



Ed-LinQ Initiative  
Summary Evaluation Report  
of the  
Queensland Mental Health Commission

October 2014



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## Preface

In February 2014, ConNetica was contracted by the Queensland Mental Health Commission to undertake a review of the Queensland Ed-LinQ Initiative.

The purpose of the project was to develop and implement a framework to evaluate the Ed-LinQ Initiative, including reviewing the associated evidence. This project was conducted from mid-February until late August 2014.

The key research activities that were completed throughout the duration of this project included:

- In-depth face-to-face and telephone interviews with Ed-LinQ Coordinators, Child & Youth Mental Health Service (CYMHS) Directors, Evaluation Working Group members, and other national and international experts in child and youth mental health and school-based programs.
- Focus Groups with school personnel and Department of Education Training and Employment staff
- Impact surveys of schools and CYMHS personnel
- Reviews of CYMHS Ed-LinQ local area data and documentation
- Review of the relevant areas of peer-reviewed and grey literature.

This final report details the qualitative and quantitative findings, including proposals to inform current and future policy directions and program initiatives in Queensland.

### Consulting Team

Directors: Adjunct Professor John Mendoza & Marion Wands

Consultants: Mary Hackett and Lydia Najlepszy

Mental Health Policy Unit, Brain and Mind Research Institute, Sydney University:

Professor Luis Salvador-Carulla and Dr Ana Fernandez

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The ConNetica team wishes to acknowledge and thank the Queensland Ed-LinQ Coordinators and the many other individuals who contributed to the report within CYMHS, DETE and associated services.

## Abbreviations

Acronym	Meaning
ABS	Australian Bureau of Statistics
ATAPS	Access to Applied Psychological Therapies
CAMHS	Child and Adolescent Mental Health Services (Victoria or NSW)
CBT	Cognitive Behavioural Therapy
COAG	Council of Australian Governments
CYMHS	Child and Youth Mental Health Services
DALYs	Disability-adjusted life-years
DETE	Department of Education, Training and Employment
DoH	Department of Health, Queensland
EDs	Emergency Departments
EWG	Evaluation Working Group
GPQ	General Practice Queensland (now CheckUp)
HHS	Health and Hospital Services
ICT	Information and Communication Technologies
ISA	Independent Schools Association
LSE	London School of Economics
MHPPEI	Mental Health Promotion Prevention and Early Intervention
MOU	Memorandum of Understanding
NAPLAN	National Assessment Program – Literacy and Numeracy
NAPMH	National Action Plan for Mental Health
NSSH	non-suicidal self harm
ODD/CD	Oppositional defiant disorder or Conduct Disorder
PCPa	Primary Care Providers
PHOs	Primary Health Organisations
QAS	Queensland Ambulance Service
QCEC	Queensland Catholic Education Commission
QMHC	Queensland Mental Health Commission
QPS	Queensland Police Service
SBHN	School based health nurse
SEL	Social and Emotional Learning (programs)
YAWCRC	Young and Well Cooperative Research Centre

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## Introduction

The Ed-LinQ Initiative is a statewide initiative funded through the Queensland Plan for Mental Health (2007-2017) and administered by Queensland Health. The Ed-LinQ Framework for Action was released in 2010 and was designed to provide a context for Ed-LinQ within the mental health and education sectors and to guide statewide and district governance. The initiative was led by the central policy unit of Queensland Health and developed in partnership with government, independent and catholic schools systems and the peak body for general practice at the time, General Practice Queensland (GPQ).

Ed-LinQ works strategically at a state and district level to improve linkages between the education sector, the primary care sector and the mental health sector. It aims to support these sectors to work collaboratively in order to enhance the early detection and treatment of mental illness affecting school-aged children and young people. Three strategic focus areas guide the implementation of the Ed-LinQ initiative:

- strategic partnerships
- enhancing capacity, and
- clinical guidance.

In February 2014, ConNetica was contracted by Queensland Mental Health Commission to undertake an evaluation of the Queensland Ed-LinQ Initiative. The purpose of the project was to develop and implement a framework to evaluate the Ed-LinQ Initiative, including reviewing the associated evidence. The objectives of the evaluation project were:

- To review available evidence and practice relating to Health-Education collaborations for the early detection and intervention of mental disorders in children and young people.
- To measure the effectiveness of the Queensland Ed-LinQ Initiative against program aims and objectives, as well as benchmarks of effective models and practice.
- The provision of advice regarding current and future directions for the Ed-LinQ initiative and related strategic policy and program initiatives.

Data was collected throughout the project from the Ed-LinQ Coordinators, Child and Youth Mental Health Service (CYMHS) staff, the Evaluation Working Group (EWG) members, school personnel, national and international thought leaders in child and youth mental health, and other stakeholders via face-to-face interviews, phone interviews, focus groups and on line surveys. A total of 339 individuals have contributed to the data in this report.

This summary document details the key findings that emerged from the literature, qualitative and quantitative data sources and the subsequent recommendations in relation

to the current and future provision of Ed-LinQ services and associated policy and program initiatives.

## Key Findings

On the available evidence the Ed-LinQ Initiative has gone a long way to realising the stated objectives of Ed-LinQ – namely:

- Forming strategic partnerships
- Building capacity, and
- Providing clinical guidance.

The findings from the qualitative and quantitative research are complimentary and highlight the positive and highly valued impact of the Ed-LinQ Initiative for a significant number of schools across Queensland. However,

- that positive impact has been limited to some and not all CYMHS districts
- the impact has been greatest in areas where there has been 'buy-in' by schools and CYMHS teams to the Ed-LinQ Initiative
- 'buy-in' and engagement has been associated with recognition of the need for Ed-LinQ and schools to partner with rather than 'off-load' mental health issues to CYMHS.

In those schools where Ed-LinQ has had a high impact the following outcomes were identified:

- Streamlined, known and agreed referral pathways
- Improved access to CYMHS services and reduced waiting times to access specialist support, especially in times of crisis
- Improved alignment between school and CYMHS interventions to meet student's mental health needs
- Improved cross agency communication, mutual respect and trust
- Increased willingness amongst service providers to work collaboratively and provide integrated care
- Increased willingness of teachers to address students' mental health issues within the boundaries that are relevant to their role and to refer to CYMHS when appropriate
- Enhanced workforce capability and confidence to appropriately address mental health issues

- Improved strategic selection and use of mental health resources that are tailored to the school's context and needs
- More integrated and targeted school mental health promotion and prevention initiatives that address the needs of school students, school personnel and the broader school community
- Increased parental engagement and confidence in the provision of mental health services that are available and accessed by their children
- Increased provision of preventative services which has reduced the severity of students' mental illness and the need for more expensive and intensive clinical services
- An increased capacity to effectively identify and address the mental health needs of students.

