Global Leadership Exchange

Global Leadership Exchange Annual Report 2024

Plain text version

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Contents

In memory of Erin Geaney

Our friend and colleague Erin Geaney sadly passed away in February 2025. Her death was a shock to all of us in the team here at GLE and to her many friends around the world. Our deepest condolences go to her partner and daughters.

Erin had been a part of our team for 18 years and for many, she was the first point of contact. Erin was deeply loved and appreciated both in New Zealand and around the globe.

Erin was a kind, supportive, helpful and experienced colleague, but she was also a person for whom friendship and the value of human connection was central to her work and her personal life. Her contribution to GLE was huge and we miss her.

We honour her memory by living and working as she did, with commitment and compassion.

Foreword by Dr Barbara Disley ONZM
Chair of Board

Welcome to our Annual Report, looking back at a successful 2024. The value of sharing knowledge and experience was evident in abundance at our 2024 Leadership Exchange, when more than 500 leaders and emerging leaders gathered in Utrecht in the Netherlands. I was proud to be there and see the culmination of months of planning for what was the 16th Leadership Exchange. The event is one of many tangible demonstrations of the value of our organization. This time we brought leaders together from 18 countries. The Exchange is full of opportunities to share the good work that goes on every day that most do not get the chance to share on an international stage.

In the work that we all do, independently and collaboratively, we must always strive for equity of access which sits at the heart of GLE's principles to promote inclusive behaviors.

Our colleague Martin Rogan's term came to an end in 2024. Martin has given so much to GLE over the years and I wish him all the best as he moves on to new challenges. I was delighted that Marion Cooper and Helen Milroy joined the Board, bringing their own experience as leaders to serve GLE. My sincere thanks to all our Board for their wise governance of our organization over the past year.

The establishment of a Lived Experience Council (LEC) has been a significant addition to GLE this year and I want to thank Clenton Farquharson CBE, Jenny Wolf and Sean Russell for their leadership of this work. The creation of the LEC is the first step on an important path for GLE, where lived experience leadership has the opportunity and space to both develop and further influence our work.

On behalf of the Board, I want to express my thanks to our President and CEO Steve Appleton, who has continued to raise GLE's profile and consolidate contributing membership over these challenging times. It has been a year of changes in governments around the globe and austerity measures hitting most health and disability agencies.

We are as always grateful to the full GLE team who worked tirelessly across the year to deliver not only a successful Leadership Exchange but also supported our membership to connect in many differing ways.

Improving the lives of those living with mental health , disability and addiction challenges must not be lost in these difficult times. GLE remains committed to engaging with stakeholders worldwide to ensure that together, and as individuals, we are best placed to help leaders at all levels in all organizations succeed in their missions of collaboration, learning and improvement throughout 2025.

Welcome by Steve Appleton, President and CEO

The past year has been busier than ever with significant achievements to acknowledge, not least the delivery of a very successful Leadership Exchange with our Dutch colleagues at de Nederlandse ggz, Dutch International Mental Health Hub and the VGN. 2024 also saw the establishment of the Lived Experience Council (LEC), staff transitions and the securing of new partnerships for the future.

We held a series of successful matches in the Netherlands, the UK and Ireland followed by the Leadership Exchange in Utrecht, our first full in person convening for five years. I want to formally acknowledge the work of the whole GLE team in bringing this to fruition, to much acclaim.

Without the investment and collaboration of individuals, organizations, regions and countries GLE would not have the resources and global reach that it has today. I extend my gratitude to all who support our endeavours.

We had some changes in our team in 2024. Shauna Cronin joined us as Canada Lead, following the retirement of Kathy Langlois. Aisling Blackmore took on leadership responsibility for disability following the retirement of Eddie Bartnik. I am pleased that we can still benefit from Eddie and Kathy's expertise from time to time. Sean Russell now performs a dual role as Chief Operating Officer and the European Lead for Mental Health.

I want to acknowledge Holly Salazar, former CEO of the College for Behavioral Health Leadership (CBHL) who served as our US Liaison. Her leadership and her service to the work of GLE were greatly appreciated. We have since welcomed CBHL's new CEO Charly Weldon and look forward to working with her and strengthening our collaborations with CBHL.

GLE's profile and reputation has continued to grow. Over the past year the organization has contributed to a number of areas of international work

These have included input to The Lancet Commission on Stigma, work with WHO leaders on recovery, support to SAMHSA on social media impact on youth. GLE is a member of the WHO-Europe Mental Health Coalition, and I am proud to work with the Coalition for Mental Health Investment.

Our work has been showcased in a lived experience leaders podcast and a blog about mental health disparities in the differing US and UK contexts. I'm grateful for these opportunities to show the strengths and value of GLE's work and membership.

