Proposed Ed-LinQ Model

Preamble

The Ed-LinQ model has been designed to support state and regional early detection and collaborative care of primary and secondary school students in Queensland experiencing mental health problems. It builds on the initial Ed-LinQ Framework for Action established to guide Hospital and Health Services (HHSs) in fostering strategic partnerships, enhancing capacity and providing clinical guidance.

The model was developed through a process of co-design with key stakeholders including consumer and carer representatives, service providers, policy makers and the available evidence base.

The Ed-LinQ model was designed to be:

(a) current, by reflecting the contemporary evidence base and taking into account of - and working within - the broader service and care system;

(b) consistent, by ensuring that the core elements are provided to an agreed quality and level across Queensland;

(c) sustainable, by ensuring the practices and principles of effective collaboration for early detection and intervention are embedded into systems, policies and procedures;

(d) contextualised within a shared understanding of school-focused mental health promotion, mental illness prevention and early intervention;

(e) robust enough to withstand policy and funding changes; and

(f) broad enough to encompass emerging issues that fit within a continuum approach to student well-being

Effective implementation of the Ed-LinQ model will enhance the health and educational opportunities afforded to school-aged children and young people experiencing mental health problems in Queensland.

1.0 Ed-LinQ Framework

1.1 INTRODUCTION

The Ed-LinQ initiative ("Ed-LinQ") contributes to the Queensland Government's commitment to the improved mental health and well-being of all Queenslanders and supports the implementation of the *Queensland Mental Health, Drug and Alcohol Strategic Plan 2014-2019*[1] and the *Early Action: Queensland Mental Health Promotion, Prevention and Early Intervention Action Plan 2015-17*.

It was established under the Queensland Plan for Mental Health 2007-2017 to improve linkages and service integration between the education, primary care, community and mental health sectors to support the early detection and collaborative care of school-aged children and young people at risk of – or experiencing - mental health problems or mental illness. This Framework sets out the guiding principles for Ed-LinQ's alignment with a contemporary service system.

1.2 BACKGROUND

The majority of Queensland children and young people are able to navigate the tasks and challenges of their life stages with the support of family, friends and universal services such as schools. There are many however, who are vulnerable to, or experience mental health problems and illness that affect their mental health and wellbeing and capacity to engage in school, community, sporting and cultural activities, and that may limit their future possibilities[2].

Almost half of all lifetime mental health problems have their onset before the age of 14[3], and almost 75 per cent before the age of 25[4]. If not addressed early and effectively, mental health problems are more likely to continue into adulthood and lead to long-term mental illness.[5] Mental health problems experienced during this period can also lead to or further compound already existing socio-economic disadvantage, adding to a significant burden on children, young people and their families. However, many children and young people may not actively seek formal help for emerging mental health problems for a range of reasons, including stigma or not knowing where or how to access support.[6]

Children and adolescents develop and function in a number of important systems including their family, school, community and other social networks and groups. It is for this reason that mental health problems during this period are not seen as the sole province of mental health services, but require systemic interventions. Services and support from a range of services including education, child protection, youth justice and housing are frequently required, and so are a shared concern and responsibility of a range of government departments and stakeholder services. Integrated care for children and young people with severe and/or complex mental health problems that concurrently addresses both their mental health needs and educational functioning aligns with a developmentally-appropriate application of the recovery model to this age group, and has been identified as important by young people, parents and carers and service providers.[7]

<u>What works</u>

It is estimated that between one-quarter to one-half of adult mental illness may be preventable through appropriate intervention in childhood and adolescence[8]. Mental ill-health is associated with the most significant combined prevalence, persistence and breadth of impact of any health condition[9]. Effective support and interventions during childhood and adolescence therefore provide the best opportunity to

reduce the lifetime burden of mental illness on individuals and families, as well as the associated long-term social and economic costs. Particular groups of children and young people may be at heightened risk of developing mental health problems, and so warrant specific approaches tailored to their individual needs.[10]

There is considerable evidence and guidance for effective interventions during these life stages which emphasises the importance of collaboration and partnership between services. For example, national standards of contemporary mental health services require that they work in partnership with their community to promote mental health and address prevention of mental health problems and/or mental illness, and to facilitate coordinated and integrated services**[11].**

School-based support is especially important given that by 2020 there is estimated to be a 24 percent increase in Queensland primary school students from 2010, with the flow-on effect to secondary school over the subsequent years[12].Schools provide an important venue for health, education, primary care and community collaboration to identify and intervene early in emergent mental health problems and ensure the appropriate range of evidence-based generalist and specialist supports and intervention are available. To be effective, school-based services must be equipped with the relevant skills and knowledge to accurately identify mental health problems and have ready access to generalist and specialised services. Development of collaborative models and protocols that promote shared care are required to effectively utilise available school-based supports and link these with clear pathways to appropriate specialised services.

An independent evaluation of the Ed-LinQ program undertaken in 2014[13]indicated that:

- Overall, it had largely met its goals of forming strategic partnerships, enhancing capacity and providing clinical guidance;
- Positive impacts included improved access and reduced waiting times for specialist support; greater confidence and capability reported by school personnel to support students with mental health issues; and improved cross agency communication, respect and trust;
- Both the education and mental health sectors identified the role of Ed-LinQ as crucial in facilitating timely referrals, cross agency support, workforce capability and professional development;
- There was strong support for the continuation of Ed-LinQ due to its role in facilitating increased capacity for collaborative and integrated care between the health and education sectors

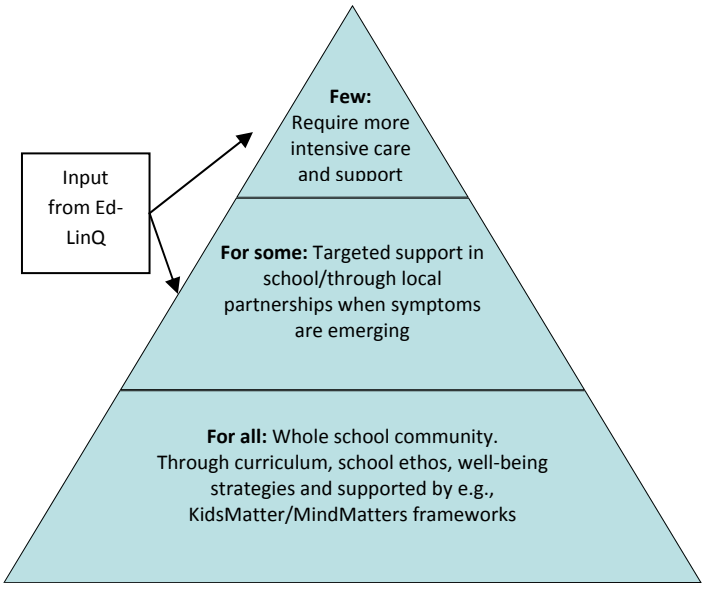

Figure 1. Tiered approach to mental well-being

However, the positive impact attributable to Ed-LinQ was not evident to the same extent in all Hospital and Health Services (HHSs) with an Ed-LinQ program. Reviews of the overall initiative and the workforce development program[14] noted specific factors at the program, policy, governance and workforce levels

inhibiting the impact of Ed-LinQ, with specific recommendations made to address these. This provided direction for enhancing, embedding and extending the Ed-LinQ program.

This model aims to enhance identified program benefits and address potential barriers to effective implementation by clearly articulating Ed-LinQ's aims, vision, key focus areas, core activities and evaluation strategies to guide effective implementation of the program at the state and regional levels.

1.3 AIM

Ed-LinQ aims to develop, support and embed cross-sectoral systems, procedures and capacity that support the early detection and collaborative care of mental health problems or illness experienced by school-aged children and young people.

