Mental Health Care, Alcohol Use Disorder, and Suicide Prevention for Primary Care Providers

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Introduction to Mental Illness in Primary Care

Overview of Mental Illness in Primary Care

- **Definition**: Mental illnesses are health conditions involving changes in emotion, thinking, perception, cognition, or behavior (or a combination of these).
- **Prevalence(2010)**: Approximately 23.8% of Taiwanese adults experience mental illness. Health Questionnaire)
- **Importance**: Early identification and treament in primary care can significantly improve outcomes.

Common Mental Illnesses Encountered

- **Depressive Disorders**: Characterized by persistent sadness, loss of interest, and other symptoms.
- **Anxiety Disorders**: Includes generalized anxiety disorder, panic disorder, and phobias.
- **Bipolar and Related Disorder**: Involves episodes of mania and depression.
- **Schizophrenia Spectrum and Other Psychotic Disorder:** Involves thought problem.
- **Neurocognitive Disorders:** Includes dementia and delirium.
- **Substance-Related and Addictive Disorders**: Includes alcohol and drug dependence.

Role of Primary Care Providers in Mental Health

- Screening
- Diagnosis
- Treatment
- Referral
- Follow-up

Common Mental Illnesses Encountered

Depressive Disorders

Types of Depressive Disorders

- **Disruptive Mood Dysregulation Disorder**: Severe temper outbursts in children and adolescents.
- **Major Depressive Disorder (MDD)**: Characterized by persistent feelings of sadness and loss of interest in
- **Persistent Depressive Disorder (Dysthymia)**: Chronic form of depression with symptoms lasting for at least
- **Premenstrual Dysphoric Disorder (PMDD)**: Severe mood swings, irritability, and depression before

DSM-5 Criteria for Major Depressive Episode

- Five (or more) of the following symptoms present during the same 2-week period and represent a change from previous functioning; at least one of the symptoms is either (1) depressed mood or (2) loss of interest or pleasure:
  - Depressed mood most of the day, nearly every day.
  - Markedly diminished interest or pleasure in all, or almost all, activities.
  - Significant weight loss or gain, or decrease or increase in appetite.
  - Insomnia or hypersomnia.
  - Psychomotor agitation or retardation.
  - Fatigue or loss of energy.
  - Feelings of worthlessness or excessive guilt.
  - Diminished ability to think or concentrate, or indecisiveness.
  - Recurrent thoughts of death, suicidal ideation, or suicide attempt.

Risk Factors and Causes

- **Biological Factors:** Genetics, brain chemistry, hormones.
- **Psychological Factors:** Personality traits, trauma, stress.
- **Environmental Factors:** Life events, social support, lifestyle.

Management and Treatment of Depression

- **Screening and Diagnosis**: Use of standardized screening tools (e.g., TDQ, GDS, PHQ-9).
- **Psychotherapy**: Cognitive-behavioral therapy (CBT).
- **Medications**: Antidepressants (SSRIs, SNRIs, TCAs, MAOIs).
- **Lifestyle Modifications**: Exercise, diet, sleep hygiene.
- **Follow-up and Monitoring**: Regular follow-up to assess treatment response and adjust as needed.

Anxiety Disorders

Types of Anxiety Disorders

- **Generalized Anxiety Disorder (GAD)**: Persistent and excessive worry about various aspects of life.
- **Panic Disorder**: Recurrent unexpected panic attacks and fear of future attacks.
- **Social Anxiety Disorder**: Intense fear of social situations and being judged by others.
- **Specific Phobias**: Irrational fear of specific objects or situations.
- **Agoraphobia**: Fear of being in situations where escape might be difficult.

DSM-5 Criteria for Generalized Anxiety Disorder (GAD)

- Excessive anxiety and worry occurring more days than not for at least 6 months, about a number of events or activities.
- The individual finds it difficult to control the worry.
- The anxiety and worry are associated with three (or more) of the following six symptoms:
  - Restlessness or feeling keyed up or on edge.
  - Being easily fatigued.
  - Difficulty concentrating or mind going blank.
  - Irritability.
  - Muscle tension.
  - Sleep disturbance.