There is some evidence to suggest that Ed-LinQ has also contributed to:

- Enhanced mental health outcomes for young people
- Improved teacher wellbeing
- Cultural change in some CYMHS teams which has resulted in CYMHS team members better appreciating and understanding the impact of schools on young people's mental health.

It is important to note that these positive impacts are confined to too few regions and too few schools. This finding is not unsurprising given the low level of resourcing of Ed-LinQ, the lack of consistent local and statewide infrastructure to support the initiative, the high level of need in schools and the relatively short period since Ed-LinQ's inception.

The range of recommendations relate to policy, governance frameworks, clarity around the role of the Ed-LinQ Coordinator role, workforce capacity building, data collection and reporting, use of online mental health services and service collaboration.



## Qualitative Findings and Implications

The following information details the key findings, benefits and implications for future Ed-LinQ service provision. This information was gathered from people who hold senior administration roles in health, public, private and independent schools, mental health workforce development, school principals, deputy principals, school based health nurses, guidance officers/counsellors and teachers.

The results from the interviews (N=32) and focus groups (N=4) were complimentary and highlight the positive and highly valued impact that the Ed-LinQ Coordinator role has had on the well being and mental health of young people.

Nonetheless, it was reported that the incidence of students presenting with mental health issues, especially anxiety and trauma related concerns was significantly increasing in schools. Interviewees stressed that this rising prevalence increased the need for the Ed-LinQ services in all schools.

### Range of activities undertaken and or facilitated by Ed-LinQ Coordinators.

There was strong agreement that the activities and functions provided by the Ed-LinQ Coordinators included:

- **Strengthening relationships** between CYMHS teams and schools via facilitating regular meetings between individuals from each discipline
- **Regular School Meetings** with schools to discuss whole of school requirements relating to mental health and individual student needs
- **Regular cluster meetings** with schools in local geographical areas to discuss specific needs of schools in a specified geographical locations
- **Regular guidance officers meetings** to discuss individual student needs
- **Joint Case Management** meetings - between CYMHS team members, school welfare staff (guidance officers, chaplains and school based health nurses) and parents
- **Debriefing** after traumatic events such as suicide postvention.
- **Advocacy** to facilitate access to needed services
- **Professional Development** on a range of mental health topics – delivered to school personnel and parents
- **Cross Sector Collaboration** as a result of coordinating and attending interagency meetings
- **Cross Sector Professional Development** - delivering cross sector professional development workforce programs with other service providers
- **Regular Communication** – writing and distributing newsletters which tips and strategies on a range of mental health topics, available resources and services.

## Benefits to Schools

In those schools where the Ed-LinQ Coordinator was actively involved it was evident that these schools had adopted a more systematic and planned approach to well being and mental health. The following outcomes were reported by interviewees:

- **More strategic and integrated approach** to the selection and utilisation of mental health services and programs so that specific school and student needs were aligned
- **Earlier identification** of students requiring clinical mental health services
- **Reduced prevalence and severity** of mental health issues experienced by students
- **Increased utilisation of CYMHS** services overall and in one location increased it was reported that indigenous students were accessing CYMHS services more frequently
- **Increase CYMHS involvement** resulted in improved capability of the Guidance Officers/Counsellors and more integrated involvement of school based nurses in relation to case management of students with more complex mental health needs
- **Mental health was embedded into the curriculum**
- **Parental involvement** was more a routine occurrence.
- **Improved school staff well-being** and willingness to address students' mental health issues as they were more informed about the boundaries of their role in such situations and knew that they could rely upon the Ed-LinQ Coordinator and CYMHS team for additional assistance for students with more complex needs
- **Secured the required mental health services** as a result of identifying a service gap.

## Benefits for CYMHS

Defined and communicated service referral pathways, improved mental health literacy in schools and increased collaboration between CYMHS teams and schools resulted in a number of benefits for the CYMHS teams. These outcomes were directly attributed to the role of the Ed-LinQ Coordinators. Key benefits for CYMHS identified by interviewees included:

- **Improvements to referral processes** as schools were clearer about what cases to refer and how to refer to CYMHS
- **Reduced waiting times** to access CYMHS
- **CYMHS staff gaining a more informed understanding** of a school's contextual issues such as leadership support for mental health services and the impact of this on school personnel's' commitment to address students' mental health needs
- **School staff confidently and correctly** outlining to students and their parents the referral process and activities that would be undertaken during case management
- **Increased parental satisfaction** with CYMHS services and their resulting increased willingness to pursue these services for their children

- **More informed referrals to CYMHS teams** as the Ed-LinQ Coordinators' knowledge of various referrals enabled them to provide the CYMHS team with background information about various students
- **"Fast tracked" CYMHS Appointments** based on feedback on service needs that could be provided Ed-LinQ Coordinator as a result of their regular contact with schools
- **Reduced crisis interventions** due to earlier identification of mental health needs.

## Benefits to Health-Education Partnership and Collaboration

There was unanimous agreement that the Ed-LinQ Coordinator had facilitated improved working relationships between schools, CYMHS and other relevant services. This improved collaboration has resulted in the following outcomes:

- **Increased collaboration, trust and respect** between service providers via workforce development programs and joint case management
- **Improved access to and utilisation of CYMHS services** as a result of CYMHS case managers being assigned to and undertaking scheduled monthly meetings in schools
- **Better understanding of other services' policies and procedures** especially in relation to confidentiality and associated sharing of client information
- **Improved utilisation of CYMHS services** and working relationships between members of the CYMHS team and schools as a result of cross sector networking and professional development opportunities
- **Interagency delivery of a range of professional development programs** such as Youth Mental Health First Aid, which further strengthens and demonstrates the benefits of service collaboration
- **Increased mutual support and willingness** among services to assist one another to overcome barriers to accessing/utilising mental health services for young people
- **Timely resolution of misunderstandings** between services and shared problem solving to increase appropriate referrals and improve service access and outcomes.

## Identified areas for Improvement

Key areas for improvement that were identified to consolidate and expand the state wide positive value of Ed-LinQ by interviewees included:

- **Formalised governance arrangements** at the state, region and local levels so that key stakeholders' roles and responsibilities, including those of senior education and health bureaucrats, principals, school welfare staff, Ed-LinQ Coordinators and support services roles are aligned, complimentary, articulated and accountabilities are understood
- **Improved data collection, analysis and reporting** to ensure that services target those schools in most need, best practice is identified and the impact of initiatives is understood and quantified to inform future actions

- **Increased provision of online material** to students to increase students access to and willingness to undertake activities to improve their well being and mental health and ensuring that these online services are integrated with face to face services
- **Strategic identification of workforce development needs** so that programs directly relate to school context and needs in the short and long terms, as this will enhance continued early identification and prevention and embedding of mental health in school curriculums
- **Publication of guidelines around standards** that must be met by mental health programs that are wanting to be delivered in schools to ensure programs are suitable and aligned with other school curriculum initiatives, and
- **Establishment of a state wide Ed-LinQ Coordinators network** to provide Coordinators with the opportunity to share resources, identify best practice and undertake joint strategic research or pilots.

