

24 March 2015



INTEGRATING EARLY INTERVENTION FOR CHILDREN AND YOUNG PEOPLE WORKSHOP

Communiqué

Introduction

The *Integrating Early Intervention for Children and Young People Workshop* was held in Brisbane on 24 March 2015. Around sixty health, education and community participants from across Queensland gathered to discuss effective approaches for schools and health services to work together to better understand, detect and intervene early in mental health problems and disorders affecting children and young people. This document summarises the workshop's purpose, process and main issues that emerged for further planning and development.

Workshop Purpose

The Integrating Early Intervention for Children and Young People Workshop aimed to:

- Establish mental health and wellbeing of children and young people as a shared goal and responsibility across families, community, education, health and more
- Identify where early intervention fits in the shared goal of improving the mental health and wellbeing of children and young people
- Identify the important elements, processes and conditions required for collaborative early intervention for mental health problems in children and young people
- Identify what might be done in Queensland to strengthen and extend effective collaboration for school–health early intervention for mental health problems in children and young people

Context of Workshop

The Integrating Early Intervention for Children and Young People Workshop is part of a planning process to inform the development of a *Mental Health Awareness, Prevention and Early Intervention Action Plan* under the *Queensland Mental Health, Drug and Alcohol Strategic Plan 2014-2019*.

The Action Plan will outline actions to improve mental health and wellbeing and reduce the incidence, severity and duration of mental illness and mental health difficulties. It will be based on a life course approach to ensure all Queenslanders are able to Start Well, Learn Well; Live Well; Work Well and Age Well.

Background

Childhood and adolescence are critically important life stages that set the foundation for lives with purpose and meaning. Supporting the mental health and wellbeing of children and young people is a goal and responsibility shared by many. Families, schools, health and social services and communities all have important roles to play. To give children and young people the best possible opportunity to achieve their goals and aspirations, mental health and wellbeing must be promoted and protected, and early and effective support and intervention be provided for those who need it.

Although the majority of Queensland children and young people are doing well and are able to navigate the tasks and challenges of their life stages, there are many who are vulnerable to, or currently experience mental health problems and disorders. For individuals, mental health problems cause considerable personal distress and affect their quality of life, emotional wellbeing and their capacity to engage in school, community, sport and cultural activities, and limit future possibilities. The evidence tells us that up to half of serious mental health and substance use disorders commence by the age of 14 and three-quarters before the age of 25 years.

The first symptoms of most mental health disorders can precede the full onset of the illness by several years; therefore it is important to provide timely mental health prevention and early intervention programs and services. Schools provide an important venue where health and education professionals can work together 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 support from generalist and specialised services.

Who Contributed - The Workshop Participants

The fifty-nine workshop participants were drawn from the three education sectors (public, catholic and independent education), as well as public and community based mental health services. Service managers and providers from school regions and hospital and health services (HHSs), and state-wide and regional policy and planning representatives attended. Among the group were twenty-one senior guidance and student support officers, eleven HHS Ed-LinQ Coordinators, and thirteen child and youth mental health service representatives. National programs also contributing to the mental health and wellbeing of children and young people in Queensland were represented by *headspace*, *Mindmatters* and *KidsMatter*.

Workshop Process

Opening & Setting Scene

Dr Lesley van Schoubroek, Queensland Mental Health Commissioner opened the workshop. Dr van Schoubroek set the scene by describing the policy context and the importance of the shared goal of improving mental health and wellbeing of children and young people for achieving the outcomes under the *Queensland Mental Health, Drug and Alcohol Strategic Plan 2014-2019*. Dr van Schoubroek issued a call for action for a persuasive argument and proposal for her to take to the senior leaders of health and education regarding the best approach for early intervention for children and young people.

Opening statements were invited from the senior education and health representatives.

