

March 2017



## QUEENSLAND MENTAL HEALTH COMMISSION RESPONSE

### Final Report Ed-LinQ Renewal Project October 2016

Prepared by Children's Health Queensland Hospital and Health Service

## Purpose

Improving the mental health and wellbeing of children and young people is important for increasing individual and collective prosperity as well as reducing the lifelong cost and impact of mental health problems and mental illness.

Timely identification of mental health issues and access to the right support and treatment is important and requires effective collaboration between schools and child and adolescent health services. In Queensland since 2008 the Ed-LinQ initiative (Ed-LinQ) has been supporting and strengthening collaboration between the health and education sectors for improved outcomes for children and young people.

This document presents a summary of the aim, process and outcomes of the Ed-LinQ Renewal Project undertaken by the Children's Health Queensland Hospital and Health Service (CHQ HHS) and funded by the Queensland Mental Health Commission (Commission).

It describes the Commission's response to the Final Report.

## Background

The Ed-LinQ initiative (Ed-LinQ) was established under the *Queensland Plan for Mental Health 2007-2017* to improve linkages and service integration between the education, primary care and mental health sectors for earlier detection and treatment of mental illness affecting school-aged children and young people.

Ed-LinQ operates in twelve Queensland Health Hospital and Health Services (HHS) supported by dedicated Coordinator positions that are part of the HHS mental health service recurrent establishment.

The Ed-LinQ Program works across the mental health, education, primary care and community sectors by:

- enabling improved access to mental health consultation, assessment, information and training opportunities, and
- facilitating a strategic approach for collaboration and integration between the sectors.

The Ed-LinQ Cross-sectoral Workforce Development Program commenced in 2011 as a state-wide component to contribute to the Ed-LinQ objective of enhancing workforce capacity. The Workforce Program was transferred from the Department of Health to the Commission in 2013 with ongoing support from the Commission since.

The Workforce Program delivers joint tertiary-level training across the state on child and youth mental health topics including Non-Suicidal Self Injury, and Assessment and Management of Childhood Anxiety modules. The training gives explicit focus to strengthening cross-sectoral communication, collaborative action and shared care approaches among professionals from the mental health, education and primary care service systems. The program is currently funded until 30 December 2017. In the latest funding agreement priority was given to providing the training in areas not supported by Ed-LinQ programs, substantially expanding its footprint into rural and remote areas of Queensland.

A 2014 independent evaluation of Ed-LinQ, undertaken by ConNetica Consulting and funded by the Commission, reported many positive and highly-valued aspects of the initiative, with benefits identified for schools, health and mental health services and school-health partnerships. Specific benefits identified included:

- improved access and reduced waiting times for specialist support, especially in times of crisis
- reduced crisis interventions due to earlier identification of mental health needs

- enhanced school workforce capability and confidence to appropriately address mental health issues among students
- improved alignment between school and health interventions to best meet student mental health needs
- improved strategic selection and use of mental health resources that are tailored to the school's context and needs
- improved cross agency communication, mutual respect and trust
- improved quality and appropriateness of referrals to Child and Youth Mental Health Services.

The Evaluation highlighted the positive impact of Ed-LinQ is greatest where there is strong health, school and cross-sector support and genuine 'buy-in'. However the positive impact attributable to Ed-LinQ was not evident to the same extent in all HHSs with an Ed-LinQ program. The report identified specific factors at the program, policy, governance and workforce levels inhibiting the impact of Ed-LinQ and requiring action.

Qualitative and quantitative evaluations of the Workforce Program consistently confirm its effectiveness in contributing to improved knowledge, skills and confidence among health and education personnel for the collaborative management of mental health problems among school aged children and young people. Improved cross agency relationships and collaboration between health and education personnel are reported. The Workforce Program has also identified the need for formal commitment by health and education to support consolidation and expansion of the Program.

## The renewal project

In November 2015 the Commission funded the CHQ HHS to renew, embed and expand the Queensland Ed-LinQ Initiative. The aim of the Ed-LinQ Renewal Project was to undertake a consultative process with relevant health and education stakeholders to develop a model for integrated health-education early detection and management of mental health issues affecting school aged children and young people.

The Renewal Project was to give specific consideration to the needs of priority issues and groups including:

- rural and remote areas
- Aboriginal and Torres Strait children and young people
- early identification and intervention for primary school and early childhood education settings.

Specific deliverables for the project included:

- a consistent model for embedding education and health collaboration for early detection and intervention with mental health issues affecting children and young people
- approaches that are appropriate for the needs of specific cultural, geographical and age groups
- a reporting and evaluation framework
- a costed model for integration and expansion of education and health collaboration
- a proposal for a sustainable approach to joint health-education workforce development.