## Qualitative Findings Conclusion

In conclusion the qualitative data revealed that the Ed-LinQ Coordinators undertake a range of activities that have improved referrals, cross agency support and workforce capability and improved the mental health and well being of students and school personnel. In those regions where there is strong CYMHS, school and cross sector support for the role, this positive impact is considerably greater. The role of the Ed-LinQ Coordinator in enabling these outcomes was critical as it was reported that they were the enablers of the professional development, ongoing timely advice to schools on student needs and improved relationships between schools, CYMHS and other services.

There was significant and unanimous support for this role to be continued as schools were not confident in their capacity nor competency to meet the current and growing need for mental health services for young people in schools.

## Quantitative Findings

### Survey 1 - Schools - Results

The project team contacted 1,272 schools directly and 269 Catholic and 186 Independent schools indirectly through the QCEC and ISA respectively. A total of 186 schools responded to the survey – this is just over 10% of the total number of schools in Queensland.

- The majority of the schools (66%) that answered the questionnaire were located in the area of **Brisbane and Moreton**, which includes the Gold and Sunshine Coasts. The next highest number of responses (10%) was received from Northern (based on Townsville). No responses were received from the **Central West Area**.
- The majority of the persons who completed the questionnaire were guidance officers/counsellors (47%), followed by Principals or Heads (33%). Teachers or learning support teachers made up just 4% of respondents. It is estimated that the number of students attending schools that completed the online schools survey is 151,356<sup>1</sup>.
- The majority of the schools that completed the online schools survey (94%) covered students aged 10 to 14 years old. By contrast, 65% provided school services to the youngest age group (students 0-5 years).
- According to the impact assessment scale, at least 63% of the schools were aware of the existence of the Ed-LinQ Initiative<sup>2</sup>.
- However, the level of implementation as measured by the online schools survey, was low, with just 28% providing services, interventions and/or technologies directly related to the objectives of Ed-LinQ.

0	No impact	Ed-LinQ has not impacted on the school (i.e. the school does not know about the project)
1	Awareness	Decision makers within the school are cognisant of the topic, have taken action to improve its knowledge on the topic and have received and provided feedback on the information delivered.
2	Assimilation	There is evidence that the school and specific decision makers within the organisation have incorporated the information into their own existing knowledge base and organisational strategy (including training).

<sup>1</sup> It is possible that some of the students were double counted if people from the same school answered the survey. However, this is highly improbable. Although data was confidential, so we do not know the name of the school, we have information on the postcode where the school is located. When the postcode was the same, we compared the IP from where the survey was answered, the sector, the postcode and the telephone. Just in 4 cases there were doubts. So, the error will be lower than 0.5%.

<sup>2</sup> Among the 186 schools that answered the survey, 49 said that they knew the program, but did not complete the survey. We have assumed that the level of impact at these schools were just of awareness.

3	Translation	The school has transferred the new knowledge into policy action in legislation, plans, policy programs, regulatory norms, documentation and/or official indicators.
4	Provision	Care delivery, including services, interventions and/or technologies directly related to the new knowledge has been made available and it is used by the students.
5	Monitoring	The school has incorporated the new knowledge into its own assessment, surveillance and monitoring systems.

- Most of the schools that were not aware of Ed-LinQ were participating in other mental health initiatives (65%). Among them, more than two thirds indicated they would be keen to participate in more mental health related programs.
- 63% of those schools that were not aware of the Ed-LinQ Initiative and that did not participate in other mental health initiatives were willing to know more about other mental health programs.

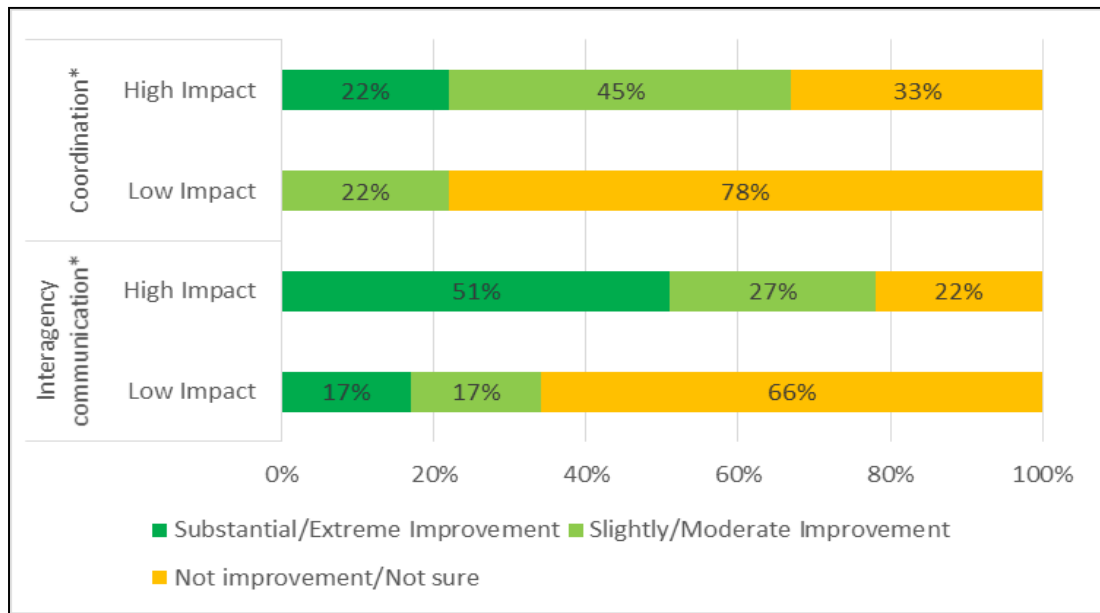
This highlights a **significant opportunity to expand Ed-LinQ** and other mental health programs in schools. It may also indicate a growing awareness of the need for responses to mental health issues for children and young people.