Anna Brazier, Director, Student Support Department of Education and Training acknowledged the impact of mental health issues on students and schools. School principals identify mental health as one of biggest issues they are regularly confronted with. Anna identified the seven dedicated 'Guidance Officer-Mental Health' positions funded under the More Support for Students with Disability Program as an important opportunity to work better together for better outcomes for students, families, teachers and schools. Anna emphasised the

need to work across government to achieve the best possible outcomes.

John Percy, Executive Director, Queensland Catholic Education Commission acknowledged the value of health and education coming together. He reflected on the lessons from the Ed-LinQ Initiative and the factors that promote greater effectiveness: mutual engagement, reference group, and good communication. He confirmed the need to continue to work to improve clarity of the roles and expectations of health and education in collaborating more effectively for early intervention.

Trish Brady, Manager Student Support, Independent Schools Queensland, acknowledged that when schools operate independently they make their own decisions about priorities. However Independent Schools Queensland provides information and support to assist schools. The challenge is how to connect schools to current information, and therefore a web presence for programs such as Ed-LinQ is essential and a significant current gap.

Judi Krause, Divisional Director, Child and Youth Mental Health Services (CYMHS), Children's Health Queensland confirmed the long history CYMHS has played in contributing to the shared agenda of better mental health and wellbeing for children and young people. CYMHS works across the continuum of care. In addition to providing specialist care this includes building capacity in communities for early intervention. Judi referred to the challenges in meeting the breadth of needs, including how to manage such a geographically diverse state while ensuring equity of access and outcomes? She indicated that the flexibility of programs such as Ed-LinQ is both a strength and challenge – how to identify and respond to the needs, gaps, and how to reduce duplication? It is clear best efforts come from working in partnership but to do this requires a clear and agreed plan. Judi stated that workshop is the opportunity to identify the plan for this.

A Common Framework

To support the workshop the 'mental health-mental illness' or 'dual continua model' was briefly presented. The framework demonstrates that mental health and wellbeing is different from, and more than the absence of mental illness. Traditionally, the concepts of mental illness and mental health have been viewed as polar opposites, resulting in the widely held assumption that where mental illness is present there cannot be mental health, and in the absence of mental illness, a person will have good mental health. Recognition of the difference

between mental health and mental illness has provided the foundation for a contemporary model that demonstrates how mental health and mental illness co-exist and operate on separate but interconnected continua (see Figure 1)¹.

The value of the model for the workshop is in reflecting what, and therefore who, contributes to mental health and wellbeing at those times we are experiencing: good mental health and no mental illness (Quadrant 1); poor mental health in the context of no mental illness (Quadrant 2); poor mental health in the context of mental illness (Quadrant 3); and good mental health in the context of mental illness (Quadrant 4).

Review of what is already occurring

A panel of education and health representatives was convened to explore good practice in early intervention currently happening in Queensland. The intention of the panel session was to draw out the key elements of good

practice approaches to early intervention with a focus on Ed-LinQ as a demonstration of this but to also explore other practice and approaches for consideration. The panel included:

- John Pearson, Manager CYMHS, Sunshine Coast HHS
- Peter Law, Senior Guidance Officer, North Coast region, DET
- Jennifer Sands, Manager CYMHS, Gold Coast HHS
- Theresa Donald, Senior Guidance Officer, South East region, DET
- Greta Cooper, Senior Guidance Officer, Metro region, DET
- Caron Cahill, Ed-LinQ Coordinator, West Moreton HHS
- Anthony Hillin, Ed-LinQ Cross Sectoral Workforce Program

What we heard:

The panel discussion highlighted the very positive impacts resulting from the Ed-LinQ program with