1.4 VISION

All school-aged children and young people are provided the evidence-based and appropriate mental health intervention and support they require as early as possible and in the form that optimises their educational, social and emotional outcomes.

1.5 KEY FOCUS AREAS

Achieving Ed-LinQ's aims and vision requires actions at the state, regional and service levels within and between the following three interdependent focus areas: provision of school-based consultation liaison; enhance capacity; and foster strategic partnerships.

1.5.1 Provision of school-based consultation-liaison:

This area represents the focal point of the Ed-LinQ model by emphasising the practices, systems and partnerships required to ensure that appropriate and timely mental health care and support is available. It involves a range of actions to enhance early as possible access to mental health advice and, where warranted, timely assessment and collaborative care of those with more intensive needs. The provision of school-based consultation-liaison relies on education personnel having sufficient capacity to identify students experiencing mental health problems, and knowledge of how to effectively engage additional support for them where required. It ranges from advice provided via email/telephone for queries regarding resources, training and/or the needs of deidentified students through to the provision of specialised mental health input at student support meetings.

Critical to effective and efficient provision of school based consultation is establishing a process of joint planning and review that involves key health and education personnel in designing and overseeing the processes required to support and prioritise access and engagement. The major mechanism to support the planning and provision of consultation and liaison is the establishment of the School Mental Health Regional Coordinated Care Groups (SMHRCCG). This group will be attended by key regional senior staff from the education sector and HHS, and provide a governance and communication function in considering the needs of local schools in the provision of mental health support. This will include a forum for considering requests by schools to formally seek support from the Ed-LinQ program which, if endorsed, will result in allocation of a CYMHS clinician to the school to provide mental health input at their student support meetings when requested. The SMHRCCG builds on regular interactions between CYMHS and school personnel regarding individual CYMHS consumers by adopting a planned, regional forum for implementing and embedding the Ed-LinQ program within school settings, and informing the strategic directions of the regional Ed-LinQ Reference Group.

The Ed-LinQ program also facilitates the delivery of integrated care for children and young people with severe and/or complex mental illness to enhance their recovery by fostering cross-sectoral consideration of their mental health and educational needs.

What do we want to achieve

Early access to clinical consultation and liaison and evidence-based collaborative care and intervention for child and youth mental health problems and illness is available, embedded and formalised between health and education sectors.

1.5.2 Enhance capacity

This involves a range of actions that increase the knowledge, skills and understanding of stakeholders regarding mental health problems and mental illness in children and young people and in regard to working collaboratively for better outcomes. Building capacity occurs within as well as between sectors, and as above requires appropriate joint planning, prioritising and review of workforce development priorities.

What do we want to achieve

Health, education, primary care and community personnel are equipped with the knowledge, skills and practices relevant to their role to contribute to effective, equitable and evidence-based early detection and collaborative care of mental health problems and illness experienced by school-aged children and young people.

1.5.3 Foster strategic partnerships:

Partnerships and a shared understanding and agreement between health, education, primary care and community stakeholders on ways to work together for early intervention of mental health problems in school aged children and young people provide a vital foundation for the achievement of the other key focus areas. This involves a range of actions to support the development of systems, infrastructure and collaborative interdepartmental and interagency relationships which facilitate interagency and interdepartmental coordination and collaboration.

What do we want to achieve

Evidence-based early detection and collaborative care of mental health problems and illness experienced by school-aged children and young people is supported through formalised cross-sectoral partnerships at state, regional and local levels between health, education, primary care and community stakeholders.

1.6 PRINCIPLES

The following principles underlie and guide the operations of Ed-LinQ:

(a) *Partnership and collaboration:* Ed-LinQ will improve and formalise collaboration between schools, health agencies, primary care providers and community stakeholders to support early identification and prevention of mental illness. This requires clear and agreed understanding of mutual roles and responsibilities that are supported and embedded in policies, practices and workforce capacity.

(b) *Equity:* Through the Ed-LinQ program, support will be provided to improve mental health outcomes for school-aged children and young people regardless of their background or where they live.

(c) *Working across the continuum of support and care:* Ed-LinQ operates within a cross-sectoral system of support services and programs and contributes to a broader continuum of student support strategies and programs by providing a specific early detection and service integration function.

(d) *Embedding in policy and procedures:* Ed-LinQ requires resourcing and ongoing, formalised commitment to cross-sectoral collaboration that is embedded in policies, procedures and workforce capacity.

2.0 Ed-LinQ Program

The Ed-LinQ program articulates the cross sectoral responsibilities, resources and activities required to implement the three key focus areas outlined above.

2.1 ROLES AND RESPONSIBILITIES

The Ed-LinQ program operates at the state, regional and service levels to facilitate sustainable integration of service responses for the early detection and collaborative care of mental health problems experienced by school-aged children and young people. These levels are outlined below:

- *State level:* State-level commitment, leadership, oversight and accountability are required within and between health, education, primary care and community sectors. This will be achieved by aligning Ed-LinQ's vision with agency priorities; undertaking joint planning; and developing, implementing, monitoring and reporting on supportive policies, collaborative agreements and resource allocation.
- *Regional level:* Commitment, leadership, monitoring and accountability is required to operationalise the Ed-LinQ program within and across HHSs in consultation with key stakeholders, including those from education, Primary Health Networks and community agencies. This will involve clear communication with the state and service levels as well as localised joint needs assessment and planning to implement and embed policies, procedures and resources into service delivery by multiple sectors.
- *Service level:* Whole service approach where Ed-LinQ is embedded as part of the core business of CYMHS. This therefore means that the program does not rely purely on the efforts of an Ed-LinQ Coordinator to facilitate early detection and collaborative care.

Shifting from a largely referral-based response to one which acknowledges and utilises the capacity and responsibility of other stakeholders for early detection and collaborative care requires enhanced organisational capacity and support for integrated care across sectors. The partnership proposed between the education system and community partners is demonstrated in Figure 2, as proposed by Short[15]:

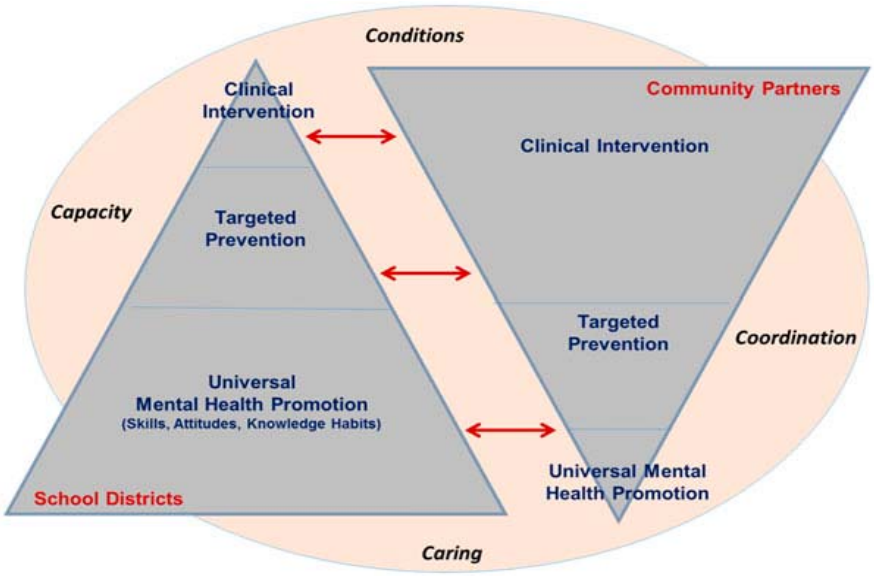

Figure 2. Interconnectedness between sectors across the tiered approach to mental health

Achievement of the Ed-LinQ vision is supported by the contributions of a range of cross-sectoral programs with varying levels of formal responsibility and accountability. Formal accountability for the Ed-LinQ program is held by the following agencies:

- HHSs as the statutory bodies that employ and support the Ed-LinQ programs;
- Child and Youth Mental Health Services (CYMHS) that provide the clinical and administrative governance of the program; and
- Queensland Health Mental Health Alcohol and Other Drugs Branch (MHAODB) in its role as systems manager of public mental health service delivery in Queensland.