DSM-5 Criteria for Panic Disorder

- Recurrent unexpected panic attacks. A panic attack is an abrupt surge of intense fear or intense discomfort that reaches a peak within minutes, and during which time four (or more) of the following symptoms occur:
  - Palpitations, pounding heart, or accelerated heart rate.
  - Sweating.
  - Trembling or shaking.
  - Sensations of shortness of breath or smothering.
  - Feelings of choking.
  - Chest pain or discomfort.
  - Nausea or abdominal distress.
  - Feeling dizzy, unsteady, light-headed, or faint.
  - Chills or heat sensations.
  - Paresthesias (numbness or tingling sensations).
  - Derealization (feelings of unreality) or depersonalization (being detached from oneself).
  - Fear of losing control or "going crazy."
  - Fear of dying.
- At least one of the attacks has been followed by 1 month (or more) of one or both of the following:
  - Persistent concern or worry about additional panic attacks or their consequences (e.g., losing control, having a heart attack, "going crazy").
  - A significant maladaptive change in behavior related to the attacks (e.g., behaviors designed to avoid having panic attacks, such as avoidance of exercise or unfamiliar situations).

DSM-5 Criteria for Social Anxiety Disorder (Social Phobia)

- Marked fear or anxiety about one or more social situations in which the individual is exposed to possible scrutiny by others. Examples include social interactions (e.g., having a conversation), being observed (e.g., eating or drinking), and performing in front of others (e.g., giving a speech).
- The individual fears that they will act in a way or show anxiety symptoms that will be negatively evaluated (i.e., will be humiliating or embarrassing; will lead to rejection or offend others).
- The social situations almost always provoke fear or anxiety.
- The social situations are avoided or endured with intense fear or anxiety.
- The fear or anxiety is out of proportion to the actual threat posed by the social situation and to the sociocultural context.
- The fear, anxiety, or avoidance is persistent, typically lasting for 6 months or more.

DSM-5 Criteria for Agoraphobia

- Marked fear or anxiety about two (or more) of the following five situations:
  - Using public transportation (e.g., automobiles, buses, trains, ships, planes).
  - Being in open spaces (e.g., parking lots, marketplaces, bridges).
  - Being in enclosed places (e.g., shops, theaters, cinemas).
  - Standing in line or being in a crowd.
  - Being outside of the home alone.
- The individual fears or avoids these situations due to thoughts that escape might be difficult or help might not be available in the event of developing panic-like symptoms or other incapacitating or embarrassing symptoms.
- The agoraphobic situations almost always provoke fear or anxiety.
- The agoraphobic situations are actively avoided, require the presence of a companion, or are endured with intense fear or anxiety.
- The fear or anxiety is out of proportion to the actual danger posed by the agoraphobic situations and to the sociocultural context.
- The fear, anxiety, or avoidance is persistent, typically lasting for 6 months or more.

Risk Factors and Causes of Anxiety Disorders

- **Biological Factors**: Genetics, brain chemistry, medical conditions.
- **Psychological Factors**: Personality traits, trauma, stress.
- **Environmental Factors**: Life events, social support, lifestyle.

Management and Treatment of Anxiety Disorders

- **Screening and Diagnosis**
- **Psychotherapy**: Cognitive-behavioral therapy (CBT), exposure therapy.
- **Medications**: Antidepressants (SSRIs, SNRIs), benzodiazepines, beta-blockers.
- **Lifestyle Modifications**: Exercise, relaxation techniques, sleep hygiene.
- **Follow-up and Monitoring**: Regular follow-up to assess treatment response and adjust as needed.

Bipolar and Related Disorders

Types of Bipolar and Related Disorders

- **Bipolar I Disorder**: Defined by manic episodes that last at least 7 days, or by manic symptoms that are so severe immediate hospital care is needed. Depressive episodes well, typically lasting at least 2 weeks.
- **Bipolar II Disorder**: Defined by a pattern of depressive episodes and hypomanic episodes, but not the full-blown episodes that are typical of Bipolar I Disorder.
- **Cyclothymic Disorder (Cyclothymia)**: Periods of hypomanic symptoms as well as periods of depressive lasting for at least 2 years (1 year in children and the symptoms do not meet the diagnostic requirements hypomanic episode and a depressive episode.

