

BEST PRACTICE MODELS

BEST PRACTICE MODELS for Prevention of Mental Disorders

[2] Selective Programs

- a) Biological factors
- b) Psychological factors
- c) Social factors
 - i Indigenous families
 - ii Immigrant families
 - iii Children involved with bullying
 - iv Children in out-of-home care

[2 c ii] Social factors: Immigrant families

Social science research has identified migration as a risk factor for mental disorder, warranting special attention at all levels from prevention through service delivery to health policy. Whilst supporting the principle of indicated and targeted programs for at-risk groups, it is relevant to acknowledge that the identified causes are heightened examples of universal challenges. Reactions to loss leading to depression, or reaction to stressful events causing PTSD, or acculturation difficulties from “the other side of the railway tracks” may afflict anybody, so the service delivery for migrant clients is not a separate system but an enlightened system.

Specific adjustments about prevention have been suggested in PE1a regarding safety, housing and poverty, in PE1b regarding pro-social functioning, in PE1c regarding education to potential, and PE1d regarding stigma, bullying and rejection.

Best practice within mental health service delivery aimed at supporting migrant clients would involve implementing a selective program for that purpose.

Cultural awareness training of staff is a necessary pre-requisite. Use of documents translated into the clients’ native language and the use of trained mental health interpreters whenever language barriers might impair comprehension are essential. It is well-recognized that inadequately trained interpreters “filter out” impaired cognitive and sensitive emotional components of interview communication that may be crucial for correct assessment. It is particularly inappropriate to use children as interpreters. Within these constraints, the normal processes of quality assessment and case management apply.

Additional efforts may be necessary to compensate for social disadvantage, poverty and language barriers. Consequences, such as unemployment, may further impair self-esteem and clinical progress. Deliberate efforts to involve culturally appropriate community supports, are some ways in which services can address these factors.

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