

POLICIES

POLICIES for Continuing Care of Persons with Mental Disorders

[7] Engagement with ongoing care

- a) Community Mental Health Services
- b) Outreach services

[7 a] Community Mental Health Services

MHYFVic contends that all Level One Hospitals should have Tier Three mental health centres and that all Community Health Centres should have Tier Two mental health programs supported by the Tier Three specialists on an outreach basis.

Tier Three specialist mental health services should provide:

- In-patient and Day-patient programs for severe mental disorders,
- Specialist assessment and management of programs in age-specific strata
 - Geriatric
 - General adult
 - Adolescent
 - Children and families
- Outreach programs (see also Project Evidence paper PE 7b) which provide:
 - Community Assessment & Treatment (CATT) Teams
 - Intake/Brief intervention clinicians at Community Health Centres and Public Hospital EDs.
 - Consultancy services to relevant Tier Two and Tier One agencies

Tier Two Community Health services should provide:

- Face-to-face intake and brief intervention programs,
- Family therapy programs,
- Case management support and treatment monitoring,
- Group therapeutic programs,
- Specific purpose programs for substance abuse, domestic violence, parenting & child behaviour management.

MHYFVic also recommends that to counteract the natural tendency of managers to cater to their own preferences rather than the network's, the following constraints are recommended:

- One half of Tier Three staff hours should be on outreach programs, and one half of that deployment should be at Community Health Centres and consultancy in a manner mutually agreed by a committee of the donor and recipient agencies.
- The Key Performance Indicators for the service providers should include satisfaction of the service recipients.
- Regional Health Services should be coordinated by a Reference Group which gives equal weight to Community-based services as it does to Hospital-based services.

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