

INTERNATIONAL INITIATIVE FOR MENTAL HEALTH LEADERSHIP

MAKING SERVICES WORK FOR CONSUMERS



IIMHL Leadership Development Programme: Learning outcomes for 22 New Zealand Attendees in 2010

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Introduction

The purpose of this document is to report on the learning objectives and outcomes for people from New Zealand who attended the IIMHL Leadership Exchange in Ireland. IIMHL is funded by the Ministries of Health (or national equivalents) from seven countries: Australia, Canada, England, Ireland, New Zealand, Scotland and the USA. It involves a Leadership Exchange every 14-16 months and in 2010 the Exchange was hosted by Ireland with a meeting of indigenous peoples held in Toronto. The overall aim since 2003 has been to improve the quality of mental health and addiction services for people who use them. ¹In New Zealand the IIMHL work is funded by the Ministry of Health and managed by Te Pou.

A key aspect of the Leadership Exchange is that participants take responsibility for achieving the outcome that they want. Thus leaders are required to ensure that they are clear in communicating their learning needs and the possible processes for achieving them (e.g. the issues they want to explore with other countries, the services to visit, the sharing of resources, advice on clinical problems, collaboration with other indigenous peoples etc). There are a number of processes in place to support leaders to achieve their learning needs. IIMHL to assist with this process had written a 'Host' booklet and a 'Visitor' booklet so that the host country can learn from past efforts and Ireland developed a website solely for the purpose of ensuring that people could select their own "match" and had timely information for planning the Exchange.

The process

In 2010 New Zealand developed a brief process for assessing the outcomes of the Leadership Exchange for its local attendees in order to get information on return for investment. (England has also adopted this New Zealand process). Twenty two people (of 28) who attended the IIMHL 2010 Leadership Exchange completed a document noting their objectives and summarizing their learning outcomes. Table one shows the questions included:

¹ IIMHL is also the umbrella organisation for disability leaders – IIDL - who also have Leadership Exchanges.

- Key personal learning objectives
- Professional learning objectives for my organisation
- how people planned to meet personal learning objectives
- how I plan to achieve these during my Leadership Exchange/Network Meeting
- Outcomes achieved
- Sponsoring CEOs/Managers comments

Key themes

Examples of responses are collated in Appendix 1. (People's names have been replaced by 'he' or 'she'). This information will be placed on the Te Pou website (www.tepou.co.nz) and on the IIMHL website (www.iimhl.com).

Examples of learning objectives and methods for achieving these were all aimed at improving frontline services. Objectives were followed by people's outcomes and other comments. Common themes were: being able to make contact (and continue this) with others in like roles in other countries; specific learning about targeted areas (e.g. indigenous peoples' leadership, clinical issues for specific groups, child and youth issues, peer support, e-therapies, addiction etc), some people were exploring service reform/transformation in community agencies and others looked at data and measuring clinical and service outcomes. One person was invited to present a workshop on their work on evaluating quality of mental health services in Counties Manukau DHB and one other attended the Leadership Exchange arranged for different countries' Commissioners.

Outcomes included learning ways in which indigenous leaders could strengthen Whanau Ora; clinical best practice for young people and in addiction services. Learning about the growth of a new drug (Mephedrone) in Ireland/England that is widely abused but has not yet hit New Zealand was of interest to one person from addiction services who will take this information back to the addiction sector

in New Zealand. The common use of “Skype” in services in other countries to enable frontline staff to converse was noted. New Zealand was seen as a leader in both peer support services and in the inclusion of service users at most levels of mental health and addiction services. An article from one group will be published later in 2010 which includes information about New Zealand mental health leadership development programmes (e.g. Blueprint).

The person who attended the Commissions’ Exchange was one of two people who reported being unhappy with the Exchange process and thus the outcome. One would need to look at if all attendees for this Exchange were clear in the planning stage about their objectives and expectations. This issue is being taken up by the person concerned with the host Commission. A second person reported that the international service user group (Interrelate) appeared to be unwelcoming of new members – this being in contrast to the focus of the Network Meeting which was “Inclusion”.

One person questioned the role of the Ministry of Health in further supporting the implementation of the learning and wondered whether a strategy within New Zealand could be undertaken to strengthen such efforts (implementing reform, examining barriers) in order to have the best possible return on the investment made. Discussions have been held on this topic since the Exchange and this will be explored further by the Ministry of Health, Te Pou and the IIMHL Director.