As I reflect on a successful year, I also look forward to the challenges ahead. I remain confident that our track record of flexibility, innovation and creativity means we are well placed to meet the challenges that lie ahead and to ensure 2025 is a year in which we explore every opportunity to thrive.

Thank you for your contribution to GLE's work and for the knowledge and experience you share so willingly with colleagues around the work through our network.

We are a global collaboration and create opportunities for people to share their leadership experiences and insights to help find solutions and ideas to overcome challenges and improve health, wellbeing, and services for people with a disability, mental health or substance use problems.

We have developed Leadership Framework and a set of Principles which we keep under regular review, and ask that all members align to. These are intended to include the important elements of leadership in delivering meaningful, transformational change in all settings and at all life stages. The Framework provides a focus on the behaviours that promote inclusivity in organizations.

GLE's Board comprises of professionals with wide-ranging skills and experience. All experts in their field, their shared drive and ambition supports the ethos on which the organization was founded, ensuring it continues to grow – promoting inclusive behaviours that apply to mental health, disability and substance use/addictions leaders to ensure that we have a diverse leadership group.

Global Leadership Advisory Groups (GLAGs) oversee and inform the work and strategic priorities for GLE.

A small virtual international office is led by Steve Appleton, President/CEO. A team of six part-time contractors provide knowledge and expertise, networking, connecting and operational support for GLE. Both the Board and Team work closely with country liaisons.

Leadership Framework and a set of Principles

Values	Principles
Authentic	• Promote an environment of psychological safety • Act with integrity, honesty and humility • Value all voices and listen with openness • Respect and listen to different points of view • Encourage truth-telling and listen with curiosity • Acknowledge and embrace complexity and unpredictability
Collaborative	• Engage communities in systemic change • Build trusting relationships with a broad range of stakeholders • Promote team working across organizational and disciplinary boundaries • Drive intergenerational collaboration • Promote servant leadership and collective leadership models • Develop a shared understanding of risk and quality
Competent	• Model and promote self-care, well-being and resilience • Set clear goals and expectations • Performance manage on outcomes • Create flexible roles and working patterns • Encourage taking of initiative and responsibility • Acknowledge the specificity of leadership in different contexts • Invest in leadership capability in workforce and with peers, families, carers, and communities
Inclusive	• Promote a sense of belonging • Value diverse experience and expertise • Adopt a rights-based approach • Amplify voice and increase influence for all • Promote a culture that is just and fair

Values	Principles
Innovative	• Ensure a culture of continuous learning and quality improvement • Test and evaluate new ideas • Engage experts by experience and experts by occupation in design, development and evaluation of initiatives • Mentor emerging leaders • Encourage a sharing of knowledge and expertise • Ensure equity of focus and investment in prevention and treatment
Visionary and Strategic	• Advance vision for mental health, substance use and disability • Ensure inclusion of different world views • Develop clarity of purpose, inspire and motivate • Embrace transformational change • Be future focussed • Evaluate and establish appetite for risk • Create an environment that empowers and enables everyone to contribute

GLE's 16th Leadership Exchange took place in the Jaarbeurs, Utrecht, Netherlands, June 24 – 28, 2024.

It continued its long tradition of providing an inspirational week of learning and knowledge exchange in the form of Matches (remote and in-person), culminating with the in-person Network Meeting.

'Leading Change: Flourishing Communities and Wellbeing for All' was this year's theme and we are extremely grateful to everyone who made the Leadership Exchange possible, including sponsors of the 2024 event – the Dutch International Mental Health Hub, VGN, de Nederlandse ggz, ZonMw, Recover Innovations (RI), and Behavioral Health Link.

People make GLE's Leadership Exchange what it is – sharing experiences, best practise, benchmarking – all working together to improve the lives of those living with mental health, disability and substance use or addiction challenges.

The Program for the event was all encompassing, with speakers, panel guests and facilitators contributing to sessions including 'inclusion, leadership and lived experience', 'women's leadership', 'youth perspectives', 'the meaning of citizenship', 'the right care at the right place', 'what maintains the status quo', building communities in polarized societies', 'the role of kindness in leadership', 'mental health and disability in conflict zones', 'empowering indigenous futures through leadership, resilience and hope', and so much more.

There was Royal attendance this year when Her Majesty Queen Máxima of the Netherlands joined leaders in mental health, disability and substance use at the flagship event.

During the plenary program attended by Her Majesty, various speakers discussed female leadership and the importance of equality and inclusion in mental health, disability and addiction care. Young people then shared their insights about mental health, living with disabilities and substance use.

Representatives from Canada, USA, New Zealand, Australia, Scotland and the Netherlands presented an organization or initiative that focuses on mental health care for young people in their country. Exhibitors in the 'Innovation Marketplace' were also delighted to spend some time with Queen Máxima.

