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GENERAL TREATMENT RECOMMENDATIONS

Provide treatment as soon as possible in order to:

- reduce symptoms and suffering
- prevent secondary problems from occurring such as
 - loss of job
 - physical health problems
 - mental health problems
 - social isolation
- lower risk of relapse.

With inappropriate treatments or no treatment at all, many of these disorders have a high rate of relapse and worsen over time.

Treatment options of psychiatric disorders consist of non-pharmacological as well as pharmacological interventions.

Psychotherapies and Other Non-pharmacological Interventions

Psychotherapy, lifestyle modifications, stress management strategies, relapse prevention, and brief interventions are all important aspects in the management of the disorders listed in this Guide. For some conditions (mild depression or anxiety), they can be as effective as medication for remission. For more severe conditions (severe depression, acute psychosis), non-pharmacological interventions provide as essential component in obtaining and maintaining health.

Psychotherapies, including Cognitive Behavioural Therapies (CBT)

- Cognitive Behavioral Therapy (CBT)
 - A time limited psychotherapy which teaches the patient to identify automatic, dysfunctional thoughts and distorted beliefs and to develop positive new behaviours and coping strategies
 - Focuses on current problems and uses a process of teaching, coaching, and reinforcing positive behaviours to address the interactions between how we think, feel and behave
 - Follows a structured style of intervention, including the use of ‘homework’, or between-session practice
 - Key elements include:
 - psychoeducation
 - relaxation training (e.g. controlled breathing, progressive muscle relaxation)
 - cognitive skills training (e.g. challenging cognitions that are maladaptive)
 - overcoming avoidance via gradual exposure to feared situations
 - planning for relapse prevention and maintaining gains.
 - Administered individually or in groups, and also incorporated in self-directed resources
 - Evidence supports the effectiveness of CBT for many common mental disorders
 - Visit www.healthservices.gov.bc.ca/mhd/publications.html to access the Core Information Document on Cognitive Behavioural Therapy developed by the Centre for Applied Research in Mental Health and Addictions, Simon Fraser University.

Other schools of Psychotherapy include the following:

- **Interpersonal Psychotherapy (IPT):** is a time limited individual or group therapy which examines 2 of 4 interpersonal areas: grief, role transition, role dispute and interpersonal conflicts. Core principles include that the illness is not the patient’s fault, and that by understanding the connection between the illness and life events, the patient can use this to solve their current difficulties.

- **Psychodynamic Psychotherapy:** Both brief and long term, focus on the transference, countertransference and resistance between patient and therapist.
- **Supportive Therapy:** Is focused on problem solving and advice giving.

Lifestyle Issues

There are several basic but important healthy lifestyle choices which should be stressed regardless of the illness:

- personal hygiene (encourage laundry, showering and personal grooming)
- regular exercise (provide guidelines for regular exercise and target heart rates)
- healthy, regular meals (provide guidelines; refer to a dietician)
- sleep hygiene (discuss regulation of sleep hours, encourage a reduction in evening stimulation)
- substance use (discuss caffeine and alcohol intake, and recreational drug use)
- housing (safe, supported, drug free).

Stress Management Strategies

- relaxation training using specific techniques such as imagery or progressive muscle relaxation
- problem solving techniques that involve learning to analyze problems, brainstorm and evaluate solutions and then carry out the solutions in small steps
- resources for stress management are listed in the sections on ‘Information for Families’ and ‘Information for Self-Management’.

Relapse Prevention

Preventing relapse of the mental illness is a key goal of treatment.

- Prior to a relapse there are usually early warning signs — it is important that patients learn to recognize their own early warning signs.
- Develop a ‘Relapse Prevention Plan’ with all patients.
- Outline steps to be taken if early warning signs are detected.
- Actions in the plan might include:
 - making an appointment to come in
 - stress management techniques
 - “Rescue medications”
- Share the plan with the patient’s family or close friends so they may help identify warning signs.

Resources for Psychological Treatment in BC

1. Private psychiatrists by referral.
2. For a province-wide list of private psychologists contact the British Columbia Psychological Association at www.psychologists.bc.ca or toll free: 1-800-730-0522
3. Ambulatory Psychiatric Clinics or Day Programs at hospitals, or community Mental Health Centres (call the BC Partners Mental Health Information Line at 1-800-661-2121 or (604) 669-7600 for listings in your community)
4. Changeways: A best-practice, group-based psychoeducational program for depression, offered in a number of hospitals and community health centres throughout the province (www.changeways.com)
5. Many people may be able to access a psychologist through an Employee Assistance Programs (EAP) if they or their spouse are working.

Major Depressive Disorder

- In patients with mild to moderate depression, evidence-based psychological treatments are as effective as antidepressant medications.
- First-line psychotherapies include Cognitive Behavioural Therapy (CBT), Interpersonal Psychotherapy (IPT) and Problem-Solving Therapy (PST).
- Although less stringent evidence exists, Brief Psychodynamic Psychotherapy has been shown to be effective in certain suitable populations.
 - Poor response has been predicted by low motivation, severe ego weaknesses such as impulse-control problems and poor reality testing, a tendency toward concrete thinking, poor object-relatedness and unstable family/home environment. (“Synopsis of Treatments of Psychiatric Disorders” Gabbard 1996.)
- For most patients, combined treatment with pharmacotherapy and psychological treatment is no more effective than either therapy alone. Combined treatment should be considered for patients with:
 - chronic or severe depressive episodes
 - comorbidity
 - poor clinical response to either antidepressant or psychological treatment alone
- Effective psychological treatments for depression include:
 - cognitive behavioural therapy
 - interpersonal psychotherapy
 - brief psychodynamic psychotherapy
 - supportive therapy
 - group therapy
- Consider patient preferences and availability of resources when considering options.
- Patients can benefit from supportive management by family physicians, especially when combined with medication treatment.
- Good evidence exists to support the use of light therapy for Seasonal Affective Disorder (SAD)
 - SAD treatment guidelines and Lightbox retailers can be found at: www.ubcsad.ca