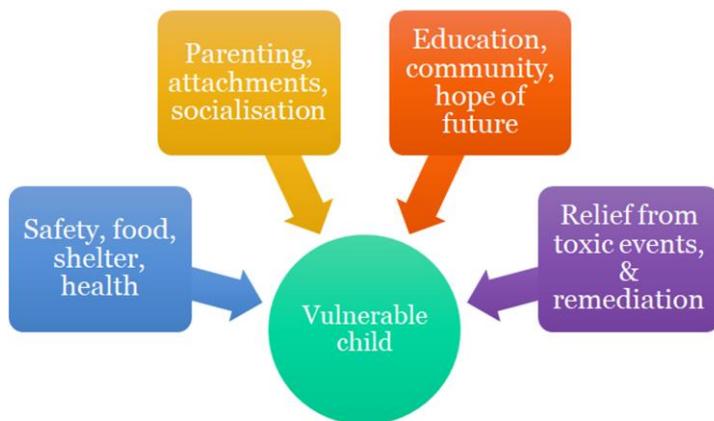


## PROJECT EVIDENCE

### PROJECT EVIDENCE for Prevention of Mental Disorders.

The project coordinator is Dr Allan Mawdsley. The version can be amended by consent. If you wish to contribute to the project, please email [admin@mhyfvic.org](mailto:admin@mhyfvic.org)

**[1] Universal Programs.** Universal programs are desirable because they have the potential to reduce the community prevalence of mental disorders whereas Selective and Targeted interventions only focus on small sub-populations. A discussion of this can be found in the 2018 Winston Rickards Memorial Oration. [\[Link\]](#) The Oration put forward the hierarchy a,b,c,d below, based on the World Health Organisation literature on Prevention of Mental Disorders.



These aspects of prevention form a kind of hierarchy of significance, somewhat similar to Maslow's *Hierarchy of Needs*. If you are in a war zone, unsafe, with no reliable food and water, no shelter and no support services, there is a high level of stress and not much else matters. Once those basic needs are met there is time to look at family functioning and parenting. Enhancement of attachment and pro-social behaviours then become feasible, paving the way for processes to reach one's potential and to respond to individual therapeutic interventions.

### [1 d] Reduction of toxic factors: Introductory comments

This final section of the consideration of the hierarchy of causal factors and interventions looks at the identification and dealing with toxic events impacting on the mental health of children. The earlier sections (a, b and c) were predominantly about universal interventions based upon the World Health Organization literature on prevention of mental health disorders. This final section is more about risk factors that are mostly dealt with in sections below on selective or targeted preventions, but some factors are so widespread that universal programs are appropriate. It uses the approach described in the 2001 report of the USA Surgeon General on mental health. This referred to many biological factors, psychological factors and the interaction between these that we would refer to as social factors.

#### [1 d i] Biological factors

These include not only the genetic and chromosomal disorders but exogenous causes such as very low birth weight, poor nutrition, lead and similar poisonings, brain injuries from trauma and infections like measles, rubella, syphilis and HIV, and pre-natal toxicity such as foetal alcohol syndrome and effects of other drugs including cigarette smoke. Many of these are avoidable and preventive measures are included in general health and welfare.

#### [1 d ii] The psychological and social factors

These are in two broad groups –

- dysfunctional family life with its attendant attachment difficulties, and
- stressful life events.

The dysfunctional family factors include discord, parenting deficiencies and antisocial conduct. Appraisal of family and child mental health is universally indicated for cases of maternal depressive disorders and other mental illness,

domestic violence and parental substance abuse. Related preventive measures about these are included in earlier sections about promoting family functioning and pro-social behaviour. Additional public health measures include education such as Positive Parenting Programs and countervailing domestic violence.

Stressful life events such as natural disasters or witnessing of homicides warrant preventive interventions. The universal intervention is the formulation of a State Disaster Plan that includes training of responders and provision of response services in disaster situations. Selective and targeted services can then be directed as required.

## **[1 d i ] Biological factors producing mental disorders**

### Perinatal testing

Perinatal testing of all babies has been undertaken for many years and successfully prevented brain damage in large numbers of children. The present battery of tests identifies about 25 rare disorders for many of which early identification and treatment may prevent lifelong disability. The list is available on the VCGS website.

The blood screening tests are funded by the Department of Health and Human Services, undertaken by the Victorian Clinical Genetics Service of the Murdoch Children's Research Institute at Melbourne's Royal Children's Hospital. About 70 positive results are found annually among the approximately 70,000 tests performed. This is particularly cost-effective compared to the costs of lifelong disability.

### Paediatric disorders

Very low birth weight, nutritional disorders, and brain toxicities such as lead and alcohol are factors assessed by paediatricians. Transmitted infections such as syphilis and HIV, and chromosomal and genetic disorders such as Fragile-X syndrome, also require early diagnosis to minimise damaging effects.

Public Health universal measures to prevent these disorders include Regulations regarding poisons, immunizations, food quality, and education regarding toxicities such as drugs and alcohol.

[\[Go to Best Practice Model BP1di\]](#)

[\[Go to Policy POL1di\]](#)

[\[Back to Index\]](#)

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