The Program, speaker profiles and session content can be found on the GLE website here.

- Five days
- 18 countries represented
- 562 participants
- 60 speakers
- 50 matches
- 20 plenaries

Leadership Exchange Highlights

Leadership Exchange Highlights

Some presentations during the Network Meeting:

- Fair Access, Leadership and Lived Experience
- Women's Leadership – impact for fairness and opportunity in mental health, substance use and disability
- Building Communities in Polarized Societies
- The Role of Kindness in Leadership
- Co-productions, Advocacy and Entrepreneurship – the power of disabled persons' leadership

Feedback from the Leadership Exchange 2024 was incredible and we thank participants for taking the time to share their thoughts.

Truly valuable insights and suggestions for format and content that we will take forward when planning the Leadership Exchange 2026 in Ottawa, Canada.

Snapshot of post-event survey results:

- There was a 43% response rate (242 out of 562 Match and Network Meeting participants)
- 56% were first-time attendees
- 74% rated the event 4 or 5, with 5 being 'excellent'

Video recordings of the sessions and some short videos of attendees providing feedback can be viewed on the GLE YouTube channel.

Collaborative Groups are core to GLE's structure and work stream. Their unique knowledge and experience helps influence decisions to ensure the organization remains current and continues to add value to the membership – on a country and individual level.

Their contribution to the Leadership Exchange 2024 was substantial in delivering learning and leadership development opportunities independently and across disciplines. This year's Leadership Exchange offered greater holistic integration to bring groups together and maximise transferrable knowledge.

This work culminated in 27 Matches and we thank all participants for bringing the Matches to life.

To follow are brief introductions to collaboratives that were newly established in 2024, and some highlights of outcomes during the Leadership Exchange.

Addictions Collaborative

The Addictions Leadership Collaborative works to provide an international network to share ideas and promote innovation, with a focus on reducing stigma, discrimination, and enhance positive outcomes for people.

Chaired by Lyndsay Fortune, New Zealand and Greg Kyllo, Canada, the Collaborative acknowledges addiction has effects on everyone – with intersectional ties across mental health, disability and other minority groups and populations. Members represent leaders in policy, service, and lived/living experience.

The collaborative meets online quarterly to:

- Provide opportunities for knowledge sharing relating to substance use and gambling harms, and identify innovative solutions and approaches regarding agreed areas of interest
- Share best practices, interventions and innovations to recognise, address and reduce stigma and discrimination
- Serve as a sounding board for members to share ideas and practices
- Align with GLE values and enhance GLE frameworks and activities

Addictions Collaborative continued

In 2024 the collaborative consolidated its commitment to connecting addiction leaders from GLE member countries, recognizing the importance of ongoing international engagement to reduce stigma and discrimination.

The wider group, including match and network meeting participants, identified several calls to action for the next two years. These include addressing gaps in the healthcare system, improving responses to co-occurring substance use and mental health disorders, creating a coordinated system of care, and recognizing the importance of leadership at both political and systemic levels. Additionally, the group emphasized the role of community in closing gaps, the importance of recovery capital, and the need for ongoing de-stigmatization efforts.

Children, Young People and Families

This remains a very strong group with lots of valuable learning led by Dr Bronwyn Dunnachie in New Zealand. The group met quarterly throughout the year and focused on topics such as the voice of the child, family intervention and Open Dialogue methodology, developing and supporting the growing number of Single Session Family Consultation (SSFC). This collaborative also spent time supporting the following knowledge areas to bring a coherence to the network on:

- Trauma informed care, trauma informed systems, and self-care in trauma-informed systems
- Perinatal mental health
- Infant, Child and Adolescent Mental Health (ICAMH)
- Co-existing problems in youth, adolescent alcohol and other drugs (AOD)
- Gaming and substance use
- Eating issues/eating disorders for General Practice, and for practitioners

The aim of the collaborative for the year ahead is to make every child and young person feel safe and supported through strong leadership development in the workforce and community.

Peer Leadership Network

2024 saw the creation of a declaration of intent and a match focused on exploring international Peer/Lived Experience leadership principles, practices, and values that can be applied locally to enhance policies, practices, approaches, and programs. Given the diversity of experiences, geographies, and cultures represented, participants at the match sought to draw on collective wisdom.

The match created connections and a network for collaboration and learning, ensuring diversity of thought in practice. It was important for participants to leave with tangible outcomes to take back to their organizations, communities, and teams, while referencing internationally created work to guide thoughts and practices related to peer leadership.

