BEST PRACTICE MODELS

BEST PRACTICE for Prevention of Mental Disorders. The project coordinators are Dr Allan Mawdsley and Rosalie Birkin. The version can be amended by consent. If you wish to contribute to the project, please email admin@mhyfvic.org

[2] Selective Programs are indicated for situations where subjects are at high risk of developing mental disorders unless there is preventive intervention.

[2 a] Biological factors

- i Infant mental health/ Attachment problems (including Post-natal depression)
- ii Children with chronic illnesses
- iii Children with learning difficulties

[2 a i] Infant mental health/ Post-natal depression

Best practice requires a wholistic appraisal of a child's development within its family. This involves interviews of child and caregivers. Interviews should cover presenting symptoms, past and current medical history, past and current social/family history, and an age-appropriate physical health and mental state assessment (cognitive intellectual abilities, reasoning, memory, thought processing, language skills, affect and executive functioning). These psychological processes might be further detailed by multidisciplinary testing as necessary. The word 'interview' for an infant means observation of behaviours and interactions between the infant and parents and clinician.

The essential outcome is a biopsychosocial formulation of the infant mental health status in relation to parental mental health and family functioning. This includes the nature of the infant attachment and the nature of the parenting (including distorted perceptions), as well as identification of factors within the infant or within the parent.

Discussion of the formulation aims to engage the parents in resolving the dysfunctional factors.

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