

Queensland centre
*for mental health promotion,
prevention and early intervention*

The Queensland Ed-LinQ Initiative

A Framework for Action

© The Queensland Centre for Mental Health Promotion, Prevention and Early Intervention.

Recommended reference:

The Queensland Centre for Mental Health Promotion, Prevention and Early Intervention (2010). The Queensland Ed-LinQ initiative: A framework for action. Mental Health Directorate, Queensland Health.

Foreword

It is widely acknowledged that our school environments play an important role in supporting the social and emotional wellbeing of Queensland students. Increasingly, evidence is highlighting the vital role that teachers and other school staff play in the early identification and support of students with emerging mental illness.

One in four Australian children and young people will experience a mental illness in any one year, yet only a quarter of these will receive any professional assistance for their difficulties. Increasingly, teachers and student support staff are providing a crucial role in the early detection and support of children and young people with mental illness. Teachers and student support staff are often the first to notice when a student is experiencing difficulties, and are in a unique position to ensure that students access the assistance that they need.

I am proud to introduce the Queensland Ed-LinQ Initiative: A Framework for Action. The Queensland Ed-LinQ initiative will enhance the ability of the education community to identify, and access support for, students with emotional and behavioural disturbance or who are showing signs of an emerging mental illness. The Queensland Ed-LinQ initiative will improve communication, coordination and collaboration between the education sector, the primary care sector and the mental health sector, with the aim of improving the social and emotional outcomes of students.

Dr Aaron Groves
Executive Director
Mental Health Directorate

Contents

Foreword	3
Contents	4
Purpose of the Ed-LinQ framework for action	5
Introduction	5
The case for cross-sectoral collaboration	6
The case for early intervention	7
The Queensland Ed-LinQ initiative	8
Key assumptions of the Queensland Ed-LinQ initiative	9
The Queensland Ed-LinQ initiative vision	9
Strategic partnerships	9
Enhancing capacity	10
Clinical guidance	10
The Queensland Ed-LinQ framework for action	10
Governance of the Queensland Ed-LinQ initiative	12
Evaluation of the Queensland Ed-LinQ initiative	12
References	13

Purpose of the Ed-LinQ Framework for Action

This document has been developed to provide an overarching framework for the Queensland Ed-LinQ initiative. Its purpose is to provide a context for the Queensland Ed-LinQ initiative within the mental health and education sectors, and to guide the governance bodies of Ed-LinQ state, district and transcultural coordinators, ensuring a consistent statewide approach.

This document is intended for use by mental health, education and primary care staff who are involved with the Queensland Ed-LinQ initiative. It may also be used to introduce and explain the Queensland Ed-LinQ initiative to other community stakeholders who require a working knowledge of how the initiative functions.

Introduction

Mental health promotion, mental illness prevention and early intervention for emerging mental illness are of critical importance. Evidence suggests that optimal treatment will avert only 40% of the disease burden of mental illness¹. Mental health policy on a national and state level reflects the need for increased action to prevent mental illness when possible, and intervene early where required. The Fourth National Mental Health Plan 2009 - 2014 (the Fourth Plan) identifies prevention and early intervention as one of five priority areas requiring a whole of government approach. The Queensland Plan for Mental Health 2007 - 2017 (QPMH) identifies mental health promotion, prevention and early intervention as a priority area for statewide reform.

The demand across the community for mental health support, and intervention for mental illness, is beyond the ability of any one service or organisation to provide. The importance of cross-sectoral collaboration*

The relationship between health and education is well established. Healthy children are better able to learn, and higher educational achievement is strongly associated with better health. Health and education professionals have complementary roles in securing better outcomes for our children and young people.

between government, non-government and private organisations in achieving better mental health outcomes is recognised at a national and state level. The Fourth Plan recognises service access, coordination and continuity of care as a priority area. Two priorities for mental health reform in the QPMH reflect the need for enhanced collaboration – priority two, integrating and improving the care system; and priority four, coordinating care.