Other important contributions at the policy and program levels come through the following stakeholders via partnership, in-kind support and complementary policy and program development:

- Queensland Mental Health Commission (QMHC) driving systemic reform for an evidence-based and recovery-oriented mental health and drug and alcohol system; and
- the education sectors, comprising the Department of Education and Training (DET), Queensland Catholic Education Commission (QCEC) and Independent Schools Queensland (ISQ).

DET's Learning and Wellbeing Framework[16] acknowledges that optimising wellbeing within the school context requires a whole-school approach, and covers practices in four domains: learning environment; curriculum and pedagogy; policies and procedures; and partnerships. The Framework is resourced and coordinated statewide for regional implementation to provide schools with resources to improve student outcomes at universal, targeted and intensive levels.

Commitment to achievement of the Ed-LinQ aim and vision includes collaborative actions of the Ed-LinQ program at the state and HHS levels to facilitate implementation of the Ed-LinQ program. See Appendix A for a summary of the responsibilities and attributes of Ed-LinQ Coordinator at the HHS level.

The state Ed-LinQ Coordinator is responsible for implementation of the Ed-LinQ program at the state level, and monitoring and supporting implementation at the HHS level. Their role includes the following functions:

- Develop and maintain strategic links, partnerships and cross-sectoral agreements with child and youth mental health services, the education sector, primary care and community partners;
- Coordinate the Statewide Ed-LinQ Steering Committee;
- Facilitate appropriate coordination and communication processes around the state-wide implementation of the Ed-LinQ program between and within HHS mental health services, education services and other relevant sectors.
- Develop and implement the statewide Ed-LinQ workforce development strategy;
- Contribute to – and disseminate - policies, protocols, guidance and resources to enhance sector practice;
- Facilitate alignment between the state and HHS Ed-LinQ planning and implementation activities;
- Monitor and report on statewide and HHS implementation of the Ed-LinQ model in accordance with an Ed-LinQ evaluation and reporting framework; and
- Ensure accountability for Ed-LinQ resources and outcomes.

As noted in Figure 1, the core focus of the Ed-LinQ program is on enhancing the early detection and collaborative care of students with mental health problems. Ed-LinQ specifically works to improve coordination, collaboration and integration across a range of programs. Better outcomes for students and their families, as well as the school and service system, will come with clear cross-sectoral agreement about respective roles in the provision of this support. Listed in Table 1 are the major contributors at a program level to early detection and collaborative care for Queensland students with mental health problems.

Table 1. Major contributors at a program level to early detection and collaborative care for Queensland students with mental health problems.

Stakeholder	Responsibilities
CYMHS	CYMHS aims to deliver integrated, evidence-based care across the continuum of care for children and young people with severe and/or complex mental health problems. This incorporates the effective, efficient implementation of the Ed-LinQ program in consultation with key stakeholders, including embedding it as core business of CYMHS service delivery.
Guidance officers, school counsellors, Youth Support Coordinators, chaplains and other personnel employed by the education sector	*DET* is committed to supporting children and young people with mental health issues through its Wellbeing and Learning Framework. The mental health and wellbeing of students in state schools is optimised through application of the Ed-LinQ framework in order to quickly identify, appropriately respond to, and collaboratively care for young people with emerging mental health problems. *Catholic schools* undertake programs to promote social-emotional learning; work in partnership with parents to encourage students to connect with other and their community; implement support systems to identify and support students requiring additional assistance; and activate effective management practices in the event of a critical incident. *Independent schools* have a strong commitment to student wellbeing and implement programs and processes to meet the social and emotional needs of their students; provide dedicated pastoral care and support services to students as identified by individual schools; and link to external support services as required.
School-based youth health nurses (SBYHN)	The SBYHN program is delivered in partnership with DET to address the health and wellbeing of the young people attending secondary schools in Queensland. SBYHNs provide individual health consultations with assessment, support, health information and referral options, including for mental health support; classroom health education with evidence based mental health resources linked to curriculum; recommendations on mental health resources to support curriculum, teaching and learning activities in schools; and promotion of health and wellbeing with a 'whole school approach' to support the development of healthy school environments.
Queensland Transcultural Mental Health Centre (QTMHC)	The QTMHC is a specialist statewide consultation service that works with stakeholders to improve accessibility and cultural responsiveness of mental health services for – and promote the mental health and wellbeing of – culturally and linguistically diverse (CALD) individuals, families and communities in Queensland. This includes the planning, development, implementation and evaluation of initiatives addressing the prevention of mental ill-health and early recognition of mental health problems across all CALD age groups, including children and young people and their families.
General practitioners and private providers including paediatricians, psychiatrists and psychologists	Primary Health Networks (PHNs) were established by the federal government to increase the efficiency and effectiveness of medical services for patients, particularly those at risk of poor health outcomes, and to improve care coordination to ensure they receive the right care in the right place at the right time. PHNs work directly with general practitioners, other primary health care providers, secondary care providers and hospitals to facilitate improved patient outcomes. The population group of children and young people is one of the targets for each PHN highlighted under the national priority of mental health, along with the following five focus areas: indigenous; heard-to reach groups; low intensity; severe and complex mental illness; and suicide prevention.
KidsMatter/ Mindmatters	These initiatives are funded federally as whole-school mental health frameworks for primary and secondary schools respectively. Both include a component on recognising and supporting students experiencing mental health problems, and actively encourage state coordinators and individual schools to establish partnerships with local agencies to facilitate timely support of identified students to effective care.
Others	A range of agencies provide programs at the local, state or national level to address mental health problems experienced by children and young people. These include non-government organisations, headspace sites, headspace school support, Kids Help Line and online services as well as Queensland's Departments of Justice and Attorney-General and Communities, Child Safety and Disability Services.

2.2 CRITICAL SUCCESS FACTORS

2.2.1 Commitment to implementation

The development and implementation of policies, procedures, resources and partnerships requires strategic, long-term, cross-sectoral commitment. This includes acknowledging and taking shared responsibility for common issues, advocacy within and between sectors, facilitating allocation of resources, ensuring accountability and embedding change processes into sustainable systems of care.

2.2.2 Shared ways of working

Systems, structures, tools and mindsets that enable and promote shared ways of working are a key mechanism for achieving sustainable system change. These are identified and actioned through relevant governance forums, and formalised in cross-sectoral collaboration agreements. Stakeholders also benefit from clear communication through effective branding, dissemination of relevant information and the identification and support of local Ed-LinQ champions.

2.2.3 Data-driven local planning and commissioning

Robust processes for reviewing available data, progressing areas of identified need, making decisions with sufficient authority and ensuring accountability for agreed actions are required to achieve systemic change. The collection and feedback of evaluation data relating to these activities will in turn inform ongoing joint planning by established governance mechanisms.

2.2.4 Scale-up of evidence-based practice

Scaling up evidence-based practice is enhanced through a range of inter-related activities designed to enable equitable, large-scale transfer of contemporary knowledge and evidence-based practice to multiple stakeholders. These include accessible workforce development, use of technology to enable widespread access to information and embedding related processes into sector policies and procedures to facilitate early detection and collaborative care by a diverse range of stakeholders to address mental health problems experienced by school-aged children and young people.

2.2.5 A common approach to measuring outcomes

A strategic focus on implementing and monitoring high-quality care over an enduring period will contribute to more sustainable system-wide change regarding early detection and collaborative care. Collecting, collating, disseminating and strategically integrating learnings into the Ed-LinQ program will assist in the development of important practice-based evidence to reduce the burden of mental health problems experienced by children and young people in school settings. Agreeing upon a common set of indicators and measures across services and sectors is critical in ensuring fidelity and accountability to implementation standards, including monitoring outcomes over time.

