

**IIMHL**  
International Initiative  
for Mental Health  
Leadership



**The College for Behavioral  
Health Leadership**

# Re-Imagining Systems to Foster Wellbeing Everywhere

November 15, 2022

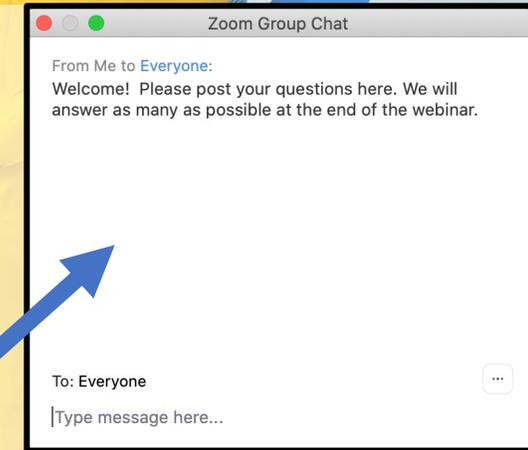
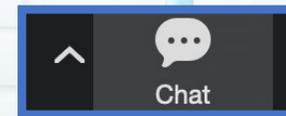
11:00am PT / 12:00pm MT / 1:00pm CT / 2:00pm ET

*Welcome! We will get started momentarily.*

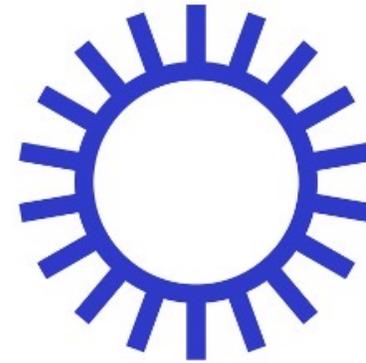
Please let us know who you are and where you are from in the chat box  
(click the chat icon at the bottom of your screen).

# Housekeeping

- We want to hear from you! Share your **questions, comments** and “**ah-ha’s**” via the **chat box**.
- A **recording and slides** will be available within 24 hours - We’ll email you.



# Welcome



**IIMHL**  
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*for* Mental Health  
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# Our Presenters



**Dr. Peter Cornish**

Honorary Research Professor at Memorial University; Co-Director of Student Mental Health at the University of California Berkeley; Founder, Stepped Care Solutions



**Dr. Gillian Berry**

Vice President of Culture and Diversity at Stepped Care Solutions

# Re-imagining Systems to Foster Wellbeing Everywhere

November 15, 2022

## **Dr. Peter Cornish**

Founder Stepped Care Solutions, Co-Director Student  
Mental Health, University of California Berkeley

## **Dr. Gillian Berry**

Vice President for Culture, Diversity, & Workforce  
Transformation, Stepped Care Solutions



# Why Stepped Care 2.0?

So people can have access to the care they need when they need it

## Existing challenges:

Long wait lists



Not everyone seeking help needs intensive services



Services and systems are built on Euro-centric approaches



Current care practices, policies & procedures create barriers. Innovation is difficult to support.

There is little process of accountability for outcomes



We have no mental health "system"



## SC2.0 Opportunities:

----- Open access for all

----- Multiple and diverse care options

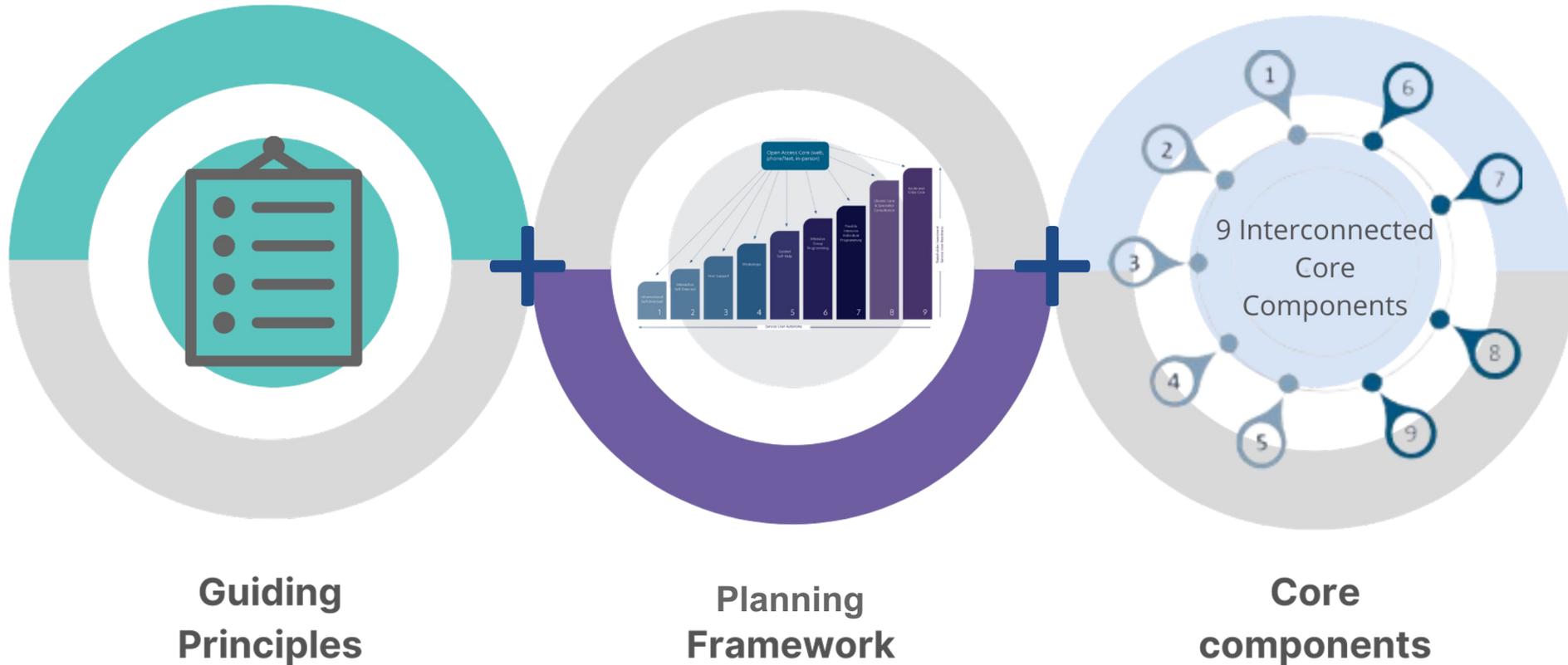
----- Diverse and culturally responsive programming

