

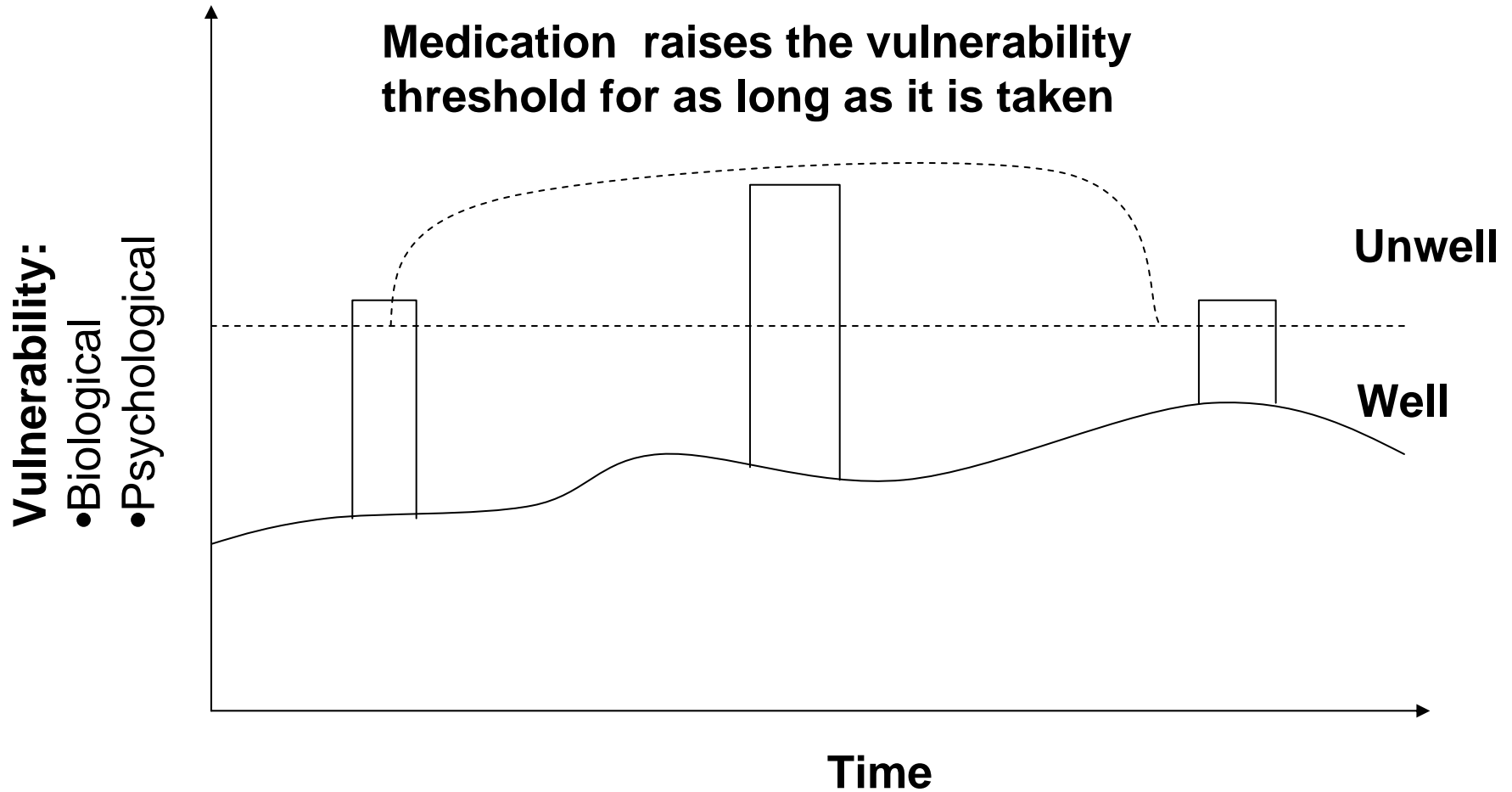
Psychological Approaches to Mental Health