The Peer Leadership 'Heiloo Declaration' provides language and guidance for thinking and talking about leadership, not just as a role but as a philosophy applicable to various areas, including service design, strategy, community, and research/evaluation. The declaration emphasizes the potential for Peer Leadership to grow in these spaces, allowing for formal and informal leadership roles that can shift attitudes, exceed expectations, and promote equity and mutuality.

2SLGBTQIA+

Co-chaired by Romy Lee, Charlie McMillan and Sean Wiltshire, the aim of the 2SLGBTQIA+ collaborative is to:

- Increase the visibility of leaders who are 2SLGBTQIA+
- Work with other groups within GLE to learn from the experience of trauma and shame and co- produce with today's young people meaningful responses
- Gather data and stories that help the sector to understand issues affecting the 2SLGBTQIA+ community and to improve the experience of people who are 2SGBTQIA+ who have mental health problems, have issues with substance misuse and/or have a disability.

After agreeing a programme of work for the year ahead following the Leadership Exchange, the group shared a blog by Charlie McMillan from Scotland, entitled "The Shadow Side of Leadership" and a Fireside Chat with Ed Mantler from Canada and Layla McCay, the author of "Breaking the Rainbow Ceiling – how LGBTQ people can thrive and succeed at work".

Rural Behavioral Health

Recent efforts to address rural wellbeing have underscored the significant role of community development and empowerment in promoting health, preventing illness, and supporting recovery from mental health and substance use conditions. The chronic shortage of behavioural healthcare workers in rural areas highlights the importance of these initiatives. The collaborative connected rural behavioural health leaders with innovative community development efforts.

Match participants co-designed the rural wellbeing match agenda, embracing the complexity of improving wellbeing in rural communities. An ecosystem view was adopted to recognize the contributions of a wide range of leaders and stakeholders to rural community wellbeing. The emphasis on community development and empowerment activities to address mental and behavioral health and wellbeing brought collaboration and inclusion into focus. Despite geographical diversity, participants found common challenges and shared values-based approaches to serving rural communities.

We are grateful for the work and contribution of all GLE Collaborative groups which have grown organically through the work of dedicated and active members whose work and activities contribute significantly to our mission and vision.

Global Leadership Advisory Group – Mental Health (GLAG-MH)

Key highlights included:

Throughout 2024, the mental health and addictions' workstream focused on the emerging priorities set by the Global Leaders Advisory Group (GLAG-MH). Activities were focused on sharing innovation and learning on areas of interest such as:

- The impact of climate anxiety on young people
- The emerging workforce challenge and developing new workforce models
- Using data driven insight to create change and impact
- Examples of system transformation and creating new models of care

Lived Experience Council (LEC)

Established in April 2024, the LEC is part of our ongoing commitment to engage with communities of people who have lived experience of mental health, disability or substance use – a significant demonstration of GLE's ambition to ensure the voice of lived and living experience is heard.

Comprised entirely of people with direct lived and living experience of mental health, disability or substance use, as well as those who are indirectly impacted by mental health, disability or substance use, they provide expert independent advice.

GLE Board member Clenton Farquharson CBE chairs the LEC, bringing significant expertise to the role.

The LEC is in its early days of formation and comprises six members, including the chair, representative of regions and a range of lived experiences.

New and emerging members

We formally welcomed Wales and Emilia Romagna as new member countries / regions to GLE.

What has GLE Mental Health done this year?

GLE supported network events in most of the member countries throughout the year with a focus on creating an ecosystem approach. Events and webinars shared the value of creating a wider determinant system approach to reduce the burden of public mental health, including shared priorities for health with education, housing and justice.

Highlights from GLE's Mental Health and Addiction topic networks

Urban Cities and Regions Mental Health (ICiRCLE)

This network created a match which brought together leaders from across the globe to share the knowledge of place based public mental health practice focusing on prevention and promotion. The group shared knowledge and experience from a range of countries including Canada, Ireland, Italy, the Netherlands, Italy, UK and the USA. The group developed a set of principles as a road map to recognise that not all places operate in the same context but face similar public mental health and societal problems. The network made a commitment to continue this work and explore other opportunities to work together as they move towards Canada 2026.

Council of Public Health Collaborative

The collaborative focused their activity during 2024 on developing matches for the Leadership Exchange. Work remains ongoing on the below:

Neighbourhood and aging sub-match

This sub-match explored how creating an age-friendly physical and social environment could enable older people to age safely in a place that is right for them, - continue to develop personally, be included, and contribute to their communities while retaining their independence and health.

