

Psychiatric complexity

	Low	Medium	High
Psychiatric comorbidity	1-2 (that affect function)	2-4 that affect function	5+ diagnoses that affect function, severe mental illness (SMI /SPMI) that is poorly controlled, polysubstance abuse Severe impact of personality disorder
Acuity	New onset/few relapses	Recurrent /episodic illness	Chronic, non-remitting severe mental illness (SMI/SPMI) that is poorly controlled Severe impact of personality disorder
Intellectual function	Normal	Low normal	ID ASD
Treatment	1-2 psychiatric medications	Suboptimal response to a class Suboptimal response to evidence based psychotherapy	Suboptimal response to multiple medications trials Suboptimal response to multiple evidence based Psychotherapeutic techniques
Treatment resistance	Treatment naïve/limited past treatments	1-3 failed trials/ suboptimal response	Multiple failed trials/suboptimal response - first and second line treatments (psychotherapy and/or medication)
Medical comorbidity	Nil, non-complicating	Moderate, non-complicating	Significant, complicating psychiatric treatment
psychosocial stressors	Minimal social	Moderate ( acute-recent separation, job loss, parental separation,change in school situation, bullying)	Severe/chronic (homelessness, severe trauma etc), forensic, -under court order,  Geographic isolation  Social isolation related to other factors (gender, race, gender identity etc)
Communication	No barrier	Barrier overcome (interpretation)	Unable to communicate adequately
Level of functioning	Not impaired/mild acute impairment	Impaired during episodic illness return to base line	Chronic impairment Severe acute impairment(unable to complete selfcare, ADL)

		Acute impairment(unable to work, attend school,no impairment in self care/ADL)	
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Maybe we should define a simple case to help in conceptualizing a complex case:

A simple case would include:

- One DSM 5 diagnosis that leads to disturbance of functioning in one or more major areas of life such as work, academics, interpersonal relationships
- Recent onset or infrequent relapses
- Treatment naïve or limited past treatment
- No language barrier
- No significant intellectual or communication barrier
- No significant psychosocial issues

A moderate case would include:

- One to three DSM diagnoses that lead to disturbance of functioning in one or more major areas of life
- Recurrent illness
- More than one past treatment trial
- One to three psychoactive medications
- “Overcome-able” language and cultural barriers
- Fluctuating level of function with some recent periods of moderate-level functioning
- Moderate biopsychosocial complexity: see above

High Complexity

- More than three DSM 5 diagnoses that hinder function (so tobacco-use disorder cannot be included in the count)
  - Prototype complex case: PD plus addictions plus another “axis 1” diagnosis: mood or psychosis
  - Other prototypes: Severe personality disorders with mood and anxiety disorders
- Long-standing active psychiatric illness
- More than four or five regular psychoactive medications or more than ten prescribed medications
- Chronic low level of function
- Significant language or cultural barrier

- Treatment resistance
- Significant biopsychosocial complexity: medically complex patients, forensic or violent patients, patients under child protection involvement (or adults followed by social services for their children), complex (polysubstance) addiction, severe intellectual and communication deficits, homelessness, refugees ...