DSM-5 Criteria for Manic Episode

- A distinct period of abnormally and persistently elevated, expansive, or irritable mood and abnormally and persistently increased activity or energy, lasting at least 1 week and present most of the day, nearly every day (or any duration if hospitalization is necessary).
- During the period of mood disturbance and increased energy or activity, three (or more) of the following symptoms (four if the mood is only irritable) are present to a significant degree and represent a noticeable change from usual behavior:
  - Inflated self-esteem or grandiosity.
  - Decreased need for sleep (e.g., feels rested after only 3 hours of sleep).
  - More talkative than usual or pressure to keep talking.
  - Flight of ideas or subjective experience that thoughts are racing.
  - Distractibility (i.e., attention too easily drawn to unimportant or irrelevant external stimuli).
  - Increase in goal-directed activity (either socially, at work or school, or sexually) or psychomotor agitation (i.e., purposeless non-goal-directed activity).
  - Excessive involvement in activities that have a high potential for painful consequences (e.g., engaging in unrestrained buying sprees, sexual indiscretions, or foolish business investments).

Management and Treatment of Bipolar Disorders

- **Screening and Diagnosis**
- **Medications**: Mood stabilizers (e.g., lithium), antipsychotics, antidepressants (with caution).
- **Psychotherapy**: Cognitive-behavioral therapy (CBT), psychoeducation, family therapy.
- **Lifestyle Modifications**: Regular sleep patterns, exercise, stress management.
- **Follow-up and Monitoring**: Regular follow-up to assess treatment response and adjust as needed.

Schizophrenia Spectrum and Other Psychotic Disorders

Types of Schizophrenia Spectrum Disorders

- **Schizophrenia**: Characterized by continuous signs of the disturbance for at least 6 months, including at least 1 active-phase symptoms (e.g., delusions, hallucinations, disorganized speech).
- **Schizoaffective Disorder**: Features of both schizophrenia and a mood disorder (e.g., depression or bipolar
- **Schizophreniform Disorder**: Similar to schizophrenia but the duration of symptoms is between 1 and 6 months.
- **Brief Psychotic Disorder**: Sudden onset of psychotic symptoms that last less than 1 month, with eventual full premorbid level of functioning.

DSM-5 Criteria for Schizophrenia

- Two (or more) of the following symptoms, each present for a significant portion of time during a 1-month period (or less if successfully treated). At least one of these must be 1), 2), or 3):
  - Delusions.
  - Hallucinations.
  - Disorganized speech (e.g., frequent derailment or incoherence).
  - Grossly disorganized or catatonic behavior.
  - Negative symptoms (e.g., diminished emotional expression or avolition).
- For a significant portion of the time since the onset of the disturbance, level of functioning in one or more major areas (e.g., work, interpersonal relations, self-care) is markedly below the level achieved prior to the onset.
- Continuous signs of the disturbance persist for at least 6 months. This 6-month period must include at least 1 month of symptoms (or less if successfully treated) that meet Criterion A (i.e., active-phase symptoms) and may include periods of prodromal or residual symptoms.
- Schizoaffective disorder and depressive or bipolar disorder with psychotic features have been ruled out.

Management and Treatment of Schizophrenia

- **Screening and Diagnosis**
- **Medications**: Antipsychotics (e.g., risperidone, olanzapine), mood stabilizers.
- **Psychotherapy**: Cognitive-behavioral therapy (CBT), supportive therapy, family therapy.
- **Lifestyle Modifications**: Regular routines, stress management, social support.
- **Follow-up and Monitoring**: Regular follow-up to assess treatment response and adjust as needed.

Neurocognitive Disorders

Types of Neurocognitive Disorders

- **Major Neurocognitive Disorder**: Significant cognitive decline that interferes with everyday activities.
- **Mild Neurocognitive Disorder**: Modest cognitive decline that does not interfere with independence may require greater effort or compensatory
- **Specific Types**: Alzheimer's disease, vascular NCD, frontotemporal NCD, NCD with Lewy bodies, to traumatic brain injury, and others.

