



EVALUATION OF THE ED-LINQ INITIATIVE:

Headline issues and next steps

Purpose

This paper provides an overview of the *Evaluation of the Ed-LinQ Initiative for the Queensland Mental Health Commission, October 2014*, an independent report commissioned by the Queensland Mental Health Commission in February 2014. It also includes proposed next steps to be taken to respond to the findings and recommendations arising from the evaluation.

What is Ed-LinQ?

The Queensland Ed-LinQ Initiative 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.

Within Hospital and Health Services (HHS) Ed-LinQ Coordinators work across the mental health, education primary care and community sectors by:

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

How is Ed-LinQ Resourced?

The Ed-LinQ Coordinator positions are located in twelve HHSs throughout Queensland and are part of the HHS mental health service recurrent establishment.

The Ed-LinQ Cross-sectoral Workforce Development Program is a state-wide component contributing to the Ed-LinQ objective of enhancing workforce capacity. The Workforce Program commenced in 2011 and was transferred from the Department of Health to the Queensland Mental Health Commission from 1 July 2013.

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 June 2015.

Why the need for integration?

Half of all lifetime mental disorders start by 14 years of age and three quarters by 24 years of age¹.

The onset of mental health problems in young people is associated with high rates of enduring disability, including educational failure, impaired or unstable employment, and poor family and social functioning. In any single year, one in four Australian children and young people will experience a mental disorder, yet under a quarter of those requiring assistance will receive appropriate professional help.

Early intervention strategies during these life stages can be effective in preventing or delaying the onset of these disorders, and certainly alleviating the 'collateral damage' to the individuals' social, educational and vocational functioning and family dynamics^{2 3}.

Teachers are often the first port of call for young people who are experiencing mental health difficulties, and teachers tend to be one of the first groups outside the family to notice problems. Teachers and school staff require access to resources, support, and referral options

- 1 Kessler RC, Berglund P, Demler O, Jin R, Merikangas KR, Walters EE (2005). Lifetime prevalence and age-of-onset distributions of DSM-IV disorders in the National Comorbidity Survey replication. *Arch Gen Psychiatry*; 62: 593–602.
- 2 National Advisory Council on Mental Health (2011). Models of collaborative care for children and youth (0-25 years): Final Report. Canberra: Commonwealth Department of Health Ageing.
- 3 Institute of Medicine (2009). Preventing Mental, Emotional and Behavioural Disorders Among Young People: Progress and Possibilities. Washington DC.

to assist them in detecting and managing mental illness that arises in their students.

There is increasing evidence that suggests collaborative and coordinated care delivers better quality services and outcomes for individuals and families⁴, particularly for those with multiple and complex needs⁵. The evaluation report noted that, for school-aged children and young people the effectiveness and cost benefit of school-health partnerships in improving individual and system outcomes is growing.

The evaluation

In February 2014 the Queensland Mental Health Commission contracted ConNetica to undertake an independent evaluation of Ed-LinQ. The evaluation report confirmed many positive and highly valued aspects of Ed-LinQ, with benefits identified for participating schools, health and mental health services, and school-health partnerships.

The evaluation is based on survey responses from 186 schools and 78 mental health service providers across Queensland, as well as in-depth stakeholder interviews (n=39), four cross agency focus groups (n=36) and key informant interviews (n=14). Thirty-one per cent of school respondents were taking some action in relation to Ed-LinQ, and a further 34 per cent reported increasing levels of implementation and integration of the program's objectives. School responses indicate a high level of interest in knowing more about mental health programs and strategies.

More information about the independent evaluation is on the Commission's website at www.qmhc.qld.gov.au.