The Queensland Ed-LinQ initiative has been developed in partnership with government, independent and catholic

education sectors. It builds on existing resources within the mental health, primary care and education sectors, enhancing their capacity to respond to mental illness in students by improving and formalising the interface between the sectors. The Queensland Ed-LinQ initiative identifies the core business and available resources of each of the three sectors, and provides a strategic interface that adds value to the current service community without replicating existing services.

A visual representation of the structure and function of the Queensland Ed-LinQ initiative is presented in Figure 1. The various systems and structures involved in the Queensland Ed-LinQ initiative are outlined. The Queensland Ed-LinQ initiative is underpinned by state and national mental health policy. The Ed-LinQ

* It is acknowledged that within the education sector, cross-sectoral collaboration refers to collaboration between the three tiers of the education sector (government, independent and Catholic). For the purposes of this document, cross-sectoral collaboration refers to collaboration between the mental health, education and primary care sectors.

approach is founded on the dual evidence base of effective health-education collaboration, and child and youth mental health early intervention. Cross-sectoral consultation, collaboration, joint planning and review are at the core of the Queensland Ed-LinQ initiative, which has a clear governance structure to support an ongoing cross-sectoral partnership. Figure 1 captures the strategic nature of the Queensland Ed-LinQ initiative through the representation of Ed-LinQ “filling the gaps” between services and sectors, strategically enhancing the ability of existing services and resources to contribute to improving the mental health outcomes of students in Queensland schools.

