

FAMILY PHYSICIAN GUIDE

FOR DEPRESSION,
ANXIETY DISORDERS,
EARLY PSYCHOSIS
AND SUBSTANCE
USE DISORDERS

MARCH 2007



CARMHA Centre for Applied Research in
Mental Health and Addiction
Faculty of Health Sciences
Simon Fraser University



**BRITISH
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Background and Purpose

In British Columbia data suggests that direct services for mental illness, including problematic substance use and addiction, make up at least 10% of a family physician's workload. The demand for indirect services may be even higher. Additionally, the number of patients receiving services for mental health and substance-related problems is increasing at a rate faster than the growth in BC population (BC Ministry of Health data).

Recent improvements in the collaboration between mental health and primary care physicians has led to the development of a model of Shared Mental Health Care in some regions. This rejuvenated approach to mental health care stresses the importance of integration of mental health services within existing primary care practices in order to care for under-serviced populations. The importance of continuing medical education provided by psychiatrists and mental health services to family physicians is also critical. These specialized services encompass a range of both professional and community groups.

In order to support best practices in mental health and addictions services, accurate and up-to-date information is required by family physicians who are frequently involved in assessment, support, and treatment of these problems. Additionally, clinicians need to be able to direct affected individuals and families to credible and accurate sources of information geared to supporting self-management activities. In particular, such information is needed in regard to depression, anxiety disorder, early psychosis, and substance use disorder, in view of the large burden of disease associated with these problems.

Given the large volume of information that is developed through research and practice, it is a challenging task for clinicians to compile accurate and up-to-date information that will be useful in providing treatment and support. It is equally challenging for the individual and family to obtain access to accurate resources and tools needed for self-management.

Guidelines and publications have been developed by many groups and organizations relevant to depression, anxiety disorders, early psychosis, and substance use disorders. However, the existing documents have been issued through a wide variety of sources and consequently it is difficult for clinicians to have a clear, easily accessible source of information that addresses these areas of clinical care.

The purpose of this *Family Physician Guide for Depression, Anxiety Disorders, Early Psychosis, and Substance Use Disorders* is to provide a practical, office-based tool for dealing with these conditions in day-to-day practice. It is not meant to be all inclusive, but is to serve as an overview and rapid reference in the office setting. This guide will also be accessible to individuals, families, and consumer groups to encourage collaborative involvement in support of self-management.



Background and Purpose

Following the recommendation of expert stakeholders in British Columbia, this guide does not address the specific needs of either British Columbia's Aboriginal people or of individuals outside the age range of 18 – 65. It is clear that depression, anxiety disorders, early psychosis, and substance use disorders are identified as a significant problem among these groups. The unique strengths and historical, cultural, experiential, and spiritual traditions of Aboriginal people, however, warrant a distinct physician guide built upon a thorough knowledge of their particular needs and circumstances. The approach and timing will be determined through Aboriginal leadership in the province. Likewise, there are numerous issues specific to either adolescents or the elderly (spanning the topics of comorbidity, diagnosis, pharmacotherapy, non-pharmacological interventions, and self-care) that tailored information for both age groups is also necessary.