Workplace sub-match

In 2022, around 20% of employees in the Netherlands reported experiencing mental complaints, primarily burnout (NEA, 2022). Similar statistics are seen globally, making it a significant issue for employers. Mental health issues, if prolonged, can lead to absenteeism and become a considerable expense. Many employers aim to support their employees' mental health, but the challenge is how to maintain it and create a mentally healthy and safe organization. This workshop explored advancements in workplace mental health, discussing effective practices and needed improvements, as well as resources and solutions to improve outcomes for workers and employers. This participative approach shows the interdependent roles of workplace and community interventions on individuals' lives.

School Mental Health sub-match

This sub-match aimed to address urgent themes related to youth mental health within the educational context, both in the Netherlands and globally. Aligned with GLE's vision, the session focused on actionable insights and solutions, emphasizing interaction among participants to facilitate dialogue, questions, and idea sharing. The sub-match highlighted effective leadership examples in school mental health initiatives, exploring why these examples were successful.

Key topics included youth mental health trends, health disparities among vulnerable groups, research on school pressures, dropout rates, and the implementation of health-promoting school approaches like 'Gezonde School' in the Netherlands. These discussions aimed to inspire collaborative solutions and practical strategies for improving student mental health outcomes.

On the second day, participants visited the Utrecht International School and learned about MIND Us and Great MINDS, experiencing integrated mental health approaches in a multicultural setting initiated by students. Leaders exchanged insights and learned from diverse initiatives and approaches to school mental health across different countries. For example, during a presentation on Healthy Schools, participants discussed its implementation in the Netherlands and the role of Healthy Schools advisors. They also engaged in lively debates, such as the prevalence inflation hypothesis, and were inspired by a documentary on wellbeing practices at De Parkschool in the Netherlands.

The site visit provided further insights into the practical application of the theories discussed. Leaders left the sub-match with new knowledge, thought-provoking ideas, and inspiration to apply in their own contexts.

Crisis Now

This session was attended by 120 leaders from 13 countries and included peers, policymakers, clinicians, consultants, advocates, and service providers. Government individuals including US state representatives and federal employees from SAMHSA. Providers came from community mental health, individual practitioners, and clinical settings.

Keynotes at the Network Meeting

The Leadership Exchange network meeting sought to focus on the impact on trauma within communities experiencing conflict or war.

Peter McBride led an engaging and thought-provoking session on the impact of violence and trauma during and post the troubles in Northern Ireland. Key takeaways included:

- Treat the symptoms (for individuals) – mental illness and or anxiety
- Increase trauma literacy – help people to understand their experiences
- Provide attribution – allow people to make sense of their trauma reactions linking them to past experiences
- Promote psychological reconciliation – friendships, kindness, intimacy, understanding, and connectedness

Colleagues from Ukraine

Tayisiya Symohko and Olha Horbanova, supported by René Keet discussed the impact of mental health and disability during the war in Ukraine. They shared the progress of a countrywide strategy and the innovation of appointing a deputy minister in each ministry for mental health to deliver mental health in all polices. This was a particularly emotional discussion but one which showed the value of leadership in creating change and driving impact.

A core theme in 2024 was system transformation. Numerous examples where shared at events throughout the year and at the Leadership Exchange including:

- The innovative work by Stepped Care Solutions to create a nine-step model (SC2.0) to delivery and change. It is a transformative model of organizing and administering resources that fundamentally reimagines mental health and substance use health care systems from the inside out. At its core, the SC2.0 model positions people seeking access to services and resources as active participants in their care journey. Their focus is on assessing, developing and enhancing service delivery and technology systems that enable people to access the type of support that works best for them, when they need it.

- Crisis care and suicide prevention with the developments of the three-digit 988 crisis line in America and Canada was shared, including the development of specific lines to support people from Hispanic, First Nations, 2SLGBTQAI+ and veterans' communities. In addition, continued knowledge exchange events – 'Crisis Jams' with David Covington at Recovery International USA led the sharing of knowledge and the third Crisis Now Summit in Amsterdam at the end of the Leadership Exchange.

Mental Health Strategies and Policy Making was led by Arthur Evans, Birgitta Westgren, Laura Shields-Zeeman, Claudia Marinetti and Martin Rodholm. They explored the challenges and opportunities for strategies and policy making. Learning was shared from the Netherlands National Mental Health Strategy (IZA), the Swedish Mental Health Strategy and the EU Mental Health Strategy.

Empowering Indigenous Futures through Leadership, Resilience and Hope

Approaches that advance emotional health and wellbeing continue to be challenged by worldwide environmental and social upheaval. Many in the mental health and disability fields turn to approaches that are grounded in Indigenous values and practices for their population health. In addition, the Whareārātā Declaration states that Indigenous perspectives add value to western and medical perspectives. Indigenous panel members highlighted culture-driven solutions that promote leadership, resilience, and hope for all.