In April 2016 the Commission extended the project to 30 September 2016 at the request of CHQ HHS.

The Final Report was received by the Commission on 24 November 2016 and can be found at [www.qmhc.qld.gov.au](http://www.qmhc.qld.gov.au). The Report includes a draft Ed-LinQ Model and 16 recommendations. The recommendations will be considered within the cross-sectoral governance established to support the Ed-LinQ enhancement under *Connecting Care to Recovery 2016-2021*.

## Acknowledgements

The Commission acknowledges the time, energy and knowledge contributed by many stakeholders from across Queensland that has informed the draft model and recommendations. A wide range of stakeholders from across education, health and community sectors demonstrated their concern for improving the mental health and wellbeing outcomes and gave strong voice to the opportunities for strengthening the role of Ed-LinQ in contributing to this important shared goal.

The value of the Ed-LinQ initiative is again confirmed and the efforts of the Ed-LinQ Coordinators in changing and varied organisational contexts acknowledged.

The Queensland Government's commitment to the Ed-LinQ Initiative is also acknowledged. In October 2016 the Minister for Health and Minister for Ambulance Services, The Honourable Cameron Dick announced funding under the *Connecting Care to Recovery 2016-2021: A plan for Queensland's State-funded mental health and, alcohol and other drug services* of \$5.2 million to expand the Ed-LinQ program over five years.

The Department of Health has given CHQ HHS responsibility for operationally leading the Ed-LinQ expansion under Connecting Care. The process and outcomes of the Ed-LinQ Renewal Project is timely and will provide guidance and direction to the expansion.

## Summary of issues

Consistent with *The Queensland Ed-LinQ initiative: A framework for action*<sup>1</sup> the proposed model maintains three linked key focus areas.

### **Key Focus Area 1 Consultation and Liaison**

This is the focal point of the model and is supported by the other areas of focus. It aims to ensure that early access to clinical consultation and liaison and collaborative care and intervention for child and youth mental health problems and illness is available, embedded and formalised between health and education sectors.

### **Key Focus Area 2 Enhancing capacity**

Aims to ensure 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.

### **Key Focus Area 3 Strategic partnerships**

Aims to ensure evidence based early detection and collaborative care is supported through formalised cross sectoral partnerships between health and education at state, regional and service levels.

## Strength of the proposed model

The proposed model provides a contemporary framework for strengthened integration by health and education sector for early detection, intervention and continuing care for school aged children and young people.

The emphasis on cross-sectoral integration fits with the priority given to integrated planning and delivery at regional levels within state and national mental health reform.

Importantly the model gives prominence to the key characteristics required for effective implementation of the Ed-LinQ initiative:

- Rather than being a discrete program Ed-LinQ optimally operates as a collaboration that fosters, strengthens and supports the partnership and capacity within and between the health and education sectors.
- In this respect it is embedded as a whole of Child and Youth Mental Health Service function rather than being operationalised largely through the activities of a sole Ed-LinQ Coordinator position.
- It is dependent on formal cross sectoral engagement, collaborative agreements and processes to support joint health and education planning, priority setting and implementation at the state, regional and service levels.

Through **Key Focus Area 1 Consultation and Liaison** the model places primary emphasis on actions to enhance access to specialist advice and timely assessment and collaborative care of students with mental health problems.

**Key Focus Area 2 Enhancing capacity** and **Key Focus Area 3 Strategic partnerships** support the necessary workforce capacity, systems and collaborative relationships. In this respect focus areas 2 and 3 each support the primary emphasis of improving outcomes of students.

### **Commission response:**

- The Commission supports the proposed Ed-LinQ Model as a framework for staged implementation.
- The Commission's support is on the understanding that the proposed model requires finalisation and formalisation through formal cross-sectoral involvement.

- This reflects the Commission's view the proposed model must be founded on the shared vision of health and education to meeting the mental health needs of students and the genuine collaboration required to support this.

## Implementation

While it is founded on good practice within Queensland and elsewhere, the model requires further development to take it from a conceptual guide to a robust and sustainable operational model of collaborative practice. This includes further development of the supporting tools such as the draft criteria for allocation of future Ed-LinQ funding and role descriptions.

It is important that finalisation of the model and implementation plan take into account the depth and breadth of the practice and culture change the model is predicated on including substantial cross-sectoral partnership, service enhancement, and workforce development.

To be effectively adopted and embedded, implementation will require a substantial change management process that has high-level cross-sectoral leadership and support at state, regional and service levels.

Implementation planning and delivery needs to clearly define and include the equally essential strategic, program and service levels.