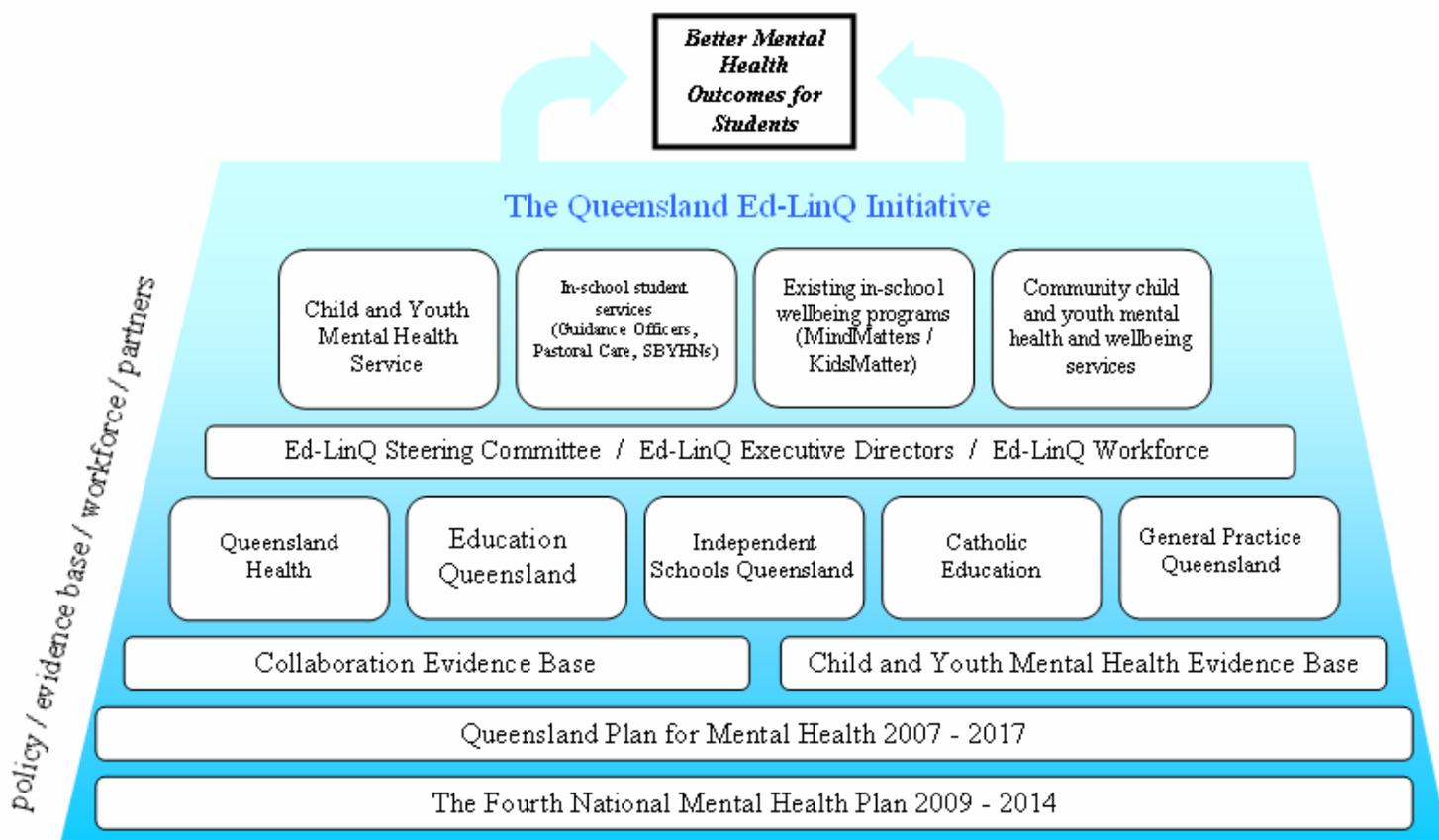


Figure 1. Visual representation of the structure and function of the Queensland Ed-LinQ initiative

The case for cross-sectoral collaboration

In any one year, one in four (26%) Australian children and young people will experience a mental illness, yet under a quarter of these (23%) will receive appropriate professional help². Teachers are often the first port of call for young people experiencing psychological difficulties, and teachers tend to be one of the first groups (outside the family) to notice problems³. This is a reflection of the key role teachers play in supporting the social and emotional development of their students.

In cases of emerging mental illness, early detection and intervention can reduce the severity and duration of the illness. It must be recognised that the promotion of social and emotional wellbeing is not the same as early intervention for emerging mental illness. While teachers have a key role in the social and emotional wellbeing of their students, they do not have the specialist knowledge and skills required to provide early intervention, nor is it their core responsibility. Teachers and staff within schools therefore require access to resources, support and referral options to assist them in detecting and managing mental illness that arises in their students. For students displaying signs and symptoms of mental illness, a partnership between health

and education allows for a supportive learning environment in combination with clinical assessment and intervention, providing a holistic early intervention context more effective than either element alone.

Improved partnerships, collaboration and communication between mental health services and schools have been identified as a key mechanism for improved early detection and intervention for students with emerging mental illness⁴. It is envisaged that improved knowledge about child and youth mental illness amongst education staff, and linkages between mental health services and schools, will improve the accessibility and timeliness of mental health services that address young people's needs. Currently, some young people are slipping through the cracks and are not accessing services when needed. There is evidence of some duplication of services and a lack of coordination among services, which further reduces responsiveness to children and young people's needs.

Research undertaken on established mental health-education collaboratives has shown effective partnerships between mental health agencies and schools results in a range of positive education and health outcomes. These include:

- improved interagency communication^{5,6,7}
- improved knowledge among school staff of the mental health support needs of young people^{8,9}
- improved student access to mental health assessment and intervention¹⁰
- improved school staff access to mental health resources and guidance¹¹
- increased capacity of school counsellors and other student welfare personnel to support students who have, or are at risk of developing, mental illness¹²
- decrease in frequency of referrals to mental health services and improvements in quality of referrals^{13,14,15}
- reduction symptoms of mental illness in children and young people and improvement in outcomes for those managed within a collaborative model of care^{16,17}

The case for early intervention

Early intervention for mental illness refers to interventions targeting individuals who are at risk of, or are displaying the early signs and symptoms of a mental illness, or people experiencing a first episode of a mental illness. Programs oriented toward early intervention aim to minimise the severity of emerging mental illness by enhancing protective factors and reducing risk factors. Figure 2 illustrates where early intervention sits within the spectrum of mental health promotion and mental illness prevention and treatment.