### General Findings

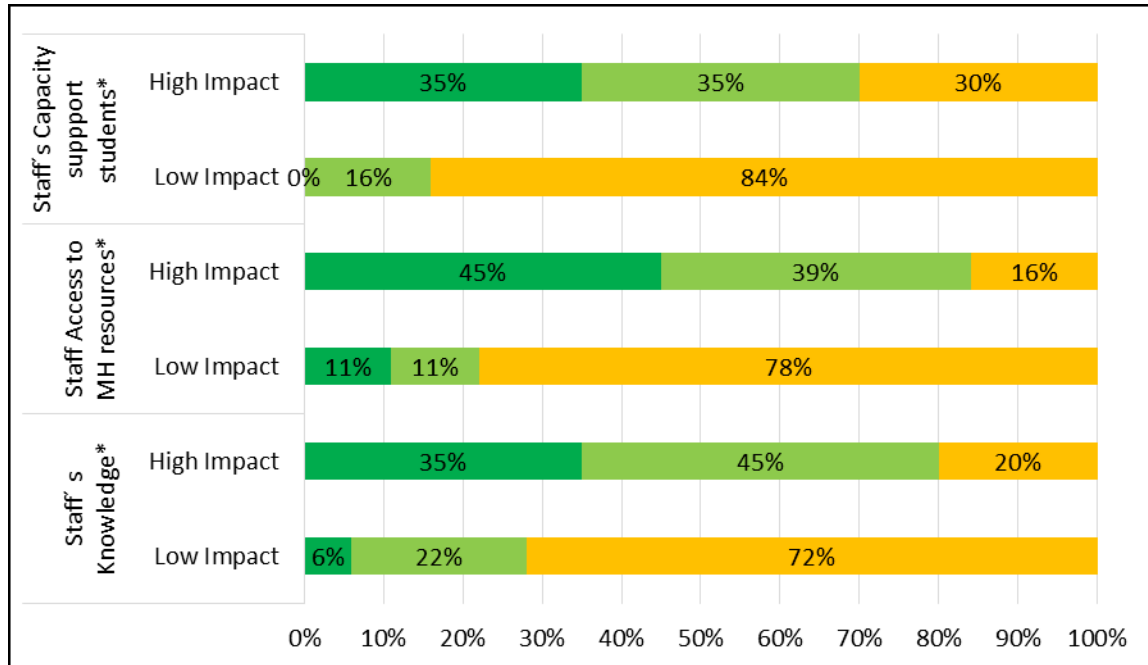
The findings from those schools where there was at least an awareness of the existence of Ed-LinQ, showed:

- **33%** of these schools had actively disseminated information relating to Ed-LinQ
- **59%** of these schools were participating in other mental health initiatives
- **26%** were willing to participate in more mental health related programs
- The most common Ed-LinQ related activities that had occurred were was training of Students Welfare Staff (77%), followed by defined referral pathways (67%).
- **64%** of students had improved access to mental health resources
- **25%** improvement in student attendance and performance
- **73%** of staff had increased their capacity to support students, 67% had improved mental health knowledge and 68% reported improved access to mental health resources.
- **64%** satisfaction with the Ed-LinQ initiative and the satisfaction was higher in those schools where the impact was higher.

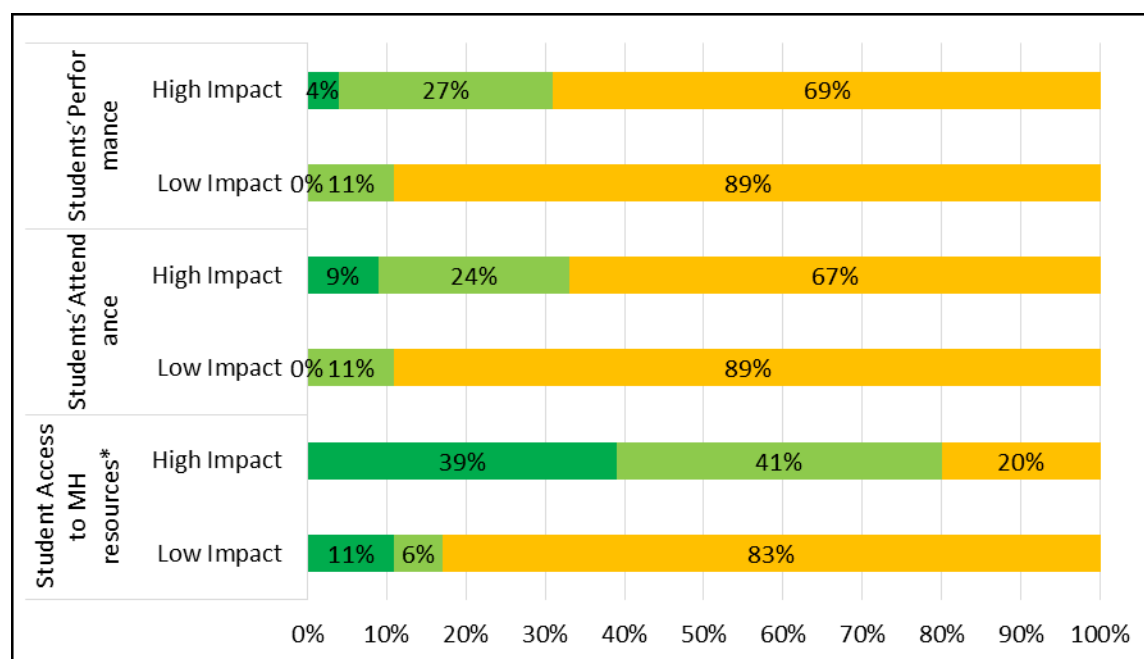
## Comparison between schools with a low and high impact/implementation of Ed-LinQ



- Those schools with a higher impact/implementation of the Ed-LinQ Initiative perceived more improvement in the areas related with coordination and interagency communication, than those schools with a low impact/implementation of the Initiative



- Schools with a higher impact/implementation of Ed-LinQ also reported greater improvement in those areas related to knowledge staff and capacity to deal with students with mental health issues. These were 3 to 4 times higher than schools in the low impact group.



