

## BEST PRACTICE MODELS

BEST PRACTICE MODELS for Prevention of Mental Disorders

### [2] Selective Programs

- a) Biological factors
  - i Post-natal depression
  - ii Children with chronic illnesses
  - iii Children with learning difficulties
- b) Psychological factors
  - i Children experiencing grief and loss
  - ii Children with disruptive behaviours
- c) Social factors
  - i Indigenous families
  - ii Immigrant families
  - iii Children involved with bullying
  - iv Children in out-of-home care

### **[2 b ii ] Children with disruptive behaviours**

A range of services are already in place to assist in the early identification of conduct disorders. Young children with challenging behaviours can be identified early on by a range of primary care and early years services including general practitioners, maternal and child health nurses and suitably trained child care and pre-school staff. If they have not been detected earlier, problems usually occur upon school entry.

Primary schools are well placed as sites for early identification and intervention. Currently there are approximately 1250 government primary schools in Victoria. These schools are organised regionally into school networks that also incorporate a number of secondary and special schools.

The CASEA program has been shown to be an effective, non-stigmatising intervention that can be implemented in primary schools for treatment of disruptive behaviour disorders before they progress to more serious levels. [see casea pdf]

When children present with co-morbidity of behavioural and emotional symptoms, often within a complex family system, they may be referred to general practitioners, paediatricians or specialist Child and Adolescent Mental Health Services (CAMHS) if a more comprehensive assessment is required. An individual management and treatment plan would then be developed to provide the child and their parents with timely and appropriate intervention.

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