At each level involvement of the relevant health and education stakeholders is required:

- Strategic level requires the active engagement of the Department of Education and Training and the other education sectors along with Health
- At the program and service level health and education service managers, along with Ed-LinQ coordinators and student wellbeing staff should be involved in co-designing the final model and operational tools.

Implementation also needs to take account of relevant health and education reforms and service enhancements. It is suggested that the next steps should involve senior cross agency engagement to design the implementation process.

The partnership, service enhancement and change processes to embed and support the model requires formal support and resourcing. The model development process clearly identified that this is a critical aspect of implementation and one reason not to assume that all locations have the organisational and collaborative readiness and capacity to independently support an Ed-LinQ Program.

### **Commission response:**

- A senior cross agency governance group chaired by Queensland Health as the system manager and involving the three education sectors is established to oversee the finalisation of the model and the development of an implementation plan that articulates the strategic, program and service levels.
- Appropriate consultative groups and mechanisms are formed to ensure the active involvement of the relevant Hospital and Health Service and Education District stakeholders.

## Prioritisation

### Strategic level

Re-establishing and formalising the health- education partnership and leadership to strategically align and support Ed-LinQ is an essential prerequisite to support and enable broader implementation.

The independent evaluation of Ed-LinQ and other consultations have identified the strong and consistent view among both health and education stakeholders that a formalised partnership between the sectors is needed to provide a mandate for greater collaborative and integrated practice. Early focus is required on formalising cross-departmental agreements at the state and regional levels.

The establishment of a state Ed-LinQ Coordinator position with the necessary strategic policy, planning, stakeholder and project management skills is supported. A core function of this role should be driving and the supporting the strategic level outcomes.

## Program and service level

At the program and service level direction and support is required to:

- Support existing Ed-LinQ Hospital and Health Services programs to embed the renewed model
- Expand Ed-LinQ to new regions.

When making decisions about the investment of new program resources, an appropriate balance needs to be achieved between investment in expansion and investment in branding. Embedding the model in existing locations and promoting expansion into regional areas should be a high priority.

Expansion and embedding the school-aged model across the state should take precedent over expansion down the age-range to early childhood. While the importance and innovation behind this recommendation is acknowledged it represents a discrete set of planning and implementation challenges that are suggested as being beyond the feasibility of the current scope.

### **Commission response:**

- The State Ed-LinQ position is established to drive the planning and implementation process and is overseen by a senior cross agency governance group.
- The State Ed-LinQ focus is on the strategic policy and practice required to develop, embed and support the renewed cross-sectoral Ed-LinQ model.
- Priority is given to embedding and expanding Ed-LinQ.

## Workforce development

The renewal project confirms the importance of continuing to build the knowledge, skills and capacity of health, education and community stakeholders for integrated early intervention of mental health problems in school aged children and young people.

The value of the Statewide Ed-LinQ Cross-sectoral Workforce Development Program was substantiated. The appropriateness of the model of joint health and education training underpinning the program was also validated as unique and a foundation for collaboration between sectors.

The Workforce Program has been consistently confirmed as contributing to more integrated and collaborative health and education workforces better equipped to intervene early and effectively with child and adolescent mental health problems.

The Commission strongly supports retaining the face-to-face components of the program.

In the absence of state leadership, the role the Statewide Ed-LinQ Cross-sectoral Workforce Development Program has played in sustaining engagement and promoting consistency and standards must be acknowledged. The continuing demand for the program attests to its importance.

Notwithstanding this, a strategy for sustainable workforce development is required based on a thorough analysis of all relevant issues and information. This should include consideration of the future contribution and focus of the Statewide Ed-LinQ Cross-sectoral Workforce Development Program.

### **Commission response:**

- The Statewide Ed-LinQ Cross-sectoral Workforce Program is recognised as an important input to support the Ed-LinQ expansion and renewal.
- The Statewide Ed-LinQ Cross-sectoral Workforce Program is supported to continue delivery across the state in its current form and level for at least an additional two years after the completion of the existing 2017 funding agreement.
- Mechanisms are put into place to ensure regional health and education stakeholders are formally involved in the planning of the annual training calendar to ensure regional ownership and support.
- An evaluation of the Statewide Ed-LinQ Cross-sectoral Workforce Program is undertaken to inform future directions for workforce development.
- A Workforce Development Strategy that supports the capacity of health, education and community stakeholders to work collaboratively for early intervention and continuing care is developed. This takes account of the opportunities and differences across and within each sector.

---

<sup>1</sup> Mental Health Directorate, Queensland Health The Queensland Ed-LinQ initiative: A framework for action 2010