----- Care monitoring system supports more flexible and creative, culturally responsive program development & delivery

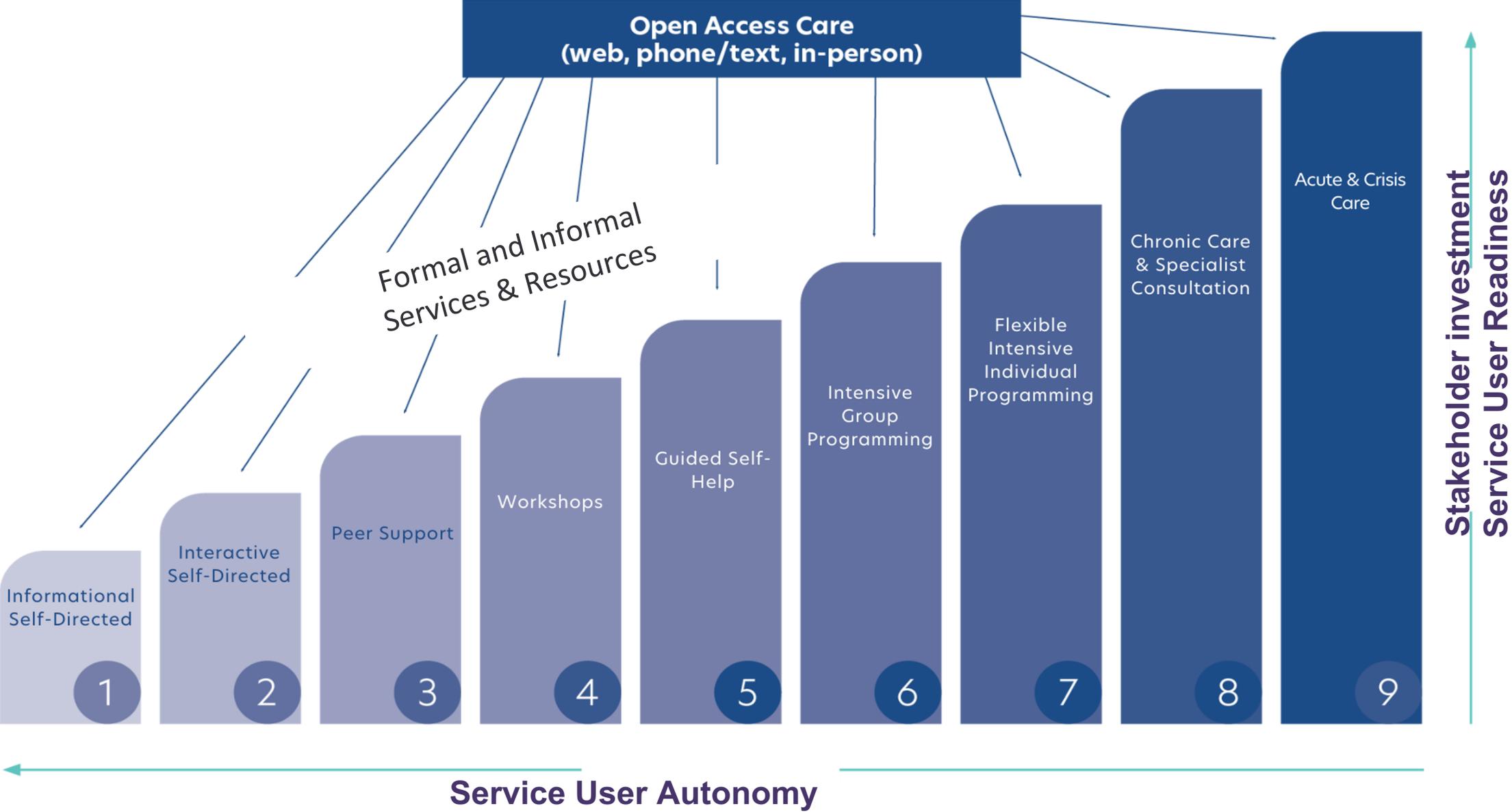
----- Outcome & therapeutic measurement are built into every care encounter

