



INTERNATIONAL INITIATIVE FOR MENTAL HEALTH LEADERSHIP

MAKING SERVICES WORK FOR CONSUMERS



**The International Initiative for Mental Health Leadership - benefits for New Zealand:
Experiences of ten people who have attended leadership exchanges.**



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Introduction

New Zealand has participated in IIMHL Exchanges since IIMHL's inception in 2003. In 2007 we are undertaking a survey of all New Zealanders who have attended in that five year period. In addition it was thought that interviews with ten people who have attended the exchanges one year through to all five years would be useful to get a more in-depth idea of the impact of attendance on people and services.

A brief description of IIMHL

In 2003 the leaders of four key national governmental and NGO agencies from England, New Zealand and the USA banded together to form the International Initiative For Mental Health Leadership (IIMHL) with the aim of enhancing and promoting service improvement through effective leadership. Since its inception five other countries have joined the original countries (Scotland, Australia, Canada, Northern Ireland and the Republic of Ireland) making a total of eight. IIMHL is led by Fran Silvestri who is based in Auckland. For further information see www.iimhl.com

Exchange process

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 may cascade down to all staff and service users. These benefits could include: joint programme and service development, staff exchanges, sharing of expertise (whether it be managerial, operational, clinical, cultural, and family or service user), research, peer consultation and review. The schedule of the IIMHL Leadership Exchange is as follows:

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. Some leaders who have been matched in prior exchanges have used these two day visits to conduct peer review of services.

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, USA; in 2005 Wellington, NZ; in 2006 Edinburgh, Scotland; and 2007 in Ottawa, Canada.



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 working conference is centered on a broader view of MH Leadership and how to continue to build collaboration between leaders of IIMHL's sponsoring countries.

Local Experiences

Hugh Norris

Hugh is currently in the position of Group Manager Mental Health for a District Health Board. Prior to this he was the CEO of a large mental health NGO. Hugh has participated in three exchanges. His first contact was as a host in the 2005 exchange in New Zealand. In his previous CEO role he hosted a group two of whom were CEOs of NGOs from England and the US with the CEO of an NHS Trust making up the third member of the exchange. The focus of the discussions was integrating theories and practice and ways of implementing recovery in services. Hugh had developed a “4 quadrant” model and the visitors were very interested in his approach – to the extent that he was later paid to visit London and Birmingham to present and undertake training in this model.

The second exchange he attended was in Edinburgh and focused on planning and funding. The other participants included a fellow New Zealander and a leader from NIMHE in England. This was useful however he found that the thinking around this area was more confined than the New Zealand approach. In 2007 Hugh attended an exchange in San Diego. This was interesting as this state has access to what was called the “millionaires tax” or “Proposition 63” - funding raised by extra taxing and (similar to Blueprint funding in New Zealand) was to be used only for new services. In addition the population and service make-up of San Diego was very similar to that of New Zealand which was helpful in discussions. An innovative service that San Diego had established was “community recovery houses” - an alternative to acute inpatient care. Unfortunately the hosts from San Diego were restricted in traveling so they were not allowed to attend the conference in Ottawa. Hugh believes that this then meant that his trip was more of a “visit” than an exchange as he was not able to continue the discussions at the conference with his hosts. As a result Hugh believes that the conference is an important part of the process as it gives a context for the exchange.

Following his exchanges Hugh has presented to local services on what he learnt in his exchanges. He has continued contact with his exchange contacts to some extent and has been able to strongly showcase New Zealand services during his exchanges. A strength of the process has been the ability to strengthen relationships with local colleagues. In addition as noted earlier he was paid to visit the UK to promote and train around his model of services provision. Hugh has taken the concept of community recovery houses and established these in his DHB. He also found that the visits were helpful in taking more of a population health approach in his work. For his own personal development as a leader Hugh believes that participation in IIMHL processes has given him more confidence as a leader to make changes in services. One area that he is beginning to discuss is the possible benefits of mental health being separated from DHBs (somewhat similar to NHS Trusts). Hugh sees that such a separation could lead to real innovation and higher quality service provision (as is already being demonstrated by some NGOs).

Hugh believes that *“any process can be a learning process if you approach it in the right way”*. Thus even though there were tensions at the conference in 2007 Hugh sees that if

you are a leader you need to learn from the dynamics whatever they are. Thus in his opinion he thought two things. First, the process of selecting New Zealanders needs to change “*complainers are not leaders and should not attend if they are only going to find things to criticize*”. Hugh noted that IIMHL is just a network and some people read more into it than is necessary. Secondly he thought that people need to realise that “*approaches to change have changed*”. The old way was to “*agitate for change*”; however in this area of technology Hugh believes that the way to get change is to “*engage people’s interest*”. In his opinion the young people who presented at the 2007 Ottawa conference did this well.

