Severe Mental Illness (SMI) Principles of Practice[1, 2]

Comprehensive Assessment

- Careful differential diagnostic evaluation
- Assessment for suicide, violence, substance-related abuse and addictive disorders
- Psychiatric co-occurring disorders and physical co-morbidities carefully assessed
- Serious mental health conditions and physical co-morbidities carefully assessed
- Serious mental health conditions are chronic in nature; therefore, emphasis on a long-term, ongoing management plan of chronic conditions is essential:
  - Using measurement-based care to assess symptoms, side effects and adherence
  - Selecting maintenance medications that have a low relative risk of weight gain and metabolic syndrome
  - Monitoring of physical health parameters and medication side effects
  - Integrating care between psychiatrists and primary care providers
  - Integrating care between psychiatrists and obstetrician-gynecologists for pregnant and post-partum patients
  - Incorporating collaborative/shared decision-making with patients and family/caregivers
  - Performing a psychosocial assessment
  - Assessing social support system (housing, family, other caregivers)
  - Evaluating of threats to continuity of care (assess medication, adherence, etc.)
  - Providing patients with tools/support for recovery and self-management

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Adjunctive Psychosocial Treatments (As Indicated)

- Individual and family psychoeducation
- Cognitive-behavioral therapy (CBT)
- Interpersonal psychotherapy (IPT)
- Family-focused therapy
- Group psychoeducation (especially for bipolar disorder)
- Social skills training (especially in schizophrenia)
- Cognitive remediation/rehabilitation (to improve attention, memory, and/or executive function)

Note on pharmacogenomics testing: Limited data exists examining whether patient care that integrates pharmacogenomics test information results in better or safer treatment.

Measurement-Based Care

- Questionnaires and rating scales are useful tools for diagnostic assessment and evaluation of treatment outcomes; these instruments can be helpful in providing supplemental information to the provider's clinical judgment.
- Integration of measurement scales into routine clinical practice is suggested for severe mental illnesses such as schizophrenia, bipolar spectrum disorders and depressive disorders.
- It is recommended clinicians use rating scales to assess symptom severity during the initial evaluation/ treatment, when medication changes are implemented and/or when the patient reports a change in symptoms.
  - Treatment targets need to be precisely defined.
  - Effectiveness and safety/tolerability of the medication treatment must be systematically assessed by methodical use of appropriate rating scales and side effect assessment.

Rating Scales Useful in the Assessment of Severe Mental Illnesses[1,2,3]

Rating Scales	Condition						
	Bipolar: Acute Depression	Bipolar: Acute Depression	Bipolar I: Maintenance	Major Depression: Non-Psychotic	Major Depression: Psychotic	Major Depression: Post-Partum	Schizophrenia
Brief Psychiatric Rating Scale (BPRS)	—	—	—	—	✓	—	✓
Clinical Global Impression Scale (CGI)	—	—	—	—	—	—	✓
Hamilton Rating Scale for Depression (HAM-D)	—	✓	—	—	✓	—	—
Beck Depression Inventory (BDI)	✓	—	—	✓	✓	✓	—

Rating Scales	Condition						
	Bipolar: Acute Depression	Bipolar: Acute Depression	Bipolar 1: Maintenance	Major Depression: Non-Psychotic	Major Depression: Psychotic	Major Depression: Post-Partum	Schizophrenia
Montgomery-Asberg Depression Rating Scale (MADRS)	✓	✓	✓	—	✓	—	—
Patient Health Questionnaire (PHQ-9)	✓	—	✓	✓	—	—	—
Quick Inventory of Depression Symptoms (QIDS)	✓	—	✓	✓	—	—	—
Positive and Negative Symptom Subscale (PANSS)	—	—	—	—	✓	—	✓
Young Mania Rating Scale (YMRS)	✓	—	—	✓	✓	—	—

This tool is provided as a resource and is not a substitute for the professional medical judgment of treating physicians or other health care practitioners. This guideline reflects the current state of knowledge at the time of development on effective and appropriate care. Proper use, adaptation, modifications or decisions to disregard in whole or in part are entirely the responsibility of the clinician who uses this guideline.

Websites for Rating Scales

- Brief Psychiatric Rating Scale (BPRS) – **www.priory.com/psych/bprs.htm**
- Clinical Global Impression Scale (CGI) – **http://www.psywellness.com.sg/docs/CGI.pdf**
- Hamilton Rating Scale for Depression (HAM-D) – **http://healthnet.umassmed.edu/mhealth/HAMD.pdf**
- Beck Depression Inventory (BDI) – **http://www.hr.ucdavis.edu/asap/pdf_files/Beck_Depression_Inventory.pdf**
- Montgomery Asberg Depression Rating Scale (MADRS) – **http://narr.bmap.ucla.edu/docs/MADRS.pdf**
- Patient Health Questionnaire (PHQ-9) – **http://www.integration.samhsa.gov/images/res/PHQ%20-%20Questions.pdf**
- Quick Inventory of Depression Symptoms (QIDS) – **www.ids-qids.org/translations/english/QIDS-SREnglish2page.pdf**
- Positive and Negative Symptom Subscale (PANSS) – **http://egret.psychol.cam.ac.uk/medicine/scales/PANSS**
- Young Mania Rating Scale (YMRS) – **http://www.psych.uic.edu/csp/images/stories/physicians/rating%20scales/YMRS.pdf**

Websites for Parkinsonism Assessment Scales

- Abnormal Involuntary Movement Scale (AIMS) – **http://www.cqaimh.org/pdf/tool_aims.pdf**
- Simpson-Angus Scale (SAS) – **http://www.wbma.cc/Scales/Simpson_Angus_scale.pdf**

Treatment with Antipsychotic Medication

It is recommended that selection of antipsychotic medication with well-informed patients be made on the basis of prior individual treatment response, side effect experience, medication side effect profile and long-term treatment planning. Antipsychotics are heterogeneous or variable in efficacy:

- The risks are not insignificant.
- There is no difference in efficacy between first generation antipsychotics (FGAs) and second generation antipsychotics (SGAs).
- FGAs and SGAs are heterogeneous within the class and differ in many properties, such as efficacy, side effects and pharmacology.
- Antipsychotics carry extrapyramidal symptoms (EPS) liability and metabolic effects.