DSM-5 Criteria for Major Neurocognitive Disorder

- Evidence of significant cognitive decline from a previous level of performance in one or more cognitive domains (complex attention, executive function, learning and memory, language, perceptual-motor, or social cognition) based on:
  - Concern of the individual, a knowledgeable informant, or the clinician that there has been a significant decline in cognitive function; and
  - A substantial impairment in cognitive performance, preferably documented by standardized neuropsychological testing or, in its absence, another quantified clinical assessment.
- The cognitive deficits interfere with independence in everyday activities.
- The cognitive deficits do not occur exclusively in the context of delirium.
- The cognitive deficits are not better explained by another mental disorder (e.g., major depressive disorder, schizophrenia).

Management and Treatment of Neurocognitive Disorders

- **Screening and Diagnosis**: Use of standardized screening tools (e.g., Mini-Mental State Examination, Montreal Cognitive Assessment).
- **Medications**: Cholinesterase inhibitors (e.g., donepezil), NMDA receptor antagonists (e.g., memantine).
- **Psychotherapy**: Cognitive rehabilitation, supportive therapy.
- **Lifestyle Modifications**: Cognitive stimulation, physical exercise, social engagement.
- **Follow-up and Monitoring**: Regular follow-up to assess treatment response and adjust as needed.

TCQ

		每週1天以下 「沒有或極少」 0分	每週1-2天 「有時候」 1分	每週3-4天 「時常」 2分	每週5-7天 「常常或總是」 3分
M	我覺得，現在記憶，比以前較不好				
E	我覺得，以前會處理的事，現在較不會做				
S	我覺得，現在想事情或做事時，比以前較緩慢				
A	我覺得，現在做事時，比以前較無法專心				
D	我覺得，現在要做決定時，比以前較困難				
				總分:	

每週發生次數:「沒有或極少」.....0分、「有時候」.....1分、「時常」.....2分、「常常或總是」.....3分

每週發作1天以下.....0分、每週發作1-2天.....1分、每週發作3-4天.....2分、每週發作5-7天.....3分

社團法人臺灣憂鬱症防治協會
Taiwan Association Against Depression

臺灣生物精神醫學暨神經精神藥理學學會
Taiwanese Society of Biological Psychiatry and Neuropsychopharmacology

AD 8 (Ascertain Dementia)

填表說明：你認為在過去的幾年中有因為認知功能(思考和記憶)問題而導致的改變。請填「是，有改變」。 若無，請填「不是，沒有改變」；若不確定請填「不 知道」。
1.判斷力上的困難: 例如落入圈套或騙局、財務上不好 的決定、買了對受禮者不合宜的禮物。
2.對活動和嗜好的興趣降低。
3.重複相同的問題、故事和陳述。
4.在學習如何使用工具、設備、和小器具上有困難。 例如: 電視、音響、冷氣機、洗衣機、熱水爐(器)、微 波爐、遙控器。
5.忘記正確的月份和年份。
6.處理複雜的財務上有困難。例如:個人或家庭的收支 平衡、所得稅、繳費單。
7.記住約會的時間有困難。 。
8.有持續的思考和記憶方面的問題。

MMSE

定向感	時間	年	0	1
		月	0	1
		日	0	1
		星期	0	1
		季節	0	1
	地點	如市	0	1
		如醫院	0	1
		如幾樓	0	1
		如診名	0	1
		如床	0	1
訊息登錄 ○重複(1-3)_____次		腳踏車	0	1
		紅色	0	1
		快樂	0	1
系列-7		100－7	0	1
		93－7	0	1
		86－7	0	1
		79－7	0	1
		72－7	0	1
☆記憶		腳踏車	0	1
		紅色	0	1
		快樂	0	1
語言	命名	筆	0	1 NA
		手錶	0	1 NA
	覆誦	白紙真正寫黑字	0	1 NA
	閱讀理解	請閉上眼睛	0	1 NA
	書寫造句	(至少 3 個字)	0	1 NA
口語理解及行動能力 ○左手 ○右手		用左/右手拿這張紙	0	1 NA
		摺成一半	0	1 NA
		再還給我	0	1 NA
建構力		圖形抄繪	0	1 NA
		總分（0-30） 異常： <24 分。	**得分**_____ ○異常	

Substance related and addictive Disorders

Types of Substance-Related and Addictive Disorders

- **Substance Use Disorders**: Involves the problematic pattern of use of substances such as alcohol, cannabis, hallucinogens, opioids, sedatives, stimulants, and tobacco.
- **Substance-Induced Disorders**: Includes intoxication, withdrawal, and other substance/medication-induced mental
- **Non-Substance-Related Disorders**: Includes gambling disorder, etc.