Hugh wanted to thank Fran Silvestri for his leadership in the IIMHL process.

Sally Pitts-Brown

Sally is in the position of Acting CEO for a national mental health leadership training agency in New Zealand. She was funded to attend through successfully applying for one of ten government-funded scholarships. This was the first time she had attended a IIMHL exchange and although initially somewhat anxious at visiting a group of people that seemed more 'academic' than her, Sally soon realised that her work had particular relevance to the theme of this exchange group which was around development of leadership skills. She found that she could offer practical, "hands-on" examples of what might constitute effective leadership training.

The group met at the University of Cincinnati and comprised two psychiatrists/researchers, one mental health policy researcher (with a background in as a social worker), one CEO of a national leadership agency, a person who worked for IIMHL and as a contractor in mental health. Countries represented in the Cincinnati Group were Scotland, the US, Canada and New Zealand.

A formal ongoing relationship with the group has been established though email with an additional meeting planned for 2008. In addition, a more informal parallel email process has been underway since the exchange. As a result of the meeting with this group Sally stated that the following actions have been taken: she had undertaken a presentation to her local service on the exchange, she is involved in writing two papers for publication, she now had the ability to access international experts and resources via her exchange group and IIMHL staff, and she had had the opportunity to show case NZ expertise in a specific area (which had led to collaboration with her Scottish exchange member in the group) and she now had the ability to tap into an ongoing wider network of IIMHL people. In addition Sally noted that an unexpected benefit was strengthening of relationships with her New Zealand colleagues who attended.

Planned actions included writing an article on her service for an international journal (which she has drafted), collaborating with her exchange group on an article on the exchange and working with her Scottish colleague on a comparison of services.

"The exchange has strengthened my leadership practice as it has affirmed my work on an international scale, motivated me to publish (which I haven't done before) and given me a resource of people to tap into". Sally also noted that "It was great to have the time to reflect on my practice as a leader and now with my fellow exchange colleagues supporting me – the world is now a much smaller place. It was so much fun too!"

"On reflection the conference was a significant part of the exchange in regard to consolidation of relationships but lacked real 'stretch' in regard to content. It seemed such a waste of an opportunity having so many leaders in one place not to create a learning opportunity!"



Robyn Byers

Robyn is in a management role heading up a mental health service for Nelson-Marlborough DHB. She has been sponsored for attendance at the IIMHL exchanges by the CEO. Robyn had participated in four years 2004 to 2007. In 2004 the exchange was in Maine, USA; in 2005 she hosted an overseas group in Nelson, New Zealand; in 2006 the group met in South Lanark shire, Scotland; and in 2007 again it met in Maine.

In Robyn's exchange the same group of leaders met each exchange and worked together as part of what they called a 'Peer Collaborative Review'. This was a standardized method of conducting two-day reviews of each other's services. Prior to each exchange they planned (via email and teleconferences) the review and documented the process during their time together and then planned improvements based on the outcome of the review.

Actions that took place as a result of these exchanges included a documented review of Robyn's services twice in four years, arranging staff exchanges whereby staff spent time in a service and brought back new ideas, several presentations both locally and nationally (e.g. to the national meeting of mental health services managers and clinical directors), presentation of the work at an IIMHL conference in Washington 2005, and the ability to tap into international experts to up skill staff (e.g. arranging for the US psychologist Scott Miller to visit the service in 2008 and work on staff development).

Ways in which participation in IIMHL have assisted Robyn's service include providing a career pathway for staff, obtaining information which assisted in the establishment of an Early Intervention for Psychosis Service, getting a process for setting up electronic files for service users, strengthening service user leadership in the service, advice from Scotland about assessment of recovery, progressing the reduction of seclusion and restraint and gaining information on how to establish a new system of home based care.

Robyn noted that anytime she attended she *"wanted something different to happen as a result, some sort of new development across services, staff and systems. If you plan an exchange well you can ensure that your service can benefit hugely"*. On a personal level Robyn found the exchanges great learning experiences and a key part of this was enhancing her ability to relate to a wide range of mental health workers.

