

## **BEST PRACTICE MODELS**

### **BEST PRACTICE MODELS for Treatment of Mental Disorders**

#### **[5] Early Treatment**

- a) Universal Health, Welfare and Educational agencies in the community [Tier 1]
- b) Private practitioners and Community Mental Health services [Tier 2]
- c) Specialist Mental Health services [Tier 3]

Mental health disorders occur throughout the community at various levels of severity. At present, diverse private and public sector agencies respond to aspects of mental health need in an un-coordinated manner. MHYFVic proposes a coordinating framework to ensure that appropriate care is delivered. This is described in Project Evidence PE 5 a.

#### **[5 a ] Universal Health, Welfare and Educational agencies**

The Child and Family Centres developed by the Tasmanian government in 2010, for children in the 0-5 age range, offer the best practice model for services everywhere, although it would be desirable for the model to be extended to higher age ranges. Their operation is explained in the document “An Overview of Child and Family Centres” which is downloadable from the MHYFVic website in the “Hot Issues in Mental Health” page.

The rationale for CFC is in response to the steadily growing body of research evidence from around the world about the critical importance of the early years and the need for a radical shift in the way services are delivered to children and families. It becomes increasingly difficult to change trajectories of children as they grow older. Investments in early childhood services are shown to be cost effective, yielding long term benefits to children and to society. The earlier the services are provided the greater the economic return.

In order to deliver maximum community benefit, CFCs should provide a truly integrated service delivery model. The co-location of services for children and families should be situated within an overarching vision and set of goals that sees a fundamental re-engineering of the full range of services currently delivered by Government agencies, particularly those provided by the Department of Health and Human Services and the Department of Education, as opposed to simply moving services to a single site. The document identifies the following features:

#### **All Child and Family Centres will:**

- offer an integrated suite of high quality programs and services
- provide local programs for every family with babies and young children
- meet the changing needs of the local community
- be a welcoming place for all children and their families

#### **Child and Family Centres (CFCs) are:**

- child centred, child friendly, comfortable and warm.
- for all local families with young children from birth to age 5.
- places where families and carers are supported in their vital parenting role.
- specifically designed with input from families and communities to ensure they meet local community needs.

- places where services come together with a focus on integrated service delivery
- places where the Centres resources (physical, financial, human resources) are shared.
- Centres where government and non-government services work in partnership.
- underpinned by a philosophy and process that supports community development.
- managed by a Centre Leader.
- outcomes/results oriented, primarily focussed on children's health, well being, education and care outcomes.
- places where consistent operating principles are used.
- delivering evidence based professional development and training programs.
- offering learning opportunities for family members.
- respectful of all cultural groups.

Child and Family Centres have...

- staff who work collaboratively together across professional disciplines.
- a consistent set of operating principles.
- adjunct care - short term care of children at the centre, provided in conjunction with a meeting, function, or activity that involves the parent/carer of the children and where the parent/ carer remains on site at the centre.
- a seamless provision of service mix to make sure families do not have to tell their story over and over again.
- learning and development opportunities for everyone involved with the centre.

Child and Family Centres are not:

- simply an extension of the local primary school or kindergarten.
- a full day care or long day care child care service (except in those communities where the child care service chooses to locate with the Child and Family Centre).
- run separately, in isolation and without collaboration with other community services.
- a one size fits all approach.
- a place where professionals come first.
- partitioned off for exclusive use by one stakeholder.

All services provided from a CFC will:

- be child/family centred
- respect all cultures
- acknowledge the importance of family in a child's development
- respect mothers, fathers and carers as partners
- build positive relationships
- promote inclusive leadership and teamwork
- be responsive to the needs of children, families and the community
- involve families and community members in decision making and governance.

<sup>[1]</sup> Any reference to 'parents' in this document refers also to carers, grandparents and legal guardians, however they are constituted within the community

If the above model was provided, incorporating access to community health programs, child care centres and kindergartens in all municipalities, and including the intake/ short-term assessment and

treatment components described in PE5a, this would give the ideal community coverage and accessibility for mental health services.

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