The panel was hosted by GLE Board Member Holly Echo-Hawk (USA) with colleagues Carole Koha (New Zealand), Dr. Don Warne (USA), Joanne Mills (Canada), Rachel Fishlock (Australia).

Global Leadership Advisory Group – Disability (GLAG-D)

Key highlights included:

- Welcoming new GLAG-D member organisations: Community Living British Columbia, Government of Nova Scotia, and De Vereniging Gehandicaptenzorg Nederland (VGN).
- Structuring the workplan and priority topics using the UN Convention on the Rights of Persons with Disabilities (UNCRPD) as a key frame of reference.
- Working together to identify topics to include in the Utrecht Network Meeting program, including 'Intellectual Disability and Mental Health' and 'Leadership and policy: the role of national and international disability strategies in driving change'.
- Progress with further inclusion of leaders with lived experience and Emerging Leaders as members of the GLAG-D.
- Developing online resource portals for members on two areas of focus: sustaining the care workforce and sustaining community alternatives to institutional care.
- Supporting member country priorities through disseminating information requests and brokering relevant introductions on topics including: effective disability awareness training, definitions of developmental delay and approaches to assessment, innovative personalised community living and support, homeshare arrangements, governance, policy, funding and standards.
- This work has been supported by the excellent leadership contributions of David Nuttall as the GLAG-D Chair, and GLE Board members Clenton Farquharson, Ruby Moore, and Anne Skordis.

Recognizing member contributions

- At the Utrecht Leadership Exchange we had the opportunity to celebrate in person the long-term leadership and many contributions to the disability program of Lorna Sullivan, Michael Kendrick, and Eddie Bartnik. We remain grateful for their expertise and skilled leadership shared across the GLE Disability network.
- GLAG-D Distinguished Service Citation award to Eddie Bartnik.

Highlights from the Leadership Exchange

Equally Working Match

This Match discussed the current status of employment for people with lived experience of disability and mental distress globally. The group explored what it takes to support greater numbers of people to get real jobs for real pay. Through their discussions, the group identified that storytelling is the key game changer to make progress to enable:

- Creation of a great vision and shared goal to align collective action.
- Models to inform policy making and program design.
- Increased awareness that real jobs for real pay is not only possible but preferable for people with disabilities or mental distress.
- Challenging assumptions about thriving in paid employment.

Leaders who attended this Match all agreed to continue working together to create opportunities for employment in their communities.

Local Area Coordination (LAC) Match

This Match shared international advances in LAC and explored how to support the fidelity of the model as adoption across different contexts and population groups continues to grow. Match participants from five countries engaged in collective peer review and analysis of recent evaluations, implementation and sustainability. Discussions found that implementation of LAC can have significant community impact leading to:

- Increased awareness of issues facing excluded people.
- Opportunities for inclusion and valued contribution.
- New community resources (including those developed by people facing exclusion).
- Supportive relationships and reduced reliance on paid support.
- The Match shared resources and information to support the upcoming first Canadian implementation of LAC in Nova Scotia and will continue to act as a peer resource network to support existing and new implementations of LAC.

Culture Change Match

This Match shared strategies and approaches from seven different countries to advance social inclusion in people living with disabilities. The group identified three key focus areas for growth and development:

- Values and ethics.
- Policies and legislation.
- Practical strategies.

Self-Direction

This Match shared learning and practical actions to promote self-directed support. Participants identified the need to ensure self-directed support is not seen as a standalone system but as an investment in thriving communities and active citizenship. During the Match, participants:

- Mapped self-directed support approaches worldwide across disability, mental health, and wider.
- Articulated a set of global standards.
- Identified best practise globally.
- Explored strategies for cooperation, advocacy, and system development to further advance self-directed support.
- The Match resulted in the launch of the Global Self-Directed Support Network. Match participants will continue to explore practical steps to promote self-direction as well as opportunities to connect to the UNCRPD.

Emerging Leaders Match

This first face-to-face Emerging Leaders Match was hosted in partnership with Andersson Elffers Felix (AEF) and the Scottish Commission for People with Learning Disabilities (SCLD).
The Match embraced an innovative approach, using games and experiential learning to explore ways that Emerging Leaders and Established Leaders can develop skills in inter-generational collaboration and collective leadership. It was the first exploration of a practical approach to help people to learn about key values, approaches, and practices to support collective, inclusive leadership.

Keynotes at the Network Meeting in Utrecht

The Network Meeting in Utrecht featured our first keynote speakers within the main program from the Emerging Leaders work.

We were proud to celebrate the following leaders:

- Cameron Smith (Scotland), participated on the Youth Panel on Day One. Cameron has contributed significantly to the development of the Emerging Leaders Principles and to the work of the Scottish Commission for People with Learning Disability.
- Sif Holst (Denmark): spoke in the joint Kindness in Leadership keynote on Day Two. An international leader in disability rights, Sif shared how she has developed her concept of universal courtesy.
- Aisling Blackmore (Australia) also spoke in the joint Kindness in Leadership keynote, sharing insights on the development of the Emerging Leaders Principles.