Vince Barry

Vince is General manager of Mental Health Services for a DHB. He first participated in an IIMHL exchange when he was a host in 2005 in New Zealand. His two visitors were a CEO from a large NHS Trust in England and the CEO of a large NGO from Jefferson County in the US. Meeting of the NHS CEO Vince found particularly helpful as she had very similar issues within her service. As part of this exchange Vince organized a “Question & Answer” session for the staff of the DHB as well as local NGOs. In 2006 the group had one additional member and visited a few services in the UK. In 2007 Vince did not participate for two reasons – there were local challenges within his service at the time, and the CEO with whom he had forged a strong relationship had since moved to another position.

Three major actions that Vince took as a result of his exchanges focused mainly on workforce issues. He and the NHS Trust CEO set up a workforce exchange in which Vince has already attracted two clinical psychologists and one nurse to his service. Secondly one of Vince’s staff members (George Schwass) had been asked by Vince’s exchange partner to visit the UK to share his expertise in early intervention for psychosis services. Thirdly the CEO and Vince had set up an informal benchmarking process around FTEs and financials. In addition Vince presented his experience to local services, is able to contact his exchange partners by email and was able to showcase New Zealand expertise particularly in the areas of early intervention for psychosis and risk management processes.

As a result of his exchange experience Vince is also now more acutely aware of the need to provide evidence for what services do. While his services use the HoNOS assessment tool he is also looking at other ways to built evidence. Vince noted that as a leader it was helpful to measure himself against senior leaders from around the world realise that his *“skills and expertise stack up with theirs”*. One example of this was listening to a presentation and discussion on change management in Leicestershire and realizing that he could be in New Zealand – the issues were so similar. This knowledge has added to his confidence as a leader in New Zealand. Vince questioned the process of the IIMHL conference but noted that it was difficult to satisfy such a diverse group of people and there needs to be a venue in which all people get together to discuss their exchanges.

Vince is keen to continue participating in IIMHL exchanges. Unfortunately the CEO with whom he had a strong connection has now moved positions so he sees the challenge to get a new exchange group that is as good a fit. Vince is already planning for how he can host people in 2009.



Mary O'Hagan

Mary is known to most people who work in the mental health sector in New Zealand. She now works as a consultant but has attended IIMHL exchanges as a Commissioner when she worked at the Mental Health Commission. She has attended all five exchanges from 2003 to 2007.

In 2003 Mary had her exchange at the London Development Centre with the conference in Birmingham. In 2004 she attended the SOAR programme in Madison Wisconsin. In 2005 Mary hosted a meeting of service users in Wellington. The next year she attended Scotland and this year in 2007 she participated in an exchange in Montreal, Canada.

Mary has not developed an ongoing relationship with any of her exchange groups. She stated that this was because she is *"not a great networker"* but also agreed that prior to each exchange she did not state what she wanted or plan for each exchange. Mary noted that her role is unusual and she *"found it hard to meet people in similar roles"* which is often what people doing exchange visits value.

Mary noted that a major benefit about being involved in IIMHL was linking with other service users. This has evolved into a project called 'Associated Consumer Experts (ACE)'. Although early days for this project, it involves collaboration among a group of national service user leaders from IIMHL member countries. They aim to provide a group of consultants who can be contracted to assist in service user development by countries and agencies and to establish a comprehensive recovery website. Initial funding was provided by New Zealand and the group is now seeking ongoing funding from any IIMHL country willing to support them.

Mary stated that having the opportunity to see other services and meet people from other countries is useful even if some of the visits weren't so good it still *"sharpens your view of the world"*. What she would really like to see happen in the future is *"some sort of think tank in which people can discuss some of the important issues and decide on further action to take"*. This would be a more relevant way of using exchange visits than visiting services for her.

The IIMHL conferences are something that Mary would like to see changed. She noted that sometimes large meetings are not so good for service user leaders as the combination of jetlag, the mix of cultures, people who are sensitive to exclusion and the different degrees of experience at the international level can lead to a "combustible mix". She suggested that having world-class inspirational speakers who aren't from the mental health would be much better as *"people need to benefit and learn from the conferences and this would be one way of ensuring that"*. This could be combined with a very open process such as the open space technology day in Edinburgh. She feels a combination of non mental health inspirational speakers and open participatory process would stop a lot of the exclusion felt by services users and indigenous people and would probably be more rewarding for everyone.

Carole Maraku

Carole works in a Maori NGO: Te Upoko O Nga Oranga O Te Rae. She is in a position equivalent to a CEO (the Maori name for the role is Pou Arahi).