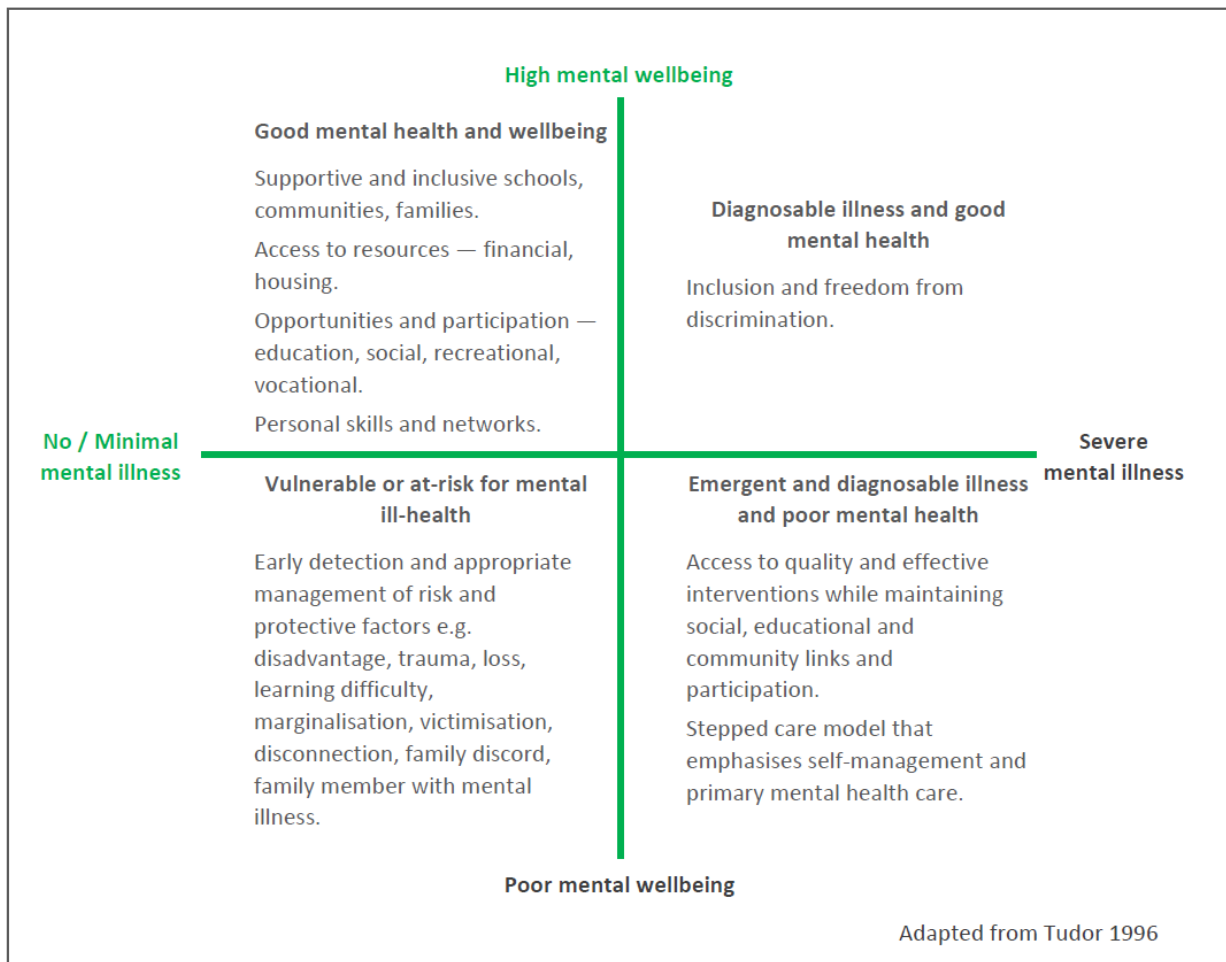


Figure 1

¹ Tudor K. Mental health promotion: Paradigms and practice. London: Routledge; 1996

measurable changes identified for students, schools, and the broader community. To achieve these results Ed-LinQ and CYMHS teams work in close partnership with schools and other community services with the approach adapted to meet local needs. The positive impacts were demonstrated by:

- better outcomes for children, young people, schools, and CYMHS
- improved access to CYMHS and other services – ‘open door to CYMHS’
- greater collaboration between schools and health in the management of mental health problems as opposed to a solely referral based approach
- more integrated and responsive system of care with change occurring in the practices and approaches within both schools and CYMHS
- greater capacity and confidence among school personnel to contribute to the management of mental health issues in students.