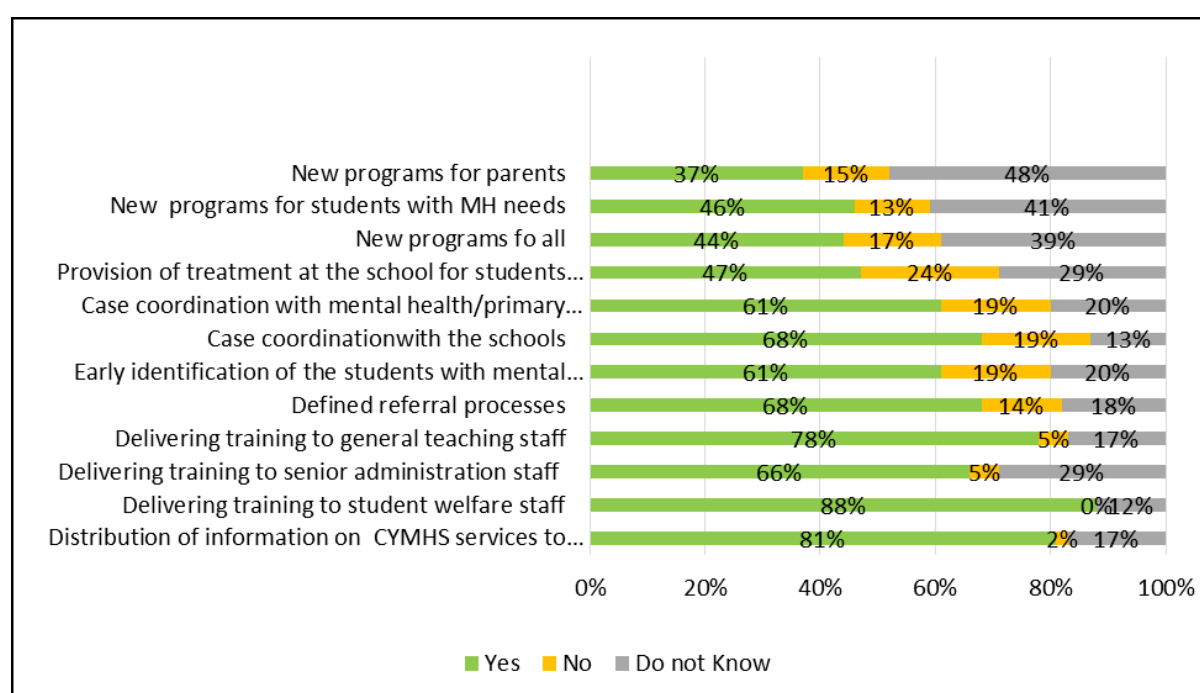
- Student access to mental health resources was significantly higher in those schools where Ed-LinQ had more impact.

## Survey 2 – Child and Youth Mental Health Services - Results

- A total of 78 professionals from CYMHS and other mental health and related services across Queensland answered the survey. The analysis was conducted with the 70 cases (90%) that had complete and valid data.
- 88% respondents work for CYMHS as clinicians (including psychologist, psychiatrists, nurses, social workers and speech pathologists) or as team leaders/directors
- The level of impact of the Ed-LinQ Initiative across CYMHS is greater than that found in the schools
- 48% of respondents had been working in CYMHS and other mental health and related services for more than 10 years
- 74% respondents are satisfied with Ed-LinQ
- 79% strongly agree and agree and understood the role of the coordinator
- 75% agree or strongly agree they have enough information about the initiative is aiming to achieve
- 72% agree or strongly agree that they have enough information about Ed-LinQ
- 75% agree or strongly agree that the initiative was well supported by evidence
- 68% agree or strongly agree that the cost of Ed-LinQ is justified
- 85% strongly agree that it is important for CYMHS to have a presence in schools
- 80% strongly agree that schools are an important partner in providing effective child and youth mental health services



- 82% strongly agree or agree that Ed-LinQ has facilitated better interactions with schools
- 70% strongly agree or agree that Ed-LinQ is well regarded by CYMHS staff in their district or Hospital and Health Service
- 69% strongly agree or agree that Ed-LinQ receives visible support from CYMHS leaders
- 75% strongly agree or agree that Ed-LinQ had helped to build a more collaborative approach (75%). They also agreed that it has increased the capacity of school staff to identify students in need (68%). This is very similar to the views provided by education professionals from schools survey.
- The **most common Ed-LinQ related initiatives** that have occurred in CYMHS related to training to staff, followed by distribution of information to schools, case coordination with schools and defined referral pathways. This aligns with the information provided by schools.



## Quantitative Finding Conclusion

These results demonstrate strong school and Child and Youth Mental Health Services support for the Ed-LinQ initiative and demonstrate that the objectives of the initiative in relation to service collaboration, workforce capacity building and improved services have been met. Those schools that have been impacted by Ed-LinQ the most, report the greatest increase in the mental health knowledge of staff, staffs' capacity to deal with students' mental health issues, students' access to mental health information, interagency communication and service coordination. While in those schools where there has been a higher Ed-LinQ impact there is stronger support for the initiative, overall the majority of schools are supportive of more mental health related activities within their school.

There was strong support amongst Child and Youth Mental Health Services staff that it is important for CYMHS to have a strong relationship with schools and that schools play an

important role in the provision of mental health services to young people. The results also showed strong agreement that the cost of Ed-LinQ is justified and supported by evidence and that the initiative has resulted in increased provision of training to student welfare staff and general school staff, distribution of information to schools about CYMHS services, case coordination with schools and defined referral pathways. This aligns with the information provided by schools.

## Summary of Key Literature Review

### Models of School Mental Health

- By 2005, there were over 1,000 school-based interventions focusing on health and mental health promotion and several systematic reviews and meta-analyses that show a clear benefit of such programs for mental wellbeing, illness prevention and academic success<sup>3 4</sup>.
- The Institute of Medicine (2009) identified that the promotion of competence, self-esteem, mastery and social inclusion can serve as a foundation for both prevention and treatment of mental, emotional and behavioural disorders.
- When students become less connected to school there is a negative impact on their academic performance, behavior, and emotional and mental health. A lack of social competencies (i.e. empathy, decision making and conflict resolution skills) contributes to an increase in multiple risk taking behaviours and mental health.
- A meta-analysis of school based social and emotional learning (SEL) programs found that effective mastery of social-emotional competencies is associated with greater wellbeing and improved school performance<sup>5</sup>. The report is a meta-analysis of 213 school based K-12 SEL programs impacting on 270,034 students where evidenced based whole school SEL activities were (a) systematically taught in developmentally, contextually and culturally appropriate ways and (b) supported students to apply SEL skills to preventing specific problem behaviours (i.e. substance abuse, bullying etc.).
- Outcomes identified increased competencies in emotional recognition, attitudes towards self and others, positive social behaviours, stress management, empathy, problem solving and decision making, a positive impact on problem behaviours including emotional distress, and an 11% increase in academic achievement.
- The characteristics of more effective interventions included:
  - Teaching skills, focusing on positive mental health;
  - Using whole school approaches that balance universal and targeted approaches – that is there is a need for both to make the most significant impact;
  - Starting early with the youngest children and continuing with older ones;
  - Using specialist clinically trained staff at the start of an intervention, but engaging school leaders for interventions to be sustainable;
  - Parents and communities can add strength and depth to school programs;
  - Operating for a lengthy period of time and

<sup>3</sup> Weisz J R, Sandler IN, Durlak JA, et al. (2005) *Promoting and protecting youth mental health through evidence-based prevention and treatment*. American Psychologist 2005;60:628–48.