Good practices to support successful participation of Emerging Leaders

Three young Emerging Leaders were supported to attend the Network Meeting in Utrecht by Frayme in Canada, and they reflected on their experiences in a debrief after the event.

Overall, the Leadership Exchange was considered to have had a very welcoming culture. In particular, other attendees asking “what are you most interested in?” rather than “What is your job?” helped open up relationship building and conversation.

The Emerging Leaders identified clear benefits from attending the Leadership Exchange.

They experienced accelerated professional and personal development, through:

- Learning from people in small groups or one-on-one conversations.
- Exposure to a wide range of topics.
- Access to different perspectives.

Collaborative Network

The Collaborative Network continues to progressively grow, and we are seeing more people with a connection to the Mental Health program. As at 22 January 2025, the Emerging Leaders Network includes:

- 12 countries
- 61% connected to disability work
- 73% connected to mental health work
- 34% connected to substance use/addictions work
- 26% chose to share with us that they identify with a priority population

NB: People can choose more than one area of work.

We have maintained a good balance of leadership stages:

- 55% emerging leaders
- 36% established leaders
- 7% in between stages

Sharing excellent practice: Voices for Improvement

GLE hosted a webinar in March 2024 for the Emerging Leaders Network to share the Voices for Improvement project. The project is an excellent example of collaboration across diverse types of leadership experience and develops the skills of people with lived experience to provide coaching and mentoring for senior leaders.

Keymn Whervin and Richard Amos shared insights into the intentional implementation steps taken to ensure the program enables mutual learning, builds skills, and constructively disrupts unconscious power dynamics.

View the webinar by clicking this link.

Reflecting on the impact of Emerging Leaders work in 2024

Through our Emerging Leaders work, we bring together established and emerging leaders to connect in a space of mutual respect and to be contributors with insights of equal value to share. The core purpose of the Emerging Leaders work is to embed the participation of a wide range of diverse leaders across GLE activities.

We aim to facilitate intergenerational collaboration and the transfer of knowledge, to ensure that rights-based and person-centred practices across mental health, disability, and substance use are preserved into the future and continue to evolve. The Emerging Leaders Principles guide this work for everyone to participate – emerging leaders, established leaders, organizations, and GLE.

In 2024, the program achieved the following key outcomes:

- Progressing specific actions to increase the number of Emerging Leaders as members of the GLAG-D, which will result in greater representation and a stronger voice within this advisory body.
- Successfully supported Emerging Leaders as speakers in the Utrecht Network Meeting, expanding leadership opportunities for new voices and under-represented perspectives.
- Grew the presence of Emerging Leaders as attendees at the Leadership Exchange creating opportunities for new cross-generational partnerships.
- Approximately 25% of people who registered for the Utrecht Leadership Exchange selected “Emerging Leader” as their leadership stage.
- A dedicated Match focused on supporting leaders at all stages to engage in inter-generational collaboration. This resulted in constructive insights to guide future improvements in engagement and peer-to-peer learning.
- Highlighted excellent practice examples supporting mutual learning between established and emerging Leaders to inspire action by GLE members in their spheres.
- Promoted Emerging Leaders on the GLE website, enhancing visibility and accessibility for future opportunities.

Looking ahead to 2025, the Emerging Leaders program will continue to develop to foster long-term, sustainable inter-generational collaboration.

Communicating with members

It is now just over one year since our rebrand to Global Leadership Exchange and we are delighted with how this has been rolled out and embraced, both within the organization and externally.

GLE's Monthly Update newsletter has been refreshed to include GLE-related news, and a balance of content across mental health, disability and substance use (addiction). It includes new features such as Q&As with members of our global network to spotlight individual expertise and showcase the breadth of the membership.

Content from the Leadership Exchange 2024 – presentations, recordings and other materials have been published on GLE's website and promoted via social media and the Update. Content was mapped out and shared against a forward plan.

Webinars – two GLE-led webinars relating to young people's mental health were promoted and hosted in September and October. Mental Health in Schools in England in partnership with Place2Be, the Substance Abuse and Mental Health Services Administration (SAMHSA) (USA) and Wharaurau (New Zealand) attracted almost 100 education professionals to register.

The Impacting Change: Supporting Young People with a Diagnosis of Border-line Personality Disorder (BPD) webinar was held in partnership with Professor Carla Sharp, from the University of Houston, Professor Andrew Chanen, Chief of Clinical Practice at Orygen, Professor Peter Fonaghy, Chief Executive of the Anna Freud Centre in London, and Marsha McAdam, Vice-Chair of the Mental Health Network in the UK and member of GLE's Lived Experience Council. 250 registered to attend.