Carole has been involved in IIMHL since 2005 when she was a host. In 2006 she participated in an exchange in London England in mental health service provision for which Black, Ethnic and Minority (BME – a UK term) groups was the focus. In May 2007 Carole attended a small invitational meeting hosted by the Cook Inlet Tribal Council at Anchorage Alaska. The focus of the meeting was to develop best practice guidelines for acquiring indigenous of the effectiveness of services. Three other New Zealanders also attended: Nemu Lallu (Ministry of Health), Neti Cook (Pacific Peoples Addiction Services) and Fran Silvestri. Later in 2007 Carole attended an exchange in Toronto again the focus was on indigenous communities.

Carole has formed an ongoing relationship with the Anchorage Group. They have regular contact by email and phone. A key outcome from this group was a document called 'Indigenous Evidence Based Effective Practice Model'. This document has been widely disseminated throughout IIMHL countries and has been very well-received. Other outcomes of her exchanges for Carole are: being part of an ongoing network of people interested in indigenous issues, learning about the very advanced PHO environment in Alaska for indigenous people there and undertaking presentations on the exchange to regional services.

One of the interesting issues that arose for Carole was the use of language when talking about indigenous issues. She stated that in New Zealand Maori has a preferred language when discussing Maori issues. Other countries use different words when describing indigenous and/or ethnic groups (e.g. in the UK people talk about Black, Minority and Ethnic groups or "people of color"; in Canada they use "racialised groups" or indigenous; whereas Alaska uses indigenous to describe the people of the land. Carole said that with regard to the languages issues, Carole believes that we in New Zealand are in no position to tell other countries what to do, but we should be able to share our experience in a respectful way while respecting other countries language and processes. As a result when in Ottawa she *"felt that she was able to demonstrate leadership in a tense environment by bringing balance and clarity to discussions"*.

In addition Carole believes that though her experience in IIMHL she is more able to see the bigger picture, is more accepting of someone else's point of view and is more appreciative of those who are willing have respectful input into collaborative across nation work.



Ian McKenzie

Ian is the General Manager of Mental Health Services Counties Manukau and has been sponsored to attend all five IIMHL exchanges starting in 2003. Since his first exchange Ian has forged a strong relationship with his partners with ongoing projects and research both completed and being planned.

The first exchange took place in Birmingham and the focus was on service development service type and change management processes. The second exchange in 2004 was held in Nashville. Ian notes that he was lucky to be partnered with CentrestoneTrust, an innovative clinical and support agency which serviced Nashville and northern Tennessee in both rural and urban settings. The focus of this exchange was on service design, information systems, governance and change management as well as to strengthen the existing partnership. Dr Margaret Aimer the Clinical Director at CMDHB also attended the exchange. They learnt a lot from how this agency operated as a NGO in the “for profit” health environment which typifies the US.

In 2005 CMDHB MH service hosted the partners from the previous two years: Birmingham, Nashville and Toronto. The focus was on clinical, NGO and service user initiatives, planning and funding collaboration, the policy environment, clinical and support partnerships across agencies and culturally specific services. In 2006 it was back to Birmingham. The focus was on clinical partnerships, early intervention for psychosis, multicultural services (as an application and development of the New Zealand experience) and following up service development innovations from 2005 in particular crisis services. (The other partnerships included clinical directors as a way of broadening the learning and strengthening the leadership process).

The strong relationships have been cemented by email and teleconferences in between exchanges either related to exchange activity or in relation to local service development. Ian confirms that services have changed as a result of learning about innovations in specific service configurations, change management, information systems and service redesign. CMDHB have been involved in a substantial cross-nation research project which is ongoing but which has a paper in press called *‘International Comparative Assertive Community Treatment Teams Study Process and Data: How ACT teams compare across Toronto, Birmingham, Nashville and Auckland’*. This will be published in The International Journal of Leadership in Public Services IIMHL Supplement in early 2008.

Information gathered overseas has been presented to local staff both MH and in general health as well as fed into the national managers and clinical directors meetings. Ian believes that he now has a significant international resource of people to tap into for information and is using the partnership to manage a staff exchange (locum) in 2008. He found it particularly helpful to observe other countries’ service strategy and operation at the senior level and found the review of various health systems (e.g. universal versus selective access) useful from both efficiency and effectiveness perspectives.

