the country.

Discussions on outcome measures and parenting programmes were also held within the Exchange Group.

As Christine is on several regional and national agencies and workforce development groups she is in a position to influence change. She is presenting to:

- the SF AGM the learning from the exchange and network meeting
- the managers of SFNZ in November
- the National Council of SFNZ
- the District Management Group for Mental Health & Addiction for MidCentral Health

Christine is now formally part of the ongoing international Child, Youth and Family Group. This means that she has instant access to expertise in this area by email or Skype.

“I would like to thank Te Pou for the scholarship to attend the IIMHL Leadership Exchange and Network Meeting. It has given me a wider view of what is happening in mental health services around the member countries. It was a privilege to be able to talk with other leaders in the field around the challenges that we are all facing in this current environment”.

FIONNAGH DOUGAN

Fionnagh is the Manager of Clinical Services, Mental Health and Addiction Services at Auckland District Health Board.

Leadership Exchange attended

Fionnagh attended the two-day Exchange co-ordinated by the Mental Health Commission (MHCC) in Calgary, Canada and led by Lisa Petermann (Director of the MHCC Knowledge Exchange) and assisted by Sapna Mahajan.

The Mental Health Commission of Canada aims to be a catalyst for transformative change. Their mission is to promote mental health in Canada, and work with stakeholders to change the attitudes of Canadians toward mental health problems, and to improve services and support. Their vision is a society that values and promotes mental health and helps people who live with mental health problems and mental illness lead meaningful and productive lives. Their six-part strategy aims to: “shift upstream and across sectors, transform relationships and uphold rights, strengthen community capacity, improve equity, seek innovation with First Nations, Inuit and Métis, and, mobilise leadership”.

Learning goals

Fionnagh’s goals were threefold:

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7 Christine Zander, October 2011.
8 www.mentalhealthcommission.ca
• to develop an understanding of the strategies and tools used to commission mental health and addiction systems
• to identify ways to use evidence in designing integrated systems
• to learn more about primary care innovations

ADHB is implementing a new leadership model where Fionnagh is required to work as a leader across the system of care funded by the DHB and take a lead in commissioning the mental health and addictions system. She notes that: “In order to drive innovation and improvement in a constrained economic environment considerable change to support improved outcomes for mental health and addictions service users is required”.

Impact of Exchange learning on services

Fionnagh is now leading the preliminary work required to define the components of the mental health system. From attendance at the Exchange she has learnt how evidence has been used by other countries to commission the most effective range of services and how improvement tools are used to support sustainable change. “A key accountability going forward will be to ensure there is a robust evidence base underpinning all of our continuums and then implement the purchasing decisions required to reconfigure the service to align with the above.”

Her work now involves implementing an approach to bring this new knowledge to create, market and implement strategies which deliver improvement across the system of care. In addition Fionnagh (as a result of the Exchange) is in a formal international group looking at commissioning strategies in mental health and addiction services. This means that she has instant access to expertise in this area by email or Skype.

“I believe my learning from attendance at the Exchange will strengthen the capacity of ADHB to respond to the challenges outlined in the MOH Mental Health and Addiction Plan.”