Looking ahead

We will build on the momentum established since the organization's rebrand and the successful transition to Global Leadership Exchange throughout 2024 as a single entity. We will continue to strengthen our network and further enhance our value to our members.

We will increase brand recognition within each country of operation and aim to secure long-term funding for existing members.

GLE's unique connections and expertise in mental health, disability and substance use are strong differentiators from other membership organizations. Expanding our offer and how members can engage and share knowledge will seek to strengthen that.

The team has worked to understand the unique selling points (USPs) of GLE and how it will operate to provide future sustainability. Therefore, adding value is a core priority for the year ahead, specifically in the development of GLE's digital space to improve overall accessibility to what we offer, further facilitating the sharing of innovation to support leaders in our field and ultimately help change lives.

Overall, the year ahead will provide us with the chance to consolidate, focus on revenue security and diversification, risk identification, mitigation, and governance development.

Our 17th international Leadership Exchange will take place in Ottawa, Canada in June 2026. Work on planning is well underway in close liaison with the Public Health Agency of Canada.

Next year we will reaffirm the benefits of investing in GLE, ensuring that we remain adaptable, representative, and relevant to the needs of our members.

Acknowledgements

We are indebted to all who invest time, effort and commitment to our work and purpose as an organization. GLE exists to facilitate collaboration amongst leaders, working together to improve people's lives, the communities and organizations in which we live and work.

People make GLE – their combined life experience and shared values ensure we remain current, relatable and resilient to be able to make a positive difference.

We are grateful to the countries, regions, organizations and individuals who contribute to our work including: Australia, Canada, England, Emilia-Romagna, Northern Ireland, the Netherlands, New Zealand, the Republic of Ireland, Scotland, Slovakia, Sweden, the USA, and Wales.

Our membership continues to grow year on year and we welcome those who embrace our Leadership Principles and work to make a difference in their respective organizations, regions and countries. This year's Leadership Exchange welcomed a number of first-time attendees which constituted 56 percent of our audience in Utrecht. To existing and new members, we thank you for your interest and commitment to GLE.

It is important to acknowledge our colleagues at Mental Health Europe, EUCOMS, eMHIC, the College for Behavioral Health Leadership, the World Health Organization, Mindforward Alliance, the Global Mental Health Peer Network, Whāraurau and United for Global Mental Health. It is our privilege to continue to work with and learn from them. Thanks also to our friends and colleagues at RI International, American Psychological Association, McKinsey Health Institute, Rosecrance for their support.

Our work would not be possible without the wise counsel of our GLAG-D and GLAG-MH members, and to our Board whose steadfast commitment in overseeing and directing our course of travel is unfailing and valued beyond measure.

To the team who work tirelessly to turn vision into reality, we acknowledge and thank Eddie Bartnik, Aisling Blackmore, Úna Carney, Becky Considine, Shauna Cronin, Melanie Davies, Dr Michael Kendrick, Kathy Langlois, Peter Molyneux, Sean Russell, Fran Silvestri, Lorna Sullivan, Charly Weldon, Jenny Wolf, and the teams at Storm IT and Shahzure Systems.

Thanks also to our Liaisons world-wide, all of whom play a crucial role in connecting us to members and leaders in each of our sponsoring areas.

Credit to photographer Pim Geerts for Leadership Exchange photos, including front cover image.

Our Board

Our Board comprises of professionals with wide-ranging skills and experience. All experts in their field, their shared drive and ambition supports the ethos on which the organization was founded, ensuring it continues to grow – promoting inclusive behaviours that apply to mental health, disability and substance use leaders to ensure we have a diverse leadership group.

Steve Appleton
President and CEO
View bio

Marion Cooper
Executive Director
Canada Mental Health Association
Winnipeg/Manitoba
View bio

Dr Barbara Disley ONZM
Chair of Board
View bio

Holly Echo-Hawk
Behavioral Health SME
View bio

Dr Arthur C Evans Jnr
CEO, American Psychological Association
View bio

Dr Clenton Farquharson CBE
Chair, Think Local, Act Personal
View bio

Geoff Huggins
Director for Digital, Scottish Government
View bio

Dr Sarah Hughes BA MA ProfDoc
CEO, Mind
View bio

Helen Milroy
Perth Children's Hospital
Professor of Child and Adolescent Psychiatry
View bio

Ruby Moore
Co Vice-Chair of Board
CEO, Georgia Advocacy Office
View bio

Anne Skordis
General Manager, Market Coordination, National Disability Insurance Agency
View bio