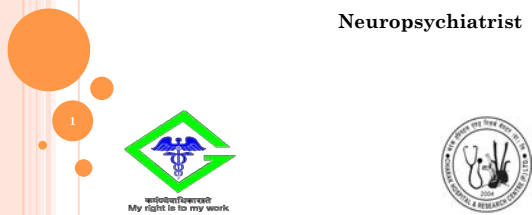


**COMMON MENTAL HEALTH DISORDERS
IDENTIFICATION AND CARE**

Presenter:
Dr. Nirmal Lamichhane
Neuropsychiatrist



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Foreword

- ® Treatment and care should take into account patients' individual needs and preferences.
- ® Good communication is essential, supported by evidence-based information, to allow patients to reach informed decisions about their care.
- ® If the patient agrees, families and care takers should have the opportunity to be involved in decisions about treatment and care.

Common mental health disorders, such as Depression, Generalised Anxiety Disorder (GAD), Panic Disorder, Obsessive-Compulsive Disorder (OCD), Post-traumatic Stress Disorder (PTSD) and Social Anxiety Disorder, may affect up to 15% of the population at any one time.

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PREVALENCE OF PSYCHIATRIC DISORDERS BY MEDICAL SETTINGS

| Disorders | General Practice | Medical/surgical | | Psychiatric services |
|-----------------------|------------------|------------------|-----------|----------------------|
| | | OPD | Inpatient | |
| Adjustment Disorders | ++ | ++ | +++ | ++ |
| Depression/Anxiety | ++ | ++ | +++ | +++ |
| Alcohol Abuse | ++ | ++ | +++ | +++ |
| Personality Disorders | ++ | ++ | ++ | +++ |
| Somatoform Disorders | + | +++ | +++ | + |
| Delirium | - | - | +++ | - |
| Psychosis | - | - | - | +++ |

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Note: - rare; + uncommon; ++ common; +++ very common

- ❖ Varying considerably in their severity all of these conditions can be associated with significant long-term disability.
- ❖ The vast majority of depression and anxiety disorders that are diagnosed are treated in primary care (up to 90%).
- ❖ However, many individuals do not seek treatment and common mental health disorders often go unrecognized.
- ❖ Recognition of anxiety disorders is particularly poor in primary care and only a small minority of people experiencing anxiety disorders ever receive treatment.

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General Objective

- Able to improve identification and recognition of common mental health disorders, and
- Able to provide advice on treatment, referral

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Identification And Recognition of Common Mental Health Disorders

Be alert to possible depression (particularly in people with a past history of depression, possible somatic symptoms of depression or a chronic physical health problem with associated functional impairment) and Consider asking people who may have depression two questions, specifically:

- During the last month, have you often been bothered by feeling down, depressed or hopeless?
- During the last month, have you often been bothered by having little interest or pleasure in doing things?

If a person answers 'yes' to either of the above questions consider depression and follow the recommendations for assessment

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Principles For Treatment And Referral

consider:

- past experience of the disorder and experience of and response to previous treatment
- the trajectory of symptoms
- the diagnosis or problem specification, and severity and duration of the problem
- functional impairment due to the disorder or any chronic physical health problem
- social or personal factors that may have a role in the development or maintenance of the disorder
- any co morbid disorders.

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Provide information about:

- the nature, content and duration, and acceptability and tolerability of any proposed intervention
- possible interactions with, and any implications for continuing, current interventions.

When offering or referring for treatment:

- take account of patient preference when choosing from a range of evidence-based treatments
- follow the stepped-care approach, usually offering or referring for the least intrusive, most effective intervention first

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Co-morbid Mental Health Problems

Anxiety And Depression

When a person presents with symptoms of anxiety and depression, assess the nature and extent of the symptoms. If the person has:

- depression that is accompanied by symptoms of anxiety the first priority should usually be to treat the depressive disorder
- an anxiety disorder and **co-morbid** depression or depressive symptoms, consider treating the anxiety disorder first
- both anxiety and depressive symptoms, with no formal diagnosis, that are associated with functional impairment, discuss with the person the symptoms to treat first and the choice of intervention

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Harmful drinking or alcohol dependence or other psychoactive substances

When a person presents with a common mental health disorder and harmful drinking or alcohol dependence. Treat them of the alcohol or drug misuse first.



- Organic Spectrum F0
- Substance related F1
- Psychosis SpectrumF2
- Mood SpectrumF3
- Anxiety Spectrum F0

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CAGE QUESTIONNAIRE

Ask the following questions in the order in which they are listed. Score one point for each affirmative answer. Do not ask any other questions about alcohol use prior to asking these questions.

- 1) Have you ever felt you should cut down on your drinking? **(Cut down)**
- 2) Have people annoyed you by criticizing your drinking? **(Annoyed)**
- 3) Have you ever felt bad or guilty about your drinking? **(Guilty)**
- 4) Have you ever had a drink first thing in the morning or **(Eye-opener?)** to get rid of a hangover?

Score: _ /4
2/4 or greater = positive CAGE, i.e. "probable diagnosis of alcoholism"

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Treatment and Referral Advice for Sub-threshold Symptoms and Mild to Moderate Disorders

Treatment And Referral Advice For Persistent Sub-threshold Symptoms.

Mild To Moderate Disorders With Inadequate Response To Initial Interventions, Or

Moderate To Severe Disorders

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Preventing relapse

For people with a common mental health disorder who are at significant risk of relapse or have a history of recurrent problems, discuss with the person the treatments that might reduce the risk of recurrence.

The choice of treatment and referral for treatment should be informed by the response to treatment, including the response of residual symptoms, the consequences of relapse, any discontinuation symptoms when stopping medication, and the person's preference.

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Offer or refer people for CBT or, for those who have had three or more episodes, mindfulness-based CBT if they:

- are currently well but have a previous history of depression and are considered at risk of relapse despite taking antidepressant medication
- are unable to continue or choose not to continue antidepressant medication
- have had previous treatment for depression but continue to have residual depressive symptoms

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OBJECTIVES

- Recognize/ suspect the disorder in time 
- Know Do's and Don'ts 
- Preliminary management 
- Timely referral 

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welcome
Suggestions
Queries
Comments

Thank you for your patience!!

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