<sup>4</sup> Institute of Medicine (2009) *Preventing mental, emotional, and behavioral disorders among young people: progress and possibilities*. Committee on Prevention of Mental Disorders and Substance Abuse Among Children, Youth and Young Adults. Washington, DC: The National Academies Press; 2009.

<sup>5</sup> Durlak, J A, Weissberg, R P, Dymnicki, A B, Taylor, R D, Schellinger, K B (2011). *The impact of enhancing students' social and emotional learning: A meta-analysis of school-based universal interventions*. Child Dev't, 82(1): 405–432.

- Embedding work within a multi-modal/whole-school approach which included such features as changes to the curriculum including teaching skills and linking with academic learning, improving school ethos, teacher education, liaison with
- Parents, parenting education, community involvement and coordinated work with outside agencies.
- Importantly the reviews showed that interventions were only effective if they were completely and accurately implemented – that is with a high degree of fidelity. This is particularly the case in relation to whole-school interventions, which could be ineffective if not implemented with clarity, intensity and fidelity.

## Comprehensive or Integrated/Collaborative Models of School Mental Health

- A number of authors argue for integrated models of prevention to address the barriers and systematic difficulties with the uptake and impact of school-based services. They defined integrated models as “the fusing of independent strategies into one enhanced, coherent intervention or strategy”<sup>6</sup>.
- *Positive Behavioral Interventions and Supports* (PBIS) model is a high quality comprehensive school mental health program<sup>7</sup>. PBIS is a three-tiered, whole-school strategy that aims to prevent mental health and disruptive behaviours and enhance the schools climate by creating and sustaining primary (universal school-wide), secondary (selective) and tertiary (indicated) systems of support.
- PBIS is a state-wide initiative that was formed and led through a partnership between the Maryland State Department of Education, Sheppard Pratt Health System, and Johns Hopkins University, which focused on implementing evidence-based practices and conducting prevention research in Maryland public schools. Sound governance and accountability through continuous data collection and reporting have underpinned this ten-year collaboration. Key elements identified by the researchers in the creation and sustaining of this initiative have been:
  - Shared understanding and acceptance of the importance of the issues
  - State-wide multi-agency PBIS State Leadership Team with nested level of support down to school PBIS Teams
  - Adequate ‘systems and infrastructure’ for marketing and program dissemination
  - Continuous communication prior to during and after adoption of the program
  - Community based participatory research to enrich the partnership
  - Genuine equality of partnership – authentic, long-term relationship between the partnering agencies
  - Data collection and analysis to determine impacts and adjust interventions supported with adequate infrastructure – a state-wide data system to monitor and evaluate PBIS
  - Cross-professional training and technical assistance

<sup>6</sup> Domitrovich CE, Bradshaw CP, Greenberg MT, Embry D, Poduska JP and Ialongo NS (2010) *Integrated models of school-based prevention: Logic and theory*. *Psychology in the Schools* 47(1) 71–88

<sup>7</sup> Bradshaw CP, Pas ET, Bloom J, Barrett S, Hersfeldt P, Alexander A, McKenna M, Chafin A & Leaf P (2012) *A state-wide partnership to promote safe and supportive schools: the PBIS Maryland Initiative*. *Adm Policy Ment Health*; 39(4):225-37

- Rapid response to needs and coordinating the provision of services
- Local change champions and use of key opinion leaders, and
- Capacity for adjusting and expanded programs at the school level.

## Notable International Programs - SEAL Program UK

- The *Social and Emotional Aspects of Learning for Secondary Schools (Primary and Secondary)* (SEAL) in the UK takes a whole-school approach to promoting social and emotional learning that aims, when fully implemented, to involve all members of the school and focuses on all aspects of school life, including school plans, strategies, policies, teaching and learning, behavior support and staff development to support social and emotional learning. It is a collaborative model that brings community capacity in mental health into school environments.
- The program uses a broad five-level categorisation of social and emotional aspects of learning: self-awareness, managing feelings, motivation, empathy and social skills. These skills also contribute to a more positive school climate and promote staff effectiveness and well-being.
- *Primary and Secondary SEAL* effectively links with other national school-based initiatives and is supported by key reference documents such as the National Institute for Clinical Excellence's guidelines for primary and secondary schools. The SEAL program was devised by the Department for Children, Schools and Families and initially piloted in 60 schools in 2006, and has been available to all schools since 2011.
- Those schools that did implement the program on a whole-school, universal basis had a positive influence on school ethos, student experience, absenteeism and school attainment. Key drivers of the positive results were school engagement through the ability to provide scope for local variation, leadership engagement, good use of data, staff development and mentoring and attention to detail in implementation<sup>8</sup>.

## Information Technology

- Almost all young people are now daily users of social media. The national Computer Assisted Telephone Interview (CATI) survey of 700 males (16-24 years) referred to earlier found that technology presents an unprecedented opportunity to work directly with young men to create new ways of engagement, new service models of care, and greater empowerment for young men in their management of stress and life pressure<sup>9</sup>.
- There is also a growing recognition of the value of using digital technologies to facilitate and enhance inter-agency collaboration<sup>10</sup> and professional development.
- In August 2013 the then Federal Opposition now Abbott Government, announced a \$5 million investment under which the Young and Well Cooperative Research Centre will deliver a project to fundamentally reshape the system of care and embed technology in Australia's youth mental health services. This project is called *Synergy*.

<sup>8</sup> Bannerjee R, Weare K, Farr W (2014). *Working with Social and Emotional Aspects of Learning (SEAL) Associations with school ethos, public social experiences, attendance and attainment*. British Ed Research Journal, 40, 718-742

<sup>9</sup> Burns J, Davenport T, et al 2013

<sup>10</sup> Bradley-Klug KL, Jeffries-DeLoatch KL, St. John Walsh A, Bateman LP, Nadeau J, Powers DJ & Cunningham J (2013) *School psychologists' perceptions of primary care partnerships: Implications for building the collaborative bridge*. Ad. In School Mental Health Promotion, 6:1, 51-67.

- "Synergy is an e-mental health ecosystem of complimentary Young and Well CRC products, certified apps and web based interventions, running on an underpinning set of standards, interfaces and technologies<sup>11</sup>."

