PROJECT EVIDENCE

PROJECT EVIDENCE for Prevention of Mental Disorders.

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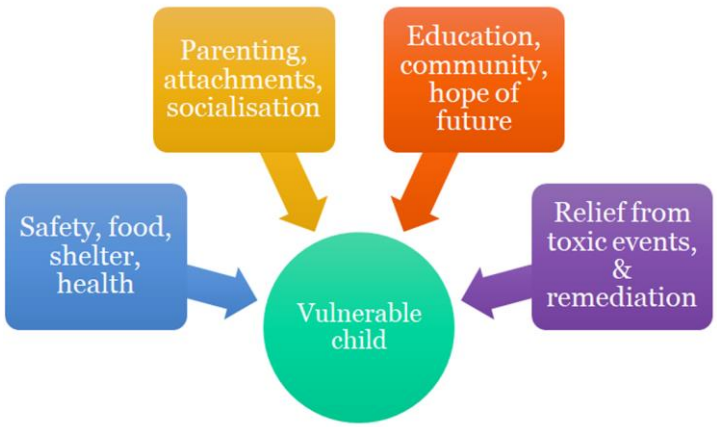
[1] Universal Programs. Universal programs are desirable because they have the potential to reduce the community prevalence of mental disorders whereas Selective and Targeted interventions only focus on small sub-populations. A discussion of this can be found in the 2018 Winston Rickards Memorial Oration which can be accessed on the MHYFVic website. The Oration puts 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 these 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 b] Family functioning and parenting (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.

Social stability in the political context means maintenance of the *status quo*, but in the context of mental health has more to do with removing instability that undermines family functioning. Family resilience is a predictor of quality of life. Parent-child relationships, social support, family conflict, and family type are variables that impact quality of life.[1]

A Commonwealth Department of Family and Community Services report[2] in 2000 said, "(The use of…) indicators of social and family functioning… identifies opportunities to modify risks which have been associated with increases and decreases in the prevalence of problems of developmental health and wellbeing. This allows the development of prevention strategies and better intervention". The report went on to recommend the use of some measures, one of which was the "psychological capital" of the family.

The concept of psychological capital arose primarily in the industrial psychology field where factors increasing productivity were being researched. Four factors were identified as relevant to individual productivity and, when clustered under the concept of psychological capital, do provide a measure which is as applicable to families as for work groups. The factors are:

- Hope
- Self-efficacy

- Optimism
- Resilience

Positive **psychological capital** is **defined** as the positive and developmental state of an individual as characterized by high self-efficacy, optimism, hope and resiliency. Closely allied to this is the concept of social capital. Social capital refers to family and social group functioning. In effect, it is the sum of the psychological capital of the group members.

A supporting environment **means** that people take care of each other and their communities. ... These two goals for **health** promotion go hand in hand with the ideas behind collective **social capital**, since community (i.e. collective) action is viewed as a consequence of **social capital** at the community level.

An analysis of the international social capital literature[3] reports, "There is considerable evidence that social capital can have a positive impact on future outcomes for children." 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 wellbeing. Poverty is an increasing indicator for criminality, school dropout, teenage pregnancy and infant mortality, whereas social capital is a decreasing indicator.

An important goal, therefore, would be to implement programs to enhance the psychological capital of families.

Good parenting is much more than child behaviour management through positive reinforcement of desired behaviours and discouragement of maladaptive behaviours. It is fundamentally through the establishment of secure attachments. A paper titled, "Empathy, the Essence of Mothering" by Dr George Lipton highlighted the central role of understanding and appropriately responding to a child's emotional state in promoting such security of attachment.

The Family Assessment Device[4], based upon Dr Nathan Epstein's formulation of aspects of family functioning, measures several parameters that can be usefully addressed in family therapy if seen to be problematic. They include:

- Affective involvement. This is the extent to which family members are emotionally invested in the performance of other members, which needs to achieve a healthy balance between overinvolvement and disinterest.
- Affective expression. This is the style and extent of approval and disapproval shown between family members.
- Communication is preferably open and direct rather than masked and indirect.
- Problem-solving is individually desirable with shared support by other family members.
- Control is preferably through an internal ethical code rather than external authority.
- Roles of family governance, material support, nurturance and caregiving are preferably shared by mutual wish.

Parenting programs to enhance adaptive behaviours and resolve dysfunctional aspects, such as the Triple P Program[5], can be instituted at individual family or community group levels.

<u>Pro-social functioning</u> (an aspect of Human Capital extended to the community).
Research tells us that even when homelessness and poverty have been alleviated there are still differences in rates of childhood development difficulties between economically similar communities differing in social cohesion. Children from poor neighbourhoods with strong social cohesion do better than equally capable children from socially fragmented neighbourhoods. This has been confirmed in research by Sharon Goldfeld and others at the Department of Community Child Health at the Royal Children's Hospital and Murdoch Institute. [6,7,8.]

Conversely, when the social cohesion of a community is diminished there is an increase in mental health problems. Yang and associates undertook a thirty-year follow-up of a large cohort of Jino people in China. Up to the 1970s the Jino people had been an ethnic minority group living an isolated traditional agricultural existence in remote rural China, but large-scale government planning programs and market forces produced a transition to a more urban lifestyle. Although social and economic development helped minimise poverty, there was a major increase in alcohol abuse,

family conflicts, divorce, criminal activity and gambling. At the same time, the annual suicide incidence had increased at least threefold in 2009 compared to that of 1989.

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.

A private philanthropic organisation, the Scanlon Foundation, has picked up this theme and developed a whole raft of social cohesion programs. It defines social cohesion as "the willingness of members of society to cooperate with each other in order to survive and prosper".[9]

Scanlon Foundation 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.[10] It is desirable for such 'Headspace" services in every Local Government area. It is equally desirable in every local government area for one-stop shop approaches for families with younger children.

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