The elements identified as contributing to the improved outcomes and benefits included:

- clear engagement and commitment from health and education leadership and administration levels
- a focus on enhancing and changing systems as opposed to focusing solely on individual student needs
- management or reference group oversight to support a planned and informed approach
- shared case planning and management
- ensuring focus is given to the universal building of good mental health and wellbeing through social and emotional learning as well as at the level of early detection and identification
- providing relevant information, education and training, and support to school and health staff to ensure they are appropriately equipped to contribute their role in regard to the mental health and wellbeing of students
- including parents and students themselves as points of appropriate intervention including, for example, by providing Mental Health First Aid training.

There are clear differences between HHSs in regard to the degree to which systems and processes for collaboration with schools for early intervention and care coordination have been embedded as core business

through the implementation of Ed-LinQ. Some CYMHS services have Ed-LinQ as core business and embedded within their workforce and service provision. In other locations Ed-LinQ is structured as a standalone program that interfaces to varying degrees with CYMHS.

The key issues identified as important for informing future directions include:

- due to the diversity of need, local infrastructure and service capacity across the state different approaches are necessary region to region
- greater emphasis on embedding and integrating early intervention and care coordination as core business for CYMHS is however required
- some approaches adopted work much more at the level of system change and development while others are more focused on directly offering services such as Mental Health First Aid training
- there are differing levels of resource allocation available to Ed-LinQ due to decisions by some services to allocate direct clinical caseloads to Ed-LinQ Coordinators
- providing clinical services related directly to the Ed-LinQ role can add credibility and assist engagement however there are other consequences associated with this that require a systemic approach to protect against the role being unable to function strategically
- a clear framework that articulates the core principles, required deliverables and respective roles and responsibilities of health and education is necessary
- the framework needs to be appropriately embedded in the broader core business of both health and education through for example formal commitments of support and priority.

The panel discussion was followed by an overview of the Ed-LinQ Cross sectoral Workforce Program including key outcomes and recommendations. This is included in the attachment *Recommendations of the Ed-LinQ Cross-Sectoral Workforce Development Program Evaluation Report July 2013-May 2014*.

The panel members are commended for their important and inspiring work that demonstrates that a range of approaches are valuable and effective but that all require appropriate and ongoing systemic support. The value and complexity of the work of all participants is acknowledged.

What do we want to see done for early intervention?

Workshop participants were asked to work in small groups and discuss in greater detail what is important for, what enables, and what gets in the way of:

- good clinical access and guidance
- partnerships
- workforce capacity
- organisational support.

This was followed by a feedback process that aimed to capture the effective and actionable steps that relate to the key elements of fostering collaborative action for early intervention.

What we heard:

An impressive depth and range of practice wisdom and professional knowledge was shared. The key themes were:

- A child and young people mental health and wellbeing framework is required that establishes the shared vision, agreed principles and provides the direction for the work of each sector independently and when and how collaboration should occur
- This should be inclusive of all relevant sectors and stakeholders including for example child safety, sport and recreation, local government, justice, health and education
- Clarity of roles and expectations and agreed and measureable outcomes are essential
- Focus is required equally on fostering and supporting mental health and wellbeing as well as on responding to mental health problems and disorders
- Action plans for specific areas of work need to be also jointly developed, for example a renewed Ed-LinQ Action Plan to guide the specific activity required for early detection and access to support for students experiencing mental health problems
- This is an opportunity to also consider the involvement of sectors other than solely education and health in early detection and intervention, e.g. child safety, youth justice
- Continuing to build the capacity of all stakeholders for good mental health as well as early detection and intervention is essential

- Being clear about specific competencies required of various workforces is important to ensuring all staff are equipped and supported
- There is a need for greater access to and dissemination of good practice, evidence and available programs and services including through a dedicated web based directory and clearinghouse for Queensland
- For effective and sustained collaboration to occur, and the better coordinated and integrated services that result from this, adequate support – both organisational and resourcing, must be available and dedicated to developing the systems, processes and formal agreements required
- The genuine commitment and the vast skills and knowledge available to contribute to the shared goal of better mental health and wellbeing of children and young people, that exists in schools, health and community services needs to be harnessed, acknowledged and supported by decision-makers and leaders.