----- SC2.0 provides a framework for organizing a flexible system of care

# What is Stepped Care 2.0?



# The SC2.0 Planning Tool



# SC2.0 Guiding Principles



1 Social justice drives effective care systems transformation and is an intervention in itself



2 Multiple and diverse care options are required as one approach will not work for everyone



3 All individuals and communities have strength and capacity



4 People engage with what they are ready to do; gold standard intervention is that which best fits the service user at any given time



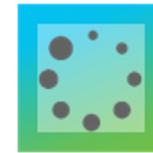
5 Professionals do not carry all the wisdom; people often know what is best for them



6 Mental health literacy is required for people to make informed decisions



7 An effective care system ensures people have access to care when and where it is needed



8 The whole is greater than the sum of its parts; the strength of the system relies on multilevel collaboration



9 Minimal interventions can produce powerful results

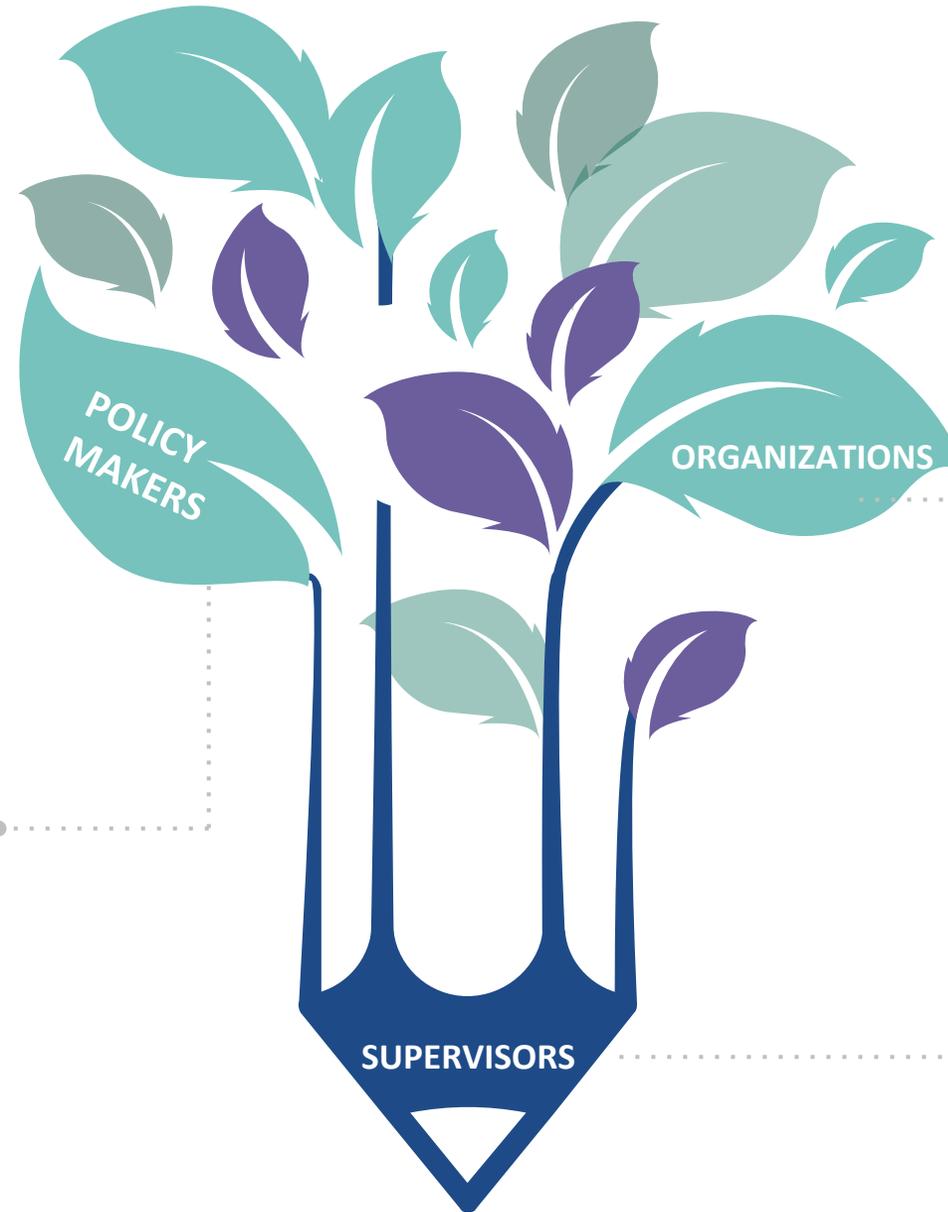


10 There is no ideal solution; trial-and-error leads to growth and change

# System Transformation

## POLICY LEADERSHIP

- Bold vision
- Diplomatic disruption
- Cross-sectoral partnerships
- Integration of population-level prevention and clinic-based care
- Creative workforce expansion



## ORGANIZATIONAL LEADERSHIP

- Adaptive/transformational leadership skills
- Supported by those with transactional/technical leadership skills
- Matrix structure
- Interprofessional collaboration

## CARE TEAM/ SUPERVISORY LEADERSHIP

- Workforce development through supervision
- Aligned with articulated system-level care model and philosophy
- Cultivate responsible autonomy