2.3 POTENTIAL RISKS

2.3.1 Differing levels of priority placed by schools on early detection and collaborative care in addressing the mental health problems of children and young people

The many competing demands experienced by schools may limit their perceived capacity to recognise and prioritise the mental health needs of students, and therefore their engagement with the Ed-LinQ model. Contemporary evidence clearly articulates the strong and reciprocal relationship between mental health and academic outcomes. It is therefore within the scope and interests of schools to take a holistic approach in considering the mental health of students, and collaboratively addressing mental health problems as a potential impediment to learning. Effective leadership, collaboration, accountability and enhancement of the service system at the state and regional levels will support schools to highlight, advance and embed the timely detection and appropriate support of students with emerging mental health problems or existing mental illness.

2.3.2 *Failure to prioritise designated resources to support implementation of the Ed-LinQ program*

Use of Ed-LinQ resources to meet other competing demands experienced by CYMHS will also limit the capacity for effective regional implementation of the model. While a clinical background provides the content knowledge required of their position, Ed-LinQ Coordinators serve a vital function in utilising this expertise in a clinical support role. This expertise will be complemented by their high-level knowledge and skills in population health, the continuum of care and organisational change to help achieve meaningful service reorientation. Implementation of the Ed-LinQ model will ultimately reduce the demand on clinical services by enhancing and releasing the mental health capacity of school systems, and where required facilitating referral pathways to the most appropriate services. Statewide and regional accountability will ensure Ed-LinQ resources are used appropriately by CYMHS to maintain a strategic focus on facilitating and embedding early detection and timely access to collaborative care.

2.3.3 The Ed-LinQ program is not embedded within a whole-service approach

Failure to fully embed the Ed-LinQ program within a CYMHS setting risks it being seen as an "add-on" and the sole responsibility of the Ed-LinQ Coordinator, with the associated loss of momentum should they leave the position. Adoption of the functions of the Ed-LinQ program as the core business of CYMHS regionally enables greater scope and sustainability of program outcomes, including service-wide support for the functions and outcomes of the SMHRCCG. Implementation of the program by an HHS is therefore not the sole responsibility of the Ed-LinQ Coordinator, or reliant on resource allocation for this position. Such an approach also allows for a degree of succession planning for an Ed-LinQ Coordinator, and aligns with contemporary standards of mental health service provision. It is the responsibility of the CYMHS Line Manager, in discussion with their Ed-LinQ Reference Group, to facilitate the whole-of service adoption of the Ed-LinQ model at the regional level with oversight by the state program.

2.3.4 The Ed-LinQ program has insufficient reach

Equity of access to Ed-LinQ support will enhance impact of the model, including considering how to meet the unique needs of large geographical areas (such as rural and remote regions) and/or those with large numbers of schools. Fidelity to the Ed-LinQ program will be maintained by a range of tailored strategies, including strategic joint planning, embedding the model in service delivery and facilitating effective use of technology to maximise engagement with program activities.

2.3.5 The Ed-LinQ program is not tailored to support the most vulnerable populations

Children and young people from diverse backgrounds and/or those who experience socio-economic disadvantage have an increased risk of mental health problems, and so may require additional support to maintain their social, emotional and educational functioning. Regional Ed-LinQ Reference Groups are well-positioned to identify the local needs of vulnerable groups, and jointly plan and implement actions to address these needs in alignment with strategies and resources available at the statewide level.

2.4. LINKING STRATEGIES TO OUTCOMES

The Ed-LinQ program logic (Figure 2) outlines key actions at the state and regional levels across the three strategies, as well as how they relate to the overall vision. Given the scope of the issue, this long-term view is necessary to achieve lasting change in the early detection and collaborative care of school-aged children and young people experiencing mental health problems in Queensland.

2.5 KEY ACTIVITIES

Outlined in Table 2 is a summary of core activities within each of the key focus areas at the state and regional levels, as well as associated indicators and measures.