What we will take forward for further planning and development

The participants engaged in rich and far reaching discussion about early intervention for school aged children and young people at-risk of, and experiencing mental health problems and disorders. Three clear areas emerged as next steps for future planning and consultation with relevant stakeholders. Each area involves a wide range of issues and levels of action to be further developed. In brief they can be summarised in Table 1.

Further information

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Action	Rationale and Purpose
Whole of Government Approach to Child and Young People Mental Wellbeing in Queensland	<p>There is perceived need and wide support for greater priority to be given to, and guidance about the cross sectoral actions required to foster and support the mental health and wellbeing of children and young people in Queensland. This requires strong cross sectoral leadership for collaborative action for mental health and wellbeing for children and young people.</p> <p>This includes defining what mental and wellbeing means for example, in family, school, human services and community contexts, and the roles and contributions of all relevant sectors across the continuum of promoting mental health, preventing mental illness and intervening early.</p> <p>This aligns with proposed priorities identified for the Start and Learn Well and will be included in the Mental Health Awareness, Prevention and Early Intervention Action Plan. Commitment from relevant government and non-government agencies and stakeholders will be sought.</p>
Renewal, embedding and expansion of the Ed-LinQ Initiative	<p>The prevalence and impact of mental health problems and disorders on individuals, families, schools, and communities requires continued development of models and systems that ensure that the best possible support and interventions are available as early as possible and delivered in the most appropriate way and setting to those who require them. Effective service integration and capacity is central to meeting this need. There is much that health, education and community services can do independently to contribute to this goal. However there are factors related to care continuity and transitions that requires an integrated system of care.</p> <p>The Ed-LinQ initiative has demonstrated its value in contributing to the development of the systems, processes and structures that integrate the health and education services required of effective early detection and intervention. There is however a need to review the future directions of the program, its scope and model of implementation. This includes in those locations where Ed-LinQ currently operates, as well as considering the appropriate model for areas not currently serviced by the program.</p> <p>This renewal is best led and informed by those with the experience and knowledge of the health and education system of care and the Ed-LinQ program. This will be determined through further discussion with relevant stakeholders.</p>
Development of System wide Awareness and Workforce Capability	<p>Ensuring the appropriate level of awareness, understanding, skills, knowledge and support is available to health, education and other human service workforces involved in promoting mental health as well as the early detection of mental health problems is a clear continuing priority.</p> <p>There has been substantial activity and investment in this area in Queensland as well as nationally. The continuing need and demand across regions and sectors for quality and customised workforce development is also confirmed. It is important to take stock of what has been delivered and achieved and determine the best future and longer term approach to meeting this need. It is also important not to lose momentum and continue to respond to current workforce support and development need.</p> <p>It is proposed a multi-step approach is taken that continues current activity while determining future directions.</p> <ul style="list-style-type: none"> • Continue the delivery of the Ed-LinQ Cross-sectoral Workforce Program for 18 months under the current arrangement. Include the Department of Education and Training, the other education sectors and HHSs in identifying ways of expanding the reach and access of the Workforce Program across the state. • Work with relevant agencies and stakeholders to develop a proposal for an expanded cross-sectoral workforce development approach that: <ul style="list-style-type: none"> ○ responds to the workforce capacity needs of all key sectors in regard to mental health and wellbeing of children and young people ○ promotes sustainability of the workforce capacity building model. <p>The continuation of the Ed-LinQ Cross-sectoral Workforce Program will led by the Commission in consultation with DETE and HHSs. The future planning will be undertaken as part of the Ed-LinQ renewal planning process.</p>

Table 1