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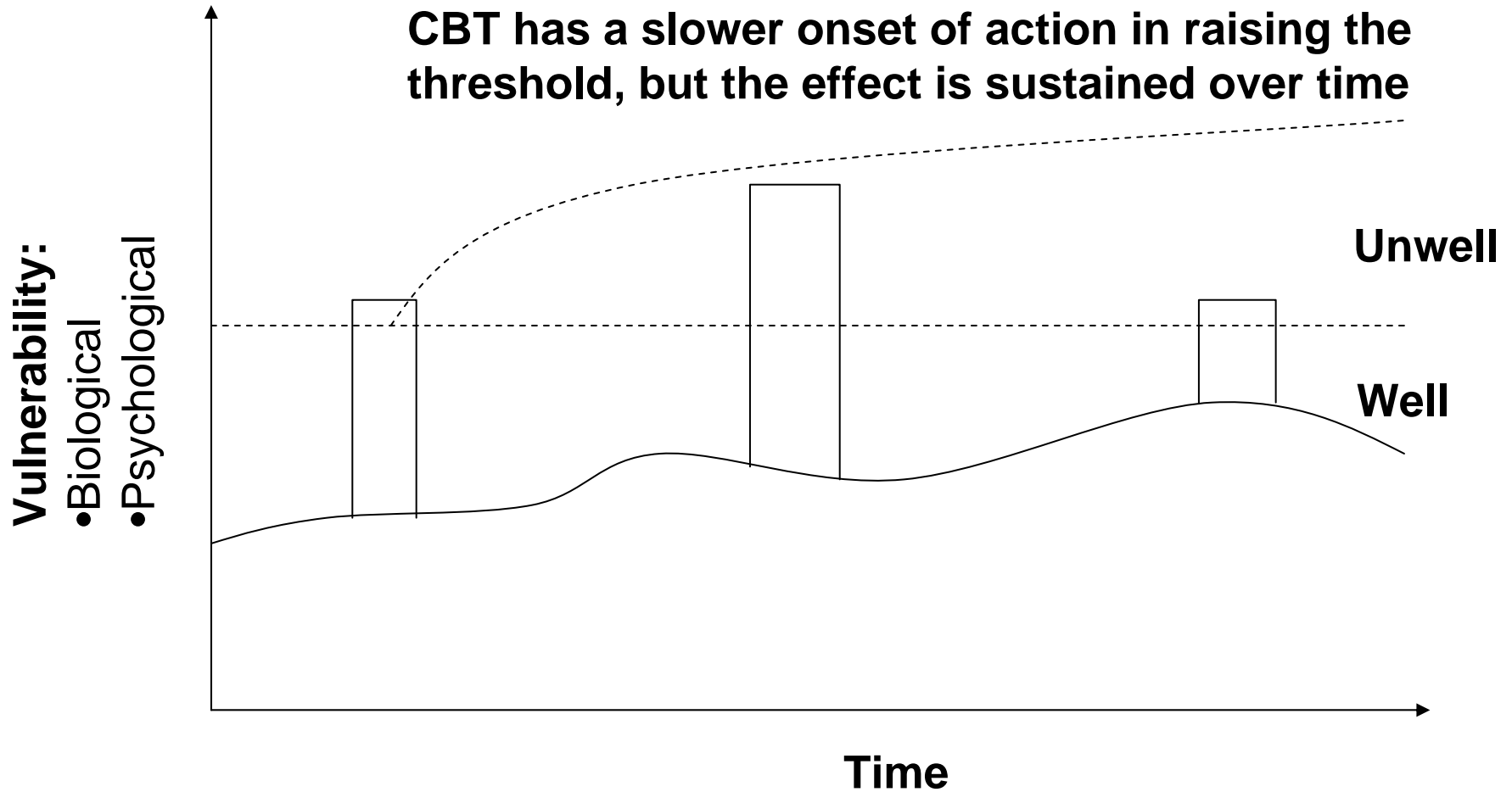
The Stress-Vulnerability Model

- Multiple intersecting lines of research strongly suggest that a person's mental health at any point is determined by the interaction of vulnerability factors, and current stress levels
- Vulnerability (risk) factors –
 - Biological – Genetic factors, brain insults/injury
 - Psychological – adaptive/coping style
- Stress –
 - Ambient stress – work stress, financial pressure etc.
 - “Life events” – bereavement, divorce, change, etc.