Figure 3. Ed-LinQ Program logic

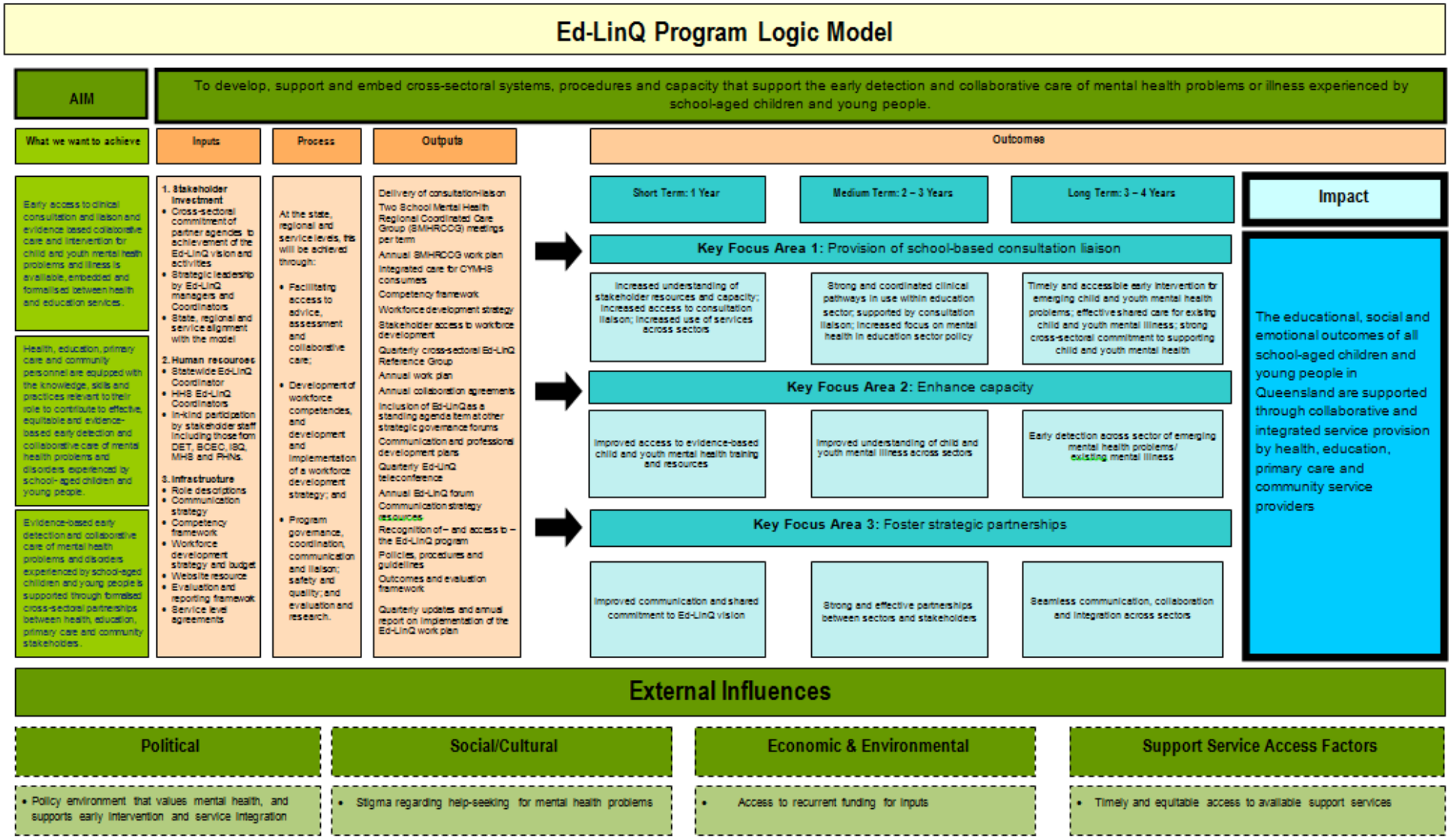

Table 2. Core Ed-LinQ Activities at the State and Regional levels

What we want to achieve	Component	State Activities	Regional Activities	Outputs	Indicators	Measure
Key focus area 1: PROVISION OF SCHOOL-BASED CONSULTATION-LIAISON Actions to enhance access to specialist advice and timely assessment and collaborative care of students with mental health problems						
Early access to clinical consultation and liaison and evidence based collaborative care and intervention for child and youth mental health problems and illness is available, embedded and formalised between health and education services.	Facilitate access to advice	Development and dissemination of – and reporting on - effective, equitable evidence-based consultation-liaison guidance for statewide use by DET, QCEC, ISQ and HHSs that describes the spectrum from low intensity support and advice through to provision for collaborative care of individual students	Regional implementation of recommended policies and protocols for the provision of consultation-liaison regarding school-based practice, mental health resources and timely access to referral pathways	Delivery of consultation-liaison	Increase in consultation-liaison occasions over time Increase in geographical spread of recipients Increase in positive feedback and evidence of implementation of specialist advice Decrease in inappropriate referrals/ increase in appropriate referrals to CYMHS	CIMHA data Survey of consultation-liaison recipients

What we want to achieve	Component	State Activities	Regional Activities	Outputs	Indicators	Measure
Key focus area 1: PROVISION OF SCHOOL-BASED CONSULTATION-LIAISON Actions to enhance access to specialist advice and timely assessment and collaborative care of students with mental health problems						
Early access to clinical consultation and liaison and evidence based collaborative care and intervention for child and youth mental health problems and illness is available, embedded and formalised between health and education services (cont.)	Facilitate assessment and collaborative care	Development and dissemination of – and reporting on – guidance and procedures that support the establishment, maintenance and reporting of effective School Mental Health Regional Coordinated Care Groups (SMHRCCG)	Establishment, maintenance and review of an effective SMHRCCG to systemically embed early detection and collaborative care of student mental health problems in regional schools	Calendar of two SMHRCCG meetings per term, including a planning meeting every October Annual SMHRCCG work plan	SMHRCCG process is integrated into annual collaboration agreement/s and Ed-LinQ work plan Increased interest in - and awareness of - accessing Ed-LinQ support via SMHRCCG Allocation of CYMHS staff to participating schools	SMHRCCG Terms of Reference, minutes and annual work plan Collaboration agreement, Ed-LinQ work plan and annual report Number, scope and location of participating schools School survey
		Development and dissemination of – and reporting on - evidence-based integrated care protocols for use by HHSs and education stakeholders for students with severe and/or complex mental health problems	Effective regional implementation of – and reporting on - shared care protocols for use by HHSs and education stakeholders for students with severe and/or complex mental health problems	Integrated care for CYMHS consumers	Protocols are integrated into the collaboration agreement/s and annual work plan Increased knowledge and use of protocols by HHS and education stakeholders Enhanced educational and mental health outcomes for students	Annual collaboration agreement and Ed-LinQ work plan Stakeholder survey CIMHA data

What we want to achieve	Component	State Activities	Regional Activities	Outputs	Indicators	Measures
Key focus area 2: ENHANCE CAPACITY Actions that increase the knowledge, skills and understanding of stakeholders regarding mental health problems and mental illness in children and young people.						
Health, education, primary care and community personnel are equipped with the knowledge, skills and practices relevant to their role to contribute to effective, equitable and evidence-based early detection and collaborative care of mental health problems and disorders experienced by school- aged children and young people.	Workforce competencies	Identify and describe evidence-based competencies commensurate with the scope of roles involved with school-based mental health support	Provide input into the identification and description of evidence-based competencies commensurate with the scope of roles involved with school-based mental health support	Competency framework	Competency framework is generated and endorsed by stakeholder partners at the state and regional levels	Stakeholder survey

What we want to achieve	Component	State Activities	Regional Activities	Outputs	Indicators	Measure
Key focus area 2: ENHANCE CAPACITY Actions that increase the knowledge, skills and understanding of stakeholders regarding mental health problems and mental illness in children and young people.						
Health, education, primary care and community personnel are equipped with the knowledge, skills and practices relevant to their role to contribute to effective, equitable and evidence-based early detection and collaborative care of mental health problems and disorders experienced by school- aged children and young people (cont.)	Workforce development strategy	Develop a statewide workforce development strategy that is sufficiently resourced; addresses identified competencies; is aligned with cross-sectoral strategies and resources; reflects evidence-based practice; promotes equity of access; and is based on a learning needs assessment in relation to: • mental health and well-being of school communities; • detection, assessment and care of students with mental health problems; and • cross-sectoral collaborative care	Develop a regional workforce development strategy that addresses identified competencies and capabilities; is aligned with cross-sectoral statewide and regional strategies and resources; reflects evidence-based practice; promotes equity of access; and is based on an assessment of regional learning needs in relation to: • mental health and well-being of school communities; • detection, assessment and caret of students with mental health problems; and • cross-sectoral collaborative care	Workforce development strategy	Strategy is generated and endorsed by the Ed-LinQ Reference Group and integrated into cross-sectoral strategic planning	Ed-LinQ work plan and collaboration agreement/s Stakeholder strategic plans

What we want to achieve	Component	State Activities	Regional Activities	Outputs	Indicators	Measure
Key focus area 2: ENHANCE CAPACITY Actions that increase the knowledge, skills and understanding of stakeholders regarding mental health problems and mental illness in children and young people						
Health, education, primary care and community personnel are equipped with the knowledge, skills and practices relevant to their role to contribute to effective, equitable and evidence-based early detection and collaborative care of mental health problems and disorders experienced by school- aged children and young people (cont.)	Workforce development strategy (cont.)	Resource and implement the statewide workforce development strategy	Resource and implement the regional workforce development strategy in alignment with the state strategy	Stakeholder access to workforce development	Increase in attendance by cross-sectoral attendees Increase in stakeholder competencies and capabilities Increase in evidence of implementation of learnings into sector practice	Attendance lists Participant surveys Stakeholder policies and procedures

What we want to achieve	Component	State Activities	Regional Activities	Outputs	Indicators	Measures
Key Focus Area 3: FOSTER STRATEGIC PARTNERSHIPS Actions to support the development of systems, infrastructure and collaborative interdepartmental and interagency relationships which facilitate interagency and interdepartmental coordination and collaboration.						
Evidence-based early detection and collaborative care of mental health problems and disorders experienced by school-aged children and young people is supported through formalised cross-sectoral partnerships between health, education, primary care and community stakeholders at state, regional and local levels between health, education, primary care and community stakeholders	Program governance	Establishment and maintenance of statewide strategic cross-sectoral Ed-LinQ governance to identify, plan and develop early intervention policies, plans and actions and evaluate progress towards shared goals	Establishment and maintenance of regional strategic cross-sectoral governance to identify, plan and develop early intervention policies, plans and actions and evaluate progress towards shared goals	Quarterly cross-sectoral Ed-LinQ Reference Group Annual work plan	Actions enable achievement of the annual work plan	Meeting minutes, quarterly updates, Terms of Reference, Partnership Analysis Tool, collaboration agreement/s Annual reporting on the Ed-LinQ work plan
		Renewal, endorsement and maintenance of statewide cross-sectoral collaboration agreement/s with DET, QCEC, ISQ and PHNs.	Development, endorsement and maintenance of regional cross-sectoral collaboration agreement/s with DET, QCEC, ISQ and the local PHN/s.	Annual collaboration agreement/s	Effective implementation of agreed actions arising from the collaboration agreement/s	Annual review of agreement/s and work plan
		Development, implementation and reporting of an annual Ed-LinQ state-level work plan by the statewide Ed-LinQ Reference Group	Development, implementation and reporting of an annual Ed-LinQ regional work plan by the regional Ed-LinQ Reference Group that is measurable, achievable, and approved by the statewide Reference Group	Annual work plan	Program implements actions identified in the annual work plan developed by the Ed-LinQ Reference Group	Annual reporting on the Ed-LinQ work plan