# Policy Leadership



# Current System Challenges

**Challenge 1:** A scarcity mindset drives fragmentation and limits our capacity to move the dial on population mental health or create sustainable mental health programming

**Challenge 2:** The risk paradigm dominates policy development and creates excessive bureaucratic barriers to strengths-based trauma-informed care

Unordered

Ordered

**COMPLEX**

Unknown unknowns

i.e., complex systems interact,  
creating dynamics that can become  
**larger** than the sum of its parts

**COMPLICATED**

Known unknowns

i.e., complicated machines; the whole  
**is** the sum of the parts

Knowability  
Challenge

**CHAOTIC**

Unknowables

i.e., no cause or effect relationships

**SIMPLE**

Known knowns

**COMPLEXITY  
THEORY**

Adapted from  
Turner & Baker (2019)

Take an  
intersectoral  
approach to  
solutions

Invest in framework  
building to organize  
formal and informal  
resources

Fund workforce  
transformation &  
expansion

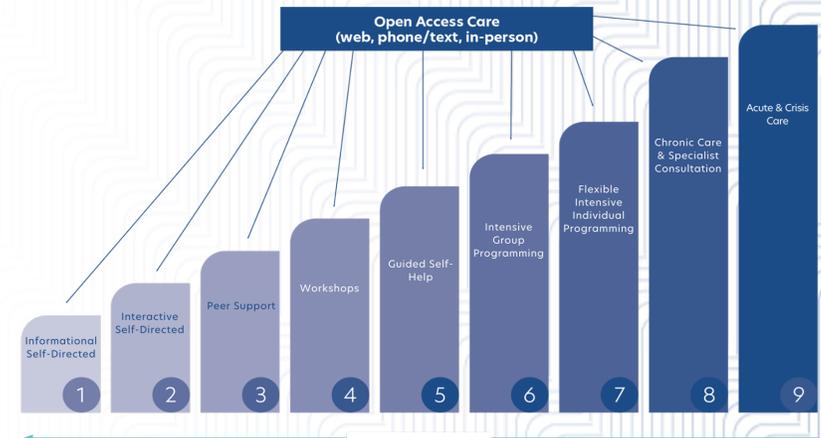
## Aim big to transform the whole system

*With policy/gov't level system buy-in to  
a well-thought-out system level plan  
based on change management and  
implementation science frameworks*

Pass legislation  
to shift the risk  
paradigm

Fund large scale  
collaborative initiatives  
(public, private, non-  
profit) informed by  
implementation  
science

# SC2.0 Visualized



Model of care

Design tool



In need of immediate crisis support?

[I Need Help Now!](#)

# Get the right support. Always free.



## Learn

Browse free articles, videos, and more.

[Access resources](#)



## Practice

Build your skills with comprehensive courses & apps.

[Discover programs](#)



## Connect

Come together with others who understand your experiences.

[Get Peer Support](#)



## Track

Check in with regular wellness assessments.

[Take the assessment](#)



## Talk

Get in touch with a counsellor.

[Call now](#)



Not sure where to start?