## Partnerships and Collaboration

- In mental health, there is growing body of evidence that suggests collaborative and coordinated care delivers the better quality services and outcomes for individuals and families<sup>12</sup>, particularly for those with multiple and complex needs<sup>13</sup>.
- Care coordination delivers systematic, responsive and supportive care to people with multiple and complex care needs and includes:
  - Coordination and management of a range of health and social care services for an individual client and family to create a comprehensive and continuous experience;
  - Coordination of providers to encourage team work and shared knowledge; and
  - Coordination of service delivery organisations to create an integrated network.
- Care coordination needs to operate at the level of service delivery with the person, at the level of teams, whether they be intra agency, interagency or inter-sectorial and at broader service system level.
- It is clear from the review of the literature that service and care coordination do not occur without an understanding that no one organisation or program can meet all of a person's needs and without a commitment to collaborate at the key levels of:
  - Individual provider/practitioner
  - Intra-agency
  - Interagency
  - Cross sector, and
  - System wide.
- Strategies and mechanisms for achieving health and education service integration have been well established<sup>14 15</sup> and include:
  - School wide or whole-of-school approaches
  - Integrated family and school approaches
  - Teacher training - pre and in-service
  - Physical space
  - Providing time to collaborate
  - Positive relationships between collaborators, and
  - Training specialists to link systems of care.

<sup>11</sup> See Appendix 9 for an in-confidence brief on Synergy

<sup>12</sup> Butler M, et al (2011). *Does integrated care improve treatment for depression? A systematic review*. J of Ambulatory Care Management; 34(2), 113-125.

<sup>13</sup> Schapp W (2006). *The C's in Community Mental Health*. Admin & Policy in Mental Health & Mental Health Services Research; 33 (6): 737-739.

<sup>14</sup> Mellin EA, Anderson-Butcher D & Bronstein L (2011) *Strengthening Inter-professional Team Collaboration: Potential Roles for School Mental Health Professionals*, Advances in School Mental Health Promotion, 4:2, 51-60,

<sup>15</sup> Mellin EA, Bronstein LR, Anderson-Butcher D et al (2010) *Measuring interprofessional collaboration in expanded school mental health: model refinement and scale development*. J of Interprofessional care; 24(5) 514-523

## Workforce Development

- With one in eight children and up to one in four adolescents experiencing a mental health problem, school professionals serve a critical role in first identifying learning and social problems, identifying mental health problems, assessing the impact of these conditions on learning and development and adapting the learning environment to address the educational and psychological needs of students.
- The Queensland Government *Supporting Students' Mental Health and Wellbeing* procedure indicates non-Education Queensland staff, including school-based youth health nurses, support students' mental health and social and emotional wellbeing in a variety of ways<sup>16</sup>.
- A KPMG review of the Victorian secondary school nursing program found that in Victoria nurses undertake regular assessments of young people, particularly in relation to sexual health, mental health and general health issues. The most predominant student clinical issues identified by nurses included (in order of frequency) mental health, sexual health and family issues. The review also found that mental health promotion occurs in schools to a lesser degree than either drug and alcohol or sexual health programs, despite this being identified as a key priority area for students by both secondary school nurses and school stakeholders<sup>17</sup>.
- Initially Queensland school based nurses referred numerous students to mental health services during the school nurse program implementation. The resulting increased burden on these services resulted in additional mental health education being provided for nurses, which enabled them to develop the necessary skills to inappropriately refer students to clinical services<sup>18</sup>.
- Young people particularly those 14-24 years, are low users of GP and psychology services in Australia. Recent research in Australia and overseas highlights the need for mental health services for young people to focus on promoting independence, autonomy, employment, low stigma and the avoidance of overly medicalising problems<sup>19 20</sup>.
- The development of the 'headspace' program across Australia has seen the provision of integrated, youth friendly mental health and substance abuse services with General Practice and an improvement in access to earlier care.
- The Queensland Primary Mental Health Care Strategy, a sub-ordinate document to the Queensland Mental Health Plan 2007-2017, provided a framework to support collaboration and service integration between public mental health services (hospital, community, adult and CYMHS services) and Primary Health Care Providers (PCPs).

<sup>16</sup> Queensland Government (2014) *Supporting Students' Mental Health and Wellbeing Procedure*

<sup>17</sup> KPMG (2009) *Department of Education and Early Childhood Development: Review of the Secondary School Nursing Program Final Report – Executive Summary*.

<sup>18</sup> Barnes M, Courtney MD, Pratt J, Walsh AM (2004) *School-Based Youth Health Nurses: Roles, Responsibilities, Challenges and Rewards*

<sup>19</sup> Plaistow J, Masson K, Koch D, Wilson J, Stark R, Jones P, Lennox B. (2014). *Young people's views of UK mental health services*. *Early Intervention in Psychiatry*; 8 (1): 12–23.

<sup>20</sup> NACMH (2011). *Models of collaborative care for children and youth (0-25 years): Final Report*. Canberra: Commonwealth Department of Health Ageing.



While there is no specific reference to Ed-LinQ or indeed school sectors, there is a clear intent to enhance prevention and early intervention services and linkages of programs.

- It is not possible to determine what, if any effect the QPMHC Strategy had on the capacity of PCPs to support and collaborate with schools on mental health issues.

## Summary of Key Literature Findings

- The importance of effective school and community promotion, prevention and early intervention programs that address mental health and wellbeing of children is clear given the potential for life-long disabling effects of unidentified and untreated illness.
- Collaboration starts at the top. Authority for collaborative cross-sector initiatives involving health, education and community, like Ed-LinQ, needs to come from government and heads of agencies and be reinforced in actions and accountability. Alignment with the strategic priorities of government is beneficial.
- Whole of school approaches are more effective than single mode programs. Whole of school approaches should include a balance between universal and targeted approaches and may need to consider early intervention programs for students with existing mental health problems.
- To be effective initiatives and programs must be well planned, integrated, well articulated and marketed, adequately resourced and sustained for the medium to long term to be effective.
- Curriculums must provide for social and emotional learning (SEL) programs that are universal in scope and target every student can prevent and/or ameliorate emotional distress and problem behaviours and enhance mental health, social, emotional and educational outcomes.
- For collaboration to occur at the local school-community health service level, a comprehensive strategy sustained over time is necessary to achieve high rates of implementation and change. A sophisticated change strategy is required with the necessary 'hard' and 'soft' infrastructure to gain buy-in, provide sufficient guidance, build capacity and sustain engagement.
- Information technology including social media, offers a new platform for collaboration, program delivery and engagement with young people. The same challenges of coordinating traditional services are presenting with this new operating environment. Service integration between the digital and 'real' service environments has to be a goal in the coming five years.
- Leadership at state and local levels to demonstrate an active commitment to work in a collaborative way and lead reform is critical to success.
- What gets measured gets done. Data that has a focus on the end user (i.e. children and young people) and outcomes and that is available on a timely basis for local and state level decision making. As in other areas of education like literacy and numeracy, data for improving the mental health and wellbeing of children and young people begins with knowing the status of their mental health and planning accordingly.