DSM-5 Criteria for Substance Use Disorder

- A problematic pattern of substance use leading to clinically significant impairment or distress, as manifested by at least two of the following, occurring within a 12-month period:
  - Substance is often taken in larger amounts or over a longer period than intended.
  - There is a persistent desire or unsuccessful efforts to cut down or control substance use.
  - A great deal of time is spent in activities necessary to obtain the substance, use the substance, or recover from its effects.
  - Craving, or a strong desire or urge to use the substance.
  - Recurrent substance use resulting in a failure to fulfill major role obligations at work, school, or home.
  - Continued substance use despite having persistent or recurrent social or interpersonal problems caused or exacerbated by the effects of the substance.
  - Important social, occupational, or recreational activities are given up or reduced because of substance use.
  - Recurrent substance use in situations in which it is physically hazardous.
  - Substance use is continued despite knowledge of having a persistent or recurrent physical or psychological problem that is likely to have been caused or exacerbated by the substance.
  - Tolerance, as defined by either of the following:
    - A need for markedly increased amounts of the substance to achieve intoxication or desired effect.
    - A markedly diminished effect with continued use of the same amount of the substance.
  - Withdrawal, as manifested by either of the following:
    - The characteristic withdrawal syndrome for the substance.
    - The substance (or a closely related substance) is taken to relieve or avoid withdrawal symptoms.

Management and Treatment of Substance-Related Disorders

- **Screening and Diagnosis**: CAGE.
- **Medications**: Medications for withdrawal management (e.g., benzodiazepines for alcohol withdrawal), maintenance therapy (e.g., buprenorphine for opioid use disorder).
- **Psychotherapy**: Cognitive-behavioral therapy (CBT), motivational interviewing, contingency management.
- **Support Groups**: Participation in support groups (e.g., Alcoholics Anonymous, Narcotics Anonymous).
- **Follow-up and Monitoring**: Regular follow-up to assess treatment response and adjust as needed.