The Stress-Vulnerability Model: Medication Effect Research



The Stress-Vulnerability Model: CBT Effect Research



Types of Therapeutic Approaches

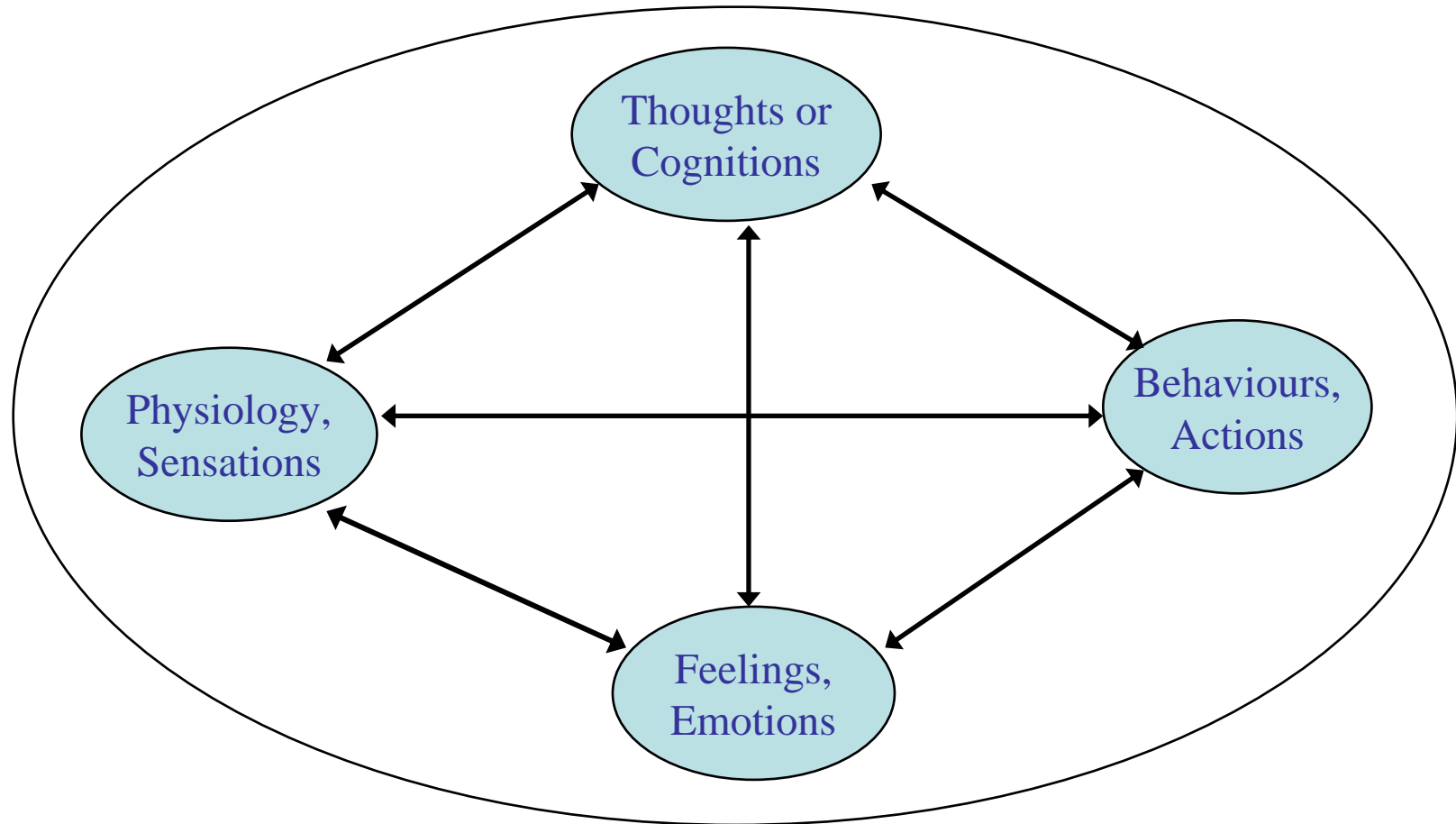
- CBT; Cognitive and Behavioural
- Humanistic or Client-Centered
- Psychoanalytical
- Body work, Psychodrama
- Medication and Therapy in combination for severe cases
- ACC has some guidelines but does not endorse particular therapies

What is CBT

- Most widely used and accepted therapy approach
- Here and now –present focused
- Time limited, structured
- Skills-based
- Self-help
- Cognitions and behaviours

CBT - 5-Part Model

Environment (Past & Present), Situation



Treatment of Depression – Medication vs CBT

Source – RANZCP Guideline for Treatment of Major Depression (2002)

The Effectiveness of Treatments:

Uncomplicated Depression – Acute Treatment RCT's Meta-Analysis

a.	CBT	} vs placebo	58.9% vs 28.2%	NNT – 3.27
b.	SSRI		51.3% vs 29.1%	NNT – 4.50
c.	TCA		54.5% vs 34%	NNT – 4.86