# The Impact: Nationally in Canada

*"I felt heard and understood which is something I haven't felt in a long time. The counsellor kept me calm and allowed me to feel safe enough to open up."*

- Youth anonymous

*"I like that I could use this program at my own pace, so if I couldn't do it at the same time each week there was no issue."*

- Adult anonymous



2.97 million users

(MHCC, 2019)



90% of people reported supports were helpful

(MHCC, 2019)



Without the WTC portal, 20% of people would not have found help

(Harris-Lane et al, 2022)

# The Impact: Across 3 Canadian Provinces

*“Things are so much better, I feel listened to, and I got in so quick!”*

- OAAAT client, NB

*“Before Stepped Care 2.0, it was like waiting to get access to a backhoe when all you need is a shovel.”*

- Person with lived experience, NL



Reduced wait lists in two provinces (62 – 68 per cent reductions)

(MHCC, 2019)



Close to 80% of clients reported that low-intensity options (e.g., e-mental health tools) met at least some of their needs

(MHCC, 2019)



92% of clients were satisfied with a One-at-a-time session to address their problems

(Harris-Lane et al, 2022)

# The Impact: Post-Secondary (UC Berkeley)

*"One of the most straightforward meetings I've had."*

- OAT client

*"Comforting and gave me many avenues to take for help. I'm glad I came."*

- OAT client



Reduced average wait time for individual counselling (e.g., from 15 days to <3 days) (Goodman, 2021)



Increased rates of client satisfaction with counselling care (Goodman, 2021)



Increase in % of students who agree that counselling was sensitive to their ethnicity, sexual orientation and other cultural differences (Goodman, 2021)

# Organizational Leadership



# Current Organizational Challenges

**Challenge 1:** A reactive downstream approach, using unsustainable methods to meet clinical demand and respond to crises. This leads to burnout, and resistance to change

**Challenge 2:** A lack infrastructure and support for change management including resources for innovation and implementation expertise

N<sub>1</sub> O<sub>1</sub> T<sub>1</sub> H<sub>4</sub> I<sub>1</sub> N<sub>1</sub> G<sub>2</sub>

C<sub>3</sub> H<sub>4</sub> A<sub>1</sub> N<sub>1</sub> G<sub>2</sub> E<sub>1</sub> S<sub>1</sub>

I<sub>1</sub> F<sub>4</sub>

N<sub>1</sub> O<sub>1</sub> T<sub>1</sub> H<sub>4</sub> I<sub>1</sub> N<sub>1</sub> G<sub>2</sub>

C<sub>3</sub> H<sub>4</sub> A<sub>1</sub> N<sub>1</sub> G<sub>2</sub> E<sub>1</sub> S<sub>1</sub>

Provide management training to leaders in support of innovation, restructuring, and risk taking

Dedicate resources to innovation informed by implementation sci.

Develop matrix or team-of-team structures

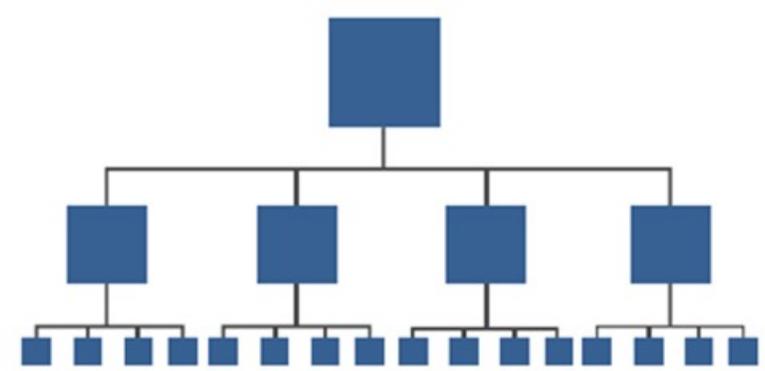
**Organizational structures, culture & practices must be reformed to...**

Expand workforce to increase upstream interventions

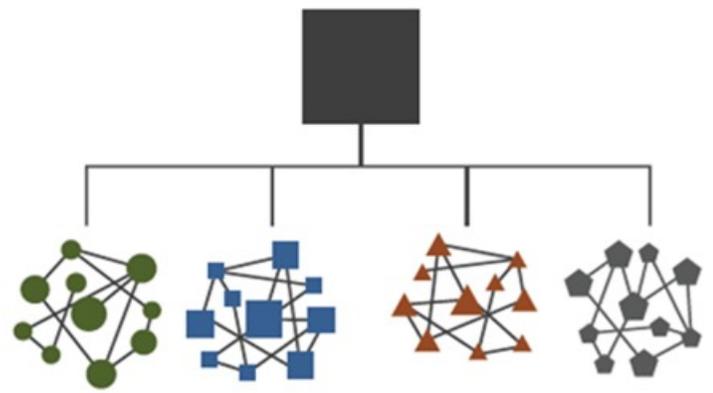
Question so-called "evidence-based" practices and widen the lens to include other ways of knowing

Enhance project management, technology and implementation expertise across the organization