The first component of early intervention, indicated prevention, refers to interventions targeting high-risk individuals identified as having minimal signs or symptoms foreshadowing mental illness, or biological markers indicating predisposition for mental illness, but who do not yet meet diagnostic criteria for a disorder (WHO, 2004). An example of indicated prevention would be a coping skills group for the children of parents with a mental illness. The second component of early intervention, case identification, refers to proactive activities that identify existing mental illness in the community. An example of case identification would be actions to ensure that education staff have adequate information and understanding of mental illness, which would allow them to detect and respond to emerging mental illness in their students. The third component of early intervention, early treatment, refers to interventions provided early in the course of a mental illness, with the aim of altering the course of the disorder and facilitating recovery. An example of early treatment would be a child identified as experiencing a depressive disorder being the subject of a consultation to identify what social supports within the school setting could be put in place, and to discuss the options for external psychological assistance, rather than taking a 'wait and see' approach.

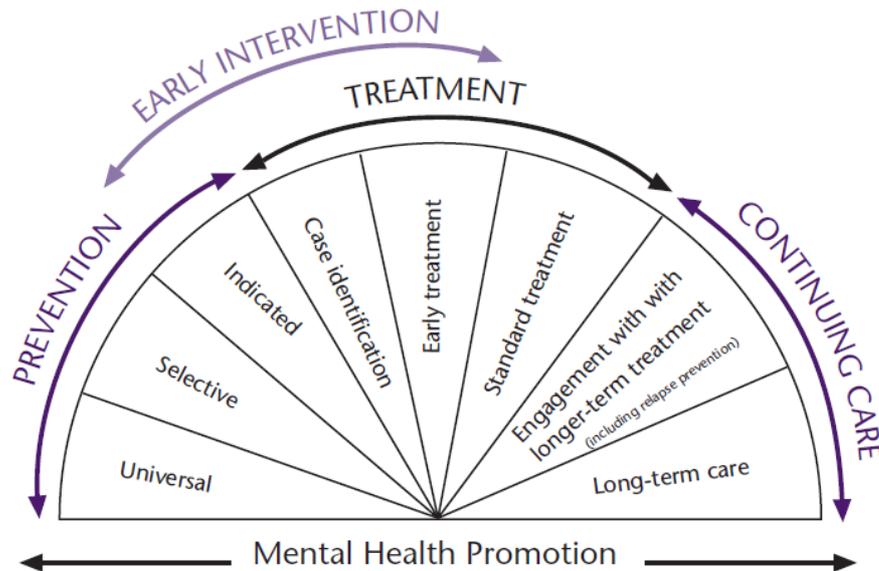


Figure 2. The mental health promotion, prevention and intervention spectrum¹⁸

The evidence base has demonstrated that well planned and implemented early intervention programs can make a meaningful difference to individuals and their communities. Early intervention has been shown to reduce both the severity and duration of mental illness, greatly reducing the social and economic impact of mental illness on individuals and their communities^{19,20,21}.

The Queensland Ed-LinQ initiative

The Queensland Ed-LinQ initiative is a statewide initiative funded through the QPMH and administered by Queensland Health. It works strategically at a state and district level to improve linkages between the education sector, the primary care sector and the mental health sector. It aims to support these sectors to work collaboratively in order to enhance the early detection and treatment of mental illness affecting school-aged children and young people. The Queensland Ed-LinQ initiative enhances the capacity within sectors by providing a strategic interface between sectors, which adds value to the current service system without replicating existing services.

The Queensland Ed-LinQ initiative workforce currently consists of a statewide coordinator, 12 district coordinators and a half time transcultural coordinator with statewide responsibilities all of which are Queensland Health employees. The district level coordinators are recurrently funded senior clinical mental health positions, which cover nine of the 13 health service districts throughout Queensland. The statewide coordinator position and the transcultural coordinator position are both non-recurrently funded for two years. District coordinators are located within Child and Youth Mental Health Service (CYMHS) clinics; the transcultural coordinator is based at the Queensland Transcultural Mental Health Centre; and the statewide coordinator is based within the Mental Health Directorate.