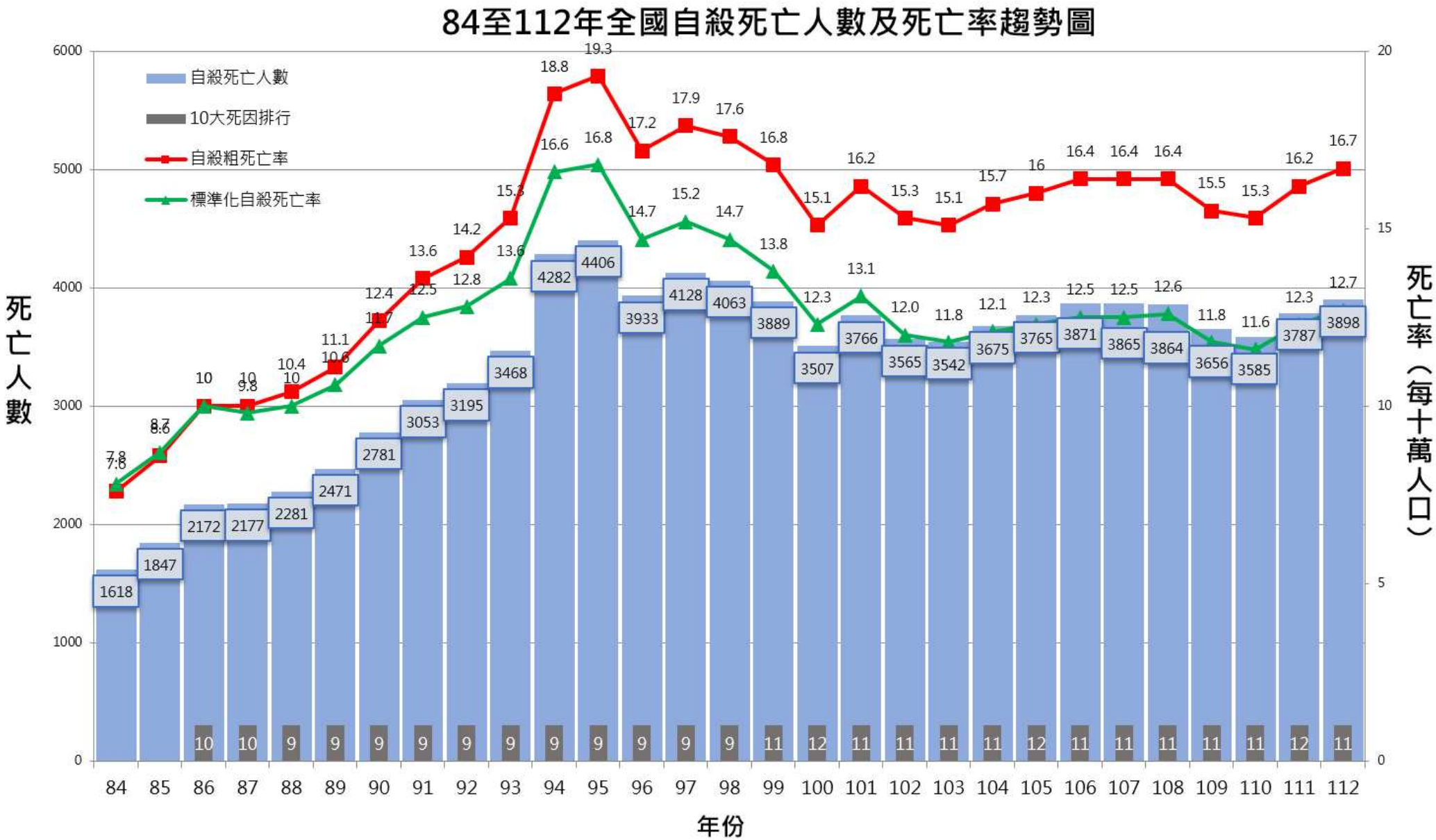
CAGE Questionnaire

ACRONYM	QUESTION
C	Have you ever felt you ought to cut down on your drinking?
A	Have people annoyed you by criticizing your drinking?
G	Have you ever felt guilty or bad about your drinking?
E	Have you ever had a drink first thing in the morning to steady your nerves or get rid of a hangover (eye-opener)?

Suicide Prevention

Definition

- **Suicide**
  - ➓death caused by injuring oneself with the intent to die
- **Suicide attempt**
  - ➓When someone harms themselves with any intent to end their life, but they do not die as a result of their actions.