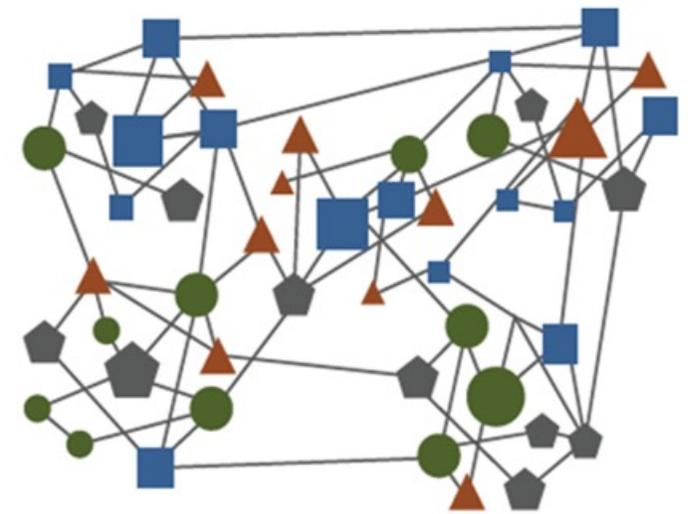
# From Command to Team of Teams



Command



Command of Teams



Team of Teams



# Care Team / Supervisory Leadership



# Current Care Team / Supervisory Challenges

**Challenge 1:** A lack of empowerment and support to operate from an authentic place, limited flexibility to try new approaches, and to practice with maximum impact

**Challenge 2:** Training programs have not evolved to meet the needs of our society or workforce providing instead education based primarily on rigid Euro-centric or Westernized approaches



To provide care at the time of need rather than availability

To offer flexible, updated training programs that include diverse methodology and approaches

To create environments where clinicians and health educators practice with responsible autonomy

**Population health and clinical strategies must evolve...**

To dedicate time for collaborative learning and sharing at managerial level

To support ongoing professional development and opportunities aimed at expand clinical practice skills



"This new way of working has been refreshing, energizing and instills new hope for the profession."

"I haven't had this kind of job satisfaction in several years. Team morale is the best I've seen in a very long time... I feel like I hit the jackpot."

What clinicians are saying



# Synergy



# Synergy is an ancient principle of culture and civilization

- It is robust.
- The whole is greater than the sum of the parts.
- It is elegant.