What we want to achieve	Component	State Activities	Regional Activities	Outputs	Indicators	Measures
Key Focus Area 3: FOSTER STRATEGIC PARTNERSHIPS Actions to support the development of systems, infrastructure and collaborative interdepartmental and interagency relationships which facilitate interagency and interdepartmental coordination and collaboration.						
Evidence-based early detection and collaborative care of mental health problems and disorders experienced by school-aged children and young people is supported through formalised cross-sectoral partnerships between health, education, primary care and community stakeholders at state, regional and local levels between health, education, primary care and community stakeholders (cont.)	Program governance (cont.)	Contribution of, and embedding Ed-LinQ business within other statewide strategic cross-sectoral governance forums aimed at enhancing the mental health of children and young people in school settings.	Contribution of and embedding Ed-LinQ within other regional strategic cross-sectoral governance forums aimed at enhancing the mental health of children and young people in school settings.	Inclusion of Ed-LinQ as a standing agenda item at other strategic governance forums	Ed-LinQ attendance and contributions facilitate implementation of the Ed-LinQ program	Meeting minutes, Terms of Reference, achievement of cross-sectoral strategic plans
	Coordination, communication and liaison	Effective liaison with – and provision of support for - HHS, education and other key stakeholders to facilitate regional implementation of the Ed-LinQ program	Effective liaison with the statewide Ed-LinQ program to facilitate regional implementation of the program	Communication and professional development plans Quarterly Ed-LinQ teleconferences Annual Ed-LinQ forum	Increase in capacity to effectively implement the Ed-LinQ program	Assessment of learning needs Professional Development Plans Attendance lists Stakeholder surveys

What we want to achieve	Component	State Activities	Regional Activities	Outputs	Indicators	Measures
Key Focus Area 3: FOSTER STRATEGIC PARTNERSHIPS Actions to support the development of systems, infrastructure and collaborative interdepartmental and interagency relationships which facilitate interagency and interdepartmental coordination and collaboration.						
Evidence-based early detection and collaborative care of mental health problems and disorders experienced by school-aged children and young people is supported through formalised cross-sectoral partnerships between health, education, primary care and community stakeholders at state, regional and local levels between health, education, primary care and community stakeholders (cont.)	Coordination, communication and liaison (cont.)	Development of a statewide Ed-LinQ communication strategy that is evidence-based, sufficiently resourced and integrated into the annual state work plan	Development of a regional Ed-LinQ communication strategy that aligns with the statewide strategy and is integrated into the regional work plan	Communication strategy	Communication strategy is generated and endorsed by stakeholder partners at the state and regional levels	Stakeholder survey
		Implementation of – and reporting on – the statewide Ed-LinQ communication strategy	Implementation of – and reporting on - the regional Ed-LinQ communication strategy in alignment with the state strategy	Recognition of – and access to – the Ed-LinQ program	Communication strategy is embedded into service/sector planning Increased sector recognition and utilisation of the Ed-LinQ program Website traffic from a wide range of stakeholders across Queensland	Annual Ed-LinQ work plan Stakeholder survey Website data

What we want to achieve	Component	State Activities	Regional Activities	Outputs	Indicators	Measures
Key Focus Area 3: FOSTER STRATEGIC PARTNERSHIPS Actions to support the development of systems, infrastructure and collaborative interdepartmental and interagency relationships which facilitate interagency and interdepartmental coordination and collaboration.						
Evidence-based early detection and collaborative care of mental health problems and disorders experienced by school-aged children and young people is supported through formalised cross-sectoral partnerships between health, education, primary care and community stakeholders at state, regional and local levels between health, education, primary care and community stakeholders (cont.)	Safety and quality	Development and implementation of evidence-based statewide policies, procedures and guidelines to facilitate early detection, assessment and care and collaborative care of students with mental health problems	Development and implementation of regional policies, procedures and guidelines to facilitate early detection and collaborative care in school settings	Policies, procedures and guidelines	Increased sustainability of systems to facilitate early detection and collaborative care	Review of policies, procedures and guidelines Stakeholder surveys Gauge of sector use/compliance
	Evaluation and research	Development and implementation of a statewide outcomes and evaluation framework that is clear, measurable, evidence-based and realistic	Regional implementation of the statewide outcomes and evaluation framework	Outcomes and evaluation framework	Demonstrated effectiveness of the Ed-LinQ program in accordance with the framework	At least minimum achievement of indicators associated with the framework

What we want to achieve	Component	State Activities	Regional Activities	Outputs	Indicators	Measures
Key Focus Area 3: FOSTER STRATEGIC PARTNERSHIPS Actions to support the development of systems, infrastructure and collaborative interdepartmental and interagency relationships which facilitate interagency and interdepartmental coordination and collaboration.						
Evidence-based early detection and collaborative care of mental health problems and disorders experienced by school-aged children and young people is supported through formalised cross-sectoral partnerships between health, education, primary care and community stakeholders at state, regional and local levels between health, education, primary care and community stakeholders (cont.)	Evaluation and research (cont.)	Monitor and report on statewide implementation of the Ed-LinQ program	Monitor and report on regional implementation of the Ed-LinQ program for consideration at the regional and state levels	Quarterly updates and annual report on implementation of the Ed-LinQ work plan Effective use of allocated Ed-LinQ resources	Submission of quarterly program updates and annual report to the Ed-LinQ Reference Group to inform ongoing planning and implementation Application of oversight mechanisms to ensure accountability for program resources and outcomes	Meeting minutes, Terms of Reference, quarterly updates, annual work plan, collaboration agreement/s Proportion of allocated resource devoted to effective implementation of the model

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Appendices

Appendix A: Responsibilities of an Ed-LinQ Coordinator

At the regional level, the HHS is responsible for embedding the functions of the Ed-LinQ program into CYMHS as a whole-of-service response to the early detection and collaborative care of school-aged children and young people with emerging or existing mental health problems. Implementation of the program by an HHS is therefore not the sole responsibility of the Ed-LinQ Coordinator, or reliant on a resource allocation for this position

Responsibilities of an Ed-LinQ Coordinator

The role of an Ed-LinQ Coordinator in those HHSs with access to this resource allocation is to support implementation of the Ed-LinQ program. This is to be achieved collaboratively with the Team Leader/s of their CYMHS teams to reorient – where required – service delivery to adopt the functions of the Ed-LinQ program in partnership with other key stakeholders.

As part of a whole-of service response undertaken with the oversight of their CYMHS Team Leader/s, the key responsibilities of an Ed-LinQ Coordinator in implementing the Ed-LinQ program include the following:

- Maintenance of strong linkages with local mental health, education, primary care and community sectors;
- Attendance at the quarterly regional Ed-LinQ Reference Group and all School Mental Health Care Coordination Group (SMHRCCG) meetings to inform the collaborative development, implementation and review of their annual work plans in alignment with the annual state Ed-LinQ work plan;
- Attendance at other strategic cross-sectoral governance forums (including an annual statewide Ed-LinQ forum) to facilitate implementation of the Ed-LinQ program;
- Collaborative development, delivery and review of an annual regional cross-sectoral forum/s to inform strategic planning for the Ed-LinQ Reference Group;
- Support for CYMHS clinicians in adopting the functions of the Ed-LinQ program;
- Identification and consideration of relevant data to inform strategic development of the annual work plans, including consideration of equity in service responses for vulnerable groups and diverse geographical locations;
- Inclusion in CYMHS service-wide provision of school-based consultation-liaison to support the early detection and collaborative care of students with emerging mental health problems;
- Enhancement of recovery-oriented care through embedding into service delivery the consideration of both the mental health and educational needs for students with severe and/or complex mental health problems;
- Support in implementation of the Ed-LinQ workforce development, communication and safety and quality strategies in alignment with the state Ed-LinQ strategies; and
- Monitoring compliance of the local Ed-LinQ program with the minimum requirements of the statewide Ed-LinQ evaluation and reporting framework, including assistance with the generation of quarterly and annual reports on achievement towards the local Ed-LinQ work plan.