Positive impacts identified

A range of benefits were identified by the report, including:

- 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 interventions to 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 benefits identified by health, education and community sector respondents varied from general observations of improvements to perceptions of highly specific outcomes. Examples include:

- Four principals attending one focus group discussion were in agreement that 'Ed-LinQ is an essential service given the increasing prevalence and complexity of mental health problems in schools'.
- 'By improving the mental health literacy of school staff and the proactive management of young people's mental health there is an increased ability to embed mental health in the curriculum.'
- 'Principals, guidance officers and teachers don't feel burdened to provide mental health services but rather took solace in knowing that available services could be accessed and how they could positively contribute to the health and wellbeing of their students.'
- 'This knowledge improved teachers' wellbeing as it reduced their anxiety around mental health issues, as they felt better prepared and confident in knowing what to do and were clear on the boundaries of their role in relation to mental health and what other services they could access if clinical or more in-depth support was required.'
- Ed-LinQ directly contributed to:
'Earlier identification of students with anorexia and provision of intervention/prevention strategies (resulting) in a noticeable reduction in hospitalisation and length of hospital stays for these young people.'

Evaluation of the outcomes of the Ed-LinQ Cross-sectoral Workforce Development Program consistently demonstrates highly positive and beneficial results across a number of domains. Data from workshops held between July 2013 and June 2014 report a high degree of satisfaction with both the Assessment and Management

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

5 Schapp W, (2006). The C's in Community Mental Health. *Admin & Policy in Mental Health & Mental Health Services Research*; 33 (6): 737-739.

of Childhood Anxiety and Non-Suicidal Self Injury (NSSI) training.

Qualitative feedback confirms this high level of satisfaction with the workshops and suggests considerable improvement in knowledge, understanding and interagency relationships. These events provide an ongoing capacity building and relationship-building process that strengthens communication, collaborative management and joint decision-making, and a systemic approach to improving child and youth mental health care and support.

Excellent—thank you very much. I have been to a lot of training over the past few years and this has been up there as one of the best. Great job!

Social worker, Evolve Behaviour Service, Cairns (anxiety workshop)

Wonderful opportunity to access high quality training and fellow service providers within the local area.

Psychologist, Headspace, Ipswich (NSSI workshop)

Thank you, very valuable, practical, and great to link up with local services, other counsellors, guidance officers.

Guidance officer/school counsellor, independent school, Toowoomba (NSSI workshop)

Very informative; learnt strategies to help clients and young people manage anxiety; learnt what services are available.

Child protection worker, Townsville (anxiety workshop)

Program enhancement

The evaluation identified that the positive impact attributable to Ed-LinQ is not evident to the same extent in all HHSs with an Ed-LinQ program. In those regions where there is strong health, school and cross-sector support and genuine 'buy-in' with the program, this positive impact is considerably greater. The report identifies specific factors at the program, policy, governance and workforce levels inhibiting the impact of Ed-LinQ and requiring action.

The report highlights short, medium and longer-term recommendations to enhance and expand the impact of Ed-LinQ, and the respective contributions of the health and education sectors required for improved mental health and wellbeing of students in Queensland. Evaluations of the Ed-LinQ Cross-sectoral Workforce Development Program identify similar themes and issues and offer recommendations for program improvements that will be incorporated with the response to the Ed-LinQ evaluation.

Next steps

The Commission will work with stakeholders from across the health, education and community sectors, including public and independent schools, to plan how to build on the achievements of the Ed-LinQ Initiative and address the areas identified for improvement.

In consultation with stakeholders an action plan will be developed across the following areas:

Action Area 1

Include relevant findings and recommendations of the Ed-LinQ evaluation into the implementation of the *Queensland Mental Health, Drug and Alcohol Strategic Plan 2014-2019*, with particular focus on the Shared Commitment areas of:

- improved awareness, prevention and early intervention
- more effective government services.

Action Area 2

Work with representatives from Hospital and Health Services, Department of Education, Training and Employment and Department of Health, in consultation with the Catholic Education Commission and the Independent Schools Association of Queensland to agree options for a renewed collaborative approach to mental health in schools, and the role of Ed-LinQ in that.

Action Area 3

Work with health, education and community stakeholders to agree options for an integrated approach to prevention and early intervention for child and youth mental health.

Develop options for reform

From these actions, an 'options for reform' paper will be developed, and each responsible agency will be invited to consider what commitment they can make to the collective agenda.

Further information

Phone 1300 855 945
 Web www.qmhc.qld.gov.au
 Email info@qmhc.qld.gov.au
 Mail PO Box 13027, George Street Brisbane QLD 4003