Caution should be used in prescribing antipsychotic medication in the context of dementia, anxiety disorders and impulse control disorders. For these conditions, antipsychotic utilization should be:

- Aimed at target symptoms
- Prescribed only after other alternative treatments have been tried
- Used in the short-term
- Monitored with periodic re-evaluation of benefits and risks
- Prescribed at the minimal effective dose

Recommendations for Achieving Optimal Outcomes with Currently Available Antipsychotics

Recommended considerations for selecting the most appropriate antipsychotic for a particular patient:

- Equivalent efficacy across agents.
- Individual variability in response.
- No good pre-treatment predictor of individual response to different agents.
- Different agents have different side effects and safety profiles.
- Individual patients have different vulnerabilities and preferences.

Recommended proper antipsychotic trial sequence:

- Begin with systematic 6- to 10-week trial of one antipsychotic with optimal dosing.
- If inadequate response, follow with systematic trail monotherapy with one or more other antipsychotics at adequate dose and duration.
- If inadequate response, follow with a trial of clozapine or a long-acting antipsychotic.
- Follow with a trial of clozapine, if not tried before.
- If foregoing insufficient, consider other strategies (e.g., antipsychotic polypharmacy).

Step 3

Recommended good practice guidelines for ongoing antipsychotic treatment:

- Measurement-based individualized care.
- Repeated assessment of efficacy using reliably defined treatment targets (use standard rating scales, e.g., CRDPSS, CGI, BPRS, PANSS).
- Careful assessment and measurement of adverse effects.
- Care consistent with health monitoring protocols.
- Standard protocols customized to individual vulnerabilities/needs and specific agent.
- Ongoing collaboration with patient in decision-making.

List of Antipsychotics Available in the United States:

First Generation Antipsychotics (FGAs): chlorpromazine, fluphenazine*, haloperidol*, loxapine, perphenazine, thioridazine, thiothixene, and trifluoperazine.

Second Generation Antipsychotics (SGAs): aripiprazole*, asenapine, brexpiprazole**, cariprazine**, clozapine, iloperidone, lurasidone, olanzapine*, paliperidone*, quetiapine, risperidone*, and ziprasidone.

*available in long-acting injectable formulation.

**introduced in 2015

Resources

Below is a list of national and local resources for adults with serious mental illness (SMI). This list does not imply endorsement of the following websites and is not exhaustive:

National Resources:

- Brain and Behavior Research Foundation – **http://bbrfoundation.org/**
- National Alliance on Mental Illness (NAMI) – **http://www.nami.org/**
- National Depressive and Manic Depressive Association (NDMDA) – **http://www.dbsalliance.org/**
- National Institute of Mental Health (NIMH) – **http://nimh.nih.gov**
- Mental Health America (MHA) – **http://www.mentalhealthamerica.net/**
- Substance Abuse and Mental Health Services Administration (SAMHSA) – **http://www.samhsa.gov**
- Massachusetts General Hospital Center for Women's Mental Health – h**ttps://womensmentalhealth.org**
- American Psychiatric Association (APA) – **www.psych.org**
- American Psychological Association (APA) – **www.apa.org**

Local Resources:

- Kentucky Academy of Family Physicians (KAFP) – **http://www.kafp.org/**
- Kentucky Coalition of Nurse Practitioners and Nurse Midwives (KCNPNM) – **http://www.kcnpnm.org/**
- Kentucky Community Mental Health Centers (CMHC) – **http://chfs.ky.gov/dms/Community+Mental+Health+centers.htm**
- Kentucky Medical Association (KMA) – **https://www.kyma.org/**

- Kentucky Osteopathic Medical Association (KOMA) – **http://www.koma.org/**
- Kentucky Psychiatric Medical Association (KPMA) – **http://kypsych.org/**
- Commonwealth Neurological Society (CWNS) – **http://cwns.aan.com**
- NAMI Kentucky – **http://namikyadvocacy.com/**
- Kentucky Association of Health Start Coalitions, Inc. – **http://www.healthy-ky.org**

References

[1] Adapted from *2015 Florida Best Practice Psychotherapeutic Medication Guidelines for Adults* (2015). The University of South Florida, Florida Medicaid Drug Therapy Management Program for Behavioral Health sponsored by the Florida Agency for Health Care Administration

[2] Adapted from *A Summary for Monitoring Physical Health and Side-Effects of Psychiatric Medications in the Severely Mentally Ill Population* (2014). The University of South Florida, Florida Medicaid Drug Therapy Management Program for Behavioral Health sponsored by the Florida Agency for Health Care Administration.

[3] Jardri, R., Pelta, J., Maron, M., Thomas, P., Delion, P., Codaccioni, & Goudemand, M. (2006). Predictive validation study of the Edinburgh Postnatal Depression Scale in the first week after delivery and risk analysis for post-natal depression. *Journal of Affective Disorders, 93 (1-3), 169-176.*

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