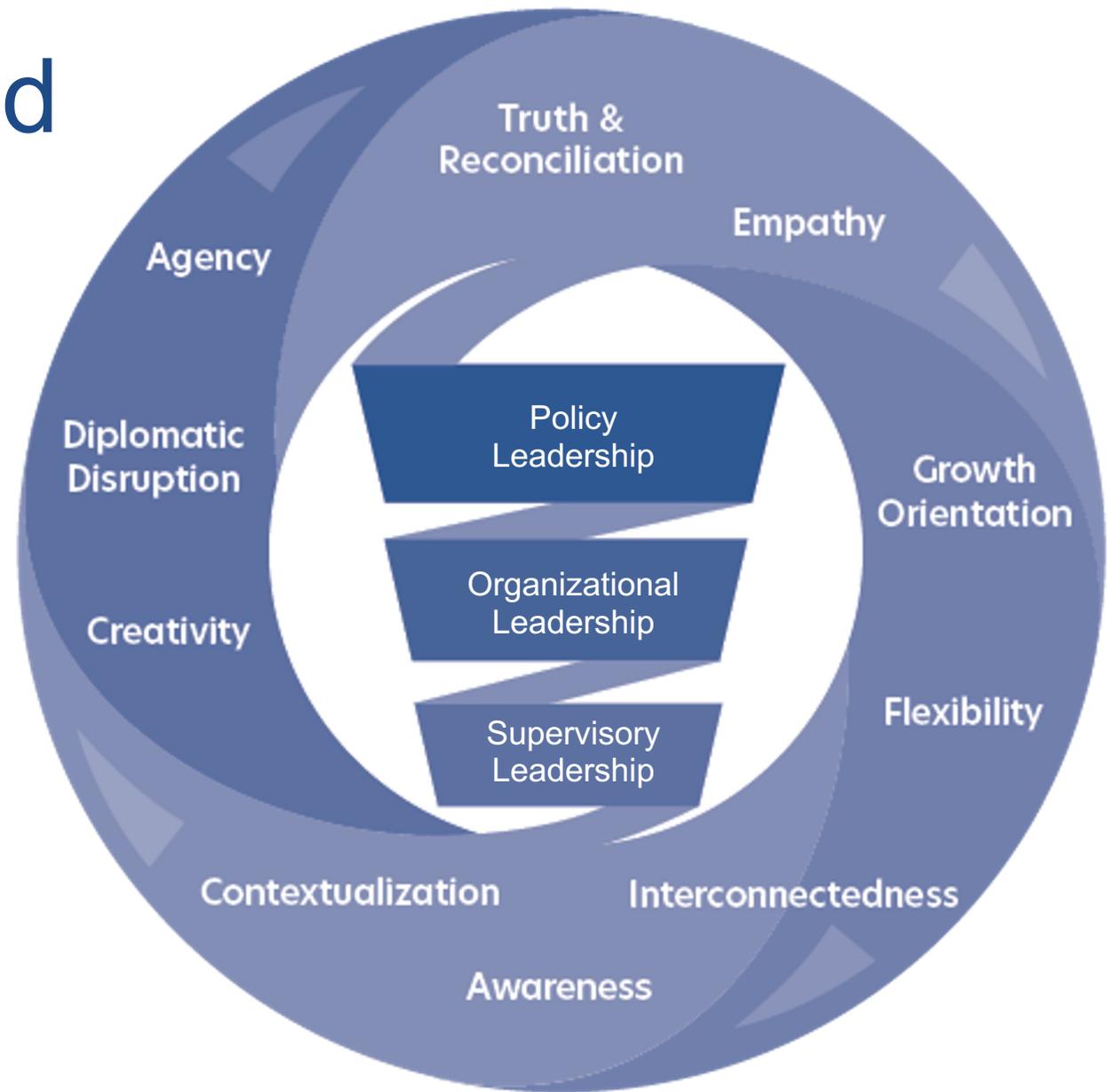


# Where do we need Synergy?

This graphic demonstrates the key pillars of synergy in Stepped Care 2.0.

Synergy is produced when each of the ten pillars is internalized and operationalized at each level of a mental health care system:

- Policy level
- Organizational level
- Supervisory level

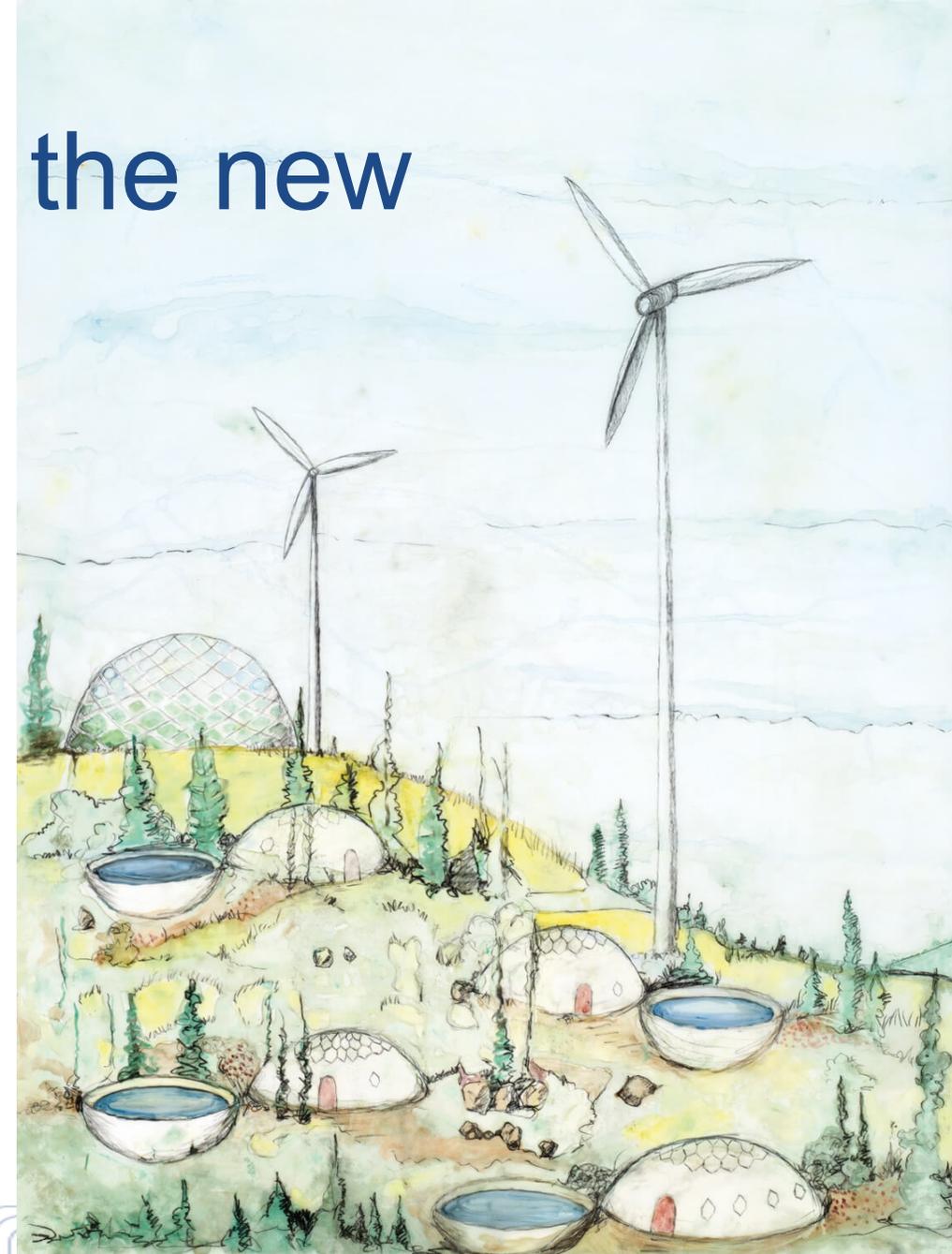


# Synergy can braid the old & the new

- It is central to all successful civilizations.
- It allows for co-existence, or braiding, of the modern & traditional.