As a national agency Te Pou has formed alliances with similar agencies in the UK (Sainsbury Centre – now centre for mental health, National Mental Health Development Unit and Canadian MH Commission). So an opportunity to visit the UK based centres meant the ability to have conversations with staff who are leading out national work on change and policy development – this included Mental Health and Employment, Talking Therapies and Commissioning of Services. The Commissioning work will be progressed between Te Pou and the National Mental Health Development Unit this year as the UK found with having a leadership programme aimed at Commissioners this could have a direct impact on better purchasing of services. Te Pou has already completed a leadership programme for planners and funders in New Zealand in 2008 but due to the turnover will need to keep this alive. One way of doing this at low cost is with a web-based leadership approach and regional networks. Te Pou will explore this over the coming year.

Some people obtained comments from their CEO or manager. Overall these comments were very positive on the ideas, resources and strategies brought back by their staff member from the Exchange.

Conclusion

In summary this document demonstrates that 20/22 of people who attended and completed the learning objectives document gained positive outcomes and met their learning objectives. IIMHL will take all comments on board to ensure that the Learning Exchange in 2011 will meet the needs of its attendees. One way of doing this will be to revise the booklets for attendees and hosts so that people get better information before the Exchange.

This information adds to the other two evaluations undertaken in 2010. The Exchange participant's are surveyed by IIMHL every year as to their learning outcomes. This report is nearing completion and will be placed on the IIMHL website (www.iimhl.com). In addition in 2010 a formal evaluation was commissioned by the Sponsoring Countries Leaders Group (which oversees all IIMHL activities). This report is being finalized by an American agency and will also be available on the IIMHL website shortly. All such information enables IIMHL to improve its activities over time.

Of interest is the fact that since the Exchange the people who received scholarships were convened as a group by Te Pou in July 2010 in order share their learning, share resources, to show how they have communicated their learning within the mental health and addictions sector and to note the actions that they have taken as a result of attending.

APPENDIX 1

Examples of key personal learning objectives

- *“To determine how other countries are establishing a philosophical and practical balance between recovery oriented care and clinical services*
- *To explore opportunities to showcase NZ success stories such as MH101, Executive Leadership and Management Programmes and the Blueprint Consumer Advisor Course.*
- *To examine the use of law to further human rights and social inclusion in other countries*
- *To identify progress made in different nations on promoting positive mental health and well being*
- *To learn about change management and system reform at a national level*
- *To learn about policy development at a national and local level*
- *To gain familiarity and confidence with presenting an hour workshop at an international network meeting*
- *To understand the role of the community sector in the development / provision of mental health services – particularly post recession.*
- *To continue to publish with exchange group on leadership development*
- *To network with, and discuss new training initiatives for the mental health and addictions sector, especially from the perspective of service user leaders or trainers*
- *To continue the strategic alliance established at the Ottawa exchange with Richmond internationally, Thresholds, and other UK organisations (and which we have subsequently maintained through shared work programme initiatives)”*

Examples of how people planned to meet personal learning objectives

- *Careful preparation including seeking advice from other people who have attended an IIMHL exchange previously*
- *Through contact and discussion with Amnesty International (Ireland)*
- *Listen to what people have to say, visit various sites over the time I have, ask questions and take resources that will assist to remember or make connections later*
- *Explore the concept of community entrepreneurs; community ownership of assets/resources; the role of communities in reforming services. Meet with local community entrepreneurs in Scotland (Fourth Sector); understand their business model and approach to developing / offering sustainable services.*
- *Write a reflective diary on the learning's/ strategic ideas, key areas to consider further etc for later processing*
- *By learning about and adapting for the New Zealand sector a new collaborative training initiative, developed through Dublin City University – “Dialogue”.*
- *Amend our national approach for policy implementation from demonstrated successes in the UK and Ireland*
- *Review UK and Ireland policy to see if there are commonalities and learnings for New Zealand*
- *The research exchange session in Dublin was particularly valuable as it enabled me to meet new colleagues who are also working in the area of evidence informed practice. The session offered new insights into academic and practice partnerships, and strategies to promote the uptake of research in practice*

Key professional learning objectives for my organisation (and ultimately for the people who use our services)

- *To identify ways of working with indigenous peoples that indicate similar world views, issues confronting Maori and how they are dealing with them e.g. dealing with suicide prevention, depression amongst Maori.*
- *Consider how we may benchmark what our services provide to Māori against a like service. Identify what issues arise, what gains are /can be made.*