84至112年全國自殺死亡人數及死亡率趨勢圖
自殺死亡人數
10大死因排行
自殺粗死亡率
標準化自殺死亡率
死亡人數
死亡率（每十萬人口）
年份
84 85 86 87 88 89 90 91 92 93 94 95 96 97 98 99 100 101 102 103 104 105 106 107 108 109 110 111 112
1618 1847 2172 2177 2281 2471 2781 3053 3195 3468 4282 4406 3933 4128 4063 3889 3507 3766 3565 3542 3675 3765 3871 3865 3864 3656 3585 3787 3898
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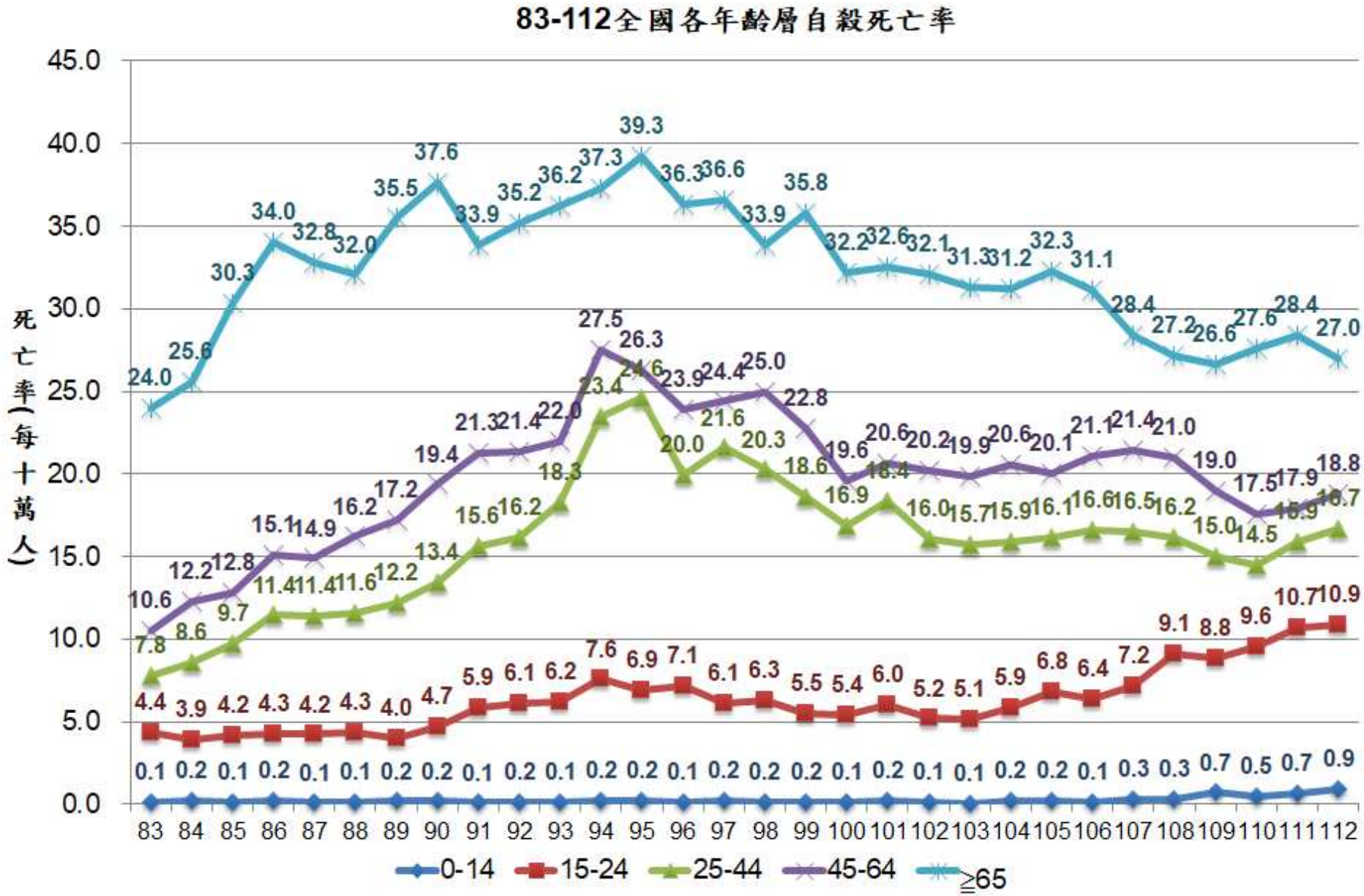
7.8 8.7 10 9.8 10.4 11.1 12.4 13.6 14.2 15.3 18.8 19.3 17.2 17.9 17.6 16.8 15.1 16.2 15.3 15.1 15.7 16 16.4 16.4 16.4 15.5 15.3 16.2 16.7
7.6 8.6 10 9.8 10 10.6 11.7 12.5 12.8 13.6 16.6 16.8 14.7 15.2 14.7 13.8 12.3 13.1 12.0 11.8 12.1 12.3 12.5 12.5 12.6 11.8 11.6 12.3 12.7

圖片來源：衛生福利部



圖片來源：全國自殺防治中心

國人自殺死亡者自殺前門診就醫概況

1997-2003 (n=18,083)

