TOOL 8.2: Management of Prolonged Mental Health Disorders

Algorithm

If mild/moderate
Consider management by local health care professional

Non-pharmacological treatment

General Measures
Support and psychoeducation:
  • proper sleep hygiene, good diet, regular social and physical activity

Psychosocial Interventions
Evidence-based Psychotherapy:
  • Cognitive-behavioural therapy (CBT)
Other Psychotherapy Interventions:
  • Depending on availability

Was the treatment successful?
(minimum 8-10 sessions, symptoms not worsening)

No

Anxiety/Mood Disorders/PTSD
  • SSRI
PTSD and Sleep Disruption
  • Trazodone, mirtazapine, prazosin * These medications are used “off-label” or refer directly to psychiatrist

Was the treatment successful?

No

Yes

Monitor symptoms and continue therapy

Yes

Refer to a Psychologist or Psychiatrist

If severe
Consider combination of pharmacological and non-pharmacological therapy

Refer to a psychiatrist, psychologist, or neuropsychologist

Non-pharmacological Treatment

General Measures
(see left)

Psychosocial Interventions
Evidence-based Psychotherapy:
  • CBT; trauma-focused therapy for PTSD
Other Psychotherapy:
  • Supportive psychotherapy, mindfulness training, relaxation training
Interventions:
  • Depending on availability

Was the treatment successful?

No

Yes

Suicide intention: With plan and intent

No

Proceed with referral to a Psychiatrist, Psychologist, or Neuropsychologist

Yes

Direct to Emergency Department

Pharmacological Treatment*

Anxiety/Mood Disorders
  • SSRI, mirtazapine, TCA
PTSD
  • SSRI
PTSD & Sleep Disorder
  • Trazodone, mirtazapine, prazosin

* These medications are used “off-label”

Adapted from Guideline for Concussion/Mild Traumatic Brain Injury and Persistent Symptoms, Third Edition

Acronyms: Post-traumatic stress disorder (PTSD); Selective serotonin reuptake inhibitors (SSRI); Tricyclic antidepressants (TCA)