- *Look at ways of delivering services to especially to older people and child and youth as these areas require further development with growing populations and being under blueprint spend requirements*
- *AOD models of treatment for Young People. Are the substances young people use in Ireland different from those in NZ? Managing risk issues for young people.*
- *During the exchange I provided a workshop presenting our experience of evaluating the quality of the mental health services using a multi-stakeholder method that we use at Counties Manukau DHB. I will be presenting the outcomes of my attendance at IIMHL to Te Pou on 22nd July '10, to the Mental Health Service Research Team here at Counties Manukau DHB, and to the NGO trust board I attend.*
- *To learn how other Mental Health Commission's are undertaking their work, how it fits with the work of the NZMHC and to determine how we can improve the work we are doing to the benefit of service users, their families and providers and other Crown Entities. To develop an international network of MH Commissions.*
- *Examine / review / evaluate critical values, beliefs and orientation of WALSH Trust in the face of contemporary thinking as expressed through the IIMHL exchange.*
- *To learn about other models of peer support*
- *Increase our knowledge of variations in the mental health acts being used in different countries. This will inform discussions of the review of the New Zealand mental health act.*
- *Re-engage planners and funders in change management and leadership*
- *I had the opportunity to participate in a policy round table meeting in London, facilitated by the Guardian social services editor, which involved many NGOs, Ministry representatives, etc and gave an excellent overview of policy developments in the UK. The immediate post election timing of the visit was also useful, as policy positions on a range of issues were aired and debated. Key strategy here was networking with others".*

How I plan to achieve these during my Leadership Exchange/Network Meeting

- *"Develop a list of like managers / workers from other countries who manage/ work with indigenous peoples*

- *Another benefit is to consider my own personal development as a manager. One such opportunity has been the ability to participate in the development of the “Wharerata Declaration” group. This group is an Indigenous mental Health leadership Group that is looking at ways to increase leadership for indigenous peoples in Mental Health.*
- *Visit the Inclusion institute and the CORIIN Project at Leicester*
- *Understand the status of thinking around mental health service provision, post recession, and including arguments that advocate for reform of service provision. Consider then what role NGOs (such as WALSH Trust) might play in shaping a future.*
- *Promote / implement / sponsor seminar to promote contemporary thinking in service / system development in partnership with other sponsors (e.g. Roberto Mezzina, Phil Thomas...)*
- *Meet with combined Mental Health Commission’s group; make a presentation on the work of the NZMHC; assimilate presentations made by others; determine areas for learning*
- *Do a peer-support related exchange:*
 - Ask my host organisation to introduce me to other peer support organisations*
 - Identify and talk to peer support organizations represented at the conference.*
 - Listen to peer support presentations at conference*
 - Read literature available at conference*
- *Meet members of the Irish Mental health commission. Share experiences of our respective mental health legislation and proposals for their review.*
- *To seek input and perspectives from consumer leaders that I conversed with during my time at the conference. I have found that often the issues that we struggle with most are best clarified by fully engaging consumers and in particular those with experience at an international perspective*
- *Visit Sainsbury Centre and National MH Development Unit to talk with staff who lead change projects and commissioning services”*

Examples of outcomes

- *“With the advent of Whānau Ora as one of the key political strategies by the current Government and the Ministry of Health it seems logical that looking to develop indigenous Leadership in this sector is not only appropriate but necessary. I believe that my participation with the Wharerata Roopu will contribute to a wider learning and development of services to Maori and Tangata Pasifika.*
- *Sharing of Data. Discussions with like managers /services. I will be providing a presentation upon my return of the services that I was placed with in the exchange. This will be provided to Operations managers at Capital & Coast District Health Board Mental health directorate and my own Team at Te Whare Marie and Health Pasifika*
- *It appears from the conversations with hosts that motivational interviewing and CBT are still highly recommended when treating young people with mental health and or addiction issues. Two of the facilities I visited, were residential services for young people with mental health and the third was an AOD service for young people.*
- *Mephedrone appears to be the new drug that young people in Ireland/Britain are experimenting with, and is legally available through legalized herbal high shops. I believe NZ’s response to this was significant with changes to legislation occurring i.e. Mephedrone would be considered a ‘class c drug’ with a maximum penalty of a \$1,000 fine or three months in jail or up to eight years for importing/supplying. Thus far we have not had any reports of this drug in the Lakes region. There were also reports that children as young as 12 were using heroin.*
- *A draft article from our Exchange group is underway and will be published in the International Journal of Leadership in Public Services this year.*
- *Managing risk issues was a significant conversation on the second day of the exchange when visiting the clinical team at YODA (Youth Drug & Alcohol Service). How do services manage informed consent? How do services manage young people with risk issues? This was a robust conversation with all the exchange participants and the team. Unfortunately we experience the same issues i.e. informed consent, family involvement and disclosure. The host also stated that an individual or family had the right to sue clinicians. General consensus was that there was not a ‘one size fits all solution’ and would also depend on the young person’s understanding ‘informed consent’. The clinician’s responsibility was to assess this. At all times parents and caregivers were encouraged to be involved.*
- *It appears from the conversations with hosts that motivational interviewing and CBT are still highly recommended when treating young people with mental health and or addiction issues. Two of the facilities I visited, were residential services for young people with mental health and the third was an AOD service for young people.*