Depression – Long-Term Treatment RCT's Meta-Analysis

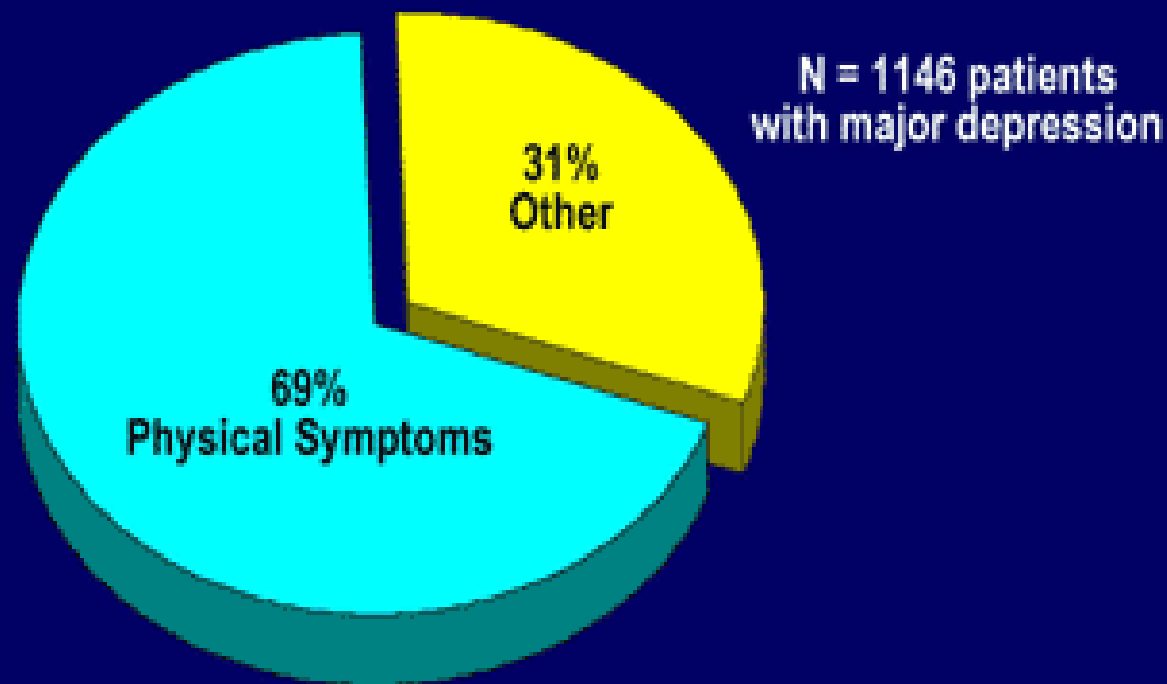
a.	CBT vs Antidepressant	54.5% vs 35.5%	NNT – 5.27
b.	CBT vs Placebo	65.1% vs 37.0%	NNT – 3.56
c.	Problem solving vs TCA	59.1% vs 55.2%	NNT – 25.85

(ie. More or less equal)

Applying CBT to Depression

- Identifying and challenging rational thinking and distorted beliefs
- Activity Scheduling
- Mood monitoring
- Behavioural experiments to test negative thinking and create positive experiences

Figure 3. Physical symptoms: often the chief/exclusive complaint of depressed patients.



Adapted from Simon GE, et al. *N Engl J Med.* 1999;341:1329-1335.

Co-Morbidity of Medical Illness and Depression

Illness	% with Depression
Cancer	40 – 50%
Heart Disease	18 – 26%
Diabetes	33%
Multi-infarct Dementia	27 – 60%
Multiple Sclerosis	30 – 60%
Parkinson's Disease	40%
Stroke	30 – 50%

Evidence-Based Treatments – Overview

- **General Messages:**
 - Non-specific therapeutic factors (rapport, strength of relationship, the person feeling validated and understood) make a significant contribution towards good outcome, and are the largest effect in psychotherapy outcome
 - Whatever interventions are made, persisting in treatment, and maintaining hope and an optimistic outlook, are the most critical factors

Treatment of Anxiety/Depression

Patient Preferences

- Two thirds of **patients** with depression **prefer psychological treatment** rather than medication
- **Adherence with medication is uniformly poor** *unless* it is the patient's preferred mode of treatment – and even if it is, is poor if side effects are significant
- Education regarding “**best treatment**” for an individual and their presentation, **needs to be balanced with patient preference** in agreeing a treatment plan
- Medication can **block** self-discovery or support therapy

Pharmacotherapy of Anxiety Disorders

- **CBT most effective treatment** for all, add medication mainly in severe conditions
- **Panic Disorder +/- Agoraphobia** – Paroxetine, Imipramine
- **OCD** – SSRI (high dose), Clomipramine
- **Generalised Anxiety Disorder** – Paroxetine, Buspirone
- **Social Anxiety** – Paroxetine, Phenzelzine