The Ed-LinQ Coordinator therefore plays an important role as a change agent in supporting the effective implementation of the regional Ed-LinQ program, with their responsibilities commensurate with their position as a senior staff member. The knowledge, skills and qualities critical in undertaking these responsibilities must be actively considered by HHSs in the recruitment, selection, orientation and professional development of Ed-LinQ Coordinators.

Appendix B: Action Implementation Guide

Appendix B1. Terms of Reference for the regional Ed-LinQ Reference Group

Terms of Reference
(name of HHS) Ed-LinQ Reference Group

1. Purpose

The aim of the Ed-LinQ initiative is to develop, support and embed cross-sectoral systems, procedures and capacity that support the early detection and collaborative care of mental health problems or illness experienced by school-aged children and young people. This will help achieve the Ed-LinQ vision that all school-aged children and young people are provided the evidence-based and appropriate mental health intervention and support they require as early as possible and in the form that optimises their educational, social and emotional outcomes.

The Ed-LinQ program is implemented at the state level, and regionally within Hospital and Health Services (HHSs), through the provision of school-based consultation liaison, enhancing capacity and fostering strategic partnerships. Collaboration is the foundation of the Ed-LinQ initiative, and is best achieved through cross-sectoral goodwill, strategic planning and shared responsibility for Ed-LinQ's vision

The specific purpose of the (name of HHS) Ed-LinQ Reference group is to guide local implementation of the Ed-LinQ program in partnership with key stakeholders.

2. Functions and Objectives

The functions and objectives of the (insert name of HHS) Ed-LinQ Reference Group include:

1. Collaboratively developing, implementing and reviewing an annual Ed-LinQ work plan to meet the identified needs of the local community;
2. Providing advice and leverage regarding access to relevant data, utilisation of communication and consultation processes and minimising potential barriers to facilitate effective implementation of the Ed-LinQ program;
3. Ensuring alignment of Ed-LinQ activities with strategic initiatives within and between sectors; and
4. Providing a forum for a supportive and reciprocal exchange of resources, ideas and updates.
5.

3. Authority

Where the matter for consideration is beyond the scope of the Reference Group, the decision is to be referred to the Statewide Ed-LinQ Coordinator.

4. Risk Management

A proactive approach to risk management will underpin the business of the Reference Group. The Group will:

- Identify risks and mitigating strategies associated with local implementation of the Ed-LinQ program; and
- Implement processes to enable the Group to identify, monitor and manage critical risks as they relate to the functions of the program.

5. Reporting

The secretariat is to circulate an agenda (and any required pre-reading) to Reference Group members within three business days of each meeting. Late agenda items may be tabled at the meeting at the discretion of the chair.

Regular items and/ or reports on the Agenda will include, but are not limited to:

- Actions arising from previous meetings
- Review of the quarterly meeting minutes and progress towards the work plan of the School Mental Health Regional Care Coordination Group;
- Review of the quarterly report summarising progress towards the Ed-LinQ work plan since the last meeting;
- Review of - and additional planning for - activities prioritised for the upcoming quarter/s of the annual work plan;
- New business items; and
- Information/resource sharing.

Members are expected to respond to out-of-session invitations to comment on reports and other advice within the timeframes outlined by the Secretariat. If no comment is received from a member, it will be assumed that the member has no concerns with the report/advice and it will be taken as endorsed.

6. Suggested membership

Occupant	Role
	Team Leader, CYMHS, (name of HHS)
	Ed-LinQ Coordinator, (name of HHS)
	Clinical Nurse Consultant, School-Based Youth Health Nurse program (name of HHS)
	Senior Guidance Officer (primary), (name) Region DET
	Senior Guidance Officer (secondary), (name) Region DET
	Mental Health Coach (es), (name/s) Region, DET
	Principal Education Officer, (name/s) Region, DET
	Senior Catholic Education representative/s
	ISQ school representative as appropriate
	CYMHS consumer/carer representative
	Regional representative of P&Cs Qld
	Local representation of the Federation of P&F Associations of Catholic Schools in Queensland
	Representative/s from local Primary Health Network/s
	Others as deemed locally appropriate

The following people will be corresponding members i.e. receive meeting minutes only:

Occupant	Role
	State Ed-LinQ Coordinator
	Manager, Mental Health Service, (name of HHS)
	Other/s as deemed locally appropriate

Proxies

Membership is by invitation only. Participants are asked to nominate one proxy only to represent them if they are unable to attend a meeting. If neither the participant or their proxy are able to attend, the position for that service/sector for that meeting will go unfilled. It is the responsibility of standing members to ensure their proxy is of sufficient authority and appropriately briefed prior to a meeting to enable the greatest benefit of their attendance.

7. Other Participants

The Chair may request external parties to attend a meeting of the Reference group if their contribution is considered relevant to an item/s under discussion. However, these persons will not assume membership or participate in any decision-making processes of the Reference Group.

8. Quorum

A quorum will comprise half of the voting members, including the Chair, plus one.

9. Out-of-session papers

An item would typically only be managed out-of-session where the issue is urgent and must be considered before the next scheduled meeting. The Ed-LinQ Coordinator will manage the out of session process with the Chair's prior approval.

10. Secretariat

Secretariat support will be provided by (insert relevant position title). Minutes must be provided to the next Reference Group meeting for endorsement.

11. Meeting Schedule

Quarterly in line with the school calendar, with dates for each year to be set during the Term 4 meeting of the previous year. The Term 4 meeting will also include a session to reflect on that year's activities, and consider program learnings and evaluation data to develop a work plan for the following calendar year. The meeting will also include a review of the Group's Terms of Reference, and administration of the Partnership Analysis Tool to assess and monitor the collaborative processes underpinning the group as a mechanism pivotal to the successful local implementation of the Ed-LinQ program.

The Chair may call additional meetings as necessary to address any matters referred to the Reference Group or in respect of matters the Group wishes to pursue within the Terms of Reference.

12. Confidentiality

Members must acknowledge and act accordingly in their responsibility to maintain confidentiality of all information that is not in the public domain, including copies of the Reference Group minutes and the draft project report when circulated for comment.

13. Document history

Version	Date	Changed by	Nature of amendment

Previous versions should be recorded and available for audit.

Terms of Reference

(name of HHS) School Mental Health Regional Care Coordination Group

1. Purpose

The aim of the Ed-LinQ initiative is to develop, support and embed cross-sectoral systems, procedures and capacity that support the early detection and collaborative care of mental health problems or illness experienced by school-aged children and young people. This will help achieve the Ed-LinQ vision that all school-aged children and young people are provided the evidence-based and appropriate mental health intervention and support they require as early as possible and in the form that optimises their educational, social and emotional outcomes.

The Ed-LinQ program is implemented at the state level, and regionally within Hospital and Health Services (HHSs), through the provision of school-based consultation liaison, enhancing capacity and fostering strategic partnerships. Collaboration is the foundation of the Ed-LinQ initiative, and is best achieved through cross-sectoral goodwill, strategic planning and shared responsibility for Ed-LinQ's vision.