Ian thinks that for him personally, participation has enabled him to grow as a leader and has affirmed many service innovations in New Zealand. His knowledge has been extended in many areas and he feels more able to better represent and manage his service

Ian noted that the IIMHL conference has been in the main less beneficial than the exchange. He

suggested that lengthening the exchanges and tightening the selection of attendees might be useful. He noted that *“IIMHL creates a framework for collaboration; IIMHL does not undertake or apply the collaborative work. The investment requires that people need to be able to demonstrate that they have learnt and changed things for the better for service users in New Zealand”*.



David Lui

David is a Pacific Health Consultant. He attended IIMHL exchanges in 2006 and 2007. The 2006 exchange occurred in Bournemouth, South England. It was at a large NHS Trust who was awarded a National Award 3 years running. The exchange was chosen because it is an example of a 'one-stop-shop' approach. David had always seen this model as something that Pacific Peoples have aspired to so he was interested to see it in action. In addition the population served was similar to New Zealand in that there was a wide range of cultures being served in Bournemouth. An added bonus at this exchange was the inspirational leadership demonstrated by the Trust's CEO Roger Browning. David noted that although Roger was "*not a computer whiz*" (e.g. people had to email his PA to contact him), he was a great communicator, and great delegator and all staff were very clear about the vision of the organisation and seemed to have great respect for their CEO. David reported that he learnt a lot from this exchange experience. He noted that similar to New Zealand, the majority of people in forensic and the prison systems were black or colored (to use the UK terms).

In 2007 David asked if he could attend an exchange that was focused on indigenous communities. Although he had great respect for his fellow 2006 exchange participants, he now wanted to further his learning in another area. So in 2007 he attended the Cook Inlet Trust in Anchorage Alaska. David again found this to be an invaluable experience as this Alaskan Trust works using a holistic model in which all services (e.g. housing, social work, health and mental health) come under the same umbrella. David also had input via fellow New Zealander Ned Cook into the document on indigenous best practice that the Cook Inlet group published.

Since both exchanges David has kept in contact with both lots of exchange groups mainly by email and the occasional phone call. He said that in terms of communicating what he has learnt to local services he is in a fortunate position in that his current work takes him all around New Zealand. He gets to work and interact with most of the Pacific services and many non-Pacific services in New Zealand in his capacity as a Health Consultant. He feels lucky in that he is able to draw upon what he has seen and heard from his exchanges on a daily basis. David said that he is aware of the investment that the government has made in him and it is his duty to communicate his learning.

The highlights of his exchanges were: seeing an effective one-stop-shop in action; learning about risk management (David now believes that we in New Zealand may not focus on this enough); seeing the complexities of working with multiple tribes, multiple complex languages and incredibly remote areas in Alaska; seeing what David called "*inspirational leadership in action*" through observing Roger Browning; and that understanding that New Zealand may be ahead of other countries when it comes to transferring knowledge into practice in some areas.

David was grateful to be able to attend these exchanges and notes that attending the conference enables him to see a more global picture and he thinks that the idea of IIMHL is a sound one as long as the learning is utilised in practice in New Zealand.

Sue Treanor

Sue's role is Director of Workforce Development at the Werry Centre. She attended IIMHL exchanges in 2006 and 2007. In 2006 the IIMHL focus on child and adolescent issues was minimal and Sue was part of a group of lead clinicians and centre leaders who met at Edinburgh Hospital's child and adolescent mental health unit. Sue found this a very useful meeting, particularly learning from her Scottish colleagues as Scotland has roughly the same population and has similar issues (e.g. rural-urban spread, population size, and training needs). Common themes were found across all countries represented as well (e.g. a low profile for child and adolescent mental health within mental health and health more broadly, a need to increase activity for long term workforce development, up skilling of current and potential workforces, and development of new roles). There they began a strategic push for greater recognition in IIMHL of the workforce issues for staff working with this group.

In 2007 the group met again at the Children's Hospital in Ottawa. This time service user and family were also represented in the exchange with broader issues being discussed. An ongoing relationship has developed among this group with the main mode of communication being email. It was noteworthy that at the Ottawa conference there was a strong young service user presence both in a presentation to wider audience and also through art and entertainment.

Actions that Sue has taken as a result of the exchanges are: presentations to local and national CAMHS staff, being part of an ongoing network of people, co-authorship of a paper (led by Shona Clarke – youth representative), ability to access international resources (e.g. advice on service redesign) and people (e.g. Gary Blau). Gary, directs the Child, Adolescent and Family Branch within the US Federal Government's Substance Abuse and Mental Health Service Administration (SAMHSA) agreed to be a keynote speaker at the 2007 New Zealand CAMHS conference, and strengthened relationships with local colleagues (e.g. another New Zealander that Sue met is now a member of the Werry Centre Board). The Werry Centre is also picking up the Canadian "*Dare to Dream*" programme and seeing if it could work in the New Zealand context.

