BEST PRACTICE MODELS

BEST PRACTICE MODELS for Prevention of Mental Disorders
[1] <u>Universal Programs</u>
      a) Safety, housing, food, welfare
      b) Family functioning, parenting and Pro-social functioning (Human Capital)
      c) Education to potential
      d) Reduction of toxic factors
          i Biological factors
          ii Psychological and social factors

[1 b] Family functioning, parenting & pro-social functioning (Human Capital)

The second major driver of positive mental health is family functioning. Families need to provide social stability and secure attachments which are the basis of children's' emotional development. Families with high social capital are likely to produce children who fare positively in areas of general wellbeing, including mental and physical health, educational attainment, and formal labour market participation. Social capital, after poverty, is the best predictor of social welfare. Poverty is a negative indicator for criminality, school dropout, teenage pregnancy and infant mortality, whereas social capital is a positive indicator.

An important goal, therefore, would be to implement programs to enhance the psychological capital of families. Parenting programs to enhance adaptive behaviours and resolve dysfunctional aspects, such as the Triple P Program, can be instituted at individual family or community group levels.

Recognizing the importance of social cohesion in the integration of diverse multicultural groups into Australian society, the Commonwealth Government Department of Social Security has developed a 'Diversity and Social Cohesion Program' which gives grants for multicultural festivals and projects. However, this is not just an issue for a selected population, it is a universal issue. As a means of enhancing social cohesiveness and pro-social participation we need to encourage participation in community groups and volunteer activities.

Initiatives in collaboration with local government authorities include several pilot programs for new Australians at community hubs which offer "practical assistance to establish links to wider community services and support in a safe and familiar environment, so they can build better lives and move towards full participation in Australian society." Although the concept is aimed at supporting immigrant families it is equally valid for all families.

As an example of one such local government area in Melbourne, the City of Hume advertises on its website its program "Supporting Parents – Developing Children". This is a scattering of 'one-stop-shops' that give a diversity of professional supports to multilingual self-help activities. It would be highly desirable for research to measure the cost-effectiveness of such programs to aid advocacy for wider implementation.

Such research is being undertaken for youth health care. A paper by Sarah Hetrick, Patrick McGorry and others in the MJA last year, titled "Integrated (one-stop shop) youth health care: best available evidence and future directions" report that many young people who may not otherwise have sought help are accessing these mental health services, and there are promising outcomes for most in terms of symptomatic and functional recovery. It is desirable for such 'Headspace" services in every Local Government area.

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