The specific purpose of the (name of HHS) School Mental Health Regional Care Coordination Group (SMHRCCG) is to guide local implementation of the Ed-LinQ program within individual schools in partnership with key stakeholders. It has a specific focus on facilitating effective local provision of school-based mental health consultation liaison, which is defined by the Ed-LinQ program as “practices, systems and partnerships required to ensure that appropriate and timely mental health care and support is available”.

2. Functions and Objectives

The functions and objectives of the (insert name of HHS) SMHRCCG include:

1. Collaboratively developing, implementing and reviewing an annual SMHRCCG work plan to meet the mental health needs of students and schools in the local community;
2. Providing a forum for a supportive and reciprocal exchange of resources, ideas and updates; and
3. Facilitating the induction of interested school support teams into the (name of HHS) Ed-LinQ program, as described below.

The SMHRCCG provides an important oversight function in reviewing requests from schools to access Ed-LinQ input at student support meetings when external advice is deemed necessary to respond to the (suspected) mental health problems of a student/s. Ed-LinQ input at such meetings may take one of a number of forms, including:

- Validation of the school’s current response to a student;
- Provision of advice (including recommendation of relevant training/resources) to enhance their support plan;
- CYMHS assessment of the student to gauge further information; and/or
- Recommendations regarding referral pathways for those with identified mental health needs.

This process represents a more intensive focus than the consultation-liaison offered by the Ed-LinQ program via telephone/email queries regarding resources, professional and deidentified students.

Protocols regarding issues arising from this process such as confidentiality regarding student information, documentation of discussions at student support meetings and responsibility for implementing Ed-LinQ advice provided will be articulated in the state and regional collaboration agreements between stakeholder services.

To make the best use of Ed-LinQ input at student support meetings, schools need to demonstrate sufficient capacity of their own internal support systems to act upon the advice provided. This is ascertained by the following process:

- Principal of the interested school contacts their Senior Guidance Officer, Principal Advisor or equivalent senior manager discuss their interest in accessing Ed-LinQ support, and contacts the Ed-LinQ Coordinator to express this interest.
- Request by the school for Ed-LinQ support is noted on the agenda at the next SMHRCCG meeting, and the principal invited to attend the meeting.
- The Ed-LinQ Coordinator sends an information package to the principal of the interested school to peruse prior to the SMHRCCG, along with a Continuum of School Student Support Services (see Appendix A) to complete and bring to the meeting for tabling. The school must meet at least a 2 on this continuum to be considered eligible for Ed-LinQ support. (If they do not meet this criteria, their sector and – if requested, the local Ed-LinQ Coordinator - will work with the school to help enhance their student support systems).
- The request is discussed at the next SMHRCCG meeting with the principal in attendance to present their case, and answer questions from members. Following the departure of the principal, SMHRCCG members consider the request and jointly come to a decision about allocation of Ed-LinQ support. The SMHRCCG's decision will be conveyed back to the school by the Chair.
- If a school is *not* currently considered to have sufficient internal capacity to implement Ed-LinQ input provided at student support meetings, the Senior Guidance Officer or Principal Advisor will work with the principal and student support team to build their internal capacity. They can then approach the SMHRCCG to repeat their request for Ed-LinQ support. Schools can continue to access Ed-LinQ support through workforce development and consultation-liaison regarding resources, training and deidentified students.
- If a school *is* considered eligible for Ed-LinQ input at student support meetings, the Team Leader of the CYMHS clinic participating in the SMHRCCG will allocate a suitably oriented and experienced CYMHS clinician to support the school. When requested, the CYMHS clinician will attend student support meetings (including via video/teleconference if required) to provide mental health on identified students as outlined above.
- A summary of deidentified Ed-LinQ input at student support meetings will be collated by CYMHS as a source of data to be tabled quarterly and annually to inform ongoing planning and review of the annual SMHRCCG work plan.

3. Authority

Where the matter for consideration is beyond the scope of the SMHRCCG, the decision is to be referred to the Chair of the (name of HHS) Ed-LinQ Reference Group.

4. Risk Management

A proactive approach to risk management will underpin the business of the SMHRCCG. The Group will:

1. Identify risks and mitigating strategies associated with local implementation of the Ed-LinQ program; and
2. Implement processes to enable the Group to identify, monitor and manage critical risks as they relate to the functions of the program.

5. Reporting

The secretariat is to circulate an agenda (and any required pre-reading) to SMHRCCG members within three business days of each meeting. Late agenda items may be tabled at the meeting at the discretion of the Chair.

Regular items and/ or reports on the Agenda will include, but are not limited to:

1. Actions arising from the previous meeting/s;
2. Review of requests from individual schools to access Ed-LinQ support;
3. Review of the SMHRCCG annual work plan regarding achievement of activities prioritised for the upcoming quarter/s;
6. Review of a quarterly report (every second SMHRCCG meeting) summarising progress towards the SMHRCCG plan;
7. New business items; and
8. Information/ resource sharing.

Members are expected to respond to out-of-session invitations to comment on reports and other advice within the timeframes outlined by the Secretariat. If no comment is received from a member, it will be assumed that the member has no concerns with the report/advice and it will be taken as endorsed.
The annual SMHRCCG work plan and confirmed minutes from each meeting will also be tabled at the (name of HHS) Ed-LinQ Reference Group to inform its planning, implementation and review of the overarching Ed-LinQ program.

6. Suggested membership

Occupant	**Role**
	Team Leader, (name) CYMHS clinic, (name of HHS)
	Ed-LinQ Coordinator, (name of HHS)
	Clinical Nurse Consultant, School-Based Youth Health Nurse program (name of HHS)
	Senior Guidance Officer - primary, (name) Region DET
	Senior Guidance Officer - secondary, (name) Region DET
	Mental Health Coach (es), (name/s) Region, DET
	Senior Catholic Education representative/s
	ISQ school representative as appropriate
	Principal representative/s
	Others as deemed locally appropriate

The following people will be corresponding members i.e. receive meeting minutes only:

Occupant	Role
	Chair, Ed-LinQ Reference Group (if not on the above membership list)
	Manager, Mental Health Service, (name of HHS)

Proxies

Membership is by invitation only. Participants are asked to nominate one proxy only to represent them if they are unable to attend a meeting. If neither the participant or their proxy are able to attend, the position for that service/sector for that meeting will go unfilled. It is the responsibility of standing members to ensure their proxy is of sufficient authority and appropriately briefed prior to a meeting to enable the greatest benefit of their attendance.

7. Other Participants

The Chair may request external parties to attend a meeting of the SMHRCCG if their contribution is considered relevant to an item/s under discussion. However, these persons will not assume membership or participate in any decision-making processes of the SMHRCCG.

8. Quorum

A quorum will comprise half of the voting members, including the Chair, plus one.

9. Out-of-session papers

An item would typically only be managed out-of-session where the issue is urgent and must be considered before the next scheduled meeting. The Ed-LinQ Coordinator will manage the out of session process with the Chair's prior approval.

10. Secretariat

Secretariat support will be provided by (insert relevant position title). Minutes must be provided to the next SMHRCCG meeting for endorsement.

11. Meeting Schedule

Twice a school term, with dates for each calendar year to be set during the final Term 4 meeting of the previous year. The meeting held in Term 4 will also include a session to reflect on the year's activities, and consider program learnings and evaluation data to develop a work plan for the following year. Planning will be guided by an annual regional forum to be coordinated through the SMHRCCG to showcase local school mental health practice and seek stakeholder input to inform ongoing planning and implementation of the (name of HHS) Ed-LinQ initiative.

12. Confidentiality

Members must acknowledge and act accordingly in their responsibility to maintain confidentiality of all information that is not in the public domain, including copies of the SMHRCCG minutes and the annual work plan.

13. Document history

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Previous versions should be recorded and available for audit.