- *During the exchange I provided a workshop presenting our experience of evaluating the quality of the mental health services using a multi-stakeholder (Clients, staff, families, NGOs and other organisations) method that we use at Counties Manukau DHB. The profile of the work of the PER team and Counties Manukau DHB, and the work being initiated in NZ was improved during the Network meeting. During the Exchange and Network Meeting the Mental Health Manager and I made contact with a number of researchers and key individuals of organizations' from Australia, England and America who are interested in keeping touch with the work of the PER team.*
- *Promote / implement / sponsor seminar to promote contemporary thinking in service / system development in partnership with other sponsors (e.g. Roberto Mezzina, Phil Thomas...)*
- *I was surprised to find New Zealand is relatively progressive in terms of peer support and 'service user' inclusion even compared to other Western countries involved in IIMHL. This has encouraged me to focus on taking a positive approach to changes that are occurring in our own organisation in terms of contractual obligations to become larger or "more sustainable" rather than putting energy into fighting changes. It enabled me to recognise that there are opportunities to be innovative in the New Zealand mental health system and to make the most of these. We are doing this in our organisation by taking the initiative in looking at developing a peer support 'one stop shop'.*
- *Stimulation of new ideas and concepts as part of the network exchange – new ideas re neuroplasticity; role of compassion in psychiatrist and mental health training; impact of dual diagnosis (disability and mental health); wellbeing and mental health integration. Will continue to look into these areas as part of ongoing interest and professional development*
- *Knowledge transfer from the Telephone Helpline Accreditation (THA) standards from the UK to benefit NZ e-therapy programmes. Partnership with ConnexOntario in Canada. ConnexOntario are the best practice leaders in the provision of state of the art on-line information. Telehealth, telemedicine and e-therapy domain is developing very rapidly with multiple innovations across the world. It is imperative that all efforts are made in order not to duplicate the technologies which have already been developed. IIMHL leadership exchange programme has enabled us to forge effective international partnerships with respective leaders in the UK, USA and Canada.*
- *To explore further 'international tools' which assist with the measurement of performance and outcomes for services. I have already been having positive discussion with an English CEO about monitors which enhance in patient performance.*
- *A lot of work will need to be done if a Mental Health Commissions learning exchange is going to work. Excellent people involved but different organizations, at different stages of development and with different priorities. I intend to express my concerns about the programme which allowed 10minutes for visitor agencies to present their work on the*

first day and then was occupied with visits on the second day with unclear learning objectives e.g. visiting a psychiatric hospital. However learning from the NZ experience or the Australian apart from informal discussions during site visits was not realized.

- *Explore a leadership approach for planners and funders in New Zealand using UK information*
- *Explore implementation of talking therapies training for primary care and development of the psychology workforce*
- *Review UK and Irish policy development on disability services*
- *Will maintain links with the research group, and look to publishing some of our outcomes work. Already seeking to promote this by presenting a session at the forthcoming AMHOC conference being hosted by Te Pou.*
- *Promote strong links between research and practice by setting up an academic–practice partnership with Dartmouth University USA and Richmond. Preliminary discussions and meetings have already been held*
- *Explore the use of “Skype” within our service and with other services within New Zealand.*
- *Discuss with IIMHL the fact that “Interrelate” group did not appear to be welcoming of new service user members.*
- *Unless there is real work done on the objectives of the exchange and a commitment to attend future meetings then I would not recommend participation. I will email the Commission’s my concerns before I step down from the Chair of the NZMHC. I think the potential is there however the differences of legislation may ultimately be a limiting factor. One final think – my comments have nothing to do with the quality of the people involved or the hospitality offered. Both were superb!*

Examples of Sponsoring CEOs/Managers comments

- *“Bipolar Support Canterbury is under-going a period of significant change so we have both exciting and anxiety provoking times ahead. As a result of IIMHL, she has been exposed to a wide range of people and ideas and I think*

this has helped a great deal to shape her vision for what is possible in peer support and how it fits within the broader system of mental health care. She brings considerable talents and experiences to mental health work but this is her first adventure into this area of work and I have no doubt that IIMHL will help shape her role as a leader over the long term, especially through the networks of new people she has developed and the opportunity for ongoing, mutually supportive relationships.

- *A unique and invaluable opportunity to share and learn based in experience, rather than solely praxis. My only criticism is that there appears to be a gap between NZ Government (including previous Government) support of the initiative and a commitment to a strategy that implements the learning's such experiences reveal.*
- *She has come back very motivated and energized after her trip away. She is actively sharing ideas and connections that she made through her exchange. The benefit both to Blueprint and the wider peer community is absolutely evident and I'm looking forward to us progressing many of the discussions we have commenced'.*