Heather Campbell. 7th Generation Inuit Community, 2015. Pen, ink, litho crayon, and pencil crayon on Mylar.





“IT’S AN INTERCULTURAL GATHERING PLACE.”

# Synergy in Practice

Our pursuit to disrupt Eurocentric paradigms and colonial based systems and seek restoration for all who have been negatively impacted by such systems, can be demonstrated in:

- Embracing alternative ways of knowing
- Embracing the unique strengths and cultural contexts of individuals and communities
- Providing multiple options across the care continuum, including informal (non-Eurocentric)
- Flexible supports that best fit the service user
- Collaborating with diverse stakeholders and service users in the co-design process to identify and remove systemic barriers and reduce chances of perpetuating the status quo.



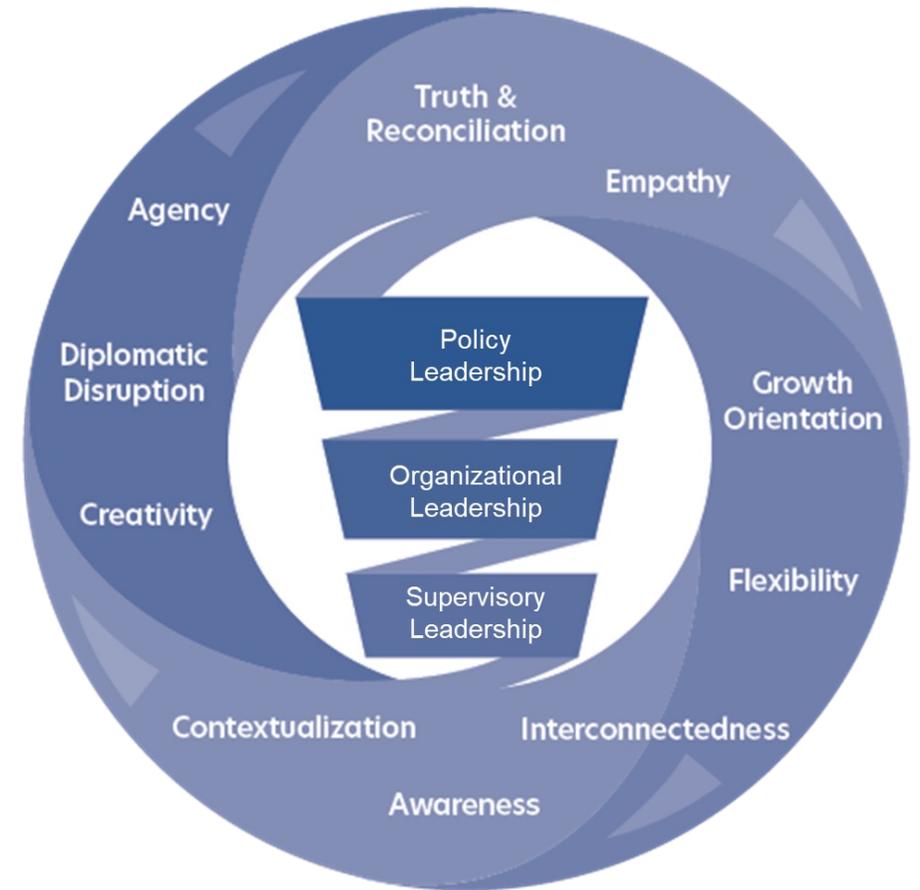
# Re-imagining Systems to Foster Wellbeing Everywhere

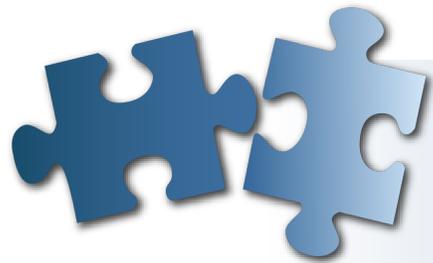
## Through Bold:

- Policy Leadership
- Organizational Leadership
- Care Team / Supervisory Leadership

## With:

- Vertical and horizontal collaboration
- Synergistic approach to differences, co-design, and complementarity across all levels of the workforce





# CBHL & IIMHL Member Roundtable

**Wednesday, Nov 30 at 11am PT / 12pm MT / 1pm CT / 2pm ET**

*Via interactive dialogue we will explore:*

- *What are your greatest pain points for the care system, leadership, and/or workforce?*
- *What have you found to be most successful in reforming mental health care at a system level?*
- *What are the key ingredients for implementing and sustaining an accessible care system?*
- *What is it about SC2.0 that creates shifts in thinking and approaches?*

# Contact

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[www.leaders4health.org](http://www.leaders4health.org)