## Recommendations

To sustain and extend the positive impacts that have been demonstrated by the Ed-LinQ initiative to date, this evaluation has identified a range of short, medium and long term interrelated and interdependent recommendations.

### Short to Medium Term Recommendations

*A number of critical actions are required in the short to medium term in regard to strengthening and sustaining Ed-LinQ. These actions can be grouped into five key categories:*

- Policy
- Collaboration
- Governance
- Workforce capacity
- Infrastructure.

Specific actions within each category are detailed below.

#### Policy:

- Renewal of Ed-LinQ Framework that reviews the intent, functions, role and context and aligns with evidence about school focused MHPPEI
- This should maintain the primary Ed-LinQ initiative as an early intervention strategy with focus on its three main areas: strategic partnership, clinical consultation and capacity building but addresses the organisational, partnership, workforce and other factors that are diminishing impact and return
- Address the factors impeding clear and consistent metrics and data collection
- Establish standards for needs assessment, program planning and review
- Address role clarity of the Ed-LinQ coordinators but also of other key positions and services
- Integrating the Ed-LinQ Coordinator role into CYMHS Teams across the state
- Greater focus on engaging relevant primary care and community services.
- Address the appropriate mix and timing of evidence based approaches (i.e. Integrated School Based Mental Health Interventions) based on the framework and the approved programs and interventions for schools
- Customising responses for priority groups (i.e. establishment of an Indigenous Ed-LinQ Initiative to address the specific needs of schools with higher numbers of Indigenous students)
- Integration with school based drug and alcohol initiatives
- Specifies guidelines around standards that must be met by mental health programs that are wanting to be delivered in schools to ensure programs are suitable and aligned with other school curriculum initiatives

## Collaboration

- Operationalise MOUs between Education Department and Queensland Health/HHS
- Set consistent template for governance arrangements at state and HHS levels so required cross sector leadership and engagement for collaboration and integration occurs
- Interagency Collaborations – based on mental health service mapping at regional (HHS) levels with agreed service pathways.

## Governance

- Formalise and operationalise state wide, regional and local structures and functions that ensure alignment between the strategic intent and delivery of initiatives that underpin the cross sector young persons well being and mental health policy.
- Structures include:
  - **Executive Level** - agency head level to develop cross sector strategic policy and drive and be accountable for initiatives in their respected agencies to improve well being and mental health outcomes for young persons. Key departments initially would include education and health.
  - **State Coordinating Group** –establish and oversee initiatives that enable a multimodal school response to young persons' well being and mental health needs, integrated governance structures, selection and promotion of appropriate school based mental health programs, measurement and reporting
  - **Ed-LinQ Coordinator Level** - state wide coordination of Ed-LinQ coordinators to facilitate ongoing provide leadership, initiative-wide accountability, priority setting, resource sharing, identification of best practice and strategic change projects
  - **Local Geographical Level** - cross sector local geographical cluster groups to identify and address specific needs of local regions, establish and monitor agreed referral pathways, organise professional development, track and monitor performance
  - **School Level** – integrated approach to embedding well being and mental health within the curriculum, professional development for school staff, and local community, oversee appropriate use of referral pathways, collaboration with relevant organisations and data collection.

## Workforce capacity

- Commitment to the full establishment of ED-LinQ Coordinators is required
- Investigating opportunities to enhance the establishment and sustainment of the Ed-LinQ role through a joint education and health budget bid given the inadequacies of the allocation and the potential return on investment across sectors
- Commitment to continuing the cross sectoral workforce development program and investigation of sustainability of the model (i.e. Strategic Workforce Force Mental Health Capability Framework)
- Build local capacity for cross agency to deliver professional development programs.

## Infrastructure

- Review of necessary infrastructure to support a cross agency initiative e.g. web platform
- Re-establish the Ed-LinQ state wide meeting group to provide leadership, initiative-wide accountability, priority setting, resource sharing, identification of best practice and strategic change projects
- Establishment of statewide Ed-LinQ Coordinators network to provide the opportunity to share resources, identify best practice and undertake joint strategic research or pilots
- Build capacity to enable collection and analysis of quality data and information in relation to mental health needs of young people and service capacity
- Improved and consistent data collection, analysis and reporting to ensure that services target those schools in most need, best practice is identified and the impact of initiatives is understood and quantified to inform future priorities and actions
- A school 'Readiness Assessment Tool' for Ed-LinQ Coordinators and regional leaders for assessing the readiness for change and engagement by schools.

## Longer term recommendations.

The findings from this review strongly reinforce the need to plan and implement in the longer term, a systemic and holistic approach to enhancing the mental health and wellbeing of young Queenslanders (0-18 years). The Ed-LinQ initiative would be one component of this systemic approach. The social and economic benefit of such an approach will involve and impact on a larger cross section of sectors and service providers.

This systemic approach is built on five pillars: Leadership, Strategy, Governance, Infrastructure and Accountability. Key initiatives relating to each pillar are detailed below.

### Leadership

- Establish and maintain cross sector executive leadership commitment to collaborative action for MHPPEI for school aged and the development of a dedicated strategy, resourcing and reporting on associated initiatives
- Establish a State Best Practice Professional Circle of Practice - Ed-LinQ Coordinators and relevant experts to ensure best practice guides and advice are available to all schools.

### Strategy

- Establish an integrated School Mental Health Program Framework for all schools – integrated universal, selected and targeted mental health and wellbeing programs with a 'gatekeeper' process to ensure all programs or interventions are appropriate from an evidence perspective
- Deliver integrated school based mental health interventions – based on the framework and the approved programs and interventions for schools
- Develop a strategic cross sectoral workforce development framework

## **Governance**

- Consolidate governance arrangements at the state, regional and local school levels with defined roles, responsibilities and accountabilities
- Comprehensive interagency collaborations that are based on mental health service mapping at regional (HHS) levels with agreed service pathways.

## **Infrastructure**

- Conduct a Queensland Young Persons Mental Health Annual Check-up – 0-18 years. This annual or biennial survey of the mental health and wellbeing of children and young people across Queensland can be used to establish and monitor young person's health status and enable planned interventions within a state wide plan – The Mentally Healthy Young Queenslanders Strategy.
- Establish a web-based platform for all stakeholders (including teachers, service providers, students and parents).
- Review and enhance data collection systems to ensure robust collection and analysis of cross sector data relating to young persons' mental health and well being.
- Develop and implement a marketing and promotion package for state wide and local level promotion of school mental health and wellbeing and the Ed-LinQ Initiative.

## **Accountability**

- Clearly defined roles and responsibilities and metric to monitor and assess performance cross sector performance.