就醫科別	自殺前一年內 *n* (%)	自殺前一個月內 *n* (%)
曾至任何一科門診就醫者	14,919 (82.5)	12,820 (70.9)
曾至精神科門診就醫者	4,376 (24.2)	3,452 (19.1)
曾至非精神科門診就醫者	14,823 (82.0)	12,023 (66.5)

資料來源：臺北醫學大學

Risk Factors

Mental Health Disorders

- Depression and other mood disorders (e.g., bipolar disorder)
- Anxiety disorders
- Schizophrenia and other psychotic disorders

Substance Abuse

- Misuse and abuse of alcohol or other drugs

Psychosocial Factors:

- History of trauma or abuse
- Major life changes (e.g., loss of a loved one, divorce, job loss)
- Social isolation
- Bullying and relationship conflicts

Medical Conditions

- Chronic pain
- Terminal illnesses

Other Factors

- Previous suicide attempts
- Family history of suicide
- Access to lethal means (e.g., firearms, medications)
- Impulsive or aggressive tendencies

SAD PERSONS Scale

SAD PERSONS

- **S**: Sex (Male)
- **A**: Age (<19 or >45 years)
- **D**: Depression
- **P**: Previous suicide attempt
- **E**: Excess alcohol or substance use
- **R**: Rational thinking loss
- **S**: Social supports lacking
- **O**: Organized plan
- **N**: No spouse
- **S**: Sickness (chronic or terminal illness)

Scoring:

- 0-4: Low risk
- 5-6: Medium risk
- 7-10: High risk

BSRS (Brief Symptom Rating Scales)

	完全沒有	輕微	中等程度	厲害	非常厲害
1. 睡眠困難，譬如難以入睡、易醒或早醒	0	1	2	3	4
2. 感覺緊張不安	0	1	2	3	4
3. 覺得容易動怒	0	1	2	3	4
4. 感覺憂鬱、心情低落	0	1	2	3	4
5. 覺得比不上別人	0	1	2	3	4
★ 有自殺的想法	0	1	2	3	4

圖片來源：台灣憂鬱症防治協會

PHQ-9

在過去兩個星期， 有多少時候您受到以下任何問題所困擾？		完全沒有	幾天	一半以上 的天數	幾乎每天
1	做事時提不起勁或沒有樂趣	0	1	2	3
2	感到心情低落、沮喪或絕望	0	1	2	3
3	入睡困難、睡不安穩或睡眠過多	0	1	2	3
4	感覺疲倦或沒有活力	0	1	2	3
5	食慾不振或吃太多	0	1	2	3
6	覺得自己很糟 —或覺得自己很失敗，或讓自己或家人失望	0	1	2	3
7	對事物專注有困難， 例如閱讀報紙或看電視時	0	1	2	3
8	動作或說話速度緩慢到別人已經察覺， 或正好相反—煩躁或坐立不安、動來動去的 情況更勝於平常	0	1	2	3
9	有不如死掉或用某種方式傷害自己的念頭	0	1	2	3
總分 _____=		_____ +	_____ +	_____ +	_____

評分說明

總分　10-14 分：　輕度憂鬱
15-19 分：　中度憂鬱
20 分以上：　重度憂鬱

圖片來源：台灣憂鬱症防治協會

Principles of Initial Intervention

- **Patient-Centered Care**: Focus on the individual's needs, preferences, and values.
- **Empathy and Compassion**: Build trust and rapport with patients.
- **Confidentiality**: Ensure privacy and confidentiality to encourage open communication.
- **Collaboration**: Work with mental health specialists, family members, and community resources.
- **Continuity of Care**: Provide consistent follow-up and support.

Clinical Techniques

- **Safety Planning:** Develop a personalized safety plan with the patient, identifying triggers, coping strategies, and emergency contacts.
- **Lethal Means Counseling:** Discuss and limit access to means of self-harm (e.g., firearms, medications).
- **Crisis Intervention:** Provide immediate support and stabilization during a suicidal crisis.
- **Cognitive Behavioral Therapy (CBT):** Use CBT techniques to address negative thought patterns and behaviors.
- **Dialectical Behavior Therapy (DBT):** Implement DBT skills to manage emotional regulation and distress tolerance.

Your Role is Vital in Mental Health and Suicide Prevention