The Queensland Ed-LinQ initiative will establish partnerships with existing services and initiatives based within the education sector that promote student mental health and wellbeing – for example, the KidsMatter and MindMatters initiatives, the School Based Youth Health Nurse program, and other student support service providers such as guidance officers and chaplains. It will also form partnerships with existing services based within the mental health sector that already provide services specifically to the education sector – for example, existing CYMHS outreach services. The Queensland Ed-LinQ initiative will liaise with primary care mental health representatives, such as the mental health coordinators within local Divisions of General Practice via General Practice Queensland as the peak body, to coordinate collaboration across

sectors. It is envisaged that position statements will be jointly developed to capture the nature of partnerships between the Queensland Ed-LinQ initiative and its partners.

Key assumptions of the Queensland Ed-LinQ initiative

The Ed-LinQ initiative has been developed following an extensive review of the existing evidence base and cross-sectoral, multi-level consultation with education and primary care stakeholders. Four key assumptions underlie the Queensland Ed-LinQ initiative, which the evidence base supports as both practical and reasonable. As such, the validity of the Queensland Ed-LinQ approach is based on the following assumptions:

- Mental ill health prevention and early intervention for emerging mental illness will improve the resilience and mental health of students, which in turn improves educational outcomes.
- Improved collaboration between schools and mental health agencies will promote early identification and prevention of mental illness.
- The authority and resources made available to districts, services and practitioners by the Queensland Ed-LinQ initiative will support the Ed-LinQ vision.
- Cross-sectoral commitment to the Ed-LinQ initiative will be maintained.

The Queensland Ed-LinQ initiative vision

The Queensland Ed-LinQ initiative aims to improve the partnership between CYMHS, primary care, school communities and other mental health services in order to enhance prevention, early detection, support and access to referral pathways for school aged children and young people experiencing mental illness.

It is envisaged that as a result of the Queensland Ed-LinQ initiative:

- School staff will know how to identify when a student is at risk of, or is experiencing, mental illness.
- School staff will have access to information regarding comprehensive local referral and care pathways.
- Appropriate services will be accessed to provide advice, assessment and intervention for identified students.
- This process will be supported by strong strategic links at the local level, improving access to key resources.
- This process will be supported through a focus on developing the skills and knowledge of key education and primary care stakeholders.
- Ultimately, there will be an overall improvement in the mental health outcomes of Queensland school students.

This vision will be achieved through state and district activities in three strategic focus areas: **strategic partnerships, enhancing capacity** and **clinical guidance**. There are specific activities in each of these areas that will be undertaken in all districts; however there is flexibility built into the model to allow individual districts to tailor activities within these strategic focus areas to meet local needs.

Strategic partnerships

Strategic partnerships refer to the development of collaborative interdepartmental and interagency relationships at a state and district level. At the state level, this includes the planning and governance mechanisms and the development of an interagency memorandum of understanding. At a district level, this

will include the development of protocols and mechanisms which facilitate interagency and interdepartmental coordination and collaboration.

Enhancing capacity

Enhancing capacity refers to processes that increase the knowledge, skills and understanding of stakeholders regarding mental health and mental illness in children and young people. At the state level, this will include the development and implementation of workforce development strategies for the Ed-LinQ workforce, education sector and primary care sector personnel. At the district level, this includes the coordination of and support for mental health professional development activities for education and primary care stakeholders.

A broad range of mental health literacy and skill levels exists within the education and primary care sectors. The Queensland Ed-LinQ initiative will enhance capacity within these sectors by improving the baseline level of understanding of mental illness, specifically child and adolescent psychopathology. Ed-LinQ will enhance awareness of and access to mental health literacy programs such as Youth Mental Health First Aid. To facilitate greater collaborative and coordinated care of students experiencing mental illness, Ed-LinQ will aim to ensure joint training involving relevant mental health service providers and student support personnel. The development of tailored training programs may be necessary to enhance the capacity of key education sector personnel who have established mental health literacy and skills.

Clinical guidance

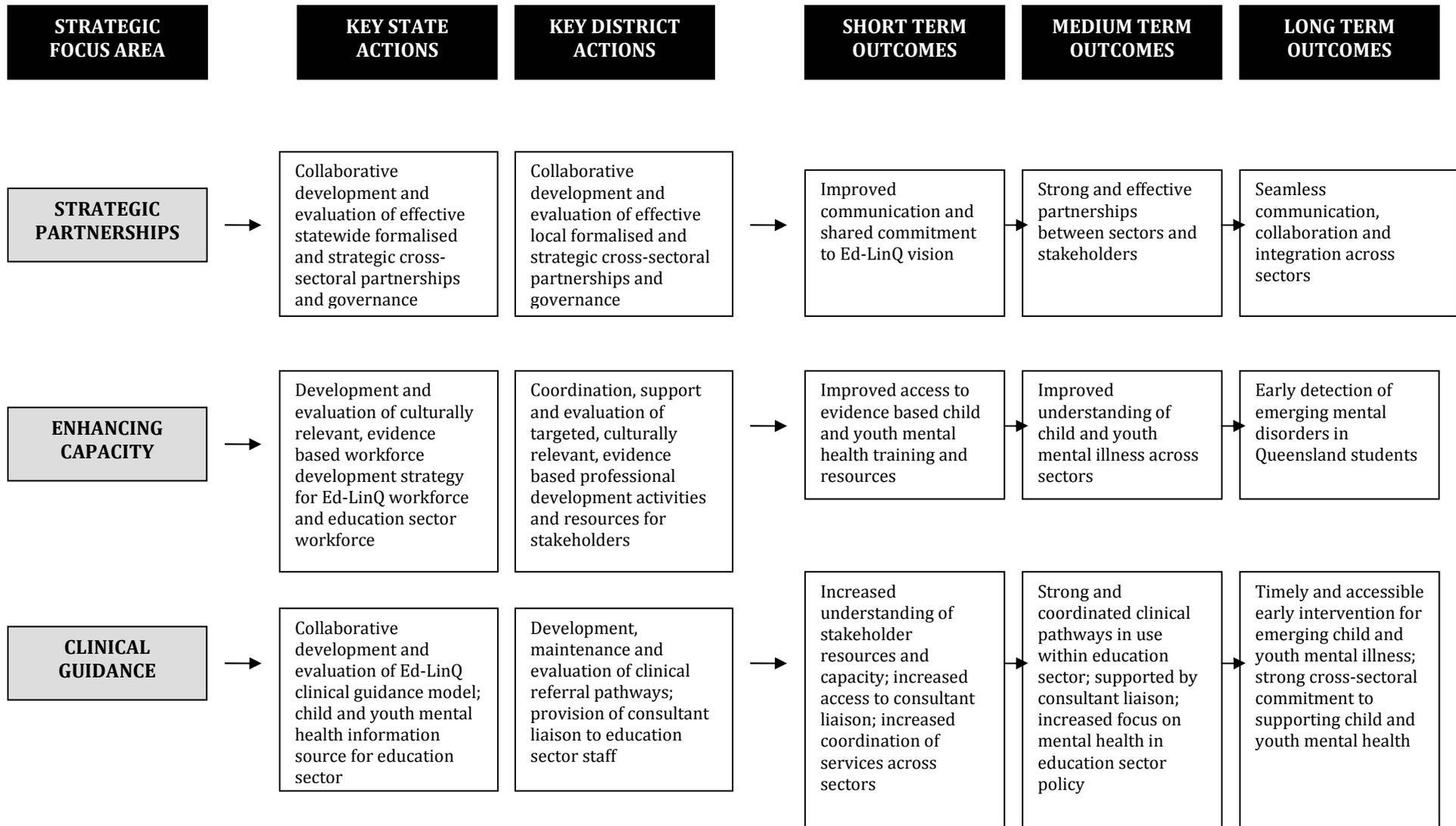
Clinical guidance refers to enhancing the care system through the provision of mental health consultation, and the development of clear and comprehensive referral pathways and shared care models. At the state level, this includes the development of consultation liaison protocols to guide the practice of district Ed-LinQ coordinators, as well as the development of child and youth mental health and mental illness information for distribution to state-level education sector stakeholders. At the district level, clinical guidance involves attendance at relevant district meetings where student mental health and mental illness is discussed, as well as the development, distribution and support of continually updated referral pathways for students identified as experiencing a mental illness.