Sue also noted that it was heartening to find that New Zealand is ahead of the US, Canada and Scotland in some aspects, as these countries do not have dedicated mental health workforce programmes. In 2009 Sue plans to ensure the focus on this area still remains at the IIMHL exchange and conference. She is also planning a visit to key sites in the US (e.g. to Sybil Goldman director of The Georgetown University Center for Child and Human Development). Sue notes that as a result of her experiences she has been thinking that the concept of "recovery" may not fit well with young people. Instead young people want more of a focus on "wellbeing". Sue will be exploring such issues in the future.

Overall Sue felt that her attendance gave her more confidence in our local innovations and in herself as a leader "*As a leader of a national centre I can say that we do pretty well and I think our profile has been raised positively*".



Lorna Sullivan

Lorna is the CEO of Standards Plus an organisation that focuses on bettering lives for people who experience disability. This agency sponsored Lorna to attend the last two IIMHL exchanges and conferences.

The first exchange that Lorna attended was in 2006 and it occurred in Leicestershire in England. The focus of the exchange was on the UK 'Valuing People Project' and how this Shire was applying the Valuing People policies in their area. Lorna found this exchange interesting but not hugely innovative. In hindsight she thinks that she could have contributed more to their process but at the time did not feel confident to do so.

However this exchange did lay the foundation for the concept of IIDL (i.e. the International Initiative for Disability Leaders) which has progressed since 2006.

Since that first exchange Lorna worked to get buy-in for the concept of IIDL from national leaders of disability agencies from IIMHL countries. Thus in 2007 there were four exchanges focused on disability. In the exchange that Lorna was in the task was to get leaders and politicians to agree an agenda and strategy for IIDL Participants were from England, Ireland, Australia, the US and New Zealand and they were hosted by the Grafton School in Virginia, US. Much progress was made as a framework for a plan of action to 2010 was developed. (The exchanges that were focused on the disability area were highlighted by an international agency - The Council on Quality and Leadership – who described the exchanges in a very positive way in a press release on 1/9/07).

Lorna reports that ongoing discussions are held via email with SKPE being planned as a way to communicate. Other actions that Lorna has taken include: presentations on IIDL to local and national services, a paper presented at a conference, participation in ongoing projects, the ability to access international people and resources related to the disability area, the ability to showcase New Zealand's own work and finally, Lorna found that attendance also strengthened her relationships with other colleagues from New Zealand.

Planning is underway for Australia in 2009 and Lorna is already thinking about which services might act as sites across Australia and New Zealand. Lorna noted that her practice and thinking has changed in several ways as a result of participation in IIMHL activities are: her international network has expanded, she is coming to the recognition that her work is less about the *"disability business and more about communication and innovation. This means a shift away from a disability agency to a community resource"*.

Lorna sees that for her personally, attendance has helped to enhance her profile nationally and internationally as a leader in the disability area. She is more focused on the fact that *"society has not yet fully grasped the social value of people with disability"*. She notes that isolation and loneliness are still real problems for people with disability and is looking forward to innovative ways to change that. *"IIDL is a way of showcasing possibility and innovation in a small but powerful way"*.

Summary

The above experiences demonstrate several benefits of attendance for New Zealand.

First, the information gathered from this group of ten people suggests that the similarities outweighed the differences in service delivery and implementing recovery across eight countries. Second in most cases strong relationships have been forged and continue whether through email or ongoing involvement in collaborative across-nation projects. Third ongoing work can occur without funding (as is demonstrated by for example the Counties Manukau research project, the peer review process used in Nelson-Marlborough and the Cincinnati Groups work). Fourth sometimes seeing what is *not* working can be as helpful as what is working. Fifth the complexity of effectively addressing cultural needs in services is an ongoing challenge for all countries and it has been beneficial for New Zealand to see what works well and what doesn't for other countries. Sixth, attendees have all taken responsibility for transferring the knowledge they gained into local services to enhance practices.

Overall it appears that if people take responsibility to ensure that their exchange is set up in such a way as to get the knowledge and experience they need then the exchange process has a greater chance of success and thus greater benefits for New Zealand.