The Queensland Ed-LinQ framework for action

Linking actions with outcomes

The Queensland Ed-LinQ initiative program logic framework (Figure 3) provides an overarching graphical representation of the initiative. It outlines key state and district level activities across the three strategic focus areas, as well as outlining the initiative's objectives and how they relate to the overall vision. The practical limitations of a small workforce implementing a statewide initiative are reflected in the strategic nature of the key activities, which focus on facilitating coordination and collaboration between existing services across sectors. A commitment to best practice as informed by the evidence base is built into the framework. Provision for ongoing comprehensive evaluation of the Queensland Ed-LinQ initiative is embedded within the framework.

Figure 3 The Queensland Ed-LinQ program logic framework



Governance of the Queensland Ed-LinQ initiative

At a statewide level, there are two key planning and governance mechanisms that guide the development and implementation of the Queensland Ed-LinQ initiative. The Statewide Ed-LinQ Steering Committee is comprised of senior representatives from the health, education and primary care sectors, and is chaired by the Executive Director of the Mental Health Directorate, Queensland Health. Core membership of the Statewide Ed-LinQ Steering Committee is held by the Mental Health Directorate, the Department of Education and Training, the Queensland Catholic Education Commission, Independent Schools Queensland and General Practice Queensland; other agencies and organisations can participate by invitation. The role of the Statewide Ed-LinQ Steering Committee is to provide overall strategic direction and oversight to the Ed-LinQ initiative.

The second statewide governance body, the Mental Health Executive Directors group, is comprised of senior representatives from the Queensland Health districts involved in the Queensland Ed-LinQ initiative. The role of the Mental Health Executive Directors group is to govern the implementation of the Queensland Ed-LinQ initiative at a district level.

Within each district, local governance bodies will be established to guide the implementation of the Queensland Ed-LinQ initiative and assist in tailoring Ed-LinQ activities to meet local needs. Each district will be responsible for organising a governance body, ensuring cross-sectoral representation and establishing terms of reference. As per the Statewide Ed-LinQ Steering Committee, local governance bodies should include (but not necessarily be limited to) representatives from CYMHS, Education Queensland, local Catholic and Independent schools and the local Division of General Practice. District governing bodies will be responsible for guiding and endorsing the business plan developed by district Ed-LinQ coordinators, and for supervising the evaluation of the Ed-LinQ initiative in their districts.

Evaluation of the Queensland Ed-LinQ initiative

Evaluation is built in throughout the Queensland Ed-LinQ initiative at both the state and district level. Regular formative evaluation of Ed-LinQ activities will refine the delivery of the Queensland Ed-LinQ initiative. District and statewide reports will be the formal feedback mechanisms to governing bodies. An overarching summative evaluation of the Queensland Ed-LinQ initiative is planned for July 2012. This summative evaluation will be based on both quantitative and qualitative data, and will be used to evaluate the overall efficacy of the Queensland Ed-LinQ initiative. It will provide a comprehensive picture of the activities and outcomes of the Queensland Ed-LinQ initiative at a state and district level.

A statewide evaluation framework will guide both formative and summative evaluation, addressing activities that are core to the Queensland Ed-LinQ initiative. At a local level, district Ed-LinQ coordinators will develop evaluation frameworks that are consistent with the statewide evaluation framework, and will capture core Ed-LinQ activities as well as any district specific signature practices.

References

- ¹ Andrews G, Issakidis C, Sanderson K, Corry J, Lapsley H (2004) 'Utilising survey data to inform public policy: comparison of the cost effectiveness of treatment of ten mental disorders', *British Journal of Psychiatry*, 184, 526-533
- ² Australian Bureau of Statistics (2010). Mental Health of Young People - Australia 2007. Downloaded from <http://www.abs.gov.au/ausstats/abs@.nsf/Latestproducts/4840.0.55.001Main%20Features22007?opendocument&tabname=Summary&prodno=4840.0.55.001&issue=2007&num=&view=> 19 July 2010. ABS Catalogue No. 4840.0.55.001.
- ³ Allison, S., Roeger, L., & Abbot, D. (2008) Overcoming Barriers in Referral from Schools to Mental Health Services *Australasian Psychiatry*, 16(1)
- ⁴ Sawyer, M. G. et al (2000) The Mental Health of Young People in Australia. Child and Adolescent Component of the National Survey of Mental Health and Wellbeing. Canberra: Mental Health and Special Programs Branch, Commonwealth Department of Health and Aged Care
- ⁵ Maloney, D., Jones, J., Walter, G., & Davenport, R. (2008) Addressing mental health concerns in schools: does School-Link achieve its aims? *Australasian Psychiatry*, 16(1)
- ⁶ Shortt, A. L., Fealey, S., & Toumbourou (2006) The mental health Risk Assessment and Management Process (RAMP) for schools: II. Process Evaluation. *Australian e-Journal for the advancement of mental health*, 5(3)
- ⁷ Corboy, D., & McDonald, J. (2007) An evaluation of the CAST program using a conceptual model of school-based implementation. *Australian e-Journal for the advancement of mental health*, 6(1)
- ⁸ Maloney, D., Jones, J., Walter, G., & Davenport, R. (2008) Addressing mental health concerns in schools: does School-Link achieve its aims? *Australasian Psychiatry*, 16(1)
- ⁹ Shortt, A. L., Fealey, S., & Toumbourou (2006) The mental health Risk Assessment and Management Process (RAMP) for schools: II. Process Evaluation. *Australian e-Journal for the advancement of mental health*, 5(3)
- ¹⁰ Maloney, D., Jones, J., Walter, G., & Davenport, R. (2008) Addressing mental health concerns in schools: does School-Link achieve its aims? *Australasian Psychiatry*, 16(1)
- ¹¹ Maloney, D., Jones, J., Walter, G., & Davenport, R. (2008) Addressing mental health concerns in schools: does School-Link achieve its aims? *Australasian Psychiatry*, 16(1)
- ¹² Maloney, D., Jones, J., Walter, G., & Davenport, R. (2008) Addressing mental health concerns in schools: does School-Link achieve its aims? *Australasian Psychiatry*, 16(1)
- ¹³ Shortt, A. L., Fealey, S., & Toumbourou (2006) The mental health Risk Assessment and Management Process (RAMP) for schools: II. Process Evaluation. *Australian e-Journal for the advancement of mental health*, 5(3)
- ¹⁴ Gatti, A. & Goodenough, H. (2008). Linking schools and mental health: A collaborative approach to mental health service delivery for children and young people presenting with indicators of mental health problems. Unpublished model of service delivery. Redcliffe-Caboolture Child and Youth Mental Health Service (CYMHS).

- ¹⁵ Maloney, D., Jones, J., Walter, G., & Davenport, R. (2008) Addressing mental health concerns in schools: does School-Link achieve its aims? *Australasian Psychiatry*, 16(1)
- ¹⁶ Corboy, D., & McDonald, J. (2007) An evaluation of the CAST program using a conceptual model of school-based implementation. *Australian e-Journal for the advancement of mental health*, 6(1)
- ¹⁷ Shortt, A. L., Fealey, S., & Toumbourou (2006) The mental health Risk Assessment and Management Process (RAMP) for schools: II. Process Evaluation. *Australian e-Journal for the advancement of mental health*, 5(3)
- ¹⁸ Mrazek, P. & Haggerty, R. (1994) *Reducing risks for mental disorders: Frontiers for preventative intervention research*. Washington DC: National Academy Press
- ¹⁹ Commonwealth Department of Health and Aged Care 2000, *Promotion, Prevention and Early Intervention for Mental Health—A Monograph*, Mental Health and Special Programs Branch, Commonwealth Department of Health and Aged Care, Canberra
- ²⁰ World Health Organization. (2004) Prevention of mental disorders : effective interventions and policy options : summary report / a report of the World Health Organization Dept. of Mental Health and Substance Abuse ; in collaboration with the Prevention Research Centre of the Universities of Nijmegen and Maastricht.
- ²¹ Centre for Community Child Health (2007). Child behaviour: Overview of the literature. Monograph 3 in A. O'Hanlon, A. Patterson & J. Parham (Series Eds.), *Promotion, Prevention and Early Intervention for Mental Health in General Practice*. Adelaide: Australian Network for Promotion, Prevention and